Rheumatic complaints and Homeopathy

18.1. Homoeopathic therapy in rheumatoid arthritis (British Journal of Clinical Pharmacology) **Link:**

Gibson RG, Gibson SL, MacNeill AD, Buchanan WW, "Homoeopathic therapy in rheumatoid arthritis: evaluation by double-blind clinical therapeutic trial", *Br. J. Clin. Pharmacol.* 1980 May;9(5):453-9.

http://www.ncbi.nlm.nih.gov/sites/entrez?db=pubmed&cmd=Search&term=Br%20J%20Clin%20Phar macol[Jour]+AND+9[Volume]+AND+453[page]

Method:

A double-blind clinical therapeutic trial – "23 patients with rheumatoid arthritis on orthodox first-line anti-inflammatory treatment plus homeopathy were compared with a similar group of twenty-three patients on orthodox first-line treatment plus an inert preparation."

Results:

"There was a <u>significant improvement in subjective pain, articular index, stiffness and grip strength in</u> <u>those patients receiving homoeopathic remedies</u> whereas there was no significant change in the patients who received placebo. Two physicians were involved in prescribing for the patients and there were no significant differences in the results which they obtained. No side effects were observed with the homoeopathic remedies". **18.2.** A randomized controlled trial comparing topical piroxicam gel with a homeopathic gel in osteoarthritis of the knee: (Oxford Journal Rheumatology)

A pragmatic, randomized, double-blind controlled trial:

Method:

184 out-patients with radiographically confirmed symptomatic osteoarthritis of the knee were entered into a pragmatic, randomized, double-blind controlled trial and treated with 1 g of gel three times daily for 4 weeks. Main outcome measures were pain on walking as a Visual Analogue Score (VAS) and a single-joint Ritchie index.

<u>Results:</u> One hundred and seventy-two of the 184 enrolled patients had endpoints for the main outcome parameters. The pain reduction was 16.5 mm VAS in the homeopathy group (n = 86) The homeopathic gel was at least as effective and as well tolerated as the NSAID gel. The presence of a clinically relevant difference between treatment groups cannot be excluded

<u>Link:</u>

http://rheumatology.oxfordjournals.org/content/39/7/714.full

18.3. Homeopathic treatment of patients with chronic low back pain - Institute for Social Medicine, Epidemiology and Health Economics, Charité University Medical Center, Berlin, Germany

<u>Link:</u>

Witt CM, Lüdtke R, Baur R, Willich SN., "Homeopathic treatment of patients with chronic low back pain: A prospective observational study with 2 years' follow-up", *Clin J Pain*. 2009 May;25(4):334-9.

http://www.ncbi.nlm.nih.gov/pubmed/19590483

Aim & Method:

"Prospective multicenter observational study. Consecutive patients beginning homeopathic treatment in primary care practices were evaluated over 2 years by using standardized questionnaires. Diagnoses (ICD-9) and symptoms with severity, health-related quality of life (QoL), medical history, consultations, homeopathic and conventional treatments, and other health service use were recorded".

<u>Results:</u>

"The severity of the diagnoses and complaints showed marked and sustained improvements with large effect sizes (Cohen's d from 1.67 to 2.55) and QoL improved accordingly (SF-36 physical component scale d = 0.33; mental component scale d = 0.54). The use of conventional treatment and health services decreased markedly: the number of patients using low back pain-related drugs was half of the baseline. Classic homeopathic treatment represents an effective treatment for low back pain and other diagnoses. It improves health-related QoL and reduces the use of other healthcare services."