



DOSSIER · THERAPY

Homeopathy

The database includes studies on homeopathy, many of which involve human subjects. Controlled trials span a wide range of applications, yet the methodological quality and interpretation of results remain contentious. The most notable finding: even highly cited meta-analyses arrive at contradictory conclusions.

918

STUDIES IN
TOTAL

566

IN HUMANS

351

OF WHICH
CONTROLLED

20

IN ANIMALS

8

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-04

How to Read This Dossier

ESTABLISHED

measured in humans, with a
comparison group

PLAUSIBLE

supported by mechanism, animal
studies or observation

HYPOTHESIS

a likely connection that still needs to
be tested

Homeopathy at a Glance

ORIGIN:

Homeopathy is a therapeutic approach developed in the 18th century by Samuel Hahnemann. It is based on the **principle of similarity** ("simile principle"), **potentisation** through dilution and succussion ("dynamisation"), and **individualised remedy selection**. The source materials are of plant, mineral, or animal origin and are often diluted beyond Avogadro's constant, such that no molecules of the original substance remain detectable. It is administered in the form of globules, drops, or tablets, tailored to the patient's symptoms and constitution.

EVIDENCE BASE:

918 evaluated publications · 351 controlled human studies · 215 observational studies · 106 review articles · 20 animal studies · 7 cell culture studies

STRONGEST EVIDENCE:

- **Oncology:** A study of *Traumeel S* in children following stem cell transplantation showed a lower stomatitis rate (33% vs. 7% without stomatitis), though the results lacked statistical significance and had methodological limitations, such as a small sample size and absence of blinding.
- **Skin:** Perioperative use of *Arnica montana* in facelift surgery showed significantly smaller bruise areas on postoperative days 1 and 7 ($p < 0.005$ and $p < 0.001$, respectively), though not at all time points.
- **Skin:** In radiodermatitis following breast cancer surgery, homeopathic remedies (*Belladonna 7cH* and *X-ray 15cH*) showed an improvement in the *Index of Total Severity* ($p < 0.05$) during the recovery phase, particularly in skin warmth.
- **Safety:** Systematic reviews report that adverse effects of homeopathic remedies in controlled studies are minimal and comparable to placebo. Pathogenetic effects ("initial aggravations") have been documented in studies with healthy participants, albeit with insufficient methodological quality.
- **Fibromyalgia:** A study on individualised homeopathy provided a hint of potential efficacy over placebo in reducing tender points and improving quality of life, though with a small sample size and methodological limitations.

LIMITATIONS:

- **Methodological quality:** Some controlled human studies suffer from small sample sizes, unclear blinding, or lack of replication, which limits the robustness of the data.
- **Heterogeneous results:** Meta-analyses yield conflicting conclusions, with some finding no effect beyond placebo, while others report significant effects in individually tailored therapeutic settings.
- **Subjective endpoints:** Many controlled studies measure parameters that are difficult to objectify, such as pain perception or quality of life, which calls into question the clinical relevance of the observed effects.

CLASSIFICATION:

Homeopathy is a controversial therapeutic approach with a heterogeneous evidence base. It relies on individualised remedy selection and highly diluted substances, though the observed effects may often be attributed to non-specific therapeutic or placebo effects.

1. What Homeopathy Is

Homeopathy is a **therapeutic approach** based on the principles of the **principle of similarity** ("simile principle"), **potentisation**, and **individualised remedy selection**. Developed in the 18th century by Samuel Hahnemann, it posits that a substance causing specific symptoms in a healthy individual may alleviate similar symptoms in a patient; however, controlled findings remain inconsistent. The source materials—of plant, mineral, or animal origin—are **potentised** through stepwise **dilution** and **succussion** ("dynamisation"). This process yields dilutions often exceeding Avogadro's constant, such that no molecules of the original substance remain detectable.

The **critical factor for the evidence base** is the **distinction between classical homeopathy and standardised preparations**. Classical homeopathy is based on an **individualised case history** and the selection of a single, appropriate remedy. In controlled studies, this is often reflected through **complex designs**, such as **n-of-1 trials** or **pragmatic approaches** that incorporate therapeutic interaction. In contrast, **standardised homeopathic remedies**—such as *Traumeel S* or *Arnica D12*—are used in fixed dosages like conventional medicines. This distinction accounts for much of the **heterogeneous results**: studies on standardised preparations are easier to blind, whereas classical homeopathy studies are often confounded by **placebo effects** and **non-specific therapeutic effects**. Additionally, **measuring treatment success** is challenging, as homeopathic therapeutic goals frequently involve **subjective symptoms** or **quality of life**, which are difficult to objectify.

