

Homeopathy and depression

Omeopatia e depressione

Positive evidence collection

Raccolta bibliografica delle evidenze positive

date 10/07/2019

articles 24

Andrea Valeri MD

President and Head of Research Department SIMO
Presidente e Responsabile dipartimento Ricerca SIMO
Società Italiana di Medicina Omeopatica

contact: avaleri1955@gmx.com

How to cite this file:

Valeri A, Homeopathy and depression, 20190710

http://www.omeomed.net/sub_index/evidence/20190710_valeri_homeopathy_and_depression_simo.pdf

The articles are structured in sections and in each section are ordered annually, from the most recent to the least recent. For each article are indicated the quotation and the abstract, if available.

The most important parts of the text are highlighted in blue and sometimes a comment is added.

Gli articoli sono strutturati in sezioni e in ogni sezioni sono ordinati annualmente dal più recente al meno recente. Per ogni articolo sono indicati la citazione e l'abstract, se disponibile. In colore blue sono evidenziate le parti più importanti del testo e a volte viene aggiunto un commento.

Overview

1 General reviews and utilization studies

Homeopathy in the treatment of depression: a systematic review. 2018

Homeopathy for psychiatric patients-for and against 2018

Overcoming depression with homeopathy 2017

Management of depression by homeopathic practitioners in Sydney, Australia. 2007

2 Animal studies

Effects of Gelsemium sempervirens L. on pathway-focused gene expression profiling in neuronal cells. 2014

An animal model for the study of Chamomilla in stress and depression: pilot study 2008

3 Human clinical articles

Management of Anxiety and Depressive Disorders in Patients \geq 65 Years of Age by Homeopath General Practitioners versus conventional General Practitioners, with Overview of the EPI3-LASER Study Results. 2018

Response to Individualized Homeopathic Treatment for Depression in Climacteric Women with History of Domestic Violence, Marital Dissatisfaction or Sexual Abuse:Results from the HOMDEP-MENOP Study. 2018

Depressed patients treated by homeopaths: a randomised controlled trial using the "cohort multiple randomised controlled trial" (cmRCT) design 2017

Homeopathic Treatment for Postpartum Depression: A Case Report. 2017

Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study. 2016

Individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP study): a randomized, double-dummy, double-blind, placebo-controlled trial. 2015

The Effects of Homeopathic Medicines on Reducing the Symptoms of Anxiety and Depression: Randomized, Double Blind and Placebo Controlled 2016

Efectividad del tratamiento homeopático en pacientes con síndrome depresivo 2014

Efficacy of individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP): study protocol for a randomized, double-dummy, double-blind, placebo-controlled trial. 2013

Homoeopathic management in depressive episodes: A prospective, unicentric, non-comparative, open-label observational study 2013

Homeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe Depression: Double-Blind, Randomized Non-Inferiority Trial 2011

Integrative sulphur with a homeopathic therapy for treating depressive syndrome--an observational study. 2011

From pharmaceutical standardizing to clinical research: 20 years of experience with fifty-millesimal potencies 2009

Tratamento homeopático da depressão: relato de série de casos 2008

4 Clinical situations in which depression is one of the diseases involved

Add-On Complementary Medicine in Cancer Care: Evidence in Literature and Experiences of Integration. 2017

Running an NHS community homeopathy clinic - 10-year anniversary 2001-2011. 2012

Management of distress during climacteric years by homeopathic therapy 2011

Homeopathic treatment for chronic disease: a 6-year, university-hospital study 2005

1 General reviews and utilization studies

1.1 Homeopathy in the treatment of depression: a systematic review (2018)

Citation

VIKSVEEN, Petter; FIBERT, Philippa; RELTON, Clare. Homeopathy in the treatment of depression: a systematic review. *European Journal of Integrative Medicine*, 2018
<https://www.sciencedirect.com/science/article/pii/S1876382018304451>

Abstract

Introduction

Depression is a common reason for patients to consult homeopaths. This review aims to assess the efficacy, effectiveness and safety of homeopathy in depression.

Methods

Thirty databases/sources were used to identify studies reporting on homeopathy in depression, published between 1982 and 2016. Studies were assessed for their risk of bias, model validity, aspect of homeopathy and comparator.

Results

Eighteen studies assessing homeopathy in depression were identified. Two double-blind placebo-controlled trials of homeopathic medicinal products (HMPs) for depression were assessed. The first trial (N = 91) with high risk of bias found HMPs were non-inferior to fluoxetine at 4 ($p = 0.654$) and 8 weeks ($p = 0.965$); whereas the second trial (N = 133), with low risk of bias, found HMPs was comparable to fluoxetine ($p = 0.082$) and superior to placebo ($p < 0.005$) at 6 weeks. The remaining research had unclear/high risk of bias. A non-placebo-controlled RCT found standardised treatment by homeopaths comparable to fluvoxamine; a cohort study of patients receiving treatment provided by GPs practising homeopathy reported significantly lower consumption of psychotropic drugs and improved depression; and patient-reported outcomes showed at least moderate improvement in 10 of 12 uncontrolled studies. Fourteen trials provided safety data. All adverse events were mild or moderate, and transient. No evidence suggested treatment was unsafe.

Conclusions

Limited evidence from two placebo-controlled double-blinded trials suggests HMPs might be comparable to antidepressants and superior to placebo in depression, and patients treated by homeopaths report improvement in depression. Overall, the evidence gives a potentially promising risk benefit ratio. There is a need for additional high quality studies

1.2 Homeopathy for psychiatric patients-for and against (2018)

Citation

Hock N, Juckel G. [Homeopathy for psychiatric patients-for and against]. *Nervenarzt*. 2018 Sep;89(9):1014-1019. doi: 10.1007/s00115-018-0540-2. Review. German. PubMed PMID: 29858643

