

# Homeopathic and Anthroposophic Medicinal Products in the EU

---

**The added value of  
the sector**



European Coalition on  
Homeopathic & Anthroposophic  
Medicinal Products

# Executive Summary

Homeopathy and anthroposophic medicine and their related products have a role to play in the face of today's health challenges in the EU. This report presents the evidence base for the contribution they can make. Research in these fields confirms the significant added value to society of these therapeutic systems, including clinical effectiveness and low incidence of side effects. Use of these cost-effective medicines can contribute to the financial sustainability of health care systems. These long-established therapies and their medicinal products offer valuable treatment options in support of EU health policy goals on children and young people, polypharmacy, non-communicable diseases and healthy ageing. Current evidence suggests that they can contribute to safe and effective strategies to reduce the use of antibiotics.

# Contents

|                                    |           |
|------------------------------------|-----------|
| <b>Executive Summary</b>           | <b>2</b>  |
| <b>Contents</b>                    | <b>3</b>  |
| <b>Introduction</b>                | <b>4</b>  |
| 1 Clinical effectiveness           | 5         |
| 1.1 Homeopathy                     | 5         |
| 1.2 Anthroposophic medicine        | 6         |
| 1.3 Comparative effectiveness      | 6         |
| 2 Low incidence of side effects    | 8         |
| 3 Cost-effectiveness               | 9         |
| 4 Contribution to EU health policy | 11        |
| 4.1 Antimicrobial resistance       | 11        |
| 4.2 Children and young people      | 12        |
| 4.3 Polypharmacy                   | 15        |
| 4.4 Non-communicable diseases      | 15        |
| 4.5 Healthy ageing                 | 16        |
| <b>About ECHAMP</b>                | <b>17</b> |

## Acknowledgements

ECHAMP acknowledges the contribution of ass. Prof. Henrik Szóke and Dagmar Brauer in updating the references for anthroposophic medicine.

# Introduction

Millions of European citizens choose and have confidence in the use of homeopathic and anthroposophic medicinal products for their health care.

Homeopathy is used in 100 countries around the world, the third most popular specific complementary medicine. This is a long-standing tradition in the EU and the regulation of homeopathic medicinal products is deeply rooted in their broad use in the member states. The specific details on how they are regulated can be found in Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use.

Anthroposophic medicine is used in both primary and clinical care in over twenty EU Member States; benchmarks from the World Health Organization set the standards for the training of anthroposophic medicine practitioners. Anthroposophic medicinal products described in an official pharmacopoeia and prepared by a homeopathic method are treated, as regards registration or marketing authorisation, in the same way as homeopathic medicinal products. There is currently no special legal provision for anthroposophic medicinal products which are not manufactured according to homeopathic manufacturing methods.

This report provides a summary of the scientific evidence that demonstrates the added value of these therapeutic systems and their related products in terms of clinical effectiveness, low incidence of side effects and cost-effectiveness. It profiles the contribution they make towards today's health challenges in the EU.

Section 1 provides an overview of the data demonstrating general clinical and comparative effectiveness of homeopathy and anthroposophic medicine. Section 2 presents the evidence for the safety profile of the medicinal products. Section 3 summarises research that confirms the cost-effectiveness of these systems of medicine and Section 4 identifies additional study references demonstrating the potential contribution of these medicines in fields of specific relevance to EU health policy priorities: antimicrobial resistance, children and young people, polypharmacy, non-communicable diseases and healthy ageing.

Together these studies form a substantial body of scientific research that demonstrates the effectiveness of these forms of treatment, supported by a growing body of published clinical studies that confirm their real-world effectiveness.

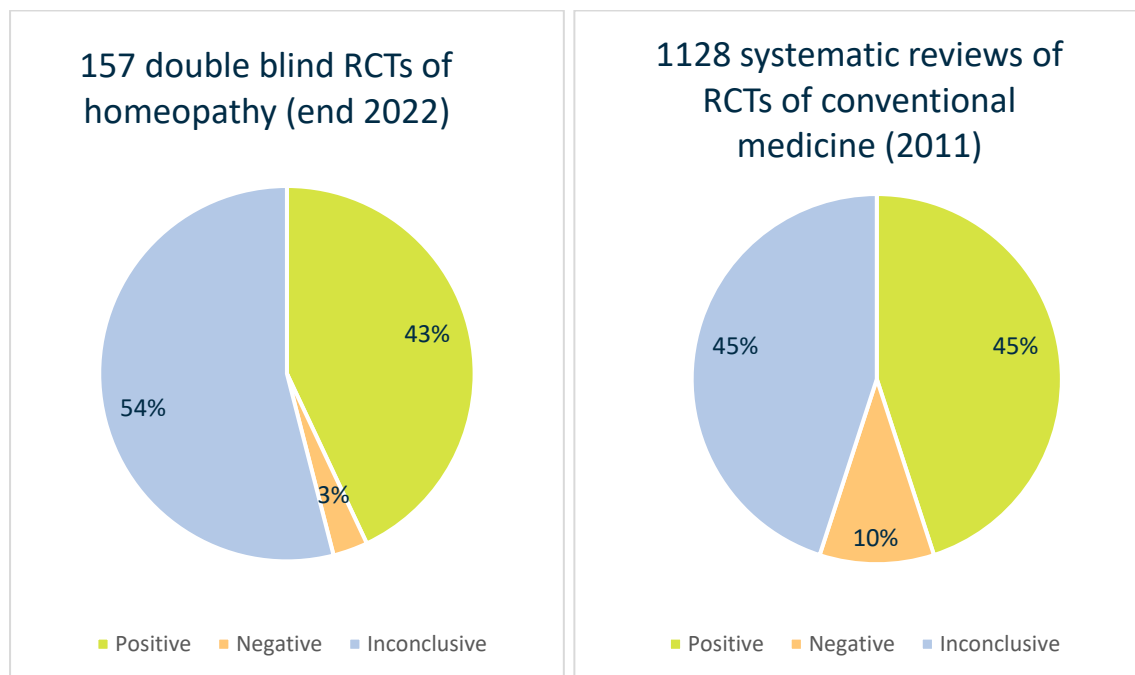
## 1 Clinical effectiveness

This section provides an overview of the data demonstrating clinical effectiveness of homeopathy and anthroposophic medicine. In addition, see Section 4 for additional study references relating to specific conditions in line with EU health policy priorities.

