Homeopathy for childhood and adolescence ailments: systematic review of randomized clinical trials
Altunc U, Pittler M H, Ernst E

CRD summary
The review found no convincing evidence for the effectiveness of any therapeutic or preventive homeopathic treatment for the treatment of childhood and adolescent ailments. The authors' cautious conclusions were appropriate given the evidence presented and are likely to be reliable.

Authors' objectives
To evaluate the effectiveness of therapeutic or preventive homeopathy treatment for childhood and adolescent ailments.

Searching
MEDLINE, EMBASE, AMED, CINAHL, Cochrane Central Register of Controlled Trials (2005), British Homeopathic Library, ClinicalTrials.gov and UK National Research Register were searched from inception to January 2006 without language restrictions. Search terms were reported. Handsearching of conference proceedings and five relevant medical journals were also conducted. Bibliographies of all retrieved articles were scanned. Experts in the field were contacted for additional studies.

Study selection
Double-blind placebo-controlled randomised clinical trials (RCTs) of any homeopathic intervention for the prevention or treatment of childhood and adolescent ailments were eligible for inclusion. The age range of participants was 0 to 19 years based on the World Health Organisation classification.

The included studies reported a wide variety of homeopathic remedies using different regimens, potencies and duration (details reported in review). A number of the included studies also reported usage of concomitant treatments. Participants in the included studies were aged from six months to 15 years. The proportion of males, when reported, ranged from 41% to 90%. Patient conditions included adenoid vegetation, attention-deficit/hyperactivity disorder (ADHD), asthma, acute otitis media, conjunctivitis, diarrhoea, postoperative pain agitation syndrome, upper respiratory tract infection and warts. Assessment of outcomes included use of the Conners' Global Index-Parent (CGI-P), Conners' Parent Symptom Questionnaire and parent diaries. Outcomes varied between studies and included need for adenoidectomy, size of adenoid vegetation, intensity, frequency and duration of asthma attacks, symptom scores and number of days with diarrhoea.

Two reviewers independently selected studies for inclusion. Decisions were discussed and validated by a third reviewer. Disagreements were resolved through discussion.

Assessment of study quality
Validity was assessed and scored using the Jadad scale, which considered the reporting and handling of randomisation, blinding and handling of withdrawals. The maximum possible score was 5 points. Two reviewers independently assessed validity.

Data extraction
Data on each outcome and adverse events were extracted using a standard form. Two reviewers independently extracted data, which were discussed and validated by a third reviewer. Disagreements were resolved through discussion.

Methods of synthesis
The studies were combined in a narrative synthesis grouped by patient conditions. Each study was described in the text and additional descriptive information was presented in tables.

Results of the review
Sixteen RCTs (n=2,605) were included in the review. Nine studies scored 5 points on the Jadad scale, three studies scored 4 points, one study scored 3 points and three studies scored 2 points.

Favourable effects were found for homeopathic remedies compared to placebo for the treatment of ADHD in terms of Parent Symptom Questionnaire (1 RCT, n=20, p=0.01) and CGI-P indexes (one RCT, n=62, p=0.04) compared to placebo. A third RCT (n=43) found no differences between groups for CGI-P index.

For participants with acute otitis media, a greater decrease in symptom scores was recorded for those treated with homeopathic remedies compared to placebo (one RCT, n=73, p<0.05). No significant differences were reported for treatment failures or ear effusion.

Two RCTs (n=218) reported homeopathic remedies being more effective than placebo for the treatment of diarrhoea (p=0.4), with a reduction in the duration of diarrhoea ((p<0.05) and the number of formed stools (p=0.02). A third RCT (n=34) found no significant differences between groups.

Homeopathic remedies were found to be beneficial as an adjunct to conventional premedication for postoperative agitation in comparison with placebo (one RCT, n=50, p<0.05).

No significant differences were found between homeopathic remedies and placebo for: reduction of the size of adenoid vegetations or the prevention of adenoidectomy (two RCTs, n=137); the prevention of viral conjunctivitis (one RCT, n=1,306); upper respiratory tract infection (two RCTs, n=421); reduced size of warts (one RCT, n=60); or for the intensity, frequency and duration of asthma attacks (two RCTs, n=179).

Adverse events were reported in five RCTs and were generally described as mild.

Authors’ conclusions
The review found no convincing evidence for the effectiveness of any therapeutic or preventive homeopathic interventions for the treatment of childhood and adolescent ailments.

CRD commentary
Inclusion criteria were defined in terms of study design and participants and broadly defined in terms of outcomes and intervention. Several relevant sources were searched and attempts were made to minimise publication and language biases. Two reviewers independently selected studies, assessed validity and extracted data, thus reducing the potential for reviewer bias and errors. Validity was assessed using an established checklist; only the composite score was presented, which made it difficult for the reader to judge the study validity for themself. Most of the studies achieved high scores, which indicated good methodological quality. A narrative synthesis was appropriate given the differences between studies in terms of treatments and ailments. Characteristics of the included studies were presented in tables. It appeared that several studies included concomitant treatments, thereby confounding the evaluation of effectiveness of the intervention. The authors’ cautious conclusions were appropriate given the evidence presented and are likely to be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.
Research: The authors did not state any implications for research.

Funding
Not stated.

Bibliographic details

Original Paper URL
Indexing Status
Subject indexing assigned by NLM

MeSH
Adenoids /pathology; Adolescent; Asthma /therapy; Attention Deficit Disorder with Hyperactivity /therapy; Child; Conjunctivitis /therapy; Diarrhea /therapy; Homeopathy; Humans; Otitis Media /therapy; Pain, Postoperative /therapy; Randomized Controlled Trials as Topic; Respiratory Tract Infections /therapy; Warts /therapy

AccessionNumber
12007000273

Date bibliographic record published
01/09/2008

Date abstract record published
26/08/2009

Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.