Abstract

The application of homeopathic treatment quickly becomes a matter of ideological confrontation; however, homeopathy is steadily gaining in sympathy in the population. Although the possible effectiveness and the modes of action are currently not scientifically elucidated and the study situation regarding homeopathic treatment in psychiatry is still manageable, [there is a whole series of positive evidence for the effects of homeopathic remedies for mental disorders, such as depression, anxiety disorders and addiction](#). The most important studies are presented and the most important arguments are weighed up with respect to the pros and cons. [It is clear that homeopathic remedies can only be used as an add-on and not alone](#). These remedies belong in the hands of physicians experienced in homeopathic and psychiatric psychopharmacology. [It would be advisable to at least try out homeopathy for the well-being of the patient not only in the case of very mild disorders but also in severe chronic cases, since due to the generally good tolerability, no avoidable disadvantage should result](#)

1.3 Overcoming depression with homeopathy (2017)

Citation

THAKUR, Tushita; JANANI, L. Overcoming depression with homeopathy. *World Journal of Pharmaceutical and Life Sciences* 2017, Vol. 3, Issue 8, 40-45 ISSN 2454-2229. http://www.wjpls.org/home/article_abstract/665

Abstract

Depression is a major public health problem that has considerable health as well as socio-economic impact on patient, family and community.[1,2,5] [Nearly 322 million people currently suffer from depression globally of which 18% are Indian](#).[3,4,5] Depression affects people from all socioeconomic backgrounds from early childhood to late ages and is more common among females (5.1%) than males (3.6%)[4] Conventional treatment of depression is not individualized and antidepressant choice is largely dependent on adverse effect and co-morbidities[16] It also has potentially serious side effects and is not suitable for pregnant women requiring depression treatment or those with multiple physical ailments.[24,25] [Nearly half of the patients stop](#)

antidepressants due to fear of dependence or side effects.[27,28] Among those who continue treatment, nearly 30% remit, 30% show partial response and rest 40% are treatment resistant. [29,30] Published literature suggests that there is severe shortage of trained mental health professionals in India with only 0.07 psychiatrists per 100,000 populations[31] Thus, there is an unmet need for depression treatment and patients do search for alternatives. Homoeopathy is safe and cost-effective, and is well tolerated by patients with physical and mental disorders. Homoeopathy can be recommended to patients who develop intolerable side effects to first-line antidepressants, those resistant to standard treatments and augmentation strategies, those who cannot afford the cost of conventional treatment, pregnant women requiring depression treatment and those with multiple co-morbidities. Based on current evidence, Homoeopathy appears promising in treatment of depression [34 to 41]. There is a need to further strengthen the research based evidence for Homoeopathic treatment of depression through large scale, randomized controlled trials of longer follow up duration.

1.4 Management of depression by homeopathic practitioners in Sydney, Australia (2007)

Citation

Makich L, Hussain R, Humphries JH. Management of depression by homeopathic practitioners in Sydney, Australia. Complement Ther Med. 2007 Sep;15(3):199-206. Epub 2006 Nov 7. PubMed PMID: 17709065

Abstract

OBJECTIVES: The study investigates the demographic profile, caseload and treatment for depression provided by homeopathic practitioners in Australia.

DESIGN: A postal survey comprising a self-administered questionnaire which included a combination of close-ended and open-ended response categories.

SETTING: The questionnaire was mailed to 128 homeopathic practitioners working in the metropolitan areas of Sydney, Australia.

RESULTS: The demographic profile of the respondents showed that most were in the 45-50 year age group, and female practitioners comprised 68% of the sample. Symptoms of depression reported in the homeopathic practice had parallel description of symptoms listed in the ICD-10. Overall, treatment of mental health disorders, such as depression, grief, anxiety and phobia were a significant feature of the practice caseload of the respondents. Eighty-four percent of the respondents had patients presenting for homeopathic treatment that were also receiving some form of external therapy, most commonly antidepressant medications. Sixty percent of the respondents incorporated 'concurrent' therapies in the treatment approach, most commonly counselling, nutrition and lifestyle management.

CONCLUSION: [The paper shows that most homeopathic practitioners provide a pluralistic approach to management of depression which is in accordance with principles of holistic care.](#) The implications of the research findings are discussed.

2 Animal studies

2.1 Effects of *Gelsemium sempervirens* L. on pathway-focused gene expression profiling in neuronal cells (2014)

Citation

Oliosio D, Marzotto M, Moratti E, Brizzi M, Bellavite P. Effects of *Gelsemium sempervirens* L. on pathway-focused gene expression profiling in neuronal cells. *J Ethnopharmacol.* 2014 Apr 28;153(2):535-9. doi: 10.1016/j.jep.2014.02.048. Epub 2014 Mar 5. PubMed PMID: 24613275

Abstract

ETHNOPHARMACOLOGICAL RELEVANCE: *Gelsemium sempervirens* L. is a traditional medicinal plant mainly distributed in the southeastern of the United States, employed in phytotherapy and homeopathy as nervous system relaxant to treat various types of anxiety, pain, headache and other ailments. Although animal models showed its effectiveness, the mechanisms by which it might operate on the nervous system are largely unknown. This study investigated for the first time by a real-time PCR technique (RT-PCR Array) the gene expression of a panel of human neurotransmitter receptors and regulators, involved in neuronal excitatory signaling, on a neurocyte cell line.

MATERIALS AND METHODS: Human SH-SY5Y neuroblastoma cells were exposed for 24h to *Gelsemium sempervirens* at 2c and 9c dilutions (i.e. 2 and 9-fold centesimal dilutions from mother tincture) and the gene expression profile compared to that of cells treated with control vehicle solutions.

RESULTS: Exposure to the *Gelsemium sempervirens* 2c dilution, containing a nanomolar concentration of active principle gelsemine, induced a down-regulation of most genes of this array. In particular, the treated cells showed a statistically significant decrease of the prokineticin receptor 2, whose ligand is a neuropeptide involved in nociception, anxiety and depression-like behavior.

CONCLUSIONS: Overall, the results indicate a negative modulation trend in neuronal excitatory signaling, which can suggest new working hypotheses on the anxiolytic and analgesic action of this plant.