2. What the Studies Show in Detail

The key human studies and major reviews—organised by application, including population, duration, preparation, outcome measures, and results as reported in the original publications. Figures are included only where provided in the source.

Distribution of controlled human studies by application—the numbers are not additive, as a single study may be assigned to multiple categories:

APPLICATION	CONTROLLED STUDIES
Safety and tolerability	128
Immune system	47
Cognition and mental health	37

APPLICATION	CONTROLLED STUDIES
Fatigue and stress	32
Musculoskeletal system	30
Oncology	27
Viral infections	26
Skin	20

Further Investigations

The studies examined various conditions, including allergic rhinitis, headaches, and postoperative complaints. The combined odds ratio (OR) for the efficacy of homeopathy was 2.45 (95% CI: 2.05–2.93) in favour of homeopathy. When restricted to the methodologically strongest studies, the OR decreased to 1.66 (95% CI: 1.33–2.08), and after adjustment for publication bias, to 1.78 (95% CI: 1.03–3.10). The authors emphasise that while the results suggest an effect beyond placebo in surrogate measures, the methodological quality of the studies varied widely and exhibited numerous shortcomings, particularly in blinding and reporting. Clinical efficacy in patient-relevant outcomes remains to be confirmed by further research.

A 1999 systematic review analysed 24 randomised controlled trials (RCTs) on complementary medicine for non-migrainous headaches (e.g., tension-type headache, cervicogenic headache). Six of the studies investigated homeopathy, with methodological quality ranging from 30 to 80 points on a 100-point scale. The authors concluded that some complementary approaches—including homeopathy—showed preliminary signals of efficacy in surrogate measures, though none of the studies demonstrated convincing superiority over placebo or other control interventions in patient-relevant outcomes. The evidence for homeopathy remained limited due to study heterogeneity and often small sample sizes.

A systematic review on the efficacy of *Arnica montana* (1998) ⁵ identified eight placebo-controlled trials, most focusing on post-traumatic conditions. The methodological quality of the studies was consistently low, and the results did not indicate superiority of homeopathic Arnica over placebo. The authors concluded that the claim of efficacy for homeopathic Arnica beyond the placebo effect is not supported by rigorous clinical trials.

A 1997 review ¹⁵ analysed 89 placebo-controlled studies on various complementary therapies, including homeopathy, and showed a combined odds ratio (OR) of 2.45 (95% CI: 2.05–2.93) in favour of the therapies examined. For the subset of 26 homeopathy studies, the OR decreased to 1.66 (95% CI: 1.33–2.08) when restricted to the methodologically highest-quality studies. However, the authors highlighted significant methodological flaws, including inadequate blinding and lack of replications. A subsequent systematic review from 2002 ¹⁶ on homeopathy concluded that the best available evidence does not show that any condition responds convincingly better to homeopathy than to placebo in patient-relevant outcomes.

Safety and Tolerability

A randomised, placebo-controlled trial from 2003 ⁷ investigated the efficacy of homeopathic Arnica (30C and 6C) in 64 patients undergoing elective hand surgery. Participants took three tablets three times daily for seven days before and 14 days after surgery. Primary endpoints were pain (McGill Pain Questionnaire) and bruising (colour separation analysis) on the fourth postoperative day. No significant differences were found between the groups regarding pain ($p = 0.79$), bruising ($p = 0.45$), swelling, or analgesic use. The authors concluded that homeopathic Arnica offers no advantage over placebo.

A randomised, placebo-controlled trial from 2003 ¹³ examined the efficacy of individualised homeopathy as an adjunctive therapy in 96 children with mild to moderate asthma. The children received either an individually selected homeopathic remedy or placebo over 12 months. The primary endpoint was quality of life (Childhood Asthma Questionnaire). No clinically relevant or statistically significant differences were found between the groups. The authors concluded that individualised homeopathy as an adjunctive therapy for asthma shows no superiority over placebo.

A systematic review from 2000 ¹⁴ evaluated reports of adverse effects of homeopathic medicines between 1970 and 1995. The authors found that the incidence of adverse effects in controlled trials was low and comparable to placebo. Pathogenetic effects (initial aggravations) were reported in studies with healthy volunteers, though the methodological quality of these studies was often insufficient. Case reports suggested that adverse effects were more likely due to mislabelled 'homeopathic products' than genuine homeopathic medicines. The authors concluded that homeopathic medicines in high dilutions, prescribed by trained professionals, are likely safe and do not cause severe adverse reactions.

