

Bimbo morto dopo otite: un caso di malpractice di un medico NON omeopata

In seguito alla morte di un bambino della provincia di Pesaro nel 2017, a seguito delle complicanze insorte dopo un'otite, un medico è attualmente sotto processo. Dopo il decesso del bambino, alcuni media hanno parlato di "pericolosità dell'omeopatia". Il medico ha prescritto medicinali omeopatici, ma NON era un medico esperto in medicina omeopatica. Vogliamo chiarire questo punto, importante per la salute pubblica e per una corretta informazione.

Non è sufficiente prescrivere medicinali omeopatici per essere un medico omeopata, così come non basta prescrivere anti-ipertensivi per essere un cardiologo o psicofarmaci per essere uno psichiatra.

Per essere cardiologo o psichiatra occorre avere conseguito la specialità in cardiologia o psichiatria. Per essere medico esperto in medicina omeopatica occorre aver una formazione post-laurea specifica in Omeopatia dopo la laurea in medicina. Inoltre, per l'Accordo Stato-Regioni del 07 febbraio 2013, devono essere iscritti nell'apposito Elenco dei professionisti esercenti l'Omeopatia del loro Ordine dei Medici. Questa norma è a garanzia di tutti i pazienti.

Il medico in questione risulta iscritto nell'apposito Elenco dell'Ordine dei Medici? No.
Risulta iscritto forse in uno dei Registri delle Società Scientifiche omeopatiche? No.

Il medico sotto accusa è iscritto come medico all'Ordine dei Medici di Pesaro ma non è iscritto nell'apposito Registro dei medici esperti in Omeopatia. Allo stato non si conosce la competenza in omeopatia di questo medico, ma comunque il suo operato non ha nulla a che fare con la Medicina Omeopatica correttamente studiata e applicata.

Comunque, essendo i medicinali omeopatici fra i medicinali più sicuri al mondo, in Italia qualunque medico può prescrivere medicinali omeopatici, come qualunque farmacista li può consigliare e qualsiasi cittadino li può assumere in auto-prescrizione.

Da un punto di vista pratico e per una comprensione più generale, con l'occasione può essere opportuno fornire qualche elemento di tecnica prescrittiva omeopatica per i non addetti ai lavori. Ci sono diverse evidenze positive per la cura delle otiti medie acute con una cura omeopatica ¹. Sempre, ovviamente, che la cura venga condotta da un medico esperto in Omeopatia. Un medico con doppia competenza, in Medicina

1 -Friese KH, Kruse S, Moeller H. [Acute otitis media in children. Comparison between conventional and homeopathic therapy]. HNO. 1996 Aug;44(8):462-6. German. PubMed PMID: 8805013

-Frei H, Thurneysen A. Homeopathy in acute otitis media in children: treatment effect or spontaneous resolution? Br Homeopath J. 2001 Oct;90(4):180-2. PubMed PMID: 11680801

-Taylor JA, Jacobs J. Homeopathic ear drops as an adjunct to standard therapy in children with acute otitis media. Homeopathy. 2011 Jul;100(3):109-15. doi: 10.1016/j.homp.2011.03.002. PubMed PMID: 21784326.

-Sinha MN, Siddiqui VA, Nayak C, Singh V, Dixit R, Dewan D, Mishra A. Randomized controlled pilot study to compare Homeopathy and Conventional therapy in Acute Otitis Media. Homeopathy. 2012 Jan;101(1):5-12. doi: 10.1016/j.homp.2011.08.003. PubMed PMID: 22226309.

In conclusione,

-in tutti gli articoli controllati, si raccomanda di prescrivere antibiotici se non vi è un miglioramento clinico entro il terzo giorno, od anche entro 12 ore (Frei 2001). Cio' evidenza che i medici omeopati applicano le linee-guida internazionali.

- La terapia omeopatica può essere anche somministrata in aggiunta alla terapia convenzionale (Taylor 2011).

- Il miglioramento sintomatico è in generale più veloce usando la terapia omeopatica (da sola od in aggiunta a quella convenzionale) rispetto all'utilizzo della sola terapia convenzionale.

- I 4 articoli citati sono pubblicati su Pubmed. Sono stati eseguiti in Germania, Svizzera Usa, India.

Convenzionale e in Omeopatia, conosce in ogni momento le indicazioni terapeutiche per l'una e l'altra Medicina. In generale, le linee-guida ufficiali impongono una cura antibiotica se l'episodio acuto non si risolve in 48-72 ore dall'esordio. Per i medici omeopati, essendo medici a doppia competenza, i due giorni iniziali non sono però un periodo di attesa terapeutica. Con una cura soltanto omeopatica, l'episodio infettivo acuto, otalgia compresa, deve risolversi in 12-24 ore senza complicanze e con benessere complessivo del paziente o, in caso di miglioramento evidente e progressivo, anche in 48 ore. In questi casi la guarigione dell'otite acuta può essere completa ed anche la frequenza delle recidive viene ridotta. Se ciò non si verifica, al massimo in terza giornata, un medico omeopata prescrive la migliore terapia antibiotica disponibile.