2.2 An animal model for the study of *Chamomilla* in stress and depression: pilot study (2008)

Citation

Pinto SA, Bohland E, Coelho Cde P, Morgulis MS, Bonamin LV. An animal model for the study of *Chamomilla* in stress and depression: pilot study. *Homeopathy.* 2008 Jul;97(3):141-4. doi: 10.1016/j.homp.2008.04.001. PubMed PMID: 18657773

Abstract

The behavioral and hematological effects of treatment with Chamomilla 6cH in mice subjected to experimental stress are described. Swiss mice were randomly divided into pairs, one animal was inoculated with Ehrlich's tumor, the other was treated daily with Chamomilla 6cH or control or received no treatment. After 7 days, the animals were observed in an open-field arena and blood samples taken. Mice who cohabitated with a sick cage-mate showed a decrease in their general activity, but those treated with Chamomilla 6cH were less severely affected ($p=0.0426$). No hematological changes were observed. In a second experiment, the forced swimming test was applied to mice pre-treated with Chamomilla 6cH, controls were: water, 10% ethanol or amitriptyline. Only the amitriptyline and ethanol treated groups showed significant excitatory behavior ($p=0.0020$), Chamomilla 6cH treated animals' scores intermediate between water control and ethanol or amitriptyline. A decrease in the leukocyte count was observed in the amitriptyline and Chamomilla 6cH treated groups ($p=0.039$). These data suggest that treatment with Chamomilla 6cH is related to the recovery of basal behavioral conditions in mice subjected to stressful conditions.

3 Human clinical articles

3.1 Management of Anxiety and Depressive Disorders in Patients ≥ 65 Years of Age by Homeopath General Practitioners versus Conventional General Practitioners, with Overview of the EPI3-LASER Study Results (2018)

Citation

Danno K, Duru G, Vetel JM. Management of Anxiety and Depressive Disorders in Patients ≥ 65 Years of Age by Homeopath General Practitioners versus Conventional General Practitioners, with Overview of the EPI3-LASER Study Results. *Homeopathy*. 2018 Mar 20. doi: 10.1055/s-0038-1636536. [Epub ahead of print] PubMed PMID: 29558779

Abstract

BACKGROUND: The increasing use of psychotropic drugs to treat anxiety and depressive disorders (ADDs) is concerning. According to the study, 'Etude Pharmacoépidémiologique de l'Impact de Santé Publique des modes de prise en charge pour 3 groupes de pathologies' (EPI3)-LASER, adult ADD patients who consult a general practitioner prescribing homeopathic medicines (GP-Ho) report less psychotropic drug use and are marginally more likely to experience clinical improvement than those receiving conventional care. We determined whether these observations also apply to patients ≥ 65 years old in the EPI3 cohort.

METHODS: The EPI3-LASER study, conducted in France between March 2007 and July 2008, was a nationwide, observational survey of the three most common reasons for primary care consultation, including ADD, and the impact of the GPs' prescribing preferences: homeopathy (GP-Ho), conventional medicines (GP-CM) or mixed prescriptions (GP-Mx). This sub-analysis included 110 patients \geq 65 years old with ADD from the EPI3 cohort who consulted either a GP-CM or GP-Ho.

Socio-demographic and medical data and details of any medications prescribed were collected at inclusion. Information regarding the patients' functional status (Hospital Anxiety and Depression Scale [HADS]) was obtained via a telephone interview 72 hours after inclusion, and at 1, 3 and 12 months post-inclusion.

Medication use and outcome were determined over the 12-month period. Differences between the GP-CM and GP-Ho groups were assessed by multivariate logistic regression analysis.

RESULTS: One hundred and ten patients were recruited and 87 (79.1%) with ADD (HADS \geq 9) at the 72-hour interview were evaluated (age range: 65-93 years, 82.8% female). Patients who consulted a GP-Ho were more likely (odds ratio

[OR] = 10.38, 95% confidence interval [CI]: 1.33-81.07) to have clinical

improvement (HADS < 9) after 12 months than those in the GP-CM group. Patients

who consulted a GP-Ho reported less psychotropic drug use (OR = 22.31 [95% CI:

2.20-226.31]) and benzodiazepine use (OR = 60.63 [95% CI: 5.75-639.5]) than GP-CM patients.

CONCLUSIONS: Management of ADD patients aged \geq 65 years by GP-Ho appears to have a real public health interest in terms of effectiveness and lower psychotropic drug use.

3.2 Response to Individualized Homeopathic Treatment for Depression in Climacteric Women with History of Domestic Violence, Marital Dissatisfaction or Sexual Abuse: Results from the HOMDEP-MENOP Study (2018)

Citation

Macías-Cortés EDC, Llanes-González L, Aguilar-Faisal L, Asbun-Bojalil J. Response to Individualized Homeopathic Treatment for Depression in Climacteric Women with History of Domestic Violence, Marital Dissatisfaction or Sexual Abuse: Results from the HOMDEP-MENOP Study. Homeopathy. 2018 Aug;107(3):202-208. doi: 10.1055/s-0038-1654709. Epub 2018 Jun 5. PubMed PMID: 29871025

Abstract

BACKGROUND: Although individualized homeopathic treatment is effective for depression in climacteric women, there is a lack of well-designed studies of its efficacy for depression in battered women or in post-traumatic stress disorder. The aim of this study was to assess the association between individualized homeopathic treatment or fluoxetine and response to depression treatment in climacteric women with high levels of domestic violence, sexual abuse or marital dissatisfaction.

MATERIALS AND METHODS: One hundred and thirty-three Mexican climacteric women with moderate-to-severe depression enrolled in the HOMDEP-MENOP Study (a randomized, placebo-controlled, double-blind, double-dummy, three-arm trial, with a 6-week follow-up study) were evaluated. Domestic violence, marital dissatisfaction and sexual abuse were assessed at baseline.

Response to depression treatment was defined by a decrease of 50% or more from baseline score of Hamilton scale. Association between domestic violence, sexual abuse, and marital dissatisfaction and response to depression treatment was analyzed with bivariate analysis in the three groups. Odds ratio (OR) and 95% confidence interval (CI) were calculated.

RESULTS: Homeopathy versus placebo had a statistically significant association with response to depression treatment after adjusting for sexual abuse (OR [95% CI]: 11.07 [3.22 to 37.96]), domestic violence (OR [95% CI]: 10.30 [3.24 to 32.76]) and marital dissatisfaction (OR [95% CI]: 8.61 [2.85 to 25.99]).

