

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo/sham													
Aabel 2000a	Birch Pollen allergy	Placebo	Symptom severity ^a	End of treatment (3mths)	Numeric Rating Scale	higher is worse	32/34	NR	NR	NR	NR	Not reported	Some concerns
			Medication use ^b	daily 28 days	Patient diary	higher is worse	32/34	NR	NR	NR	NR	Not reported	Some concerns
			Footnote:	*NRS of 17 different symptoms each evening on a symptom score list rated from 0 to 3. Total score analysed. a. Values presented graphically, not able to be extracted for analysis. Study authors report no significant difference for the majority of study days. b. Includes nasal spray, eye drops, antihistamine tablets and antiasthmatics. Study authors do not report mean (SD), only total doses per group.									
Aabel 2000b	Birch Pollen allergy	Placebo	Symptom severity ^a	daily 10 days	VAS 10 cm	higher is worse	36/37	NR	NR	NR	NR	Not reported	Some concerns
			Medication use ^b	daily 10 days	Patient diary	higher is worse	36/37	NR	NR	NR	NR	Not reported	Some concerns
			Footnote:	a. Values presented graphically, not able to be extracted for analysis. Study authors report no significant difference for the majority of study days. b. Includes nasal spray, eye drops, antihistamine tablets and antiasthmatics. Study authors do not report mean (SD), only total doses per group.									
Aabel 2001	Birch Pollen allergy	Placebo	Symptom severity	daily 10 days	VAS 10 cm	higher is worse	25/26	NR	NR	NR	NR	Not reported	High
			Medication use	daily 10 days	Patient diary	higher is worse	25/26	NR	NR	NR	NR	Not reported	High
			Footnote:	Study reports results for 4 groups, noting potential crossover from previous studies. Values reported graphically and not able to be extracted for analysis.									
Kim 2005	Allergic rhinitis	Placebo	HR - HRQoL	Change from baseline to week 4	Rhinoconjunctivitis HRQoL questionnaire - total score	higher is worse	18/16	1.85 (1.15)	2.25 (0.93)	NR	NR	Not reported	Some concerns
			Footnotes:										
Liu 2013	Allergic rhinitis	Placebo	Symptom severity	baseline to week 4*	Total nasal symptom score	Higher decrease is better	23/13	-2.8 (0.7)	-2.1 (0.7)	NR	0.253	No difference	High
			Footnotes	*Value is difference between baseline and week 4 (end of first treatment period prior to crossover). Authors report mean (SE).									

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Naidoo 2013	Cat allergy	Placebo	Footnote	No priority outcome measures reported									
			Symptom severity	baseline to week 5*	100m VAS	Higher is worse	56/52	-17.2 (28.8)	-2.6 (33.6)	1.66 (2.5, 26.0)	0.02	Favours intervention	High
Reilly 1984	seasonal rhinitis	Placebo	Medication use	End of trial (week 5)	Number of antihistamine tablets taken	Higher is worse	56/52	11.2 (13.5)	19.7 (18.6)	7.5 (1, 16)	0.03	Favours intervention	High
			Footnotes	*Results are mean change in baseline to final week (week 5) for each group. Results for the end of treatment period (week 3) not reported by the study authors in a format that permitted extraction for meta-analysis.									
Taylor 2000	perennial allergic rhinitis	Placebo	Symptom severity	baseline to 4 wks*	Visual analogue scale (100mm)	higher is worse	23/27	-5.0 (3.3)	-4.0 (2.8)	1 (-9.8 to 7.8)	0.82	No difference	Some concerns
			Medication use	baseline to 4 wks	Patient diary	higher is worse	23/27	NR	NR	NR	NR	Not reported	Some concerns
			Footnotes	Mean (SE) change from baseline (so higher is better)									
Wiesenauer 1995	Hay fever	Placebo	Symptom severity - nasal	4 wks	Proportion with improved symptoms	higher is greater improvement	60/60	80%	68.80%	NR	0.1316	No difference	High
			Symptom severity - ocular	4 wks	Proportion with improved symptoms	higher is greater improvement	59/57	84.70%	63.10%	NR	0.0168	Favours intervention	High
			Footnote:	Values are proportions of improved symptoms									
Homeopathy vs inactive control													
No studies identified													
Homeopathy vs 'other'													
No studies identified													
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; NR, not reported													

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Homeopathy vs placebo													
Carello 2017	Children with mild/moderate eczema	Placebo	Disease severity	End of treatment (8mths)	SCORAD index	Higher is worse	33/33	6.79 (4.08)	8.15 (4.15)	NR	0.29	No difference	Some concerns
			Itching	End of treatment (8mths)	Clinical diary	Higher is worse	21/23	15.76 (17.61)	19.74 (24.11)	NR	NR	No difference	Some concerns
			Medication use	Change from baseline to 8 mths	% of patients treated with antihistamines	Higher is worse	NR	23.1	32.1	-9.0	0.073	No difference	Some concerns
			Footnotes:										
Dey 2022	Newly diagnosed atopic dermatitis	Placebo	Disease severity	End of treatment (3 mths)	Patient Orientated SCORAD index	Higher is worse	30/30	18.8 (13.7)	22.8 (12.0)	-4.0 (-10.5 to 2.6)	0.229	No difference	Some concerns
			HRQoL	End of treatment (3 mths)	Dermatology life quality index	Higher is worse	30/30	6.0 (3.8)	7.6 (3.3)	-1.7 (-3.5 to 0.2)	0.077	No difference	Some concerns
			Footnotes: Point estimate is group difference at month 3 mean (95% CI)										
Vickers 2000	Adult patients with eczema	Open label homoeopathy vs Placebo	Disease severity	12 wks	100mm visual analogue scale	Higher is worse	19/12	4.28 (2.44)	3.83 (1.9)	NR	NR	Not reported	Some concerns
			Medication use	12 wks	Steroid creams or ointment 5point Likert scale	Higher is better	19/12	1.76 (1.23)	1.13 (1.11)	NR	NR	Not reported	Some concerns
			HRQoL	12 wks	dermatology life quality index	Higher is worse	19/12	2.01 (0.72)	2.38 (0.3)	NR	NR	Not reported	Some concerns
			Itching	12 wks	10 point digital score	Higher is worse	19/12	3.88 (2.32)	2.77 (1.92)	NR	NR	Not reported	Some concerns
			Skin condition	12 wks	10 point digital score	Higher is worse	19/12	4.71 (2.26)	3.94 (1.71)	NR	NR	Not reported	Some concerns
			Footnotes: Only placebo group is blinded										

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	dermatitis	Blinded homoeopathy vs Placebo	Disease severity	12 wks	100mm visual analogue scale	Higher is worse	15/12	3.51 (1.99)	3.83 (1.9)	NR	NR	Not reported	Some concerns
			Medication use	12 wks	Steroid creams or ointment 5point Likert scale	Higher is better	15/12	0.9 (0.87)	1.13 (1.11)	NR	NR	Not reported	Some concerns
			HRQoL	12 wks	dermatology life quality index	Higher is worse	15/12	2.37 (0.4)	2.38 (0.3)	NR	NR	Not reported	Some concerns
			Itching	12 wks	10 point digital score	Higher is worse	15/12	3.54 (2.05)	2.77 (1.92)	NR	NR	Not reported	Some concerns
			Skin condition	12 wks	10 point digital score	Higher is worse	15/12	3.85 (1.69)	3.94 (1.71)	NR	NR	Not reported	Some concerns
			Footnotes:	Both arms blinded									
		Homeopathy vs inactive control											
Vickers 2000	Adult patients with dermatitis	Blinded homoeopathy vs wait list control	Disease severity	12 wks	100mm visual analogue scale	Higher is worse	15/15	3.51 (1.99)	4.14 (2.51)	NR	NR	Not reported	High
			Medication use	12 wks	Steroid creams or ointment 5point Likert scale	Higher is better	15/15	0.9 (0.87)	1.07 (1.18)	NR	NR	Not reported	High
			HRQoL	12 wks	dermatology life quality index	Higher is worse	15/15	2.37 (0.4)	2.05 (0.56)	NR	NR	Not reported	High
			Itching	12 wks	10 point digital score	Higher is worse	15/15	3.54 (2.05)	4.02 (2.37)	NR	NR	Not reported	High
			Skin condition	12 wks	10 point digital score	Higher is worse	15/15	3.85 (1.69)	4.08 (2.35)	NR	NR	Not reported	High
			Footnotes:	Only placebo group is blinded									
		Homeopathy vs 'other'											
No studies identified													

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Homeopathy vs placebo													
Pedrero-Escalas 2016	Otitis media with effusion	Non-individualised homeopathy vs placebo	Infection frequency	End of treatment (3mths)	Number of episodes of otitis media	Higher is worse	42/44	10 (NR)	14 (NR)	NR	NR	No difference	High
			Infection frequency	End of treatment (3mths)	Number who experience recurrent infection	Higher is worse	42/44	2 (4.8)	5 (11.4)	NR	NR	No difference	High
			Footnotes:										
Jacobs 2001	Otitis media	Individualised homeopathy vs placebo	Symptom severity	72 hours post treatment	Mean diary symptom score	Higher is worse	36/33	NR	NR	NR	>0.05	No difference	High
Footnotes: Results from Jacobs 2001 were not in extractable form (reported in graph). The authors reported a decrease in symptom scores favouring the homeopathy group at all time points, with a statistically significant improvement (p < 0.05) seen at 24 and 64 hrs post treatment.													
Homeopathy vs inactive control													
Taylor 2011	Otitis media	Non-individualised homeopathy vs control (no intervention)	Symptom severity	End of treatment (day 5)	AOM-FS (1-7)	Higher is worse	44/50	1.5 (NR)	1.6 (NR)	NR	0.97	No difference	Some concerns
			Symptom severity	End of treatment (day 5)	ETG-5 (0-35)	Higher is worse	44/50	2.3 (NR)	3.4 (NR)	NR	0.36*	No difference	Some concerns
			Footnotes: *ETG-5 scores were lower in the homeopathy group compared to the control group, however the differences were only statistically significant for assessments number 2 (p = 0.04) and 3 (p = 0.002), suggesting a reduction in symptoms sooner than the standard therapy alone group.										
		Non-individualised homeopathy vs placebo	Symptom severity	End of treatment (5-7 days post initial visit)	ETG-5 (0-35)	Higher is worse	84/91	4.6 (5.9)	3.3 (4.4)	NR	0.14*	No difference	Some concerns