### 1.1 Homeopathy

To date, over 1300 clinical trials of homeopathy have been published in the research literature.<sup>1</sup> Of these, 271 are randomised controlled trials (RCTs) covering 144 medical conditions. A sub-group analysis of 157 double-blind, randomised, placebo-controlled trials (DB-RCTs) published in peer-reviewed journals showed that 43% reported positive findings, 3% were negative and 54% were inconclusive.<sup>2</sup>

When compared to conventional medicine, the percentages of positive, negative and inconclusive findings per treatment are remarkably similar (*see Figure 1*). However, the data available for conventional medicine is at the level of the systematic review whereas for homeopathy, it is at the level of the RCT.



Source: Homeopathy Research Institute

**Figure 1: How do randomised controlled trials of homeopathy compare with evidence for conventional medicine?**

Prior to 2014, global systematic reviews of homeopathy analysed all clinical trials together, regardless of the type of homeopathic treatment used and medical condition being treated, making it difficult to interpret the findings. However, four landmark

<sup>1</sup> [www.carstens-stiftung.de/databases/#/corehom](http://www.carstens-stiftung.de/databases/#/corehom) [Accessed Oct 2022]

<sup>2</sup> [www.hri-research.org/resources/homeopathy-faqs/scientific-evidence-for-homeopathy/](http://www.hri-research.org/resources/homeopathy-faqs/scientific-evidence-for-homeopathy/) [Accessed Oct 2022]

systematic reviews (SRs) published between 2014 and 2019 have clarified the evidence base for homeopathy by separating trials by type of treatment (whether homeopathy was individualised or not) and control group (placebo or ‘other than placebo’).<sup>3</sup>

When taken together, these four SRs include some important positive findings and offer clear directions for future research.<sup>4</sup> In particular, the 2014 SR and meta-analysis of placebo-controlled DB-RCTs showed that homeopathic medicines, when prescribed during individualised treatment, are 1.5- to 2.0-times more likely to have a beneficial effect than placebo.<sup>5</sup> This is the most robust data currently available on the efficacy of homeopathy. A more recently published study<sup>6</sup> also finds significant positive effects of homeopathy beyond placebo.

## 1.2 Anthroposophic medicine

A recent literature review<sup>7</sup> describes the system of anthroposophic medicine with its conceptual background and various aspects of anthroposophic medicinal products. It includes 87 of 660 identified publications and concludes that anthroposophic medicinal products are part of the integrative whole medical system of anthroposophic medicine and have an excellent safety status; the limited available evidence suggests clinical benefits. A recent comprehensive systematic review of clinical studies of anthroposophic medicine treatment, including a total of 265 studies,<sup>8</sup> concluded that anthroposophic medicine therapy for a broad spectrum of disorders showed predominantly good results with few side effects, a high measure of patient satisfaction and a favourable cost-effectiveness profile, compared to conventional treatment. The results of a prospective observational multicentre study of 1631 outpatients starting anthroposophic therapy for a variety of chronic indications under routine conditions<sup>9</sup> found anthroposophic treatment to be safe and associated with clinically relevant improvements in symptoms and quality of life without cost increase.

## 1.3 Comparative effectiveness

Studies comparing the effectiveness of homeopathy or anthroposophic medicine and conventional medicine have shown that these therapeutic systems can produce results as good as or better than conventional medicine for some conditions and treatment

<sup>3</sup> [www.hri-research.org/resources/essentialevidence/clinical-trials-overview/](http://www.hri-research.org/resources/essentialevidence/clinical-trials-overview/) [Accessed Oct 2022]

<sup>4</sup> [www.hri-research.org/resources/essentialevidence/clinical-trials-overview/](http://www.hri-research.org/resources/essentialevidence/clinical-trials-overview/) [Accessed Oct 2022]

<sup>5</sup> Mathie et al., Randomised placebo-controlled trials of individualised homeopathic treatment: systematic review and meta-analysis, *Systematic Reviews* 2014

<sup>6</sup> Efficacy of homoeopathic treatment: Systematic review of meta-analyses of randomised placebo-controlled homoeopathy trials for any indication, Hamre et al, *BMC Systematic Reviews*, 2023

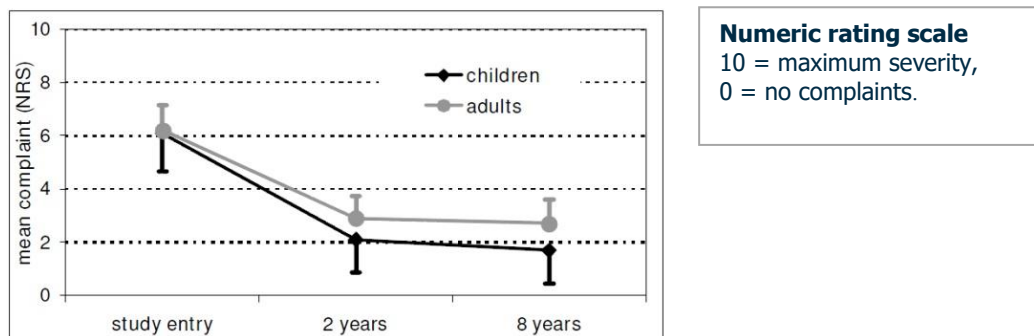
<sup>7</sup> Baars et al., Anthroposophic Medicinal Products: A Literature Review of Features, Similarities and Differences to Conventional Medicinal Products, Scientific and Regulatory Assessment, *Glob Adv Health Med.*, 2022

<sup>8</sup> Kienle et al., Anthroposophic medicine: health technology assessment report - short version, *Forsch Komplementmed*. 2006. Kienle et al., Clinical research on anthroposophic medicine: update of a health technology assessment report and status quo, *Forsch Komplementmed*, 2011

<sup>9</sup> Hamre HJ et al., Overview of the Publications From the Anthroposophic Medicine Outcomes Study (AMOS): A Whole System Evaluation Study. *Glob Adv Health Med* 2014

options.<sup>10, 11, 12</sup> However, a full and systematic assessment of comparative effectiveness for homeopathy or anthroposophic medicine is currently lacking in the research literature.