CONCLUSIONS: Individualized homeopathic treatment is associated with response to depression treatment in climacteric women with high levels of domestic violence, sexual abuse or marital dissatisfaction. Further studies should be conducted to evaluate its efficacy specifically for post-traumatic stress disorder in battered women.

CLINICALTRIALS. GOV IDENTIFIER: NCT01635218,;

URL: <http://clinicaltrials.gov/ct2/show/NCT01635218?term=depression+homeopathy&rank=1>.

3.3 Depressed patients treated by homeopaths: a randomised controlled trial using the "cohort multiple randomised controlled trial" (cmRCT) design (2017)

Citation

Viksveen P, Relton C, Nicholl J. Depressed patients treated by homeopaths: a randomised controlled trial using the "cohort multiple randomised controlled trial" (cmRCT) design.

Trials. 2017 Jun 30;18(1):299. doi:

10.1186/s13063-017-2040-2. PubMed PMID: 28666463; PubMed Central PMCID: PMC5493124

Abstract

BACKGROUND: Despite controversy regarding homeopathy, some patients consult homeopaths for depression. Evidence is required to determine whether this is an effective, acceptable and safe intervention for these patients.

METHODS: A pragmatic trial using the "cohort multiple randomised controlled trial" design was used to test the effectiveness of adjunctive treatment by homeopaths compared to usual care alone, over a period of 12 months in patients with self-reported depression. One third of patients were randomly selected for an offer of treatment provided by a homeopath. The primary outcome measure was the Patient Health Questionnaire (PHQ-9) at 6 months. Secondary outcomes included depression scores at 12 months; and the Generalised Anxiety Disorder (GAD-7) outcome at 6 and 12 months.

RESULTS: The trial over-recruited by 17% with a total of 566 patients. Forty percent took up the offer and received treatment. An intention-to-treat analysis of the offer group at 6 months reported a 1.4-point lower mean depression score than the no offer group (95% CI 0.2, 2.5, $p = 0.019$), with a small standardized treatment effect size ($d = 0.30$). Using instrumental variables analysis, a moderate treatment effect size in favour of those treated was found ($d = 0.57$) with a between group difference of 2.6 points (95% CI 0.5, 4.7, $p = 0.018$).

Results were maintained at 12 months. Secondary analyses showed similar results. Similar results were found for anxiety (GAD-7). No evidence suggested any

important risk involved with the intervention.

CONCLUSION: This trial provides preliminary support for both the acceptability and the effectiveness of treatment by a homeopath for patients with self-reported depression. Our results provide support for further pragmatic research to provide more precise estimates of treatment effect.

TRIAL REGISTRATION: ISRCTN registry, ISRCTN02484593 . Registered on 7 January 2013.

3.4 Homeopathic Treatment for Postpartum Depression: A Case Report (2017)

Citation

Văcăraș V, Vithoulkas G, Buzoianu AD, Mărginean I, Major Z, Văcăraș V, Dan Nicoară R, Oberbaum M. Homeopathic Treatment for Postpartum Depression: A Case Report. J Evid Based Complementary Altern Med. 2017 Jul;22(3):381-384. doi: 10.1177/2156587216682168. Epub 2016 Dec 22. PubMed PMID: 28355103; PubMed Central PMCID: PMC5871165.

Abstract

Postpartum psychosis has long-lasting consequences for mother and child. Beside depression, sleep and eating disturbances, exhaustion, social withdrawal, and anxiety, postpartum depression can also interfere with normal maternal-infant bonding and adversely affect child development. Recent reports show that most affected pregnant women are hesitant about taking antidepressant drugs, with a high percentage discontinuing their use. Some authors suggest that the reluctance of pregnant women to take antidepressant drugs should encourage clinicians to discuss with their patients the use of psychological interventions or alternative forms of treatment. In this article, a case of severe postpartum depression, treated successfully with homeopathic therapy, is presented. Considering the high noncompliance of women suffering from postpartum depression with conventional antidepressant medication, research in safe complementary medical methods is justified. One of these methods should be homeopathy.

3.5 Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study (2016)

Citation

Grimaldi-Bensouda L, Abenhaim L, Massol J, Guillemot D, Avouac B, Duru G, Lert F, Magnier AM, Rossignol M, Rouillon F, Begaud B; EPI3-LA-SER group. Homeopathic medical practice for anxiety and depression in primary care: the EPI3 cohort study. BMC Complement Altern Med. 2016 May 4;16:125. doi: 10.1186/s12906-016-1104-2. PubMed PMID: 27145957; PubMed Central PMCID: PMC4855343.

Abstract

BACKGROUND: The purpose of the study was to compare utilization of conventional psychotropic drugs among patients seeking care for anxiety and depression disorders (ADDs) from general practitioners (GPs) who strictly prescribe conventional medicines (GP-CM), regularly prescribe homeopathy in a mixed practice (GP-Mx), or are certified homeopathic GPs (GP-Ho).

METHODS: This was one of three epidemiological cohort studies (EPI3) on general practice in France, which included GPs and their patients consulting for ADDs (scoring 9 or more in the Hospital Anxiety and Depression Scale, HADS). Information on all medication utilization was obtained by a standardised telephone interview at inclusion, 1, 3 and 12 months.

RESULTS: Of 1562 eligible patients consulting for ADDs, 710 (45.5 %) agreed to participate. Adjusted multivariate analyses showed that GP-Ho and GP-Mx patients were less likely to use psychotropic drugs over 12 months, with Odds ratio (OR) = 0.29; 95 % confidence interval (CI): 0.19 to 0.44, and OR = 0.62; 95 % CI: 0.41 to 0.94 respectively, compared to GP-CM patients. The rate of clinical improvement (HADS <9) was marginally superior for the GP-Ho group as compared to the GP-CM group (OR = 1.70; 95 % CI: 1.00 to 2.87), but not for the GP-Mx group (OR = 1.49; 95 % CI: 0.89 to 2.50).