Bones and Joints

A randomised, placebo-controlled trial from 2001 ² investigated the efficacy of the homeopathic combination product *Traumeel S* in 32 children (aged 3–25 years) undergoing stem cell transplantation. Participants received either *Traumeel S* or placebo as a mouthwash five times daily from the second day after transplantation for at least 14 days. The primary endpoint was the severity of stomatitis (WHO grading). Five patients (33%) in the *Traumeel S* group developed no stomatitis, compared with only one patient (7%) in the placebo group. Worsening of stomatitis was less frequent in the *Traumeel S* group (47% vs. [data incomplete]). However, the differences were not statistically significant, and the study had methodological limitations, including a small sample size and lack of blinding among practitioners. The trial provides no evidence for the efficacy of *Traumeel S*.

Viral Infections

A 2003 review ³ summarised the evidence on the efficacy of various complementary therapies, including homeopathy, for viral infections. The authors reported that some randomised, placebo-controlled trials of homeopathy suggested efficacy for influenza, childhood diarrhoea, and other conditions. However, the methodological quality of these studies was often insufficient, and the results were inconsistent. The review emphasised that the evidence for homeopathy within the broader context of complementary therapies remains limited and that further high-quality studies are required.

Inflammatory Processes

A randomised, placebo-controlled trial from 2011⁴ investigated the efficacy of homeopathy in 83 patients with rheumatoid arthritis (RA). Participants were randomised into two groups: one received a homeopathic consultation (with individualised homeopathy, complex homeopathy, or placebo), and the other received a non-homeopathic consultation (with complex homeopathy or placebo). Primary endpoints were ACR20 response and patients' global assessment. No significant differences were found between the groups regarding the primary endpoints. The authors concluded that the clinical benefits of homeopathy in RA are more likely attributable to the consultation process than to the homeopathic medicines themselves.

Cognition and Mental Health

A randomised, placebo-controlled trial from 2004⁸ investigated the efficacy of individualised homeopathy in 62 patients with fibromyalgia. Primary endpoints were the number of tender points and quality of life. The authors concluded that individualised homeopathy may be more effective than placebo for fibromyalgia but noted the small sample size and methodological limitations of the study.

A randomised, placebo-controlled crossover trial from 2005¹⁰ examined the efficacy of individualised homeopathy in 62 children with attention-deficit/hyperactivity disorder (ADHD). Participants received either an individually selected homeopathic remedy or placebo for six weeks, followed by a switch in treatment. The primary endpoint was the *Conners' Global Index* (CGI). No significant differences were found between the groups regarding the CGI or neuropsychological test results. The authors concluded that individualised homeopathy shows no superiority over placebo for ADHD.

Skin

Participants received either *Arnica montana* or placebo perioperatively. The primary endpoint was the extent of bruising, measured by computer-assisted colour analysis. The homeopathically treated group showed significantly smaller bruise areas on postoperative days 1 ($p < 0.005$) and 7 ($p < 0.001$). Differences on days 5 and 10 were not significant. The authors concluded that perioperative homeopathic *Arnica montana* may reduce the severity of bruising, though further studies with larger sample sizes are required.

A randomised, placebo-controlled trial from 2000¹¹ investigated the efficacy of *Belladonna 7cH* and *X-ray 15cH* in 66 female patients with acute radiodermatitis following breast cancer surgery. Participants received either the homeopathic remedies or placebo over ten weeks. Primary endpoints were skin colour, warmth, swelling, and pigmentation. No significant differences were observed between the groups during radiation. However, in the recovery phase (15 and 30 days post-radiation), the homeopathically treated group showed a significantly greater improvement in the *Index of Total Severity* ($p < 0.05$). The authors concluded that the homeopathic remedies had a positive effect, particularly on skin warmth, though further studies with larger sample sizes and optimised dosing are required.

Oncology

A randomised, placebo-controlled trial from 2005⁹ investigated the efficacy of individualised homeopathy and a homeopathic combination product in 31 female breast cancer patients with menopausal symptoms. Participants received either an individually selected homeopathic remedy, a homeopathic combination product, or placebo over one year. The primary endpoint was the frequency and severity of hot flushes. The study showed an improvement in general health (SF-36) after one year in the homeopathically treated group ($p < 0.05$). The authors concluded that the study, due to its small sample size and methodological limitations, does not allow definitive conclusions.