Nel caso in oggetto, ben 3 consulenti medici incaricati dal Pubblico Ministero, tra cui un consulente medico esperto in Omeopatia, hanno scritto di "incompetenza, negligenza ed imprudenza" a carico del medico². Si tratta quindi di una malpractice in riferimento alla Medicina Convenzionale, ma anche in riferimento alla letteratura omeopatica.

Siamo di fronte a un caso grave di malpractice di un medico NON omeopata in cui c'è stato un decesso del paziente. Non dovrebbero essere ammesse generalizzazioni gratuite su un fatto drammatico.

Gli Ordini dei Medici sorvegliano la serietà nell'informazione sanitaria per quanto riguarda i medici (vedi articolo 55 del codice deontologico dell'Ordine dei Medici vigente), nel rispetto della legge. Invitiamo anche i giornalisti a dare una informazione puntuale e precisa sulla medicina omeopatica. Come Società scientifica omeopatica, cerchiamo di dare il nostro contributo.

In allegato il dettaglio della nota bibliografica.

² Bambino morto per l'otite, "Ucciso dalla negligenza". Perizia accusa l'omeopata di Roberto Damiani. Il resto del Carlino Pesaro 18 novembre 2017. <https://www.ilrestodelcarlino.it/pesaro/cronaca/bambino-morto-otite-1.3543532>

AOM (Acute Otitis Media) and Homeopathy - Positive evidence collection

4 articles

Friese KH, Kruse S, Moeller H. [[Acute otitis media in children. Comparison between conventional and homeopathic therapy](#)]. HNO. 1996 Aug;44(8):462-6. German. PubMed PMID: 8805013

Abstract

Within a prospective group study of five practicing otorhinolaryngologists, conventional therapy of acute otitis media in children was compared with homeopathic treatments. Group A (103 children) was primarily treated with homeopathic single remedies (Aconitum napellus, Apis mellifica, Belladonna, Capsicum, Chamomilla, Kalium bichromicum, Lachesis, Lycopodium, Mercurius solubilis, Okoubaka, Pulsatilla, Silicea). Group B (28 children) was treated by decongestant nose-drops, antibiotics, secretolytics and/or antipyretics.

Comparisons were done by symptoms, physical findings, duration of therapy and number of relapses. The children of the study were between 1 and 11 years of age.

The difference in numbers was explained by the children with otitis media being primarily treated by pediatricians using conventional methods. The median duration of pain in group A was 2 days and in group B 3 days. Median therapy in group A lasted 4 days and in group B 10 days. Antibiotics were given over a period of 8-10 days, while homeopathic treatments were stopped after healing. In group A 70.7% of the patients were free of relapses within 1 years and 29.3% had a maximum of three relapses. Group B had 56.5% without relapses and 43.5% a maximum of six relapses. Five children in group A were given antibiotics and 98 responded solely to homeopathic treatments. No side effects of treatment were found in either group.

Notes:

children: 1-11 years

median duration of Pain: **homeopathic group 2 days**

allopathic group 3 days

Frei H, Thurneysen A. [Homeopathy in acute otitis media in children: treatment effect or spontaneous resolution?](#) Br Homeopath J. 2001 Oct;90(4):180-2. PubMed PMID: 11680801

The conventional antibiotic treatment of acute otitis media (AOM) faces a number of problems, including antibiotic resistance. Homeopathy has been shown to be capable of treating AOM successfully. As AOM has a high rate of spontaneous resolution, a trial to prove any treatment-effect has to demonstrate very fast resolution of symptoms. The purpose of this study was to find out how many children with AOM are relieved of pain within 12 h after the beginning of homeopathic treatment, making additional measures unnecessary. Two hundred and thirty children with AOM received a first individualized homeopathic medicine in the paediatric office. If pain-reduction was not sufficient after 6 h, a second (different) homeopathic medicine was given. After a further 6 h, children who had not reached pain control were started on antibiotics. Pain control was achieved in 39% of the patients after 6 h, another 33% after 12 h. This resolution rate is 2.4 times faster than

in placebo controls. There were no complications observed in the study group, and compared to conventional treatment the approach was 14% cheaper.

Number: 230 children

treatment duration: 12 hours

“received a first individualized homeopathic medicine in the paediatric office. If pain-reduction was not sufficient after 6 h, a second (different) homeopathic medicine was given. After a further 6 h, children who had not reached pain control were started on antibiotics”

pain control within 12 hours; 72% (39% + 33%)

NB: Mettendo in Google Scholar “homeopathy and acute otitis media” questo è l'articolo più citato.

Taylor JA, Jacobs J. Homeopathic ear drops as an adjunct to standard therapy in children with acute otitis media. *Homeopathy*. 2011 Jul;100(3):109-15. doi: 10.1016/j.homp.2011.03.002. PubMed PMID: 21784326.

Abstract:

OBJECTIVE: To assess the effectiveness of a homeopathic ear drop for treatment of otalgia in children with acute otitis media (AOM).