CONCLUSIONS: Patients with ADD, who chose to consult GPs prescribing homeopathy reported less use of psychotropic drugs, and were marginally more likely to experience clinical improvement, than patients managed with conventional care.

Results may reflect differences in physicians' management and patients' preferences as well as statistical regression to the mean.

3.6 Individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP study): a randomized, double-dummy, double-blind, placebo-controlled trial

Citation

Macías-Cortés Edel C, Llanes-González L, Aguilar-Faisal L, Asbun-Bojalil J. Individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP study): a randomized, double-dummy, double-blind, placebo-controlled trial. *PLoS One*. 2015 Mar 13;10(3):e0118440. doi: 10.1371/journal.pone.0118440. eCollection 2015. Erratum in: *PLoS One*. 2015;10(5):e0127719. PubMed PMID: 25768800; PubMed Central PMCID: PMC4359147

Abstract

BACKGROUND: Perimenopausal period refers to the interval when women's menstrual cycles become irregular and is characterized by an increased risk of depression. Use of homeopathy to treat depression is widespread but there is a lack of clinical trials about its efficacy in depression in peri- and postmenopausal women. The aim of this study was to assess efficacy and safety of individualized homeopathic treatment versus placebo and fluoxetine versus placebo in peri- and

postmenopausal women with moderate to severe depression.

METHODS/DESIGN: A randomized, placebo-controlled, double-blind, double-dummy, superiority, three-arm trial with a 6 week follow-up study was conducted. The study was performed in a public research hospital in Mexico City in the outpatient service of homeopathy. One hundred thirty-three peri- and postmenopausal women diagnosed with major depression according to DSM-IV (moderate to severe intensity) were included. The outcomes were: change in the mean total score among groups on the 17-item Hamilton Rating Scale for Depression, Beck Depression Inventory and Greene Scale, after 6 weeks of treatment, response and remission rates, and safety. Efficacy data were analyzed in the intention-to-treat population (ANOVA with Bonferroni post-hoc test).

RESULTS: After a 6-week treatment, homeopathic group was more effective than placebo by 5 points in Hamilton Scale. Response rate was 54.5% and remission rate, 15.9%. There was a significant difference among groups in response rate definition only, but not in remission rate. Fluoxetine-placebo difference was 3.2 points. No differences were observed among groups in the Beck Depression Inventory. Homeopathic group was superior to placebo in Greene Climacteric Scale (8.6 points). Fluoxetine was not different from placebo in Greene Climacteric Scale.

CONCLUSION: Homeopathy and fluoxetine are effective and safe antidepressants for climacteric women. Homeopathy and fluoxetine were significantly different from placebo in response definition only. Homeopathy, but not fluoxetine, improves menopausal symptoms scored by Greene Climacteric Scale.

TRIAL REGISTRATION: ClinicalTrials.gov NCT01635218.

PROTOCOL PUBLICATION: <https://clinicaltrials.gov/ct2/show/NCT01635218> [corrected].

DOI: 10.1371/journal.pone.0118440
PMCID: PMC4359147
PMID: 25768800 [Indexed for MEDLINE]

3.7 The Effects of Homeopathic Medicines on Reducing the Symptoms of Anxiety and Depression: Randomized, Double Blind and Placebo Controlled (2014)

Citation

BAGHERIAN, M.; MOJEMBARI, A. K.; HAKAMI, M. The Effects of Homeopathic Medicines on Reducing the Symptoms of Anxiety and Depression: Randomized, Double Blind and Placebo Controlled. J Homeop Ayurv Med, 2014, 3.167: 2167-1206.100016.
<https://www.omicsonline.org/open-access/the-effects-of-homeopathic-medicines-on-reducing-the-symptoms-of-anxiety-and-depression-randomized-2167-1206-3-167.php?aid=40334>

Abstract

Background: Anxiety and depression are two of the most prevalence psychological disorders in the world. Objective: This study investigates the effects of homeopathic medicine on reducing the symptoms of anxiety and depression. Method: According to the procedure, thirty patients (twenty female and ten male) with the mean age of 45 (range 22-67) were selected randomly and classified in two experimental and controlling groups. The patients were evaluated based on Beck Depression Inventory (BDI) and Spielberger State-Trait Anxiety Inventory (STAI)-Y. The Pretest – posttest, and follow-up pattern was designed, homeopathic remedies were used and analysis of covariance with repeated measures is used for data analysis.

Results: Findings depict significant differences ($P < 0.01$) between two stages of intervention and sustaining of this effectiveness is shown in following-up procedure.

Conclusion: These findings suggest that homeopathic therapy can be used as an effective method to treat anxiety and depression disorders.

3.8 Efectividad del tratamiento homeopático en pacientes con síndrome depresivo (2014)

Citation

Hechavarria Torres Maricel, Benítez Rodríguez Grisel, Pérez Reyes Leidys. Efectividad del tratamiento homeopático en pacientes con síndrome depresivo. MEDISAN [Internet]. 2014 Mar [citado 2019 Ene 09]; 18(3): 295-300.

http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S1029-30192014000300002&Ing=es.

Abstract

An experimental study, of therapeutic intervention type was carried out in 35 patients with depressive syndrome, assisted in the Center of Development for Natural and Traditional Medicine at "Dr. Juan Bruno Zayas Alfonso" Teaching General Hospital in Santiago de Cuba, from August, 2010 to February, 2011, aimed at determining the effectiveness of the homeopathic remedies. In the series, women older than 35 years of age (80.0%), the rheumatic and digestive diseases as the most common pathological and personal histories prevailed, accompanied by fatigue, and depression, as well as the changes in sleep as the most frequent psychological symptoms; also, the most used remedies turned out to be: Natrum muriaticum, Aurum metallicum and Pulsatilla. The favorable clinical course of the affected patients showed the usefulness of this therapy to decrease depression.