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Taylor 2014	Otitis media	individualised homeopathy vs control (no intervention)	Symptom severity	End of treatment (12-15 days post initial visit)	ETG-5 (0-35)	Higher is worse	104/102	2.0 (4.5)	2.0 (3.8)	NR	0.87*	No difference	Some concerns
			Footnotes:	* data were adjusted for differences in baseline ETG-5 scores									
Harrison 1999	Otitis media with effusion	Individualised homeopathy vs control (no intervention)	This study did not report any priority outcome measures										
Homeopathy vs 'other'													
Sinha 2012	Otitis media	Individualised homeopathy vs symptomatic relief*	Severity	End of treatment (day 21)	AOM-SOS	Range: 0 - 22 Higher is worse	40/40	0.58 (2.82)	0.00(0.00)	NR	0.202	No difference	High
			Footnotes:	* with analgesics, anti-inflammatory & antipyretics									
Abbreviations: AOM-SOS, Acute otitis media severity of symptoms scale; AOM-FS, Acute otitis media faces scale; AOM-SOS, acute otitis media severity of symptoms scale; C, comparator; CI, confidence interval; ETG-5, Ear treatment group-5 scores; I, Intervention; NR, not reported													

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Homeopathy vs placebo													
de Lange de Klerk 1993	Children with recurrent URTI	Individualised homeopathy vs placebo	Infection frequency	End of treatment (52 wks)	Diary recording, estimated number of URTIs	Higher is worse	86/84	7.9 (NR)	8.4 (NR)	NR	NR	No difference	High
			Symptom severity	End of treatment (52 wks)	Diary recording, mean daily score (0-56)	Higher is worse	86/84	2.61 (NR)	2.21 (NR)	MD 0.41 (-0.02 to 0.83) *	0.06	Favours intervention	High
			Medication use	End of treatment (52 wks)	Number of participants who had no course of antibiotics	Higher is better	86/84	53/86 (62%)	41/84 (49%)	13% diff. (-2% to 28%)	0.09	No difference	High
			Quality of life	End of treatment (52 wks)	Wellbeing questionnaire (13-61)	mean change from baseline	86/84	4.81 (NR)	4.17 (NR)	MD 0.64 (-1.73 to 3.02)	NR	No difference	High
			Footnotes:	*authors note MD 0.32 (95% CI -0.09, 0.73; p= 0.07) after adjusting for prognostic factors at baseline									
Furuta 2017	Children with recurrent tonsillitis	Individualised + non-individualised vs placebo	Infection frequency	End of treatment (4 mths)	Number of acute tonsillitis episodes	Higher is worse	18/15	4 (22%)	10 (67%)	NR	0.015	Favours intervention	High
Steinsbekk 2004	Children with recurrent URTI	Homopath prescribed individualised homeopathy vs placebo	Infection duration	End of treatment (12 wks)	Median number of days, by diary recording	Higher is worse	68/102	8 (95% CI: 4 to 11.6)	8 (95% CI: 6 to 9)	NR	NR	Not reported	High
			Symptom severity	End of treatment (12 wks)	Diary recording, median daily score (0-99)	Higher is worse	68/102	24 (95% CI: 11.4 to 35.6)	25 (95% CI: 14 to 38)	NR	NR	Not reported	High
			Medication use	End of treatment (12 wks)	Number of participants who used antibiotics	Higher is worse	68/102	9 (13.2%)	17 (16.7%)	NR	NR	Not reported	High
			Infection duration	End of treatment (12 wks)	Median number of days, by diary recording	Higher is worse	97/102	9 (95% CI: 4 to 12)	8 (95% CI: 6 to 9)	NR	0.531	No difference	High

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Palm 2017	Adults and children with recurrent tonsillitis	Parent-choice homeopathy vs placebo	Symptom severity	End of treatment (12 wks)	Diary recording, median daily score (0-11)	Higher is worse	97/102	26 (95% CI: 16 to 44)	25 (95% CI: 14 to 38)	NR	0.733	No difference	High
			Medication use	End of treatment (12 wks)	Number of participants who used antibiotics	Higher is worse	97/102	19 (19.6%)	17 (16.7%)	NR	0.593	No difference	High
		Non-individualised homeopathy vs control (no intervention)	Footnotes:										
			Infection frequency	End of treatment (60 wks)	Number with a documented ATI	Higher is worse	128/120	42 (32.8%)	75 (62.5%)	NR	<0.0001	Favours intervention	Low
			Infection frequency	End of treatment (60 wks)	Numer of ATIs, time to event	Possion regression, estimated rate	132/126	0.59 (95% CI: 0.41, 0.86)	1.34 (95% CI: 1.08, 1.66)	HR: 0.450	0.0002	Favours intervention	Low
Palm 2017	Adults and children with recurrent tonsillitis	Non-individualised homeopathy vs control (no intervention)	Infection duration	week 40 to week 60	Number of days with symptoms	Higher is worse	132/126	data presented in Box & Whisker plots & not extracted here			<0.0001	Favours intervention	Low
			Medication use	End of treatment (60 wks)	Number of participants with ATIs requiring antibiotics	Higher is worse	50/87	26 (52%)	59 (67.8%)	NR	NR	Favours intervention	Low
			Medication use	End of treatment (60 wks)	Number episodes ATIs requiring antibiotic treatment	Higher is worse	92/189	34 (37%)	110 (58.2%)	NR	0.0008	Favours intervention	Low
			Footnotes: Infection frequency reported as number of ATIs experienced between week 8 and week 60 of the study										
			Infection duration	End of treatment (12 wks)	Median number of days, by diary recording	Higher is worse	68/74	8 (95% CI: 4 to 11.6)	13 (95% CI: 9.1 to 15)	NR	0.006	Favours intervention	High
Palm 2017	Adults and children with recurrent tonsillitis	Homeopath prescribed individualised homeopathy vs control (no intervention)	Symptom severity	End of treatment (12 wks)	Diary recording, median daily score (0-11)	Higher is worse	68/74	24 (95% CI: 11.4 to 35.6)	44 (95% CI: 32.1 to 60.8)	NR	0.026	Favours intervention	High

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Steinsbekk 2004	Children with recurrent URTI	vs control (no intervention)	Medication use	End of treatment (12 wks)	Number of participants who used antibiotics	Higher is worse	68/74	9 (13.2%)	12 (16.2%)	NR	0.617	No difference	High
			Infection duration	End of treatment (12 wks)	Median number of days, by diary recording	Higher is worse	97/74	9 (95% CI: 4 to 12)	13 (95% CI: 9.1 to 15)	NR	NR	Not reported	High
		Parent-choice homeopathy vs control (no intervention)	Symptom severity	End of treatment (12 wks)	Diary recording, mean daily score (0-11)	Higher is worse	97/74	26 (95% CI: 16 to 44)	44 (95% CI: 32.1 to 60.8)	NR	NR	Not reported	High
			Medication use	End of treatment (12 wks)	Number of participants who used antibiotics	Higher is worse	97/74	19 (19.6%)	12 (16.2%)	NR	NR	Not reported	High
		Footnotes:											
Homeopathy vs other													
No studies found													
Abbreviations: ATI, acute throat infection; C, comparator; CI, confidence interval; I, Intervention; NR, not reported; UTRI, upper respiratory tract infection													

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Homeopathy vs placebo/sham													
Baker 2003	Test anxiety	traditional prepared vs placebo	Anxiety	end of treatment (day 4 ⁺⁷)	Revised test anxiety *	higher means worse anxiety	21/23	64.133 (2.955)	58.717 (2.404)	NR	NR	No difference	High
			Footnotes:	*Data are reported as mean (SE). Data are results after adjustment for pre-treatment score									
		radionically prepared vs placebo	Anxiety	end of treatment (day 4 ⁺⁷)	Revised test anxiety *	higher means worse anxiety	18/23	59.268 (3.030)	58.717 (2.404)	NR	NR	No difference	High
			Footnotes:	*Data are reported as mean (SE). Data are results after adjustment for pre-treatment score									
Bonne 2003	Generalised anxiety disorder	vs placebo	Anxiety	end of treatment (10 wks)	HAM-A	higher means worse anxiety	22/22	21.7 (11.6)	20.9 (9.2)	NR	NR	No difference	Some concerns
			Depression	end of treatment (10 wks)	HAM-D	higher means worse depression	22/22	13.5 (6.9)	12.0 (5.4)	NR	NR	No difference	Some concerns
			Emotional function	end of treatment (10 wks)	BSI	higher means more severe distress	22/22	0.25 (0.13)	0.25 (0.14)	NR	NR	No difference	Some concerns
			Psychological wellbeing	end of treatment (10 wks)	PGWB	higher means better wellbeing	22/22	63.4 (17.2)	63.9 (17.4)	NR	NR	No difference	Some concerns
			Footnotes:										
Dimpfel 2016	Performance anxiety	vs placebo	Footnotes:	Study does not report any critical or imporant outcome measures									
Fux-Noy 2018	Acute anxiety (predental)	vs placebo	Footnotes:	Study does not report any critical or imporant outcome measures									
Parewa 2021	Generalised anxiety disorder	vs placebo	Anxiety	end of treatment (3 mos)	HAM-A*	higher means worse anxiety	31/31	19.0 (6.1)	22.4 (5.0)	MD (SE) -3.5 (1.4)	< 0.001	Favours intervention	Low
			Footnotes:	*Data are reported as mean (SD)									

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Homeopathy vs inactive control													
No studies found													
Homeopathy vs 'other'													
No studies found													
Abbreviations: BSI: Brief Symptom Inventory, C, comparator; I, Intervention; CI, confidence interval; HAM-A, Hamilton rating scale for anxiety; HAM-D, Hamilton rating scale for depression; mos, mths; PGWB: Psychological General Well-being Index, SD, standard deviation; wks, wks													

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Homeopathy vs placebo													
No studies identified													
Homeopathy vs inactive control													
Pannek 2019	Recurrent infections (UTI)	Individualised homeopathy vs control (no intervention) as adjunct to usual care	Infection frequency	End of treatment (12 mths)	Number of UTIs per year	Higher is worse	25/10	2/25	3/10	NR	NR	Not reported	High
			HRQoL	End of treatment (12 mths)	EQ-5D	Higher is better	25/10	NR	NR	NR	0.9	No difference	High
			Footnotes:	Number of UTIs at end of treatment was based on medical history collected at end of study									
Homeopathy vs 'other'													
Witt 2009	Recurrent vulvovaginal candidiasis	Individualised homeopathy vs oral itraconazole	Study does not report any critical or important outcome measures										
		Individualised homeopathy vs oral itraconazole + vaginal lactobacilli tablet	Study does not report any critical or important outcome measures										
Abbreviations: C, comparator; CI, confidence interval; EQ-5D, EuroQol five dimensions questionnaire; I, Intervention; NR, not reported; RVVC, recurrent vulvovaginal candidiasis.													

