Table 1: Randomised controlled trials of homeopathy for cancer supportive care

First author, year, ref	Study design	Participants (number, diagnosis)	Interventions (experimental treatments, control)	Main outcome measures	Main results	Comments
Sencer 2012	Multicentre RCT	190 patients aged 3-25 years receiving human stem cell transplants (87% were cancer patients)	Oral solution of Traumeel S (complex homeopathic remedy) or placebo (saline) 5 times daily for up to 22 days	Mucositis, narcotic usage, total parenteral nutrition or nasogastric feed days, adverse events	No statistically significant differences were recorded.	Randomisation adequate Allocation concealment adequate Blinding adequate Power was adequate Intention-to-treat analysis was not mentioned but attrition was small and similar in both groups
Steinmann 2012	Non-randomized, prospective, observational study with matched pairs	20 patients receiving radiotherapy or radiochemotherapy for head and neck tumours	Traumeel S solution or sage tea (Salvia officinalis)	Mucositis, oral pain	No significant differences	Randomisation – not randomised Allocation concealment – N/A Blinding – not blindd Power – not mentioned and may be underpowered Intention-to-treat analysis – not mentioned
Pérol 2012	Multicentre RCT	431 with non-metastatic breast cancer	Cocculine (complex homeopathic remedy) or placebo	Nausea, vomiting, compliance	No significant differences in nausea, vomiting and global emesis scores at any time between the two study arms	Randomisation - adequate Allocation concealment - adequate Blinding - blinding Power - adequate Intention-to-treat analysis was conducted

Frass 2015	Pragmatic RCT	410 patients with various cancers	Individualized remedies added to conventional treatment or conventional cancer treatment alone	Global health status and subjective wellbeing	Greater improvement in the homeopathy group in global health status of 7.7 (95%CI 2.3—13.0, p = 0.005) and in subjective wellbeing of 14.7 (95% CI 8.5—21.0, p < 0.001)	Randomisation - adequate Allocation concealment - adequate Blinding – not blinded Power – calculated but attrition was high across the study and reasons not reported Intention-to-treat analysis – data was imputed appropriately
Heudel 2019	Multicentre RCT	138 patients with non metastatic localized breast cancer	BRN-01 (complex homeopathic remedy) or placebo tablets	Hot flushes, compliance, tolerance, quality of life and satisfaction	No statistically significant differences	Randomisation - Adequate Allocation concealment - Adequate Blinding – Adequate Power – calculated and achieved with small attrition rates Intention-to-treat analysis – conducted
Karp 2016	Non-randomised trial (in 2 centres)	40 breast cancer patients being treated with aromatase inhibitors	Ruta graveolens 5CH and Rhus toxicodendron 9CH (5 granules, twice a day) in addition to standard treatment or a control group, receiving standard treatment	Joint pain and stiffness, the impact of pain on sleep and analgesic consumption	Significant difference pain score (p = 0.0001), effect on sleep and analgesic consumption.	Randomisation – not randomised Allocation concealment – N/A Blinding – not blinded Power – not mentioned Intention-to-treat analysis – not mentioned
Sorrentino 2017	RCT	53 breast cancer patients undergoing unilateral total mastectomy	Arnica Montana 1000 Korsakovian dilution (1000 K) or placebo	Blood and serum volumes drained, duration of drainage, pain, bruising or hematomas	Lower blood and serum volumes (*note: stated in paper but P = 0.11* which is non-significant), no differences in other outcomes	Randomisation - adequate Allocation concealment - adequate Blinding – adequate Power – calculated and achieved Intention-to-treat analysis – conducted

RCT = randomised controlled trial
QOL= quality of life