3.9 Efficacy of individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP): study protocol for a randomized, double-dummy, double-blind, placebo-controlled trial (2013)

Citation

Macías-Cortés Edel C, Aguilar-Faisal L, Asbun-Bojalil J. Efficacy of individualized homeopathic treatment and fluoxetine for moderate to severe depression in peri- and postmenopausal women (HOMDEP-MENOP): study protocol for a randomized, double-dummy, double-blind, placebo-controlled trial. *Trials*. 2013 Apr 23;14:105. doi: 10.1186/1745-6215-14-105. PubMed PMID: 23782520; PubMed Central PMCID: PMC3748824

Abstract

BACKGROUND: The perimenopausal period refers to the interval when women's menstrual cycles become irregular and is characterized by an increased risk of depressive symptoms. Use of homeopathy to treat depression is widespread but there is a lack of clinical trials about its efficacy in depression in peri- and postmenopausal women. Previous trials suggest that individualized homeopathic treatments improve depression. In classical homeopathy, an individually selected homeopathic remedy is prescribed after a complete case history of the patient. The aim of this study is to assess the efficacy and safety of the homeopathic individualized treatment versus placebo or fluoxetine in peri- and postmenopausal women with moderate to severe depression.

METHODS/DESIGN: A randomized, placebo-controlled, double-blind, double-dummy, three-arm trial with a six-week follow-up study was designed. The study will be conducted in a public research hospital in Mexico City (Juárez de México Hospital) in the outpatient service of homeopathy. One hundred eighty nine peri- and postmenopausal women diagnosed with major depression according to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (moderate to severe intensity) will be included. The primary outcome is change in the mean total score among groups on the 17-item Hamilton Rating Scale for Depression after the fourth and sixth week of treatment. Secondary outcomes are: Beck Depression Inventory change in mean score, Greene's Scale change in mean score, response and remission rates and safety. Efficacy data will be analyzed in the intention-to-treat population. To determine differences in the primary and secondary outcomes among groups at baseline and weeks four and six, data will be analyzed by analysis of variance for independent measures with the Bonferroni post-hoc test.

DISCUSSION: This study is the first trial of classical homeopathy that will evaluate the efficacy of homeopathic individualized treatment using C-potencies versus placebo or fluoxetine in peri- and postmenopausal women with moderate to severe depression. It is an attempt to deal with the obstacles of homeopathic research due to the need for individual prescriptions in one of the most common psychiatric diseases.

TRIAL REGISTRATION: ClinicalTrials.gov Identifier: NCT01635218.

3.10 Homoeopathic management in depressive episodes: A prospective, unicentric, non-comparative, open-label observational study (2013)

Citation

OBERAI, Praveen, et al. Homoeopathic management in depressive episodes: A prospective, unicentric, non-comparative, open-label observational study. Indian Journal of Research in Homoeopathy, 2013, 7.3:

<http://www.ijrh.org/article.asp?issn=0974->

7168;year=2013;volume=7;issue=3;spage=116;epage=125;aulast=Oberai

Abstract

Objective: To evaluate the role of homoeopathic medicines in the management of depressive episodes.

Material and Methods: A prospective, non-comparative, open-label observational study was carried out from October 2005 to September 2010, by the Central Council for Research in Homoeopathy (CCRH) (India), at - the Central Research Institute CRI (H), Kottayam. Patients who were 20-60 years of age, suffering from mood disorders were screened for inclusion and exclusion criteria. Homoeopathic medicines were prescribed in 30, 200 and 1M potencies, after repertorising the symptoms and signs and final consultation with the Materia Medica. The internationally accepted scales - Hamilton Depression Rating Scale (HDRS), Beck Depression Inventory (BDI) and Clinical Global Impression (CGI) - were used to assess the symptoms at each visit and measure the outcome. The follow up of 12 months included six months of observation period. Analysis was done as per the intention-to-treat (ITT) principle using SPSS version 20.

Results: Eighty-three patients (35 males and 48 females), who fulfilled the inclusion and exclusion criteria were enrolled in the study. Out of these, 67 patients completed the follow-up, 16 patients did not attend the Outpatient Department (OPD) for varying periods. The ITT principle was applied for the analysis considering their last observations. A statistically significant ($P = 0.0001$, $P < 0.05$) difference in the mean scores of HDRS, using the paired t-test, was observed. The mean scores at baseline and at end were 17.98 ± 4.9 and 5.8 ± 5.9 , respectively. Statistically significant differences were also observed in the BDI and CGI scales. The most frequently used medicines were: Natrum muriaticum ($n = 18$), Arsenicum album ($n = 12$), Pulsatilla nigricans ($n = 11$), Lycopodium clavatum ($n = 7$) and Phosphorus ($n = 6$).

Conclusion: A course of six months of homoeopathic treatment is associated with significant benefits in patients suffering from depressive episodes, as measured by HDRS. Further controlled studies are needed to assess the efficacy .

3.11 Homeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe Depression: Double-Blind, Randomized Non-Inferiority Trial (2011)

Citation

Adler UC, Paiva NM, Cesar AT, Adler MS, Molina A, Padula AE, Calil HM. Homeopathic Individualized Q-Potencies versus Fluoxetine for Moderate to Severe Depression: Double-Blind, Randomized Non-Inferiority Trial. *Evid Based Complement Alternat Med*. 2011;2011:520182. doi: 10.1093/ecam/nep114. Epub 2011 Jun 8. PubMed PMID: 19687192; PubMed Central PMCID: PMC3136538. Free PMC article

Abstract

Homeopathy is a complementary and integrative medicine used in depression, The aim of this study is to investigate the non-inferiority and tolerability of individualized homeopathic medicines [Quinquagintamillesimal (Q-potencies)] in acute depression, using fluoxetine as active control. Ninety-one outpatients with moderate to severe depression were assigned to receive an individualized homeopathic medicine or fluoxetine 20 mg day⁻¹ (up to 40 mg day⁻¹) in a prospective, randomized, double-blind double-dummy 8-week, single-center trial.

Primary efficacy measure was the analysis of the mean change in the Montgomery & Åsberg Depression Rating Scale (MADRS) depression scores, using a non-inferiority test with margin of 1.45. Secondary efficacy outcomes were response and remission rates. Tolerability was assessed with the side effect rating scale of the

Scandinavian Society of Psychopharmacology. Mean MADRS scores differences were not significant at the 4th (P = .654) and 8th weeks (P = .965) of treatment.