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Homeopathy vs placebo/sham													
Adler 2011*	Major depression	Individualised vs placebo (adjunct to homeopathic case history)	Depression	End of treatment (6 wks)	HAM-D	Higher means worse depression	16/7	12.5 (7.1)	9.4 (2.5)	NR	NR	No difference	High
			Depression	End of treatment (6 wks)	BDI	Higher means worse depression	16/7	16.1 (12.7)	10.6 (6.7)	NR	NR	No difference	High
			Physical QoL	End of treatment (6 wks)	SF-12 physical summary score*	Higher means better HRQoL	16/7	42.8 (11.2)	50.1 (6.6)	NR	NR	No difference	High
			Mental QoL	End of treatment (6 wks)	SF-12 mental summary score	Higher means better HRQoL	16/7	41.8 (11.0)	46.1 (10.6)	NR	NR	No difference	High
		Individualised vs placebo (adjunct to conventional case history)	Depression	End of treatment (6 wks)	HAM-D	Higher means worse depression	14/7	14.3 (5.7)	12.8 (3.8)	NR	NR	No difference	High
			Depression	End of treatment (6 wks)	BDI	Higher means worse depression	14/7	14.2 (10.5)	17.5 (11.7)	NR	NR	No difference	High
			Physical QoL	End of treatment (6 wks)	SF-12 physical summary score	Higher means better HRQoL	14/7	45.9 (9.0)	46.3 (12.1)	NR	NR	No difference	High
			Mental QoL	End of treatment (6 wks)	SF-12 mental summary score	Higher means better HRQoL	14/7	41.0 (13.6)	39.6 (11.6)	NR	NR	No difference	High
		Footnotes:		*the study had planned 228 participants, but terminated due to slow enrollment.									
Katz 2005	Major depressive episode	vs placebo	Depression	End of treatment (12 wks)	HAM-D	Higher means worse depression	2/2	25.5 (NR)	26 (NR)	NR	NR	Not reported	High
			Depression	End of treatment (12 wks)	BDI	Higher means worse depression	2/2	2.5 (NR)	4.5 (NR)	NR	NR	Not reported	High
			Health-related QoL	End of treatment (12 wks)	SF-12	Higher means better HRQoL	2/2	NR	NR	NR	NR	Not reported	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Footnotes:										
Homeopathy vs inactive control													
Viksvveen 2014	Major depressive disorder	Individualised homeopathy vs control (no intervention)	Depression	End of the study (12 mos)	PHQ-9 (0-27)	Higher means worse depression	185/381^	NR	NR	-1.4 (-2.5, -0.3)	0.015	Favours intervention	High
			Depression	End of the study (12 mos)	PHQ-9 (0-27)	Higher means worse depression	74/381^	NR	NR	-2.4 (-4.0, -0.9)	0.002	Favours intervention	High
			HRQoL	End of the study (12 mos)	EQ-5D*	Higher means better HRQoL	185/381^	NR	NR	NR	NR	Not reported	High
			Footnotes: *Protocol specified EQ-5D would be measured but study authors report that this outcome was removed to reduce patient burden ** Of the 185 participants offered homeopathy, 74 accepted the offer and received the allocated intervention										
Homeopathy vs 'other'													
Adler 2009	Depression (single or recurrent episode)	vs pharmacotherapy (fluoxetine)	Depression	End of treatment (8 wks)	MADRS	Higher means worse depression	48/43	6.21 (4.99)	8.85 (7.48)	NR	0.965	No difference	High
			Footnotes:										
Katz 2005	Major depressive episode	vs pharmacotherapy (fluoxetine)	Depression	End of treatment (12 wks)	HAM-D	Higher means worse depression	2/2	25.5 (NR)	14 (NR)	NR	NR	Not reported	High
			Depression	End of treatment (12 wks)	BDI	Higher means worse depression	2/2	2.5 (NR)	1.3 (NR)	NR	NR	Not reported	High
			Health-related QoL	End of treatment (12 wks)	SF-12	Higher means better HRQoL	2/2	NR	NR	NR	NR	Not reported	High
			Footnotes:										
Abbreviations: BDI, Beck depression inventory; C, comparator; CI, confidence interval; HAM-D, Hamilton depression rating scale; HRQoL, health-related quality of life; I, Intervention; MADRS, Montgomery-Asberg Depression Rating Scale; NR, not reported; PHQ-9, 9-item patient health questionnaire; SF-12, 12-item short-form													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Dhawale 2014	Dyslexia and dysgraphia	Individualised homeopathy vs placebo	This study did not report any priority outcome measures										
Frei 2005	ADHD	Individualised homeopathy vs placebo	ADHD symptoms	End of first study period (6 wks)*	Conner's global index	Higher is worse	31/31	NR	NR	MD -1.67 (NR)	0.0479	Favours intervention	Some concerns
			Behaviour	End of first study period (6 wks)*	QCB - mood stability	Higher is better	31/31	NR	NR	MD 0.45 (NR)	0.0693	Favours intervention	Some concerns
			Behaviour	End of first study period (6 wks)*	QCB - reaction to unexpected events stability	Higher is better	31/31	NR	NR	MD 0.29 (NR)	0.1001	Favours intervention	Some concerns
			Footnotes:	*Crossover study. The study also had a screening phase in which participants classified as nonresponders to their homeopathic treatment (less than 50% change in CGI score) were not enrolled in the treatment phase.									
Jacobs 2005	ADHD	Individualised homeopathy vs placebo	ADHD symptoms	End of treatment (18 wks)	Conner's Global Index—Parent	Higher is worse	22/21	62.65 (14.96)	60.88 (12.07)	NR (-7.4, 11.0)	0.7	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	Conner's Global Index—Teacher	Higher is worse	22/21	63.53 (11.16)	58.81 (11.66)	NR (-3.2, 12.6)	0.23	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	CPRS-R:S - oppositional domain	Higher is worse	22/21	64.05 (13.17)	62.65 (14.39)	NR (-7.8, 10.6)	0.76	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	CPRS-R:S - cognition problems domain	Higher is worse	22/21	64.55 (15.59)	59.47 (8.84)	NR (-6.6, 12.6)	0.22	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	CPRS-R:S - hyperactivity domain	Higher is worse	22/21	67.40 (14.96)	64.35 (13.51)	NR (-6.6, 12.6)	0.52	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	CPRS-R:S - ADHD index domain	Higher is worse	22/21	63.65 (13.88)	61.65 (8.82)	NR (-5.9, 9.9)	0.61	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			ADHD symptoms	End of treatment (18 wks)	Continuous performance test - Higher is worse		22/21	61.59 (15.97)	63.60 (16.51)	NR (-6.3, 11.5)	0.56	No difference	Some concerns
			ADHD symptoms	End of treatment (18 wks)	Continuous performance test - Higher is worse		22/21	56.38 (13.33)	57.42 (14.79)	NR (-7.0, 9.7)	0.74	No difference	Some concerns
			HRQoL	End of treatment (18 wks)	Clinical Global Impression	Higher is better	22/21	NR	NR	NR	NR	No difference	High
			Footnotes:										
Lamont 1997	ADHD	Individualised homeopathy vs placebo	This study did not report use any priority outcome measures										
Oberai 2013	ADHD	Individualised homeopathy vs placebo	ADHD symptoms	End of treatment (12 mths)	CPRS-R:S - oppositional domain	Higher is worse	27/27	49.5 (9.5)	66.2 (7.6)	0.47 (NR)	0.0001	Favours intervention	High
			ADHD symptoms	End of treatment (12 mths)	CPRS-R:S - cognition problems domain	Higher is worse	27/27	50.7 (7.7)	66.6 (6.2)	0.57 (NR)	0.0001	Favours intervention	High
			ADHD symptoms	End of treatment (12 mths)	CPRS-R:S - hyperactivity domain	Higher is worse	27/27	55.6 (11.9)	78.2 (6.9)	0.52 (NR)	0.0001	Favours intervention	High
			ADHD symptoms	End of treatment (12 mths)	CPRS-R:S - ADHD index domain	Higher is worse	27/27	51.8 (9.1)	68.4 (5)	0.48 (NR)	0.0001	Favours intervention	High
			HRQoL	end of treatment (12 mths)	Clinical Global Impression – severity	Higher is worse	27/27	2.5 (0.7)	4.0 (0.6)	0.48 (NR)	0.0001	Favours intervention	High
			HRQoL	end of treatment (12 mths)	Clinical Global Impression – improvement	Mean change from 3 months (SE)	27/27	-1.5 (0.2)	0.3 (0.2)	MD -1.6 (-2.3, -0.9)	0.0001	Favours intervention	High
			Footnotes: *Study reports point estimates as the difference between treatment groups with baseline as covariate.										