Looking at the clinical evidence beyond the artificial structure of an RCT, there is a growing body of published observational studies in support of the real-world effectiveness of homeopathy across Europe.<sup>13</sup> For example, in Germany, disease severity and quality of life demonstrated marked and sustained improvements following homeopathic treatment in patients who had been chronically sick for a long time before study entry and in most cases treated conventionally before. The results persisted for as long as eight years (*see Figure 2*).<sup>14</sup>



Source: Witt et al., 2008

**Figure 2: Improvement over time of patients with a chronic disease with an average duration of 8 years, treated with homeopathic medicine**

In the Tuscany region of Italy, after 20 years of clinical experience of providing homeopathy integrated into the public healthcare system, data collected from 5,877 patients shows that 88.8% of patients experienced health improvements, with a significant improvement seen in 68.1%.<sup>15</sup>

Finally, in France, a major study – called the EPI-3 study – followed 8,559 patients attending GP practices for a year and looked specifically at the ‘real-world’ effectiveness of treatment provided by certified homeopathic physicians for three main groups of clinical conditions: namely, musculoskeletal disorders, upper respiratory tract infections and sleep/anxiety/depressive disorders. In all three clinical groups the results showed that patients accessing homeopathy experienced symptomatic improvement, coupled

<sup>10</sup> [www.hri-research.org/resources/essentialevidence/conventional-medicine/](http://www.hri-research.org/resources/essentialevidence/conventional-medicine/)

<sup>11</sup> Hamre et al, Anthroposophic vs. conventional therapy of acute respiratory and ear infections: a prospective outcomes study, 2005

<sup>12</sup> Baars EW, Kooreman P. A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs, *BMJ Open*, 2014

<sup>13</sup> [www.hri-research.org/resources/essentialevidence/observational-studies/](http://www.hri-research.org/resources/essentialevidence/observational-studies/)

<sup>14</sup> Witt et al: How healthy are chronically ill patients after eight years of homeopathic treatment? Results from a long term observational study. *BMC Public Health*, 2008

<sup>15</sup> Rossi E, et al. Integration of Homeopathy and Complementary Medicine in the Tuscan Public Health System and the Experience of the Homeopathic Clinic of the Lucca Hospital. *Homeopathy*, 2018

with reduction in exposure to drugs with side effects, antibiotics and psychotropic drugs with addictive properties respectively.<sup>16</sup>

## 2 Low incidence of side effects

Safety is a major issue for the pharmaceutical sector, with the EU giving priority to laws and processes on pharmacovigilance. In this context, homeopathic and anthroposophic medicinal products have an important role to play, as they can generally be regarded as safe.

Adverse reactions to homeopathic and anthroposophic medicinal products are infrequent and usually of mild to moderate severity; anaphylactic reactions occur but are very rare.<sup>17</sup>

The following scientific literature demonstrates the safety profile of homeopathic treatment:

- a systematic review of the safety of homeopathy<sup>18</sup> concluded adverse effects provoked by homeopathic medicines are generally mild and transient;
- in a survey of 1025 patients receiving homeopathic treatment in six European countries,<sup>19</sup> only 2.7% of the patients experienced side-effects that they attributed to homeopathic treatment;
- a prospective study of adverse events related to homeopathic medicines<sup>20</sup> found that only 9 adverse reactions were reported from 335 consecutive homeopathic follow-up visits, showing that adverse events are rare and not severe;
- other review studies<sup>21, 22, 23</sup> confirm the safety profile of homeopathy, showing that when applied properly, classical homeopathy has few side-effects and the use of highly diluted homeopathic medicines is free from toxic effects;
- an additional systematic evaluation of collected and spontaneous reported side effects for injectables of anthroposophic and homeopathic medications<sup>24</sup> indicates that

<sup>16</sup> [www.hri-research.org/wp-content/uploads/2022/04/HRI\\_RIF\\_36\\_Robertsetal\\_EPI3\\_LASER\\_study.pdf](http://www.hri-research.org/wp-content/uploads/2022/04/HRI_RIF_36_Robertsetal_EPI3_LASER_study.pdf)

<sup>17</sup> Baars et al., *The Contribution of Complementary and Alternative Medicine to Reduce Antibiotic Use: A Narrative Review of Health Concepts, Prevention, and Treatment Strategies*, Evid Based Complement Alternat Med, 2019

<sup>18</sup> Dantas F et al., *Do homeopathic medicines provoke adverse effects? A systematic review*. British Homeopathic Journal, 2000, *The Contribution of Complementary and Alternative Medicine to Reduce Antibiotic Use: A Narrative Review of Health Concepts, Prevention, and Treatment Strategies*

<sup>19</sup> Anelli M et al., *Homeopathy and health related Quality of Life: a survey in six European countries*. Homeopathy, 2002

<sup>20</sup> Endrizzi C et al., *Harm in homeopathy: aggravations, adverse drug events or medication errors?* Homeopathy, 2005

<sup>21</sup> Stub et al., *Risk in homeopathy - Classification of adverse events and homeopathic aggravations*, Complementary Therapies in Medicine, 2015

<sup>22</sup> *Homeopathy in Healthcare: Effectiveness, Appropriateness, Safety, Costs*. Gudrun Bornhöft & Peter F. Matthiessen (Editors), 2011

<sup>23</sup> Stub et al., *Adverse effects in homeopathy. A systematic review and meta-analysis of observational studies*. Explore (NY), 2022

<sup>24</sup> Jong et al., *Adverse drug reactions to anthroposophic and homeopathic solutions for injection: a systematic evaluation of German pharmacovigilance databases*, Pharmacoepidemiology and Drug Safety, 2012



injectables as applied in anthroposophic medicine and homeopathy have an excellent safety profile.