Non-inferiority of homeopathy was indicated because the upper limit of the confidence interval (CI) for mean difference in MADRS change was less than the non-inferiority margin: mean differences (homeopathy-fluoxetine) were -3.04 (95% CI -6.95, 0.86) and -2.4 (95% CI -6.05, 0.77) at 4th and 8th week, respectively.

There were no significant differences between the percentages of response or remission rates in both groups. Tolerability: there were no significant differences between the side effects rates, although a higher percentage of patients treated with fluoxetine reported troublesome side effects and there was a trend toward greater treatment interruption for adverse effects in the fluoxetine group. This study illustrates the feasibility of randomized controlled double-blind trials of homeopathy in depression and indicates the non-inferiority of individualized homeopathic Q-potencies as compared to fluoxetine in acute treatment of outpatients with moderate to severe depression.

Commentary from A. Valeri

nello studio sono state somministrate preparazioni omeopatiche chiamate Q oppure LM, di frequente uso anche nelle patologie psichiatriche. Nella depressione il farmaco allopatico di riferimento è la fluoxetina, inibitore della ricaptazione della serotonina. Il medicinale omeopatico individualizzato ha avuto un effetto clinico simile (non inferiore) alla fluoxetina. "Non vi sono state differenze significative fra la percentuale di risposte (positive, ndt) o di livello di remissione (dei sintomi depressivi, ndt) in entrambi i gruppi". I pazienti trattati con fluoxetina hanno però riportato un livello maggiore di eventi avversi significativi ed una maggiore tendenza all'abbandono del trattamento a causa degli eventi avversi.

3.12 Integrative sulphiride with a homeopathic therapy for treating depressive syndrome--an observational study (2011)

Citation

Novak MR. Integrative sulphiride with a homeopathic therapy for treating depressive syndrome--an observational study. *Psychiatr Danub.* 2011 Jun;23(2):200-1. PubMed PMID: 21685862 Free full text

3.13 From pharmaceutical standardizing to clinical research: 20 years of experience with fifty-millesimal potencies (2009)

Citation

Adler, Ubiratan & de Toledo Cesar, Amarilys & Schiabel Adler, Maristela & Elisa Padula, Ana & Nakabara Garozzo, Erika & Papile Galhardi, Wania. (2009). From pharmaceutical standardizing to clinical research: 20 years of experience with fifty-millesimal potencies. *International Journal of High Dilution Research.* 8.

Abstract

Background: 20 years ago we began to standardize the procedures of preparation and use of fifty-millesimal dilutions (LM or Q) according to indications in the 6 th edition of Hahnemann's Organon. Aim: to describe the main stages in standardization as well as our teaching and research experience on Organon 6 th edition. Results: with the use of standardized LM dilutions we observed a lower incidence of homeopathic aggravation than with our earlier experience with non standardized preparations. Organon.modus, a clinical-pharmaceutical protocol derived from the standardization was adequate for the teaching of homeopathy at Faculty of Medicine of Jundiai (São Paulo), the first Brazilian medical school with a graduate course on homeopathy. A randomized double-blind trial comparing individualized homeopathic medicines prescribed in LM dilutions and fluoxetine showed the former not be inferior to the latter in the treatment of moderate-to-severe depression. Conclusion: protocol Organon.modus showed to be adequate to graduate-level teaching of homeopathy and efficient in a controlled clinical trials, favoring its use as common denominator between the art of healing and medical science.

3.14 Tratamento homeopático da depressão: relato de série de casos

Citation

Adler Ubiratan Cardinalli, Paiva Nielce Maria de, César Amarilys de Toledo, Adler Maristela Schiabel, Molina Adriana, Calil Helena Maria. Tratamento homeopático da depressão: relato de série de casos. *Rev. psiquiatr. clín.* [Internet]. 2008 [cited 2019 Jan 09] ; 35(2): 74-78.

Abstract

BACKGROUND: Evidence for the efficacy of homeopathy for depression is limited due to lack of clinical trials of high quality. Case reports are the first steps of clinical evidence, towards controlled trials.

OBJECTIVES: To report preliminary results of homeopathic treatment of depression in Jundiaí's public health system, Sao Paulo.

METHODS: Review of the medical records of new patients, treated between March and December 2006. Their diagnosis was confirmed by a semi-structured interview. Patients received individualized homeopathy and their response was measured by the Montgomery & Åsberg depression scale (MADRS).

RESULTS: Fifteen patients were treated and response (more than 50% decrease of MADRS scores) was observed in 14 patients (93%), after an average of seven weeks of treatment; one patient had clinical worsening and was referred to conventional antidepressant therapy. The MADRS mean scores (\pm dp) decreased from 24.9 (\pm 5.8) to 9.7 (\pm 8.2, $p < .0001$) in the 2nd evaluation, and these results significance were sustained through the 3rd and 4th assessments.

DISCUSSION: these results suggest that homeopathy may be an alternative therapeutics for depression, but randomized and controlled studies are needed to test the efficacy and safety of the homeopathic treatment of the depressive disorders.

4 Clinical situations in which depression is one of the diseases involved

4.1 Add-On Complementary Medicine in Cancer Care: Evidence in Literature and Experiences of Integration (2017)

Citation

Rossi E, Di Stefano M, Firenzuoli F, Monechi MV, Baccetti S. Add-On Complementary Medicine in Cancer Care: Evidence in Literature and Experiences of Integration. *Medicines (Basel)*. 2017 Jan 24;4(1). pii: E5. Doi: 10.3390/medicines4010005. Review. PubMed PMID: 28930222; PubMed Central PMCID: PMC5597075 Free full text

Abstract

Background: According to the literature an increasing number of cancer patients demand for complementary therapies during their disease. Research has

demonstrated that some of these therapies are effective and safe as adjunctive treatments in specific symptoms of these patients. Methods: The aims of the paper are to review the main and recent papers of international literature on the effectiveness of complementary medicine (CM) therapies on side effects of anti-cancer protocols and improvement in the quality of life of oncological patients, and to describe the integration of evidence-based acupuncture, herbal medicine and homeopathy treatments in Public Cancer Network of the region of Tuscany. Results: After the review of literature and the approval of a Regional Resolution, some CM will be introduced in Cancer Departments in Tuscany to additionally treat cancer-related symptoms and side effects of conventional cancer therapy: acupuncture for nausea and post-chemotherapy and post-surgery vomiting, pain, hot flashes of iatrogenic menopause, xerostomia; homeopathy for hot flashes of iatrogenic menopause and the side effects of radiotherapy; herbal medicine for cancer-related fatigue, nausea and vomiting, pain, mucositis, anxiety, and depression. Conclusions: The integration of evidence-based complementary treatments allows for an effective response to the demand coming from cancer patients and combines safety and equity of access in public health systems.