RCT RESULTS (as reported by the study authors)														
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB	
Strauss 2000	ADHD	Non-individualised vs placebo (non-Ritalin®)	ADHD symptoms	End of treatment (60 days)	The CPSQ - ADHD index**	Higher is worse	5/5	0.68 (NR)	0.78 (NR)	NR	NR	Favours intervention	High	
			ADHD symptoms	End of treatment (60 days)	The CPSQ - inattention*	mean change from baseline	10/10	33% improvement	23% decrease	NR	NR	Favours intervention	High	
		Non-individualised vs placebo (includes both Ritalin® & non-Ritalin® groups)	ADHD symptoms	End of treatment (60 days)	The CPSQ - impulsivity/hyperactivity*	mean change from baseline	10/10	35.8% improvement	21.2% improvement	NR	NR	Favours intervention	High	
			ADHD symptoms	End of treatment (60 days)	The CPSQ - conduct problems*	mean change from baseline	10/10	41.3% improvement	1.3% improvement	NR	NR	Favours intervention	High	
			ADHD symptoms	End of treatment (60 days)	The CPSQ - ADHD index*	mean change from baseline	10/10	45.5% improvement	22.1% improvement	NR	NR	Favours intervention	High	
			ADHD symptoms	End of treatment (60 days)	The CPSQ - anxiety*	mean change from baseline	10/10	53.8% improvement	3.1% improvement	NR	NR	Favours intervention	High	
			Footnotes:	*Study authors do not report adequate data for other domains of the CPSQ relating to conduct, inattention, psychosomatic and anxiety ** reported as ANOVA factor scores										
			Homeopathy vs inactive control											
Fibert 2015	ADHD	Individualised vs placebo (non-intervention)	ADHD symptoms	End of treatment (12 mths)	Conner's Global Index—Parent#	Higher is worse	22/17	19.91 (6.05)	17.88 (6.7)	Cohen's d : 0.425 (-1.48, 4.81)*	0.28	No difference	High	
			ADHD symptoms	End of treatment (12 mths)	CGI - restless/impulsive subscale#	Higher is worse	22/17	15.18 (4.14)	13.71 (5.24)	Cohen's d : 0.198 (-1.9, 2.8)*	0.71	No difference	High	
		Individualised vs inactive control (no intervention)	ADHD symptoms	End of treatment (12 mths)	CGI - emotional lability subscale#	Higher is worse	22/17	4.73 (2.43)	4.18 (2.67)	Cohen's d : 0.793 (0.06, 2.4)*	0.04	Favours intervention	High	

RCT RESULTS (as reported by the study authors)														
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB	
		Intervention	HRQoL	End of treatment (12 mths)	CHU-9D	Higher is worse	22/17	0.875 (0.151)	0.885 (0.141)	Cohen's d: 0.43 (-0.12, 0.01)*	0.069	Favours intervention	High	
			Footnotes:	# Of 42/41 participants enrolled, carer forms were returned for 22/17 participants. Only carer-rated reported by study authors, as return of forms from teachers was too small for meaningful analysis. * ITT analysis at 6-months (last observation carried forward) and regression analysis controlling for gender, ADHD severity (CGI baseline) and age.										
Homeopathy vs 'other'														
Fibert 2015	ADHD	Individualised homeopathy vs nutritional therapy	ADHD symptoms	End of treatment (12 mths)	Conner's Global Index—Parent#	Higher is worse	19/17	19.91 (6.05)	19.84 (5.5)	NR	NR	Not reported	High	
			ADHD symptoms	End of treatment (12 mths)	CGI - restless/impulsive subscale#	Higher is worse	22/17	15.18 (4.14)	14.42 (4.14)	NR	NR	Not reported	High	
			ADHD symptoms	End of treatment (12 mths)	CGI - emotional lability subscale#	Higher is worse	22/17	4.73 (2.43)	5.42 (2.19)	NR	NR	Not reported	High	
			HRQoL	End of treatment (12 mths)	CHU-9D	Higher is worse	22/17	0.875 (0.151)	0.903 (0.138)	NR	NR	Not reported	High	
			Footnotes:	# Of 42/41 participants enrolled, carer forms were returned for 22/17 participants. Only carer-rated reported by study authors, as return of forms from teachers was too small for meaningful analysis.										
Strauss 2000	ADHD	Non-individualised vs placebo (as adjunct to Ritalin®)	ADHD symptoms	End of treatment (60 days)	The CPSQ - ADHD index*	Higher is worse	5/5	1.24 (NR)	1.34 (NR)	NR	NR	Not reported	High	
			Footnotes:	*Study authors do not report adequate data for other domains of the CPSQ relating to conduct, inattention, psychosomatic and anxiety ** reported as ANOVA factor scores										
Abbreviations: ADHD, attention deficit hyperactivity disorder; C, comparator; CHU-9D, child health utility-9 dimensions; CPRS, Conner's Parents Rating Scale; CPSQ, Conner's Parents Symptom Questionnaire; CI, confidence interval; I, Intervention; NR, not reported; QCB, Questionnaire of Change of Behaviour														

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Harrison 2013	Insomnia	Non-individualised vs placebo	Sleep duation	End of treatment	Sleep diary, time to	Longer time is worse	14/14	1.64	2.85	NR	0.016	Favours intervention	High
			Footnotes:	Categorical outcome: 0=0-15 mins; 1=15-30 mins; 2=30-45 mins; 3=45-60 mins; 4=60+ mins									
James 2019	Insomnia	Individualised vs placebo	Sleep onset latency	End of treatment (3 mths)	Sleep diary, time to fall asleep per night, mins	Higher is worse	30/30	55.2 (28.4)	77.4 (57.6)	NR	<0.001	Favours intervention	Low
			Sleep duation	End of treatment (3 mths)	Sleep diary, total hours slept per night	Higher is better	30/30	3.4 (1.3)	3.3 (1.3)	NR	NR	Not reported	Low
			Insomnia severity	End of treatment (3 mths)	Insomnia Severity Index (0-28)	Higher is worse	30/30	13.9 (4.6)	16.6 (3.3)	NR	0.014	Favours intervention	Low
			Footnotes:										
			Sleep duration	End of treatment (4 wks)	Sleep diary, total hours slept per week	Higher is better	14/16	41	35	NR	0.036	Favours intervention	Some concerns
Naude 2010	Insomnia	Individualised vs placebo	Insomnia severity	End of treatment (4 wks)	Sleep Impairment Index (5-35)*	Higher score is worse	14/16	1.47	3.35	NR	0.000	Favours intervention	Some concerns
			Footnotes:	* data were not able to be interpreted. Reported results do not correlate with expected values for the measure.									
Homeopathy vs inactive control													
No studies identified													
Homeopathy vs 'other'													
Jong 2016	Sleep disorders (children)	Non-individualised vs glycine	Time to sleep onset	End of treatment (4 wks)	Parent report	Higher is better	89/90	74/89 ^a	46/90 ^a	31.82 (18.88, 44.75)	<0.0001	Favours intervention	Some concerns
			Sleep duration	End of treatment (4 wks)	Parent report, per day	Higher is better	89/90	75/89 ^a	56/90 ^a	21.59 (9.10, 34.08)	0.001	Favours intervention	Some concerns
			Footnotes:	a, Reported as the proportion of patients with "absence of complaints"									
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; NR, not reported													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo/sham													
Gaus 1992	Chronic Headache	Individualised homeopathy vs Placebo	Headache frequency	Baseline (-4 to 0 wks), end of treatment (8 to 12 wks)	Patient diary, number attacks per month	median change* (higher is better)	61/37	1 (95% CI 2 to 0)	1 (95% CI 3 to 1)	1 fewer day per 4 wks	NR	No difference	Some concerns
			Headache frequency	Baseline (-4 to 0 wks), end of treatment (8 to 12 wks)	Patient diary, number attacks per month	% days with headache	61/37	48%	46%	NR	NR	No difference	Some concerns
			Headache intensity	Baseline (-4 to 0 wks), end of treatment (8 to 12 wks)	100 mm VAS, per headache	median change* (higher is worse)	61/37	1.46 (95% CI 3.79 to +1.18)	4.68 (95% CI 7.14 to +0.21)	NR	NR	No difference	Some concerns
			Headache intensity	end of treatment (8 to 12 wks)	100 mm VAS, per headache	higher is worse	61/37	25 (NR)	20 (NR)	NR	NR	No difference	Some concerns
			Headache duration	Baseline (-4 to 0 wks), end of treatment (8 to 12 wks)	Patient diary, duration of attack, hours	median change* (higher is worse)	61/37	-0.04 (95% CI - 0.76 to +0.41)	-1.14 (95% CI 1.89 to 0.39)	NR	NR	No difference	Some concerns
			Headache duration	end of treatment (8 to 12 wks)	Patient diary, duration of attack, hours	higher is worse	61/37	5.15 (NR)	4.12 (NR)	NR	NR	No difference	Some concerns
			Medication use	end of treatment (8 to 12 wks)	Patient diary, duration of attack, hours	difference in mean daily dose	61/37	NR	NR	NR	0.16	No difference	Some concerns
			Footnotes:	*number of days/hours with headache in wks 8 to 12, minus the number of days with headache in wks 1 to 4 ** A differences in mean daily dose across 8 drugs reported in both treatment groups. (Wilcoxon's signed rank test)									
			Migraine attack frequency	baseline, end of treatment (4 mths)	Patient diary, number of attacks per month	change from baseline (higher is better)	32/33	Data presented in graphs. Migraine frequency decreased in both groups.*		NR	0.54	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Straums heim 1997	Migraine without aura	Individualised homeopathy vs Placebo	Reponse rate	baseline, end of treatment (4 mths)	Neurologist assessment of patient diary	% participants with fewer attacks (higher is better)	32/33	NR (60%)	NR (54%)	NR	0.04	Favours intervention	High
			Pain intensity	baseline, end of treatment (4 mths)	100-mm VAS scale	% change from baseline, higher is better	32/33	wk 0: 53.6 (24.8) % change: -54% (NR)	wk 0: 53.9 (24.7) % change: '-42% (NR)	NR	0.08	No difference	High
			Medication use	baseline, end of treatment (4 mths)	Patient diary	% change from baseline, higher is better	32/33	52%	42%	NR	NR	No difference	High
			Footnotes	*Mean change from baseline was higher in the placebo group.									
Whitmarsh 1997	Migraine	Individualised homeopathy vs Placebo	Migraine attack frequency	baseline, end of treatment (4 mths)	Patient diary, number of attacks per month	Mean % decrease in attack frequency (higher is better)	32/31	-19.02%	-16.46%	NR	0.83	No difference	High
			Migraine severity	baseline, end of treatment (4 mths)	Patient reported scale (mild, moderate, severe)	% change in frequency of headaches of each category**	32/31	Mild: -18.5% Moderate: -38.2% Severe: -20%	Mild: -39.3% Moderate: -13.2% Severe: -13.2%	NR	NR	Not reported	High
			treatment efficacy	baseline, end of treatment (4 mths)	patient report scale (good, moderate, none)	Better rating indicates better treatment efficacy	32/31	NR	NR	NR	NR	Not reported	High
			Footnotes	*Data presented in graphs. Number of attacks not balanced at baseline. **Authors did not present severity data suitable for inclusion in the analysis. ***Authors note that analyses of secondary outcome measures (number of migraine data, analgesic consumption, total number of headache datas and subjective rating of efficacy) added nothing to the conclusions that might be drawn, and are not reported.									
Homeopathy vs inactive control													
No studies found													
Homeopathy vs 'other'													
No studies found													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Abbreviations: C, comparator; I, Intervention; CI, confidence interval; NR, not reported; SD, standard deviation													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Lewith 2002	Asthma	vs Placebo	Asthma symptom severity	End of treatment (16 wks)	VAS	Higher is worse	101/101	NR	NR	NR	NR	No difference	High
			Pulmonary function	End of treatment (16 wks)	FEV ₁ (L/sec)	mean change from baseline	101/101	0.136 (NR)	0.414 (NR)	NR (0.136 to 0.693)	NR	No difference	High
			Pulmonary function	End of treatment (16 wks)	PEF	Higher is better	101/101	NR	NR	NR	NR	No difference	High
			HRQoL	End of treatment (16 wks)	Asthma bother profile	mean change from baseline	101/101	0.09 (NR)	0.117 (NR)	NR (-0.096 to 0.150)	NR	No difference	High
			Medication use	End of treatment (16 wks)	Frequency of daily use	Higher is worse	101/101	NR	NR	NR	NR	No difference	High
			Footnotes:	*Data presented in graphs over time.									
Qutubuddin 2019	Asthma	vs Placebo	Asthma symptoms	End of treatment (6 mths)	ACQ	Higher is worse	70/70	2.3 (0.3)	3.0 (0.2)	-0.7 (-0.8, -0.6)	<0.001	Favours intervention	High
			Asthma symptoms	End of treatment (6 mths)	ACT	Higher is better	70/70	17.6 (2.8)	11.6 (1.1)	6.0 (5.3, 6.8)	<0.001	Favours intervention	High
			Pulmonary function	End of treatment (6 mths)	FEV ₁ /FVC	Higher is better	70/70	0.871 (0.1)	0.825 (0.1)	0.046 (0.024, 0.067)	<0.001	Favours intervention	High
			Pulmonary function	End of treatment (6 mths)	FEV ₁ (% predicted)	Higher is better	70/70	67.7 (4.6)	57.7 (2.7)	10.0 (8.7,11.3)	<0.001	Favours intervention	High
			Pulmonary function	End of treatment (6 mths)	FVC (% predicted)	Higher is better	70/70	77.9 (4.2)	70.2 (3.4)	7.7 (6.5, 9.1)	<0.001	Favours intervention	High
			Pulmonary function	End of treatment (6 mths)	PEF (% predicted)	Higher is better	70/70	22.4 (2.6)	19.5 (2.3)	2.9 (2.0, 3.7)	<0.001	Favours intervention	High