The overall safety profile of anthroposophic and homeopathic medicinal products is also supported by a variety of different studies:

- Peer reviewed articles confirm a high safety profile of these products: Hamre et al<sup>25</sup> found 70.1 adverse drug reactions (ADRs) for each 100,000 prescriptions of anthroposophic medicinal products (these mostly comply with the legal definition of homeopathic medicinal products). For injectable homeopathic and anthroposophic medicinal products, Baars et al<sup>26</sup> found one adverse drug reaction per 250,000 ampoules sold, classified as very rare.
- Data from ECHAMP member companies confirm these overall safety findings.<sup>27</sup> In 2016, the number of adverse drug reactions reported to ECHAMP member companies was less than 1 in each 200,000 units sold.
- Of the low number of ADRs reported by ECHAMP members in the survey, over half (51%) were for oral or sublingual methods of dosage, 11% for cutaneous doses, 6% for injectables and 31% for other forms of dosage (nasal, auricular, vaginal, rectal or ophthalmic). Relative to the breakdown of unit sales in those categories, the lowest incidence of ADRs relates to oral and sub-lingual use and the highest to products in the ‘other’ category of route of administration.
- The comparatively higher ratio found with products in the ‘other routes of administration’ category can be explained by noting that these particular medicinal products are often applied *locally* at the site of the complaint, in contrast to the normal use of oral/sublingual dosage forms. Local application may be to a particularly sensitive site, such as a mucous membrane. In these conditions, excipients or the more concentrated active ingredients may trigger reactions. In addition, with local applications, if the local complaint does not improve as expected by the patient, the patient may assume that the disease itself is an ADR.

### 3 Cost-effectiveness

A number of scientific research studies evaluate the cost-effectiveness of homeopathic and anthroposophic medicines. It is plausible (based on 2014 data) to state that both

---

<sup>25</sup> Hamre et al., Use and Safety of Anthroposophic Medicinal Products: An Analysis of 44,662 Patients from the EvaMed Pharmacovigilance Network, Published Drugs - Real World Outcomes, 2017

<sup>26</sup> Jong et al., Adverse drug reactions to anthroposophic and homeopathic solutions for injection: a systematic evaluation of German pharmacovigilance databases, Pharmacoepidemiology and drug safety, 2012

<sup>27</sup> The data presented from answers collected from ECHAMP members are not directly comparable with the data of the quoted scientific articles. ECHAMP data is based on ADRs collected and managed by its member companies in relation to the units sold. The Baars et al study refers to ampoules sold. The Hamre et al study refers to prescriptions of anthroposophic medicinal products.

homeopathic and anthroposophic medicines can contribute to sustainable health systems by significantly reducing treatment costs.<sup>28</sup>

The following specific health care situations present clear data on cost-effectiveness:

- in Germany, 493 patients treated by GPs for chronic conditions with homeopathy had better clinical outcomes than those treated with conventional medicine, for similar costs;<sup>29</sup>
- a study comparing the costs generated by conventional, homeopathic and mixed medical practice in French general medicine found homeopathic GPs to be up to **20% less expensive** than conventional medicine GPs; homeopathic GPs prescribed noticeably fewer psychotropic drugs, antibiotics and non-steroidal anti-inflammatory drugs;<sup>30</sup>
- a study assessing the cost-effectiveness of ‘integrated care contracts for homeopathy’ in Germany suggested that, from an insurer’s perspective, 6 months of homeopathic treatment was cost-effective for migraine or headache, atopic dermatitis and depression;<sup>31</sup>
- when used as an adjuvant to care as usual, a named homeopathic product for recurrent acute throat infections was found to be both efficacious and cost-effective, especially by reducing the need for surgical referral;<sup>32</sup>
- an Italian study<sup>33</sup> shows **savings of more than 40%** for patients with respiratory diseases under homeopathic treatment versus conventional therapy; after the first year, the spending decreased by 42% with a further reduction of 13% in the second year, representing a cost saving of 50% in total over the two years;
- another study on recurrent upper respiratory tract infection showed homeopathic treatment to have superior medical effectiveness, fewer complications, fewer consultations, better quality of life, and less parental time off work – for equivalent direct medical costs;<sup>34</sup>
- a 6-year comparative economic evaluation of healthcare costs and mortality rates concluded that Dutch patients with a GP trained in complementary medicine (64% were anthroposophic GPs) have on average 10% lower annual total compulsory and supplementary healthcare costs and do not live longer or shorter than patients from conventional GPs;<sup>35</sup>

---

<sup>28</sup> Reducing healthcare costs with homeopathy and anthroposophic medicine: A summary of available literature, ECHAMP, 2014

<sup>29</sup> Witt et al: Outcome and costs of homoeopathic and conventional treatment strategies: a comparative cohort study in patients with chronic disorders. *Complement Ther Med.*, 2005

<sup>30</sup> Colas et al., Economic impact of homeopathic practice in general medicine in France, *Health Econ Review*, 2015

<sup>31</sup> Kass et al., Effectiveness and cost-effectiveness of treatment with additional enrolment to a homeopathic integrated care contract in Germany, *BMC Health Services Research*, 2020