4.2 Running an NHS community homeopathy clinic - 10-year anniversary 2001-2011 (2011)

Citation

Bawden S. Running an NHS community homeopathy clinic - 10-year anniversary 2001-2011. Homeopathy. 2012 Jan;101(1):51-6. doi: 10.1016/j.homp.2011.10.003. PubMed PMID: 22226315

Abstract

An outcome series was conducted over a five-year period of patients attending a community NHS homeopathy clinic in Dorchester, Dorset. 273 new patients were seen. 183 (67%) questionnaires were completed at six months after initial consultation. 44% of patients had been unwell for more than five years; 19% of all patients for more than 15 years. A wide variety of conditions were seen, the largest group with depression, anxiety or grief. For follow-up patients 75-81% indicated an improvement in their symptoms and activity while 58% recorded an improvement in their overall wellbeing. Six months after the initiation of treatment 155 (84.7%) felt an improvement in their condition with 148 (81%) attributing this to homeopathy. Nobody reported deterioration due to homeopathic treatment; conventional drug use was reduced in 46 patients (25%).

4.3 Management of distress during climacteric years by homeopathic therapy (2011)

Citation

Nayak C, Singh V, Singh K, Singh H, Gupta J, Lamba CD, Sharma A, Sharma B, Indira B, Bhuvaneshwari S, Bindra SK, Luxmi KS. Management of distress during climacteric years by homeopathic therapy. *J Altern Complement Med.* 2011 Nov;17(11):1037-42. doi: 10.1089/acm.2010.0301. PubMed PMID: 22087613.

Abstract

OBJECTIVES: The purpose of this study was to ascertain the usefulness of homeopathic therapy in the management of distressing symptoms encountered during climacteric years in women (primary objective) and also the changes brought about in the levels of follicle-stimulating hormone (FSH) and lipid profile in these women after homeopathic treatment (secondary objective).

MATERIALS AND METHODS: An open, multicenter, prospective, observational study was carried out to ascertain the usefulness of homeopathic treatment in distress during climacteric years (DDCY). Patients were enrolled from the general outpatient department of the six Institutes/Units of Central Council for Research in Homoeopathy (CCRH) and were required to complete a follow-up period of 1 year as per the protocol designed by the CCRH. A uniform questionnaire assessing 15 predefined symptoms of menopause was adopted, with assessment of each symptom at every visit. Levels of serum FSH and lipid profile were monitored at entry and at completion. Effect size of the study was also calculated. CARA Software was used for repertorization of the presenting symptoms of menopause along with the characteristic attributes of each patient to arrive at a simillimum.

The selected medicine was prescribed in a single dose as per the homeopathic principles. The assessment of the results was made through statistical analysis using the Wilcoxon signed rank test on Statistical Package for Social Sciences (SPSS) comparing symptom score at entry and completion of 1 year of treatment and t test for analyzing improvement in laboratory findings.

RESULTS: Homeopathic therapy was found to be useful in relieving menopausal distressing symptoms such as hot flashes, night sweats, anxiety, palpitation, depression, insomnia, and so on. Influence on serum levels of FSH, high-density lipoprotein, and low-density lipoprotein was not significant but serum levels of cholesterol, triglycerides, and very-low-density lipoprotein decreased significantly. Effect size of the study was found to be large. The medicines found to be most frequently indicated and useful were Sepia, Lachesis, Calcarea carb., Lycopodium, and Sulphur. **CONCLUSIONS:** This study proves the usefulness of homeopathic medicines in relieving DDCY.

4.4 Homeopathic treatment for chronic disease: a 6-year, university-hospital outpatient observational study (2005)

Citation

Spence DS, Thompson EA, Barron SJ. Homeopathic treatment for chronic disease: a 6-year, university-hospital outpatient observational study. *J Altern Complement Med.* 2005 Oct;11(5):793-8. PubMed PMID: 16296912

Abstract

OBJECTIVE: The aim of this study was to assess health changes seen in routine homeopathic care for patients with a wide range of chronic conditions who were referred to a hospital outpatient department.

DESIGN: This was an observational study of 6544 consecutive follow-up patients during a 6-year period.

SETTING: Hospital outpatient unit within an acute National Health Service (NHS) Teaching Trust in the United Kingdom.

PARTICIPANTS: Every patient attending the hospital outpatient unit for a follow-up appointment over the study period was included, commencing with their first follow-up attendance.

MAIN OUTCOME MEASURE: Outcomes were based on scores on a 7-point Likert-type scale at the end of the consultation and were assessed as overall outcomes compared to the initial baseline assessments.

RESULTS: A total of 6544 consecutive follow-up patients were given outcome scores. Of the patients 70.7% (n = 4627) reported positive health changes, with 50.7% (n = 3318) recording their improvement as better (+2) or much better (+3). **CONCLUSIONS:** Homeopathic intervention offered positive health changes to a substantial proportion of a large cohort of patients with a wide range of chronic diseases. Additional observational research, including studies using different designs, is necessary for further research development in homeopathy.

Commentary A. Valeri

The article is reported because it's one of the largest and longer, 6 years of observation, real world study regarding health results of patients attending a hospital outpatient homeopathic department. 201 patients suffered from depression. 71% of patients were better according to outcome scale, 23% declared no change, 1% slightly worse (table 1 and table 6, see full text)