RCT RESULTS (as reported by the study authors)															
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB		
Reilly 1994	Asthma	vs Placebo	Footnotes:												
			Asthma symptoms	Baseline, end of treatment (4 wks)	VAS	mean (SE) change from baseline	13/15	-7.2 (3.2)	7.8 (3.0)	NR (-24.1, -5.9)	0.003	Not reported	High		
			Pulmonary function	Baseline, end of treatment (4 wks)	FEV ₁ (% predicted)	median change from baseline (quartiles)	8/10	3.0 (-3.0, 8.3)	-7.0 (-11, 5.0)	8.5 (-3.0, 18.0)	0.08	Favours intervention	High		
			Pulmonary function	Baseline, end of treatment (4 wks)	FVC (L)	median change from baseline (quartiles)	8/10	0.07 (-0.02, 0.4)	-0.33 (-0.4, 0.00)	0.36 (0.03, 0.73)	0.03	Favours intervention	High		
			Footnotes:												
White 2003	Asthma	vs Placebo	HRQoL	Baseline, end of treatment (12 mths)	CAQ - active quality of living domain	mean change from baseline	43/46	1.66 (NR)	0.09 (NR)	1.32 (-3.98, 6.62)*	0.59	No difference	High		
			Pulmonary function	Baseline, end of treatment (12 mths)	Improvement in PEF (reported as binary outcome)	<15% change from baseline)	43/46	31 (72%)	29 (63%)	NR	NR	No difference	High		
						≥15% change from baseline	43/46	12 (28%)	17 (37%)	NR	NR	No difference	High		
			Medication use	Baseline, end of treatment (12 mths)	Use of inhalers (reported as ordinal variables)	Increased		1 (2%)	1 (2%)	NR	NR	No difference	High		
						No change	43/46	24 (56%)	27 (59%)	NR	NR	No difference	High		
						Reduced		18 (42%)	18 (39%)	NR	NR	No difference	High		
			Footnotes:	*estimate of treatment effect from ANCOVA (95%CI) **Changes from baseline to 12 months in other subscales of Childhood Asthma Questionnaire reported per age group and not extracted here. Authors note there is evidence of a general reduction (improvement) in the scores, but the differential treatment effect size is small.											
			Homeopathy vs inactive control												
			Asthma symptoms	End of treatment (16 wks)	ACQ	Higher is worse	17/18	2.0 (1.4)	1.7 (1.2)	0.95 (-2.84, 4.73)*	NR	No difference	Some concerns		