A randomised, placebo-controlled trial from 2015¹² investigated the efficacy of classical homeopathy as an adjunctive therapy in 410 cancer patients. Participants received either individualised homeopathic treatment or no additional therapy. Primary endpoints were global health status and subjective well-being. After one year, the homeopathically treated group showed a greater improvement in global health status (mean difference: 7.7; 95% CI: 2.3–13.0; $p = 0.005$) and subjective well-being (mean difference: 14.7; 95% CI: 8.5–21.0; $p < 0.001$) compared to the control group. The authors concluded that classical homeopathy as an adjunctive therapy in cancer patients may improve subjective well-being and global health status, though further studies are required to confirm these results.

Immune System

HYPOTHESIS A 2016 systematic review on invasive *Trichosporon* infections suggests that observational data in immunosuppressed patients may indicate a potential association between complementary medical approaches, including homeopathy, and opportunistic fungal infections. However, no causal relationship can be established, and the safety of homeopathy in this context remains to be further investigated.

A 2017 systematic review examined the influence of diet and complementary therapies, including homeopathy, on multiple sclerosis (MS). The review reported that some MS patients use homeopathic therapies but found no robust evidence for the efficacy of any complementary therapy, including homeopathy, in MS. It focused instead on the role of vitamin D in immune modulation.

Musculoskeletal System

A systematic review from 2008 analysed the results of a meta-analysis by Shang et al. (2005) on homeopathy and conducted a sensitivity analysis. The authors found that the conclusions of the meta-analysis depend on the selection of studies. When a subset of studies considered high-quality was included, a significant superiority of homeopathy over placebo was observed (OR = 0.76; 95% CI: 0.59–0.99; $p = 0.039$). When restricted to the eight largest studies (as in Shang et al.), this effect disappeared (OR = 0.88; 95% CI: 0.66–1.18; $p = 0.41$). The authors concluded that the results of the meta-analysis are sensitive to the choice of studies and that the conclusions of Shang et al. were heavily influenced by a single study on muscle soreness in long-distance runners.

Overall Picture

The available studies on homeopathy present a heterogeneous picture. However, the effect size decreases markedly when only methodologically high-quality controlled human studies are considered, and many of the positive results are not reproducible.

The evidence for the efficacy of homeopathy remains overall limited and inconsistent. While some controlled human studies provide indications of superiority over placebo, reproducible results in methodologically robust studies are lacking. The safety of homeopathy showed no major concerns in most of the evaluated studies, though there is evidence of potential risks in immunosuppressed patients. For some areas of application, such as oncology and viral infections, studies often have small sample sizes and methodological shortcomings.

Methodology of the evidence base

["Many controlled studies on homeopathy are randomised, placebo-controlled trials (RCTs) lasting from a few weeks to a year.

Homeopathy between placebo effect and specific action

The

DEBATE SURROUNDING HOMEOPATHY

centres on the question of whether observed effects are attributable to **placebo effects** or **specific drug actions**. The **most cited meta-analysis** (Shang et al., 2005) concludes that the **clinical effects of homeopathy cannot be distinguished from placebo**. However, this work itself has been criticised, for example, due to the **selection of included studies** or the **weighting of results**. In contrast, there are **meta-analyses** that report **significant effects**, particularly in **individually tailored therapeutic settings**. One example is the **systematic review by Mathie et al. (2014)**, which analysed **randomised, placebo-controlled trials** on individualised homeopathy and found **moderate effects**. Nevertheless, these authors also acknowledge that the **methodological quality of the included studies** is often **low** and that **publication bias** cannot be ruled out.

A further

CRITICAL ARGUMENT

concerns the **lack of plausibility** of the homeopathic mechanism of action hypothesis. **Potentisation** often leads to dilutions in which **no molecule of the original substance** is detectable. This contradicts **pharmacological principles**, which assume a **dose-dependent effect**. Laboratory studies investigating **in-vitro effects** of high-potency substances are **methodologically contentious** and **cannot be extrapolated to humans**. Moreover, there is no **consistent mechanism of action** that could explain the **specific effect** of homeopathic preparations. The **most cited foundational studies** conclude that the **available data do not provide robust evidence for a physicochemical mechanism of action**. Nonetheless, **clinical practice** remains an important factor: many studies show that the **therapeutic interaction** itself—such as the **detailed anamnesis**—can produce **non-specific effects** that are reflected in the results.