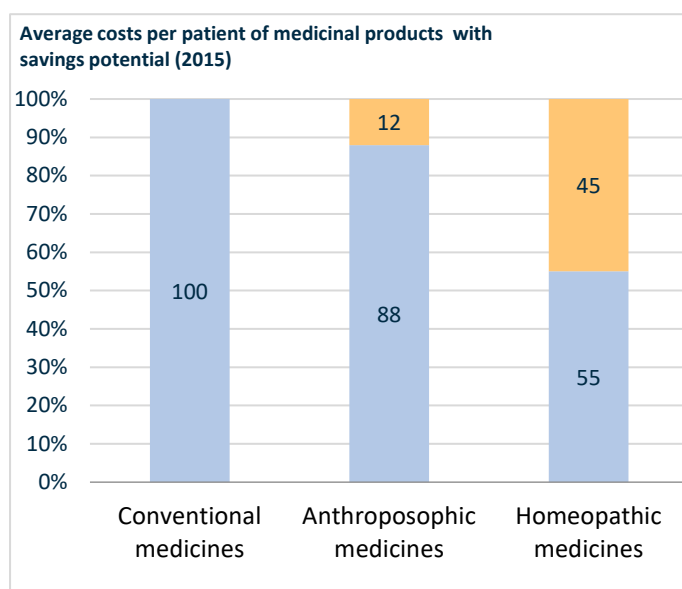
<sup>32</sup> Ostermann et al., Cost-effectiveness analysis for SilAto-5-90 adjuvant treatment in the management of recurrent tonsillitis, compared with usual care only. *Cost Effectiveness and Resource Allocation*, 2021

<sup>33</sup> Rossi et al., Cost-benefit evaluation of homeopathic v conventional therapy in respiratory diseases *Homp*, 2009

<sup>34</sup> Trichard M et al., Pharmacoeconomic comparison between homeopathic and antibiotic treatment strategies in recurrent acute rhinopharyngitis in children. *Homeopathy*, 2005

<sup>35</sup> Baars EW, Kooreman P. A 6-year comparative economic evaluation of healthcare costs and mortality rates of Dutch patients from conventional and CAM GPs, *BMJ Open*, 2014

- a Swedish study suggests that patients referred to inpatient anthroposophic integrative care for stress-related mental disorders had lower prescription of antipsychotics and hypnotics or sedatives than those referred for inpatient conventional care;<sup>36</sup>
- Swiss insurance company data show that homeopathic and anthroposophic medicinal products offer **potential savings of 45% and 12% respectively compared to conventional medicines**<sup>37</sup> (see Figure 3).



Source: SASIS-Datenpool Jahresdaten mit Abzugsdatum 2015, SVKH

**Figure 3: Cost savings of homeopathic and anthroposophic medicinal products in relation to conventional medicines**

## 4 Contribution to EU health policy

Homeopathy and anthroposophic medicine have the potential to support national, European and worldwide initiatives in tackling today's health challenges. The following sections outline the contribution of these medicines in areas particularly prioritised by EU health policy, in line with the EU4health programme (2021–27).

### 4.1 Antimicrobial resistance

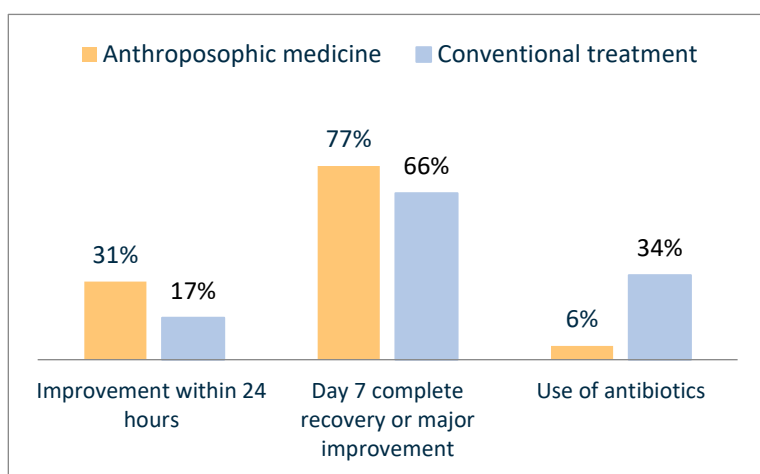
The EU has identified antimicrobial resistance as a cross-border issue and one of the top three health threats faced by the EU. It affects humans, animals, and plants, as well as the environment, impacting healthcare and food production. It is estimated that

<sup>36</sup> Sundberg T et al, Usage and cost of first-line drugs for patients referred to inpatient anthroposophic integrative care or inpatient conventional care for stress-related mental disorders--a register based study. BMC Complement Altern Med., 2015

<sup>37</sup> SASIS-Datenpool Jahresdaten mit Abzugsdatum 2015, SVKH

resistance to antibiotics results in 35,000 deaths per year in the EU and costs the EU EUR 1.5 billion per year<sup>38</sup> in healthcare costs. The EU gives priority to tackling the emerging global threat of antimicrobial resistance and over-prescription of antibiotics in primary care. The use of effective and safe non-antibiotic treatments of infections is one of the strategies to reduce inappropriate use of antibiotics.

In this context, homeopathy and anthroposophic medicine have an important role to play - the use of anthroposophic medicine has been associated with much lower use of antibiotics and antipyretics, quicker recovery and fewer adverse reactions, compared to conventional medicine (*see Figure 4*).<sup>39</sup> Similar results have been seen in homeopathy,<sup>40</sup> with one study showing lower use of antibiotics and fewer antipyretic/anti-inflammatory drugs for a similar clinical evolution.<sup>41</sup>



Source: Hamre et al. (2005)

**Figure 4: Patients treated for acute respiratory and ear infections, comparing anthroposophic medicine with conventional treatments**

Additional studies also demonstrate that general complementary medicine prevention and treatment strategies, including homeopathic and anthroposophic medicine, can lead to the prescription and consumption of fewer antibiotics.<sup>42</sup>

## 4.2 Children and young people

Paediatric use of complementary and alternative medicine (CAM) is popular across Europe, with homeopathy one of the most frequently used treatment modalities,