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Thompson 2008	Asthma	vs Control (no intervention)	Pulmonary function	End of treatment (16 wks)	Peak flow (morning)	Higher is better	17/18	221 (64.8)	282 (100.6)	-39 (-72, -6.9)*	NR	No difference	Some concerns
			Pulmonary function	End of treatment (16 wks)	Peak flow (evening)	Higher is better	17/18	219 (55.7)	289 (101.5)	-40 (-72, -9.1)*	NR	No difference	Some concerns
			HRQoL	End of treatment (16 wks)	PAQLQ - symptoms	Higher is better	17/18	5.0 (1.16)	5.1 (1.4)	-0.1 (-0.8, 0.6)*	NR	No difference	Some concerns
					PAQLQ - activity	Higher is better	17/18	5.5 (1.7)	5.4 (1.6)	0.16 (-0.65, 0.96)*	NR	No difference	Some concerns
					PAQLQ - emotional	Higher is better	17/18	5.3 (1.6)	5.4 (1.4)	-0.3 (-1.03, 0.4)*	NR	No difference	Some concerns
			Medication use	End of treatment (16 wks)	Doses per week	Higher is worse	17/18	64.2 (68.7)	66.4 (72.6)	2.4 (-15.3, 20.2)*	NR	No difference	Some concerns
					Mean no. of meds	Higher is worse	17/18	2.9 (2.5)	2.9 (3.0)	0.7 (-0.9, 1.1)*	NR	No difference	Some concerns
			Resource use	End of treatment (16 wks)	Number requiring inpatient care	Higher is worse	17/18	2 (11.7%)	2 (11.1%)	NR	NR	No difference	Some concerns
			Footnotes: *Point estimate measures mean difference in change from baseline (95% CI) on repeated measures										
			Asthma symptoms	Mid-treatment (26 weeks)	ACQ	Change from baseline to 26 wks	23/28	0.13 (95%CI: 0.30, 0.03)	0.19 (95%CI 0.24, 0.06)	NR	NR	No difference	Some concerns
			Pulmonary function	End of treatment (52 wks)	Morning PEFR	Higher is better	23/28	NR	NR	NR	NR	No difference	Some concerns
					Evening PEFR	Higher is better	23/28	NR	NR	NR	NR	No difference	Some concerns
					FEV ₁	Higher is better	23/28	NR	NR	NR	NR	No difference	Some concerns
					AQLQ - symptoms domain	Higher is better	23/28	6.2 (NR)	6.1 (NR)	NR	NR	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Topcu 2010	Asthma	vs Control (no intervention)	HRQoL	End of treatment (52 wks)	AQLQ - environment domain	Higher is better	23/28	6.0 (NR)	6.1 (NR)	NR	NR	No difference	Some concerns
					AQLQ - emotions domain	Higher is better	23/28	6.4 (NR)	6.5 (NR)	NR	NR	No difference	Some concerns
					AQLQ - activity limitation domain	Higher is better	23/28	6.3 (NR)	6.2 (NR)	NR	NR	No difference	Some concerns
			Medication use	End of treatment (52 wks)	Rescue medication use (puffs/day)	Higher is worse, median (min, max)	23/28	0.07 (0, 2.00)	0.21 (0, 3.00)	NR	NR	No difference	Some concerns
			Footnotes:	ACQ reported as the reduction in score at 26 wks. Differences between groups did not achieve clinical or statistical significance at wks 26 or 52, results at 52 wks therefore not reported by the study authors. FEV1 and morning and evening PEF data were reported in figures but not extracted here. The absolute change from baseline was not significantly different between groups.									
Homeopathy vs 'other'													
Topcu 2010	Asthma	vs Reflexology	HRQoL	End of treatment (52 wks)	AQLQ - symptoms domain	Higher is better	23/32	6.2 (NR)	6.2 (NR)	NR	NR	No difference	Some concerns
					AQLQ - environment domain	Higher is better	23/32	6.0 (NR)	6.1 (NR)	NR	NR	No difference	Some concerns
					AQLQ - emotions domain	Higher is better	23/32	6.4 (NR)	6.5 (NR)	NR	NR	No difference	Some concerns
					AQLQ - activity limitation domain	Higher is better	23/32	6.3 (NR)	6.3 (NR)	NR	NR	No difference	Some concerns
			Pulmonary function	End of treatment (52 wks)	Morning/ Evening PEF	Higher is better	23/32	NR	NR	NR	NR	No difference	Some concerns
					FEV ₁	Higher is better	23/32	NR	NR	NR	NR	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Asthma symptoms	Change from baseline to 26 wks	ACQ	Higher is worse	23/32	0.13 (95%CI: 0.30, 0.03)	0.09 (95%CI: 0.23, 0.51)	NR	NR	No difference	Some concerns
			Medication use	End of treatment (52 wks)	Rescue medication use (puffs/day)	Higher is worse, median (min, max)	23/28	0.07 (0, 2.00)	0 (0, 5.21)	NR	NR	No difference	Some concerns
			Footnotes:	ACQ was also measured at 52 wks but not reported as differences between groups did not achieve clinical or statistical significance at wks 26 or 52. FEV1 and morning and evening PEF data were reported in figures but not extracted here.									
Abbreviations: ACT, Asthma control test; ACQ, Asthma control questionnaire; AQLQ, Asthma HRQoL questionnaire; C, comparator; CAQ, Childhood asthma questionnaire; CI, confidence interval; FEV1, forced expiratory volume in first second; FVC, forced vital capacity; I, Intervention; NR, not reported; PEF, peak expiratory flow; VAS, visual analogue scale													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Jacobs 1993	Diarrhoea, acute childhood	Placebo	Symptom duration	Up to day 6	Mean duration	Fewer days is better	16/17	2.4 (NR)	3.0 (NR)	NR	0.28	No difference	Some concerns
			Symptom duration	Up to day 6	Total days with diarrhoea	Fewer days is better	16/17	5.4 (NR)	6.2 (NR)	NR	0.53	No difference	Some concerns
			Symptom severity	Up to day 6	Stool frequency (mean stools/day)	Fewer stools is better	16/17	2.8 (NR)	3.5 (NR)	NR	0.57	No difference	Some concerns
			Footnotes:										
Jacobs 2000	Diarrhoea, acute childhood	Placebo	Symptom duration	Day 5	Probability of being diarrhoea free in 5 days	Fewer days is better	69/54	nr/NR (42.1%)	nr/NR (60.5%)	18.40%	0.036*	Favours intervention	Some concerns
			Symptom severity	Every day for up to 5 days	Stool frequency (mean stools/day)	Fewer stools is better	69/54	3.2 (NR)	4.5 (NR)	t=2.30	0.023	Favours intervention	Some concerns
			Footnotes: *Kaplan-Meier Log-rank test										
Jacobs 2006	Diarrhoea, acute childhood	Placebo	Symptom duration	Every day up to 7 days	Duration of diarrhoea (days)	Fewer days is better	145/147	3 (95% CI: 2-3)*	3 (95% CI: 2-3)*	HR 1.02 (0.79, 1.33)	0.4	No difference	Some concerns
			Symptom severity	Every day up to 7 days	Number of stools	Fewer stools is better	145/147	7*	8*	NR	0.41	No difference	Some concerns
				Every day up to 7 days	Stool frequency (mean stools/day)	Fewer stools is better	145/147	2.6 (95% CI: 2.2-2.9)	2.8 (95% CI: 2.4-3.1)	NR	0.43	No difference	Some concerns
			Footnotes: *Study reported median scores										
Patel 2010	Diarrhoea, acute childhood	Placebo	Symptom severity	24 hours after intervention	Clinical grading of diarrhoea*	Aggravation	200/100	43	47	NR	>0.01	Favours intervention	High
						Amelioration	200/100	132	18	NR			
						Status quo	200/100	25	35	NR			
			Footnotes: * including vomiting, stool frequency, stool quantity										
Homeopathy vs inactive control													
No studies found													
Homeopathy vs 'other'													
No studies found													
Abbreviations: C, comparator; I, Intervention; CI, confidence interval; NR, not reported; SD, standard deviation													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Dossett 2015	Adults with gastroesophageal reflux disease (GERD)	Homeopathy vs placebo (both with standard length interview)	GERD symptoms	End of treatment (2 wks)	GERD symptom severity	Higher is worse	6/6	4.2 (2.1)	2.9 (2.3)	NR	0.195*	Favours comparator	Some concerns
			reflux score	End of treatment (2 wks)	GSRS reflux score	Higher is worse	6/6	7.3 (1.8)	5 (1.7)	NR	0.171*	Favours comparator	Some concerns
			HRQoL	End of treatment (2 wks)	GERD-HRQL score	Higher is worse	6/6	26.3 (7.8)	18.2 (4.5)	NR	0.092*	Favours comparator	Some concerns
			Dyspepsia outcomes	End of treatment (2 wks)	Dyspepsia symptom severity	Higher is worse	6/6	4.3 (2.6)	5.2 (3.7)	NR	0.663*	Favours intervention	Some concerns
		Homeopathy vs placebo (both with expanded length interview)	GERD symptoms	End of treatment (2 wks)	GERD symptom severity	Higher is worse	6/6	1.7 (1.5)	0.8 (0.75)	NR	0.195*	Favours comparator	Some concerns
			reflux score	End of treatment (2 wks)	GSRS reflux score	Higher is worse	6/6	4.5 (1.6)	4.7 (2)	NR	0.171*	Favours intervention	Some concerns
			HRQoL	End of treatment (2 wks)	GERD-HRQL score	Higher is worse	6/6	18.3 (4.9)	17.7 (4.3)	NR	0.092*	Favours comparator	Some concerns
			Dyspepsia outcomes	End of treatment (2 wks)	Dyspepsia symptom severity	Higher is worse	6/6	3.3 (1.2)	1.8 (1.6)	NR	0.663*	Favours comparator	Some concerns
Footnotes:		*p-value for homeopathy vs placebo											
Homeopathy vs inactive control													
Paterson 2003	People (>16 years) with dyspepsia	Individualised homeopathy vs normal general	Symptom severity	Change from baseline (6 wks)	MYMOP (0-6)	Positive change is improvement	19/15	0.44 (1.41)	0.53 (1.76)	-0.09 (-1.19, 1.01)	NR	Favours intervention	High
			Psychological wellbeing	Change from baseline (6 wks)	General Wellbeing Index (22-110)	Positive change is improvement	19/15	-1.63 (9.22)	2.14 (14.33)	-3.77 (-12.13, 4.58)	NR	Favours intervention	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
	dyspepsia	practitioner care	HRQoL*	Change from baseline (6 wks)	SF-36 health survey (0-100)	Higher score is better	19/15	NR	NR	NR	NR	--	High
			Footnotes:	*Only initial HRQoL (SF-36 health survey) reported.									
Homeopathy vs 'other'													
Raak 2019	Babies <6 mths who showed infantile colic symptoms or flatulence	Non-individualised homeopathy vs active control (simethicone)	Symptom duration	Change from baseline (10 days)	Complaint Score (CS)	Lower score is better. Maximum score 17	74/51	0.45 (0.67)	2.74 (1.97)	NR	<0.05	Favours intervention	High
			Symptom frequency	Change from baseline (10 days)	Objective Symptoms Score (OSS)	Lower score is better. Maximum score 22	74/51	1.18 (1.03)	3.47 (3.25)	NR	<0.05	Favours intervention	High
			Footnotes:										
Paterson 2003	People (>16 years) with dyspepsia	Individualised homeopathy vs acupuncture	Symptom severity	Change from baseline (6 wks)	MYMOP (0-6)	Positive change is improvement	19/15	0.44 (1.41)	0.28 (1.34)	-0.24 (-1.33, 0.83)	NR	Favours comparator	High
			Psychological wellbeing	Change from baseline (6 wks)	General Wellbeing Index (22-110)	Positive change is improvement	19/15	-1.63 (9.22)	0.05 (7.78)	-2.09 (-10.0, 5.82)	NR	Favours comparator	High
			HRQoL*	Change from baseline (6 wks)	SF-36 health survey (0-100)	Higher score is better	19/15	NR	NR	NR	NR	--	High
			Footnotes:	*Only initial HRQoL (SF-36 health survey) reported.									