METHODS: Children with AOM were enrolled in the study at the time of diagnosis and randomized to receive either standard therapy alone or standard therapy plus a homeopathic ear drop solution that was to be used on as needed basis for up to 5 days. Parents of children in both treatment groups rated the severity of 5 AOM symptoms twice daily for 5 days in a symptom diary. A symptom score was computed for each assessment with lower scores denoting less severe symptoms. Parents of children randomized to receive ear drops also recorded information regarding symptoms being treated and response to treatment.

RESULTS: A total of 119 eligible children were enrolled in the study; symptom diaries were received from 94 (79%). Symptom scores tended to be lower in the group of children receiving ear drops than in those receiving standard therapy alone; these differences were significant at the second and third assessments ($P = 0.04$ and $P = 0.003$, respectively). In addition, the rate of symptom improvement was faster in children in the ear drop group compared with children in standard therapy alone group ($P = 0.002$). The most common reason for administration of ear drops was ear pain, recorded for 93 doses; improvement was noted after 78.4% of doses for this indication. There were no significant side effects related to use of the ear drops.

CONCLUSIONS: This study suggests that homeopathic ear drops were moderately effective in treating otalgia in children with AOM and may be most effective in the early period after a diagnosis of AOM. Pediatricians and other primary health care providers should consider homeopathic ear drops a useful adjunct to standard therapy.

Notes:

from discussion “The data from this study suggest that homeopathic ear drops are moderately effective as an adjunctive treatment for improving symptoms of AOM in children. Compared to children receiving standard therapy alone, those who also received ear drops had faster symptom relief, with significantly milder symptoms from AOM at the second and third assessments, which . roughly correspond to the period of 24–36 h after the diagnosis of AOM.”

Medicinale usato: “The homeopathic ear drops, Hylands Earache Drops[®], used in the study are commercially available in the United States and contain a combination of six homeopathic remedies: Pulsatilla, Chamomilla, Sulphur, Calcarea carbonica, Belladonna, and Lycopodium, all in the 30c potency. Parents of children randomized to the ear drops were instructed to administer 3–4 drops up to 3 times/day as needed for relief of AOM symptoms for a maximum of 5 days.

NB: Anche usando terapia omeopatica complessa si ha un miglioramento entro 24-36 ore sul dolore da otite

Sinha MN, Siddiqui VA, Nayak C, Singh V, Dixit R, Dewan D, Mishra A. **Randomized controlled pilot study to compare Homeopathy and Conventional therapy in Acute Otitis Media**. Homeopathy. 2012 Jan;101(1):5-12. doi: 10.1016/j.homp.2011.08.003. PubMed PMID: 22226309.

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Comment on

Homeopathy. 2012 Jan;101(1):3.

OBJECTIVE: To compare the effectiveness of Homeopathy and Conventional therapy in Acute Otitis Media (AOM).

METHOD: A randomized placebo-controlled parallel group pilot study of homeopathic vs conventional treatment for AOM was conducted in Jaipur, India. Patients were randomized by a computer generated random number list to receive either individualized homeopathic medicines in fifty millesimal (LM) potencies, or conventional treatment including analgesics, antipyretics and anti-inflammatory drugs. **Patients who did not improve were prescribed antibiotics at the 3rd day.**

Outcomes were assessed by the Acute Otitis Media-Severity of Symptoms (AOM-SOS) Scale and Tympanic Membrane Examination over 21 days.

RESULTS: 81 patients were included, 80 completed follow-up: 41 for conventional and 40 for homeopathic treatment. In the Conventional group, all 40 (100%) patients were cured, in the Homeopathy group, 38 (95%) patients were cured while 02 (5%) patients were lost to the last two follow-up. By the 3rd day of treatment, 4 patients were cured in Homeopathy group but in Conventional group only one patient was cured. In the Conventional group antibiotics were prescribed in 39 (97.5%), no antibiotics were required in the Homeopathy group. 85% of patients were prescribed six homeopathic medicines.

CONCLUSION: Individualized homeopathy is an effective conventional treatment in AOM, there were no significant differences between groups in the main outcome. Symptomatic improvement was quicker in the Homeopathy group, and there was a large difference in antibiotic requirements, favouring homeopathy. Further work on a larger scale should be conducted.

Notes: “Patients who did not improve were prescribed antibiotics at the 3rd day.

Conclusioni:

- in tutti gli articoli controllati, si raccomanda di prescrivere antibiotici se non vi è un miglioramento clinico entro il terzo giorno, od anche prima (vedi Frei 2001). Ciò significa che i medici omeopati conoscono ed applicano le linee-guida internazionali
- la terapia omeopatica può essere anche data in aggiunta alla terapia convenzionale (Taylor 2011)
- il miglioramento sintomatico è in generale più veloce usando la terapia omeopatica (da sola od in aggiunta a quella convenzionale) rispetto all'utilizzo della sola terapia convenzionale
- i 4 articoli citati sono pubblicati su Pubmed e si riferiscono a studi effettuati in Germania, Svizzera Usa, India