<sup>38</sup> European Union, 2023

<sup>39</sup> IIPCOS study, Hamre H.J. et al., Anthroposophic vs. conventional therapy of acute respiratory and ear infections: a prospective outcomes study. *Wien. Klin. Wochenschr.*, 2005

<sup>40</sup> IIPCOS study, Haidvogel, M et al.: Homeopathic and conventional treatment for acute respiratory and ear complaints: A comparative study on outcome in the primary care setting, *BMC Complement Altern Med.*, 2007

<sup>41</sup> Grimaldi-Bensouda et al., Management of upper respiratory tract infections by different medical practices, including homeopathy and consumption of antibiotics in primary care: the EPI3 cohort study in France 2007-2008. *PLoS One*, 2014

<sup>42</sup> Baars EW et al., The Contribution of Complementary and Alternative Medicine to Reduce Antibiotic Use: A Narrative Review of Health Concepts, Prevention, and Treatment Strategies. *Evid Based Complement Alternat Med*, 2019

particularly in Germany.<sup>43,44</sup> Compared to healthy children and adolescents, CAM use, including homeopathic and anthroposophic medicine, is also more prevalent among those with chronic conditions, especially when used in addition to conventional medicines.<sup>45, 46</sup>

Chronic conditions that pose a growing challenge for the paediatric population across the EU include obesity, diabetes and atopic (allergic) conditions. With acute respiratory infections of children also being a leading reason for antibiotic prescriptions in primary care, additional treatment options are needed in this younger population to help tackle the rising problem of antimicrobial resistance. Homeopathic and anthroposophic medicines and their treatments, including individualised treatment, may have a significant role to play in managing these paediatric complaints.

**Atopic conditions:** Asthma, eczema (atopic dermatitis) and hay fever (allergic rhinitis) ('atopic conditions') are among the most common chronic childhood conditions, reaching epidemic proportions in most Western societies. Eczema in particular is frequently cited as one of the top conditions for which parents seek CAM treatments (including homeopathy) for their child, especially since long-term steroid use is associated with health concerns.<sup>47,48,49</sup>

The value of homeopathic treatment in children with atopic conditions has been shown in a long-term observational study carried out in Italy on 857 paediatric patients with consecutive visits from 1998 to 2014. Homeopathic treatment produced positive short- and long-term clinical benefits, with moderate or major improvement in symptoms for about three quarters of the children seen during the study period.<sup>50</sup>

However, most studies testing homeopathy in atopic conditions have been done on adults. A recent systematic review of the evidence in bronchial asthma found 16 eligible controlled trials that showed a positive trend in outcome, especially for complex homeopathic formulations, but the studies were diverse and of limited quality.<sup>51</sup> In

---

<sup>43</sup> Anheyer et al., Integrative pediatrics survey: Parents report high demand and willingness to self-pay for complementary and integrative medicine in German hospitals, *Complement Ther Med*, 2021

<sup>44</sup> Yong Du et al., 2019 Paediatric homeopathy in Germany: results of the German Health Interview and Examination Survey for Children and Adolescents (KiGGS), *Pharmacoepidemiol Drug Saf*, 2009

<sup>45</sup> Gottschling et al, Use of complementary and alternative medicine in healthy children and children with chronic medical conditions in Germany, *Complement Ther Med*, 2013

<sup>46</sup> Salvatore Italia, Complementary and Alternative Medicine Use Among Chronically Ill Adolescents from 2 German Birth Cohorts, *Forsch Komplementmed*, 2016

<sup>47</sup> Sevar et al., Audit of outcome in 455 consecutive patients treated with homeopathic medicines, *Homeopathy*, 2005

<sup>48</sup> Thompson et al., Towards standard setting for patient-reported outcomes in the NHS homeopathic hospitals, *Homeopathy*, 2008

<sup>49</sup> Witt et al., How healthy are chronically ill patients after eight years of homeopathic treatment? Results from a long term observational study, *BMC Public Health*, 2008

<sup>50</sup> HRI Research in Focus Article, Issue 33, Winter 2016, [https://www.hri-research.org/wp-content/uploads/2016/12/HRI\\_RIF\\_33\\_Rossi\\_PediatricAllergies.pdf](https://www.hri-research.org/wp-content/uploads/2016/12/HRI_RIF_33_Rossi_PediatricAllergies.pdf); Rossi et al., Homeopathic therapy in pediatric atopic diseases: short- and long-term results, *Homeopathy*, 2016

<sup>51</sup> Qutubuddin et al., A Systematic Review of Controlled Trials of Homeopathy in Bronchial Asthma, *Complement Med Res*. 2019

eczema, the benefit of homeopathy is difficult to detect compared to placebo in RCTs,<sup>52,53</sup> but has been shown to be no worse than conventional care in a number of short- and long-term comparative observational studies.<sup>54,55,56</sup> For allergic rhinitis, a small beneficial trend was found for homeopathy in a recent systematic review of eleven studies,<sup>57</sup> with the strongest evidence coming from a small number of RCTs.<sup>58,59,60</sup>

**Acute need URTIs:** In addition to the potential role of homeopathy in supporting children and adolescents with chronic conditions, homeopathic treatment of children could play a role in common acute illnesses that have a wider impact on global issues, such as Antimicrobial Resistance. Upper Respiratory Tract Infections (URTIs) in children are one of the most common reasons for antibiotics prescription in primary care, so represent a significant contributor to the growing problem of antimicrobial resistance. As with more general usage across conditions, use of CAM has also been shown to be high in otolaryngology<sup>61</sup> with homeopathy representing the second most common treatment after acupuncture.