Abbreviations: C, comparator; CI, confidence interval; I, Intervention; MYMOP, Measure Yourself Medical Outcome Profile; NR, not reported

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
No studies identified													
Homeopathy vs inactive control													
Peckham 2012	IBS	Individualised homeopathy vs no intervention	HRQoL	End of treatment (26 wks)	EQ-5D - Mobility	no. with problems	16/51	3	13	NR	NR	Not reported	Some concerns
					EQ-5D - Self-care	no. with problems	16/51	0	16	NR	NR	Not reported	Some concerns
					EQ-5D - Usual activities	no. with problems	16/51	6	20	NR	NR	Not reported	Some concerns
					EQ-5D - Pain/discomfort	no. with problems	16/51	12	44	NR	NR	Not reported	Some concerns
					EQ-5D - Anxiety/depression	no. with problems	16/51	11	27	NR	NR	Not reported	Some concerns
					EQ-5D - VAS	Higher score is better	16/51	69.07 (17.35)	63.41 (23.31)	NR	NR	Not reported	Some concerns
			Symptom severity	End of treatment (26 wks)	IBS Symptom Severity Scale	Higher score is worse	16/51	210.44 (112.40)	237.3 (110.22)	NR	0.167	No difference	Some concerns
			Footnotes:	Authors report individual domains of EQ-5D as the number of participants who experience problems or no problems in each domain. No utility score is provided.									
Homeopathy vs 'other'													
Peckham 2012	IBS	Individualised homeopathy vs supportive listening	HRQoL	End of treatment (26 wks)	EQ-5D - Mobility	no. with problems	15/51	3	13	NR	NR	Not reported	Some concerns
					EQ-5D - Self-care	no. with problems	15/51	1	16	NR	NR	Not reported	Some concerns
					EQ-5D - Usual activities	no. with problems	15/51	3	20	NR	NR	Not reported	Some concerns
					EQ-5D - Pain/discomfort	no. with problems	15/51	10	44	NR	NR	Not reported	Some concerns
					EQ-5D - Anxiety/depression	no. with problems	15/51	6	27	NR	NR	Not reported	Some concerns
					EQ-5D - VAS	Higher score is better	15/51	69.07 (17.35)	63.09 (24.38)	NR	NR	Not reported	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Symptom severity	End of treatment (26 wks)	IBS Symptom Severity Scale	Higher score is worse	15/51	210.44 (112.40)	262.0 (120.72)	NR	NR	Not reported	Some concerns
			Footnotes:	Authors report individual domains of EQ-5D as the number of participants who experience problems or no problems in each domain. No utility score is provided.									
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; IBS, Irritable Bowel Symdrome; NR, Not reported; SD, standard deviation													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Bernstein 2006	Psoriasis, mild-to-moderate	Placebo	Disease severity	Change from baseline to wk 12	Psoriasis Area Severity Index (PSAI)	Higher score is worse.	100/100	-3.39 (3.59)*	-0.09 (4.85)*	NR	0.0095	Favours intervention	High
			HRQoL	Change from baseline to wk 12	QoL Index (QLI) Questionnaire	Higher score is worse.	100/100	23.6 (31.3)*	-3.88 (41.71)*	NR	0.0001	Favours intervention	High
			Footnotes:	*Outcomes reported as reduction from baseline.									
Wiesenauer 1992	Psoriasis (vulgaris), all degrees of severity	Placebo	Disease severity	treatment period (median 4 wks)	Self-assessment by patient	Symptoms unchanged	40/40	49/80	61/80	NR	0.008	Favours intervention	High
						Symptoms improved	40/40	31/80	19/80	NR		Favours intervention	High
						Symptoms disappeared	40/40	0/80	0/80	NR		No difference	High
			Disease severity	treatment period (median 4 wks)	Assessment by treating physician	Symptoms unchanged	40/40	51/80	62/80	NR	0.013	Favours intervention	High
						Symptoms improved	40/40	28/80	15/80	NR		Favours intervention	High
						Symptoms disappeared	40/40	1/80	3/80	NR		Favours comparator	High
			Footnotes:										
Homeopathy vs inactive control													
No studies found													
Homeopathy vs 'other'													
No studies found													
Abbreviations: C, comparator; I, Intervention; CI, confidence interval; NR, not reported; SD, standard deviation													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Brien 2004	Rheumatoid arthritis	Individualised homeopathy vs placebo (both with consultation)	Overall disease impact	End of treatment (24 wks)	ACR20	Proportion who achieve a 20% improvement	16/16	5/16 (31.3)	5/16 (31.2)	1.262 (0.249, 6.394)	0.778	No difference	High
			Disease severity	Change from baseline to end of treatment (24 wks)	DAS-28	Higher is worse	12/12	-0.92 (1.56)	-0.98 (1.28)	NR	NR	No difference	High
			Health related HRQoL *	End of treatment (24 wks)	VAS (0-100mm)	Proportion who achieve a 35% improvement	16/16	6/16 (37.5)	6/16 (37.5)	1.047 (0.229, 4.781)	0.953	No difference	High
			Health related HRQoL *	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	12/13	-14.50 (17.96)	-13.31 (26.28)	NR	NR	No difference	High
			Pain **	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	12/11	-3.75 (18.83)	-8.00 (27.15)	NR	NR	No difference	High
			Physical function/ disability	Change from baseline to end of treatment (24 wks)	Health Assessment Questionnaire	Higher score is worse, range 1-3	12/12	-0.24 (0.69)	-0.24 (0.50)	NR	NR	No difference	High
			Footnotes:	* Proportion of participants experiencing 35% improvement was primary endpoint. ** 'Current pain (VAS)' nominated as the priority outcome and extracted here. 'Weekly pain (symptom dairy)' also reported but not extracted here.									
		Non-	Overall disease impact	End of treatment (24 wks)	ACR20	Proportion who achieve a 20% improvement	14/16	2/14 (14.3)	5/16 (31.3)	NR	NR	No difference	High
			Disease severity	Change from baseline to end of treatment (24 wks)	DAS-28	Higher is worse	9/12	-0.74 (0.78)	-0.98 (1.28)	NR	NR	No difference	High
			Health related HRQoL *	End of treatment (24 wks)	VAS (0-100mm)	Proportion who achieve a 35% improvement	14/16	6/14 (42.9)	6/16 (37.5)	NR	NR	No difference	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Brien 2004 cont'd.	Rheumatoid arthritis	individualised homeopathy vs placebo (both with consultation)	Health related HRQoL *	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	9/13	-18.22 (28.49)	-13.31 (26.28)	NR	NR	No difference	High
			Pain **	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	9/11	-15.56 (27.36)	-8.00 (27.15)	NR	NR	No difference	High
			Physical function/ disability	Change from baseline to end of treatment (24 wks)	Health Assessment Questionnaire	Higher score is worse, range 1-3	9/12	-0.19 (0.35)	-0.24 (0.50)	NR	NR	No difference	High
			Footnotes:	* Proportion of participants experiencing 35% improvement was primary endpoint. ** 'Current pain (VAS)' nominated as the priority outcome and extracted here. 'Weekly pain (symptom dairy)' also reported but not extracted here.									
Brien 2004 cont'd.	Rheumatoid arthritis	Non-individualised homeopathy vs placebo (both no consultation)	Overall disease impact	End of treatment (24 wks)	ACR20	Proportion who achieve a 20% improvement	15/16	2/15 (13.3)	2/16 (12.5)	NR	NR	No difference	High
			Disease severity	Change from baseline to end of treatment (24 wks)	DAS-28	Higher is worse	9/11	-0.02 (0.92)	-0.30 (0.77)	NR	NR	No difference	High
			Health related HRQoL *	End of treatment (24 wks)	VAS (0-100mm)	Proportion who achieve a 35% improvement	15/16	4/15 (26.7)	6/16 (37.5)	NR	NR	No difference	High
			Health related HRQoL *	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	9/11	-4.11 (24.55)	-22.36 (28.82)	NR	NR	No difference	High
			Pain **	Change from baseline to end of treatment (24 wks)	VAS (0-100mm)	Higher is worse	9/11	2.33 (19.07)	-7.40 (30.72)	NR	NR	No difference	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Physical function/ disability	Change from baseline to end of treatment (24 wks)	Health Assessment Questionnaire	Higher score is worse, range 1-3	10/11	-0.26 (0.43)	-0.06 (0.16)	NR	NR	No difference	High
			Footnotes:	* Proportion of participants experiencing 35% improvement was primary endpoint. ** 'Current pain (VAS)' nominated as the priority outcome and extracted here. 'Weekly pain (symptom dairy)' also reported but not extracted here.									
			Pain	End of treatment (3 mths)	VAS	100mm	NR *total 112 participants	NR	NR	NR	0.032	Favours comparator	High
Fisher 2001	Rheumatoid arthritis	Individualised homeopathy vs placebo	Footnotes:	Study reports pooled results across all arms after cross-over. As per protocol, only results from the first trial period are extracted here. Results after first intervention period not presented.									
Koley 2015	Knee osteoarthritis	Individualised homeopathy vs placebo	Pain*	End of treatment (2 wks)	VAS (0-100mm)	Higher is worse	30/30	56.6 (26.9)	58.0 (32.5)	NR	>0.05	No difference	High
			Physical function	End of treatment (2 wks)	VAS (0-100mm)	Higher is worse	30/30	52.8 (27.7)	51.2 (34.6)	NR	>0.05	No difference	High
			Pain	End of treatment (2 wks)	Osteoarthritis Research Society International OA pain measure	Higher is worse	30/30	9.9 (3.9)	9.9 (5.1)	NR	>0.05	No difference	High
			Footnotes:	*MCID reported by study authors to be 5.1									
Shipley 1983	Hip and knee osteoarthritis	Non-individualised homeopathy vs placebo	Pain at rest	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Pain during movement	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Pain at night	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Medication use	End of treatment (2 wks)	Paracetamol return count	Higher is better	NR	NR	NR	NR	NR	Not reported	High
			Footnotes:	Study reports pooled results across all arms after cross-over. As per protocol, only results from the first trial period are extracted here. Results after first intervention period not presented.									
Homeopathy vs inactive control													
No studies identified													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs 'other'													
Khitrov 2009	Periarthritis of the shoulder joint	Non-individualised homeopathy vs NSAID	Pain intensity at rest	End of treatment (3 mths)	VAS (0-100mm)	Higher is worse	30/30	NR	NR	NR	NR	Not reported	High
			Pain intensity during movement	End of treatment (3 mths)	VAS (0-100mm)	Higher is worse	30/30	NR	NR	NR	NR	Not reported	High
			Footnotes:	Results reported in graphical form, unable to be extracted. Authors do not report comparative between-group results.									
Shealy 1998	Knee osteoarthritis	Non-individualised homeopathy vs NSAID	Pain	End of treatment (30 days)	VAS (0-100mm)	Higher is worse	43/22	NR	NR	NR	0.47	No difference	High
			Footnotes:	Study reports results in a graphic format. Results unable to be extracted for meta-analysis.									
Shipley 1983	Hip and knee osteoarthritis	Non-individualised homeopathy vs fenoprofen	Pain at rest	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Pain during movement	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Pain at night	End of treatment (2 wks)	VAS (0-10cm)	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Footnotes:	Study reports									
Strosser 2000	Gonarthrosis (knee)	Non-individualised homeopathy vs NSAID	Disease severity	End of treatment (10 wks)	WOMAC (0-100)	Higher is worse	60/61	NR	NR	NR	NR	No difference	High
			Footnotes:	Results reported in graphical form, unable to be extracted. Authors report no significant difference between groups after 10 wks.									
van Haselen 2000	Osteoarthritis (knee)	Non-individualised homeopathy vs piroxicam gel	Pain during movement	End of treatment (4 wks)	VAS (0-100mm)	Higher is worse	86/86	16.5 (24.6)	8.1 (25.7)	8.4 (0.8, 15.9)	NR	No difference	Some concerns
			Medication use	End of treatment (4 wks)	Paracetamol escape	Higher score is worse	86/86	56/86 (61%)	58/86 (63%)	NR	0.76	No difference	Some concerns
			Footnotes:	p-value for ITT analysis not reported. Adjusted p values including analysis of covariance and Mann-Whitney results reported but not extracted here.									
		Non-	Pain	Change from baseline to end of treatment (3 wks)	VAS	100mm, NIM defined as 12mm by study authors	100/98	-25.1 (22.5)	-22.6 (24.0)	2.5 (-3.1, 9.0)	NR	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Widrig 2007	Osteoarthritis (hand)	individualised homeopathy vs ibuprofen gel	Physical function/disability	End of treatment (3 wks)	Hand algofunctional index	Higher score is worse	100/98	-4.1 (3.6)	-4.2 (3.6)	-0.1 (-1.1, 1.0)	NR	No difference	Some concerns
			Medication use	End of treatment (3 wks)	Paracetamol escape medication use	Higher score is worse	100/98	11.2 (6.8)	11.3 (7.2)	NR	NR	No difference	Some concerns
			Footnotes:	Results for change from baseline in ITT population extracted. Study also reports post-intervention results for the PP population.									
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; NR, not reported; NSAID, non-steroidal anti-inflammatory drug; VAS, visual analogue scale; WOMAC, Western Ontario and McMaster Universities Arthritis Index													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Gupta 2020	Neck	Placebo	Pain	End of treatment (8 days)	Visual Analogue Scale (VAS)	Range: 0- 10 Higher is worse	66/68	3.26(3.29)	4(3.42)	NR	0.283	No difference	Some concerns
			Stiffness (mobility)	End of treatment (8 days)	Visual Analogue Scale (VAS)	Range: 0- 10 Higher is worse	66/68	2.92(3.32)	3.28(3.31)	NR	NR	Not reported	Some concerns
			HRQoL	End of treatment (8 days)	Patient's Global Impression of Change Scale	Range: 0- 10 Higher is worse	66/68	2.29 (1.90)	2.93 (2.28)	Cohen's d: 0.305	0.123	No difference	Some concerns
			Cervical Spondylosis Pain Management Scale (CSPMS)	End of treatment (8 days)	Limitation of movement - flexion	possible, restricted, impossible	66/68	0.39(0.63)	0.49(0.7)	NR	NR	No difference	Some concerns
					Limitation of movement - extension	possible, restricted, impossible	66/68	0.33(0.59)	0.41(0.67)	NR	NR	No difference	Some concerns
					Limitation of movement - side bending	possible, restricted, impossible	66/68	0.38(0.63)	0.5(0.7)	NR	NR	No difference	Some concerns
					Limitation of movement - rotation	possible, restricted, impossible	66/68	0.61(0.72)	0.63(0.77)	NR	NR	No difference	Some concerns
					Tenderness - vertebral	Absent/Present	66/68	0.26(0.44)	0.38(0.49)	NR	NR	No difference	Some concerns
					Tenderness - trapezius	Absent/Present	66/68	0.27(0.45)	0.32(0.47)	NR	NR	No difference	Some concerns
					Footnotes:								
			Pain - without palpitation	End of treatment (6 wks)	Visual analogue scale (VAS)	0-10 Higher is worse	15/15	4*	5*	Z:-3.656	<0.001	Favours intervention	Some concerns
			Pain - with palpitation	End of treatment (6 wks)	Visual analogue scale (VAS)	0-10 Higher is worse	15/15	4*	6*	Z:-3.380	<0.001	Favours intervention	Some concerns