3. How Robust the Research Is

Typical endpoints include clinical symptoms (e.g., pain, quality of life, frequency of hot flushes), laboratory parameters (e.g., inflammatory markers), or subjective assessments by patients or physicians. However, many studies suffer from methodological limitations, including small sample sizes, inadequate blinding, lack of replications, and heterogeneous populations. There is a systematic lack of long-term studies examining the sustainability of effects, as well as studies with clearly defined primary endpoints and sufficient statistical power. Furthermore, individualised homeopathy and standardised homeopathic remedies are rarely distinguished, which complicates the comparability of results."]

The **robustness of the data** is limited by **methodological weaknesses**. Many controlled human studies exhibit **small sample sizes**, **unclear blinding**, or **lack of replications**. The **heterogeneous results** are reflected in **review articles**: while some find **no effect beyond placebo**, others report **significant effects**, particularly in **individually tailored therapeutic settings**. A central issue is the **lack of standardisation** in homeopathic treatment, which **hinders comparability across studies**. Additionally, the **clinical relevance** of observed effects is often questioned, as many studies measure **subjective endpoints** such as **pain perception** or **quality of life**, rather than objective clinical outcomes. The **most cited review articles** conclude that the **data do not permit definitive conclusions**, either for or against a specific effect of homeopathy.

4. What Is Frequently Claimed — and What the Data Show

STATEMENT	EVIDENCE BASE
Homeopathy is effective for acute and chronic conditions	The body of research shows no consistent superiority over placebo. Effects are often subjective and cannot be clearly attributed to the homeopathic treatment
High potencies are more effective than low potencies	There is no robust data demonstrating a dose-response relationship . Most studies do not directly compare different potencies .

STATEMENT	EVIDENCE BASE
Homeopathy is free of side effects	While the safety studies indicate a low risk of direct side effects, indirect risks —such as forgoing effective therapies —have not been systematically investigated
Homeopathy can replace conventional therapies	There are no controlled studies demonstrating equivalent or superior efficacy compared to established therapies. The available data argues against its use as

5. The Most Robust Studies

Ranked by evidential strength, not by prominence. The full evaluation includes significantly more studies; only the most reliable are listed here.

Controlled Human Studies

- ¹ Evidence of clinical efficacy of homeopathy. A meta-analysis of clinical trials. HMRA. Homeopathic Medicines Research Advisory Group (2000)
- Nasal saline irrigations for the symptoms of chronic rhinosinusitis (2007)
- ² A randomised, controlled clinical trial of the homeopathic medication TRAUMEEL S in the treatment of chemotherapy-induced stomatitis in children under (2001)
- ³ A critical overview of homeopathy (2003)
- ARIA update: I--Systematic review of complementary and alternative medicine for rhinitis and asthma (2006)
- Systematic review of randomised clinical trials of complementary/alternative therapies in the treatment of tension-type and cervicogenic headache (1999)
- ⁴ Homeopathy has clinical benefits in rheumatoid arthritis patients that are attributable to the consultation process but not the homeopathic remedy: a randomised controlled trial (2011)
- ⁵ Efficacy of homeopathic arnica: a systematic review of placebo-controlled clinical trials (1998)
- ⁶ Randomised controlled trials of individualised homeopathy: a state-of-the-art review (1998)
- ⁷ Homeopathic arnica for prevention of pain and bruising: randomised placebo-controlled trial in hand surgery (2003)
- ⁸ Improved clinical status in fibromyalgia patients treated with individualised homeopathic remedies versus placebo: a randomised controlled trial (2004)
- Effect of homeopathic *Arnica montana* on bruising in face-lifts: results of a randomised, double-blind, placebo-controlled clinical trial (2006)
- ⁹ Homeopathy for menopausal symptoms in breast cancer survivors: a preliminary randomised controlled trial (2005)
- ¹⁰ Homeopathic treatment of children with attention deficit hyperactivity disorder: a randomised, double-blind, placebo-controlled crossover trial (2005)
- ¹¹ Efficacy of homeopathic treatment of skin reactions during radiotherapy for breast cancer: a randomised, double-blind clinical trial (2000)
- ¹² Influence of adjunctive classical homeopathy on global health status and subjective wellbeing in cancer patients – a pragmatic randomised controlled trial (2015)
- The placebo-controlled trial as a test of complementary and alternative medicine: observations from research experience of individualised homeopathic treatment (2004)
- ¹³ Individualised homeopathy as an adjunct in the treatment of childhood asthma: a randomised placebo-controlled trial (2003)
- Homeopathy for childhood diarrhoea: combined results and meta-analysis from three randomised, controlled clinical trials (2003)
- A pilot, randomised, double-blinded, placebo-controlled trial of individualised homeopathy for symptoms of oestrogen withdrawal in breast cancer survivors (2005)
- Homeopathic medicines for adverse effects of cancer treatments (2009)
- A randomised, controlled, triple-blind trial of the efficacy of homeopathic treatment for chronic fatigue syndrome (2004)
- Complementary/alternative therapies for premenstrual syndrome: a systematic review of randomised controlled trials (2001)
- Oscillatory effects in a homeopathic clinical trial: an explanation using complexity theory, and implications for clinical practice (2002)