A recent Cochrane systematic review of homeopathic medicines in acute respiratory tract infections in children identified 8 DB-RCTs involving 1562 children in total.<sup>62</sup> The evidence included assessment of treatment, prevention, individualised and non-individualised homeopathy so presented heterogeneous results, making the findings of this study difficult to apply to real-world decision-making. However, when taken together with additional, open label RCTs and observational studies<sup>63,64,65,66</sup> that were

<sup>52</sup> Siebenwirth et al., Effectiveness of a classical homeopathic treatment in atopic eczema. A randomised placebo-controlled double-blind clinical trial, *Forsch Komplementmed*, 2009

<sup>53</sup> Dey et al., Efficacy of Individualized Homeopathic Medicines in the Treatment of Atopic Dermatitis in Adults: A Double-Blind, Randomized, Placebo-Controlled, Preliminary Trial, *Complement Med Res*, 2022

<sup>54</sup> Keil et al., Homoeopathic versus conventional treatment of children with eczema: a comparative cohort study, *Complement Ther Med*, 2008

<sup>55</sup> Eizayaga & Eizayaga, Prospective observational study of 42 patients with atopic dermatitis treated with homeopathic medicines, *Homeopathy* 2012 Roll et al., 2013

<sup>56</sup> Roll et al., Comparative effectiveness of homoeopathic vs. conventional therapy in usual care of atopic eczema in children: long-term medical and economic outcomes, *PLoS One*, 2013

<sup>57</sup> Banerjee et al., Homeopathy for Allergic Rhinitis: A Systematic Review, *J Altern Complement Med*, 2017

<sup>58</sup> Reilly et al., Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model, *Lancet*, 1986

<sup>59</sup> Taylor et al., Randomised controlled trial of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial series, *BMJ*, 2000

<sup>60</sup> Kim et al., Treatment of seasonal allergic rhinitis using homeopathic preparation of common allergens in the southwest region of the US: a randomized, controlled clinical trial, *Ann Pharmacother*, 2005

<sup>61</sup> Gruber et al., Use of complementary alternative medicine in pediatric otolaryngology patients: a survey, *Int J Pediatr Otorhinolaryngol*, 2014

<sup>62</sup> Hawke et al., Homeopathic medicinal products for preventing and treating acute respiratory tract infections in children, *Cochrane Database Syst Rev*, 2018

<sup>63</sup> Van Haselen et al., The Effectiveness and Safety of a Homeopathic Medicinal Product in Pediatric Upper Respiratory Tract Infections With Fever: A Randomized Controlled Trial, *Glob Pediatr Health*, 2016

<sup>64</sup> Jong et al., Effectiveness, safety and tolerability of a complex homeopathic medicinal product in the prevention of recurrent acute upper respiratory tract infections in children: a multicenter, open, comparative, randomized, controlled clinical, *Multidiscip Respir Med*, 2016

<sup>65</sup> Steinsbekk et al., Homeopathic care for the prevention of upper respiratory tract infections in children: a pragmatic, randomised, controlled trial comparing individualised homeopathic care and waiting-list controls. *Complement Ther Med.*, 2005

<sup>66</sup> Zanasì et al., Does additional antimicrobial treatment have a better effect on URTI cough resolution than homeopathic symptomatic therapy alone? A real-life preliminary observational study in a pediatric population, *Multidiscip Respir Med*, 2015

not included in the 2018 Cochrane review, the evidence is strongly suggestive of benefit for children overall.<sup>67</sup> A study following the prescribing behaviour of anthroposophically oriented physicians in acute upper respiratory tract infections showed a prescription rate for antibiotics significantly below the national average. The follow-up prescription rate of antibiotics for patients initially treated purely with complementary medicine was low, as was the complication rate and the follow-up consultation rate.<sup>68</sup>

### 4.3 Polypharmacy

A key public health challenge for Europe is to address the issue of polypharmacy and non-adherence as the population ages. With a growing cultural reliance on pharmaceutical interventions to manage health conditions, the issue of polypharmacy is becoming increasingly pressing, especially coupled with the increasing prevalence of chronic diseases and multimorbidity. It is common for older adults to be prescribed at least five drugs simultaneously,<sup>69</sup> which in turn increases the risk of adverse drug reactions and side effects. In tackling these issues, studies justify consideration of the ability of homeopathy and anthroposophic medicine to reduce reliance on conventional drugs. For example, as noted in the EPI-3 studies for sleep, anxiety and depressive disorders, patients treated by certified homeopathic physicians were less likely to be prescribed psychotropic drugs, reducing their usage and avoiding their addictive potential.<sup>70</sup> Similarly, patients with musculoskeletal disorders treated with homeopathy did as well clinically as those treated with conventional medicine but used only half the amount of non-steroidal anti-inflammatory drugs (NSAIDs) and had fewer NSAID-related side effects.<sup>71</sup>

### 4.4 Non-communicable diseases

Non-communicable diseases, such as cardiovascular diseases, cancer, chronic respiratory diseases, and diabetes, are one of the leading causes of mortality in the EU, representing major causes of disability, ill-health, health-related retirement, and premature death.<sup>72</sup> Every year in the EU, approximately 550,000 people of working age die prematurely from non-communicable diseases. They account for most healthcare expenses, costing EU economies €115 billion annually.<sup>73</sup>

<sup>67</sup> Fixsen, Homeopathy in the Age of Antimicrobial Resistance: Is It a Viable Treatment for Upper Respiratory Tract Infections? Homeopathy, 2018

<sup>68</sup> Jeschke E et al., Prescribing practices in the treatment of upper respiratory tract infections in anthroposophic medicine, *Forsch Komplementmed*, 2007

<sup>69</sup> Midão et al., Polypharmacy prevalence among older adults based on the survey of health, ageing and retirement in Europe, *Arch Gerontol Geriatr.*, 2018

<sup>70</sup> Grimaldi-Bensouda, L. et al. Who seeks primary care for sleep, anxiety and depressive disorders from physicians prescribing homeopathic and other complementary medicine? Results from the EPI3 population survey. *BMJ Open*, 2012

<sup>71</sup> Rossignol, M. et al. Impact of physician preferences for homeopathic or conventional medicines on patients with musculoskeletal disorders: results from the EPI3-MSD cohort. *Drug Saf.*, 2012

