# Table 1: Controlled trials of homeopathy for cancer supportive care

Source: Karen Pilkington, CAM Cancer Consortium. [Homeopathy](https://cam-cancer.org/en/homeopathy-0) [online document]. <https://cam-cancer.org/en/homeopathy-0>, December 2022.

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| **First author, year, ref** | **Study design** | **Participants (number, diagnosis)** | **Interventions (experimental treatments, control)** | **Main outcome measures** | **Main results** | **Comments** |
| 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 |
| Frass 2020 | RCT (3-arm) | 150 patients with stage IV non‐small cell lung cancer (NSCLC) | Individualized homeopathic remedies (n = 51) or placebo (n = 47), remainder in a control group | QoL  functional and symptom scales Median survival time Survival rate | Significant improvement in QoL functional and symptom scales (p < 0.001), median survival time (p = 0.01) and survival rate compared with placebo (p = 0.02) | Randomisation - Adequate  Allocation concealment - Adequate  Blinding – Adequate  Power – calculated but not achieved  Intention-to-treat analysis – conducted |
| Frass 2020 | RCT (2-arm plus observational control group) | 150 patients with stage IV, non‐small cell lung cancer (NSCLC) | 98 received individualized homeopathic remedies (n = 51) or placebo (n = 47); 52 control patients observed for survival only | QoL, global health status, subjective wellbeing, median survival time, survival rate | Significant difference in QoL between homeopathy and placebo groups after 9 and 18 weeks of treatment (p < .001). Significant difference in median survival time between homeopathy group (435 days) versus placebo (257 days; p = .010) as well as versus control (228 days; p < .001). Survival rate in the homeopathy group differed significantly from placebo (p = .020) and from control (p < .001). | Randomisation - adequate  Allocation concealment - adequate  Blinding – adequate  Power – calculated and achieved for interim but not full analysis  Intention-to-treat analysis – conducted |
| 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 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 |
| Lotan 2020 | RCT | 55 women undergoing mastectomy for cancer risk reduction or breast cancer | (Arnica montana C30 and Bellis perennis C30), or placebo | Time to surgical drain removal  haemoglobin levesl  cortisol levels  pain medication intake  pain  adverse reactions quality of recovery | Significantly reduced drain removal time and nt opioid intake was lower (p < 0.057) in the study group. Quality of life, postoperative pain, hemoglobin and cortisol levels, and complications were not associated with any treatment. | Randomisation - Adequate  Allocation concealment - Adequate  Blinding – Adequate  Power – calculated  Intention-to-treat analysis – conducted |
| 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 |
| Rostock 2011 | Prospective observational study with matched pairs | 639 patients with various cancers | Complementary homeopathic treatment or conventional cancer treatment | QoL  Fatigue  Psychological wellbeing (Hospital Anxiety and Depression Scale) Patient satisfaction | Significant improvement in QOL and fatigue in first 3 months and again at 12 months in homeopathic but QOL remained generally constant in the conventional group (no between group comparison). Anxiety and depression did not change. Insufficient patients were identified for the matched pairs study. | Patients in the two groups differed in several sociodemographic  and disease variables. |
| 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 |
| 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 |
| 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 blinded  Power – not mentioned and may be underpowered  Intention-to-treat analysis – not mentioned |

RCT = randomised controlled trial

QOL= quality of life