6. Summary

Controlled studies on homeopathy cover a broad range of applications, including oncology, dermatological conditions, viral infections, and safety. Some studies report positive effects, particularly in individually tailored therapeutic settings or for specific endpoints such as reducing bruising or improving subjective symptoms. However, these findings are often not statistically significant or are limited by methodological weaknesses, such as small sample sizes, inadequate blinding, or lack of replication. The safety of homeopathic medicines appears to be assured at high dilutions, with adverse effects being rare and comparable to placebo. A critical distinction must be made between classical homeopathy (individualised case-taking and remedy selection) and standardised preparations (fixed dosages), as this explains much of the heterogeneity in results.

HYPOTHESIS

The observed effects may be attributable to non-specific therapeutic effects, placebo responses, or the intensive consultation process, particularly in classical homeopathy. The individualised case-taking and therapeutic interaction may play a central role, while the specific effects of potentised substances remain questionable. Should these hypotheses be confirmed, this could underscore the importance of the doctor-patient relationship in homeopathy, while further calling into question the pharmacological action of highly diluted substances. Additionally, homeopathy could serve as a model for investigating non-specific therapeutic effects and placebo mechanisms, particularly in the treatment of subjective symptoms such as pain or quality of life.

To clarify the efficacy of homeopathy definitively, methodologically rigorous studies would be required, fulfilling the following criteria: 1) clear distinction between classical homeopathy and standardised preparations, 2) sufficiently large sample sizes and adequate blinding, 3) objective endpoints and long-term follow-ups, 4) replication of results in independent controlled human studies. Furthermore, basic research would need to investigate the mechanisms of action of potentised substances beyond the Avogadro constant to assess the plausibility of homeopathic principles. Until these questions are resolved, the evidence from the existing controlled studies remains open, and homeopathy can neither be unequivocally recommended nor dismissed.

7. Unresolved Questions

- **Mechanism of Action:** Is there a **physico-chemical process** that could explain the effects of high-potency substances?
- **Therapeutic Interaction:** To what extent do **patient history and care** influence the observed effects compared to the preparation itself?
- **Long-term Effects:** Are there **controlled studies** investigating **sustained effects** over months or years?

Frequently Asked Questions

Can homeopathy be used in oncology?

There are **controlled trials** on homeopathy in oncology, such as for the **alleviation of chemotherapy side effects** (e.g., Traumeel S for stomatitis). The results are **heterogeneous** and show **no consistent superiority** over placebo. The **most cited study** (Oberbaum et al., 2001) reports effects investigated in controlled settings; however, the findings are inconsistent. Homeopathy should **not be used as a replacement** but only **as an adjunct** to established therapies.

How reliable are meta-analyses on homeopathy?

Meta-analyses on homeopathy yield **contradictory results**. While some find **no specific effect** (e.g., Shang et al., 2005), others report effects investigated in controlled trials (e.g., Mathie et al., 2014). The **discrepancies** stem from **methodological decisions**, such as the **selection of studies** or the **weighting of results**. Additionally, the **quality of the included studies** is often **low**, which limits the **validity of the meta-analyses**.

Are there differences between classical homeopathy and standardised preparations?

Yes, the **evidence base clearly distinguishes** between the two approaches. **Classical homeopathy** is based on **individualised remedy selection** and is often studied in **complex designs** that make **placebo effects** and **non-specific therapeutic effects** difficult to control. **Standardised preparations** (e.g., Arnica D12) are used like conventional medicines and are **easier to blind**. However, the **results** are **equally heterogeneous**: while some studies report effects investigated in controlled settings, others show **no superiority** over placebo.

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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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