<sup>72</sup> [https://research-and-innovation.ec.europa.eu/research-area/health/chronic-diseases\\_en](https://research-and-innovation.ec.europa.eu/research-area/health/chronic-diseases_en)

<sup>73</sup> [https://ec.europa.eu/health/non\\_communicable\\_diseases/overview\\_en](https://ec.europa.eu/health/non_communicable_diseases/overview_en)

The case load of a homeopathic practitioner tends to be more heavily weighted towards chronic diseases, particularly those where conventional medicine has failed or has limited options. Studies have demonstrated marked and sustained improvements to disease severity and quality of life following homeopathic treatment in patients who had been chronically sick for a long time.<sup>74</sup> Given the promising body of evidence for homeopathy and anthroposophic medicine in chronic diseases such as Irritable Bowel Syndrome (IBS),<sup>75,76</sup> fibromyalgia<sup>77,78,79</sup> and osteoarthritis,<sup>80,81</sup> such complementary therapies offer a therapeutic option which can be implemented in addition to usual care, where there is significant clinical need. They can also offer options to improve the health-related quality of life by reducing disease and treatment-related symptoms in oncological patients.<sup>82</sup> Anthroposophic therapy for a variety of chronic indications under routine conditions was found to be safe and associated with clinically relevant improvements in symptoms and quality of life without cost increase.<sup>83</sup>

#### 4.5 Healthy ageing

As the incidence of chronic diseases continues to increase, their impact on an ageing population will also increase, especially in light of growing problems of multimorbidity, polypharmacy and adverse drug reactions – to which elderly people are particularly vulnerable. Although no formal research has yet been done to assess the potential role of homeopathy and anthroposophic medicine in healthy ageing and prevention of age-related disease, the body of evidence described above clearly suggests a role in reducing drug-load, reducing risk of adverse drug reactions and improving the mental health and wellbeing of individuals  $\geq 65$  years old.<sup>84</sup> In addition, there is promising evidence for the role of homeopathy in supporting the management of age-related musculoskeletal and rheumatologic disorders,<sup>85</sup> as well as complaints associated with menopause.<sup>86</sup>

<sup>74</sup> Witt et al: How healthy are chronically ill patients after eight years of homeopathic treatment? Results from a long term observational study. BMC Public Health, 2008

<sup>75</sup> Peckham et al., Interim results of a randomised controlled trial of homeopathic treatment for irritable bowel syndrome, Homeopathy, 2014, Homeopathy for treatment of irritable bowel syndrome, Cochrane, 2013

<sup>76</sup> Hinse M et al., New multimodal intervention to reduce irritable bowel syndrome (IBS) severity symptoms-Pilot study with a 12 month follow-up. PLoS One, 2022

<sup>77</sup> Bell et al., Improved clinical status in fibromyalgia patients treated with individualized homeopathic remedies versus placebo, Rheumatology, 2004

<sup>78</sup> Relton, Healthcare provided by a homeopath as an adjunct to usual care for Fibromyalgia (FMS): results of a pilot Randomised Controlled, Homeopathy, 2009

<sup>79</sup> Boehm et al., Homeopathy in the treatment of fibromyalgia--a comprehensive literature-review and meta-analysis, Complement Ther Med., 2014

<sup>80</sup> Long et al., Homeopathic remedies for the treatment of osteoarthritis, Br Homeopath, 2001

<sup>81</sup> Morris et al., Physiotherapy and a Homeopathic Complex for Chronic Low-back Pain Due to Osteoarthritis: A Randomized, Controlled Pilot Study, Altern Ther Health Med., 2016

<sup>82</sup> Thronicke A et al., Viscum album L. Therapy in Oncology: An Update on Current Evidence. Complement Med Res, 2022

<sup>83</sup> Hamre HJ et al., Overview of the Publications From the Anthroposophic Medicine Outcomes Study (AMOS): A Whole System Evaluation Study. Glob Adv Health Med, 2014

<sup>84</sup> Danno et al. Management of Anxiety and Depressive Disorders in Patients  $\geq 65$  Years of Age by Homeopath General Practitioners versus Conventional General Practitioners, Homeopathy, 2018

<sup>85</sup> Danno et al., Physician practicing preferences for conventional or homeopathic medicines in elderly subjects with musculoskeletal disorders in the EPI3-MSD cohort. Clin Epidemiol, 2014

<sup>86</sup> Andrade et al., Efficacy of a Homeopathic Medicine of Capsicum frutescens L. (Solanaceae) in the Treatment of Hot Flashes in Menopausal Women: A Phase-2 Randomized Controlled Trial. Homeopathy, 2019



# About ECHAMP

The aim of ECHAMP, the European Coalition on Homeopathic and Anthroposophic Medicinal Products, is to enable its members to meet the demand from users and prescribers across the EU for these medicinal products.

ECHAMP recognises the important role that homeopathy and anthroposophic medicine play and can play in health care. It works to develop the industry for homeopathic and anthroposophic medicinal products so as to ensure availability of medicines for self-medication and medicines recommended by prescribers.

ECHAMP advocates and supports standards and requirements, including for effectiveness, that are in line with the tradition and therapeutic systems of homeopathy and anthroposophic medicine as practised in Europe. It advocates an appropriate and well-balanced EU regulatory environment that reflects and ensures the specific quality and high safety of homeopathic and anthroposophic medicinal products, and it works to establish the industry as a credible and reliable player in health care so as to maximise political impact at EU level.

ECHAMP E.E.I.G.  
Rue Washington 40  
B-1050 Brussels

T: (32) 2 649 94 40  
E: [office@echamp.eu](mailto:office@echamp.eu)

[www.echamp.eu](http://www.echamp.eu)

All reasonable precautions have been taken by ECHAMP E.E.I.G. to verify the information contained in this publication. The responsibility for the interpretation and use of the material lies with the reader.

© ECHAMP 2023 – All rights reserved