RCT RESULTS (as reported by the study authors)

Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Morris 2016	Back pain	Placebo	mobility - flexion	End of treatment (6 wks)	Range of motion (cm)	Attraction-tape Less range worse	15/15	15*	14*	z:-3.121	0.002	Favours intervention	Some concerns
			mobility - extension	End of treatment (6 wks)	Range of motion (cm)	Attraction-tape Less range worse	15/15	5*	4*	Z:-2.311	0.021	Favours intervention	Some concerns
			Disability	End of treatment (6 wks)	Oswestry disability index	Score out of 100 Higher is worse	15/15	12*	19*	Z:-4.262	<0.001	Favours intervention	Some concerns
			Medication use	End of treatment (6 wks)			15/15	10*	18*	NR	0.531	No difference	Some concerns
			Footnotes:	*Reported as median (no other data provided).									

Homeopathy vs inactive control

No studies identified

Homeopathy vs 'other'

Pain	Change from baseline (7 days)	Visual analogue scale (VAS)	reduction a range of equivalence of -6 to 6mm	80/74	37.2*	37.7*	NR	<0.001	Favours intervention	High
	Proportion of treatment success	Visual analogue scale (VAS)	defined as at least 80% VAS reduction	80/74	0.5**	0.55**	NR	NR	Favours comparator	High
	Proportion of treatment success	Visual analogue scale (VAS)	defined as 100% VAS reduction	80/74	0.18**	0.15**	NR	NR	Favours intervention	High
	Medication use	Paracetamol use	Proportion of subjects using paracetamol	82/75	0.18**	0.75**	NR	NR	Favours comparator	High

RCT RESULTS (as reported by the study authors)														
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB	
Stam 2001	Back pain	Active control	Working status	End of treatment (7 days)	Inability to work	Proportion of subjects still unable to work at the end of the study	36/40	0.18**	0.4**	NR	NR	Favours comparator	High	
			Sleep	End of treatment (7 days)	Number of nights with disturbed sleep		68/60	2***	1.5***	NR	NR	Favours comparator	High	
			Overall evaluation of efficacy	End of treatment (7 days)	Clinician rated	Excellent		78/72	6(7.7)****	6(8.3)****	NR	NR	Favours comparator	High
						Good		29(37.2)****	39(54.3)****	NR	NR	Favours comparator	High	
						Fair		25(32.1)****	10(13.9)****	NR	NR	Favours intervention	High	
						Poor		10(12.8)****	14(19.4)****	NR	NR	Favours comparator	High	
						Useless		7(9)****	2(2.8)****	NR	NR	Favours intervention	High	
						Worse than useless		1(1.3)****	1(1.4)****	NR	NR	Favours comparator	High	
						Excellent		5(6.5)****	3(4.2)****	NR	NR	Favours intervention	High	
						Good		27(35.1)****	34(47.9)****	NR	NR	Favours comparator	High	
			Overall evaluation of efficacy	End of treatment (7 days)	Participant rated	Fair		77/71	23(29.9)****	16(22.5)****	NR	NR	Favours intervention	High
						Poor		13(16.9)****	12(16.9)****	NR	NR	No difference	High	
						Useless		8(10.4)****	2(2.8)****	NR	NR	Favours intervention	High	
						Worse than useless		1(1.3)****	4(5.6)****	NR	NR	Favours comparator	High	
Footnotes:				*Recorded as VAS reduction (mm)										
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; NR, not reported														

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Andrade 2019	Menopause (with hot flushes)	Non-individualised homeopathy vs placebo	Hot flush severity	Change from baseline (to 4 wks)	MYMOP	Higher is worse	20/20	NR	NR	0.60 (-0.66, 1.86)	0.07	No difference	High
			HRQoL	Change from baseline (to 4 wks)	MYMOP (overall wellbeing)	Higher is worse	20/20	NR	NR	NR	0.008	Favours intervention	High
			Footnotes:										
Colau 2012	Menopause (with hot flushes)	Non-individualised homeopathy vs placebo	Hot flush severity	Change from baseline (to 12 wks)*	Hot flush score (HFS)	Higher is worse	50/51	82.3 (49.4)	113.0 (88.2)	NR	0.0338	Favours intervention	Some concerns
			HRQoL	Change from baseline (to 12 wks)*	Hot flush related daily interference scale (HFRDIS)	Higher is worse	50/51	2.3 (2.3)	2.0 (2.7)	NR	0.5121	No difference	Some concerns
			Symptom severity	Change from baseline (to 12 wks)	Menopause rating scale (MRS)	A greater reduction is better	50/51	5.1 (5.9)	7.8 (9.5)	NR	0.1774	No difference	Some concerns
			Footnotes:										
			*measured using the area under the curve (AUC). similar results were observed after adjusting for differences at baseline (p = 0.0411).										
Gupta 2019	Perimenopausal with symptoms	Non-individualised homeopathy vs placebo	Symptom severity	End of treatment (6 mths)	Greene Climacteric scale (GCS)	Higher is better	44/44	7.86 (4.6)	12.73 (8.3)	NR	0.001	Favours intervention	Some concerns
			Footnotes:										
Parker 2019	Breast cancer	Individualised homeopathy vs placebo	Symptom severity*	Change from baseline to 12 mths	Kupperman Menopausal index (KMI)	Higher is worse	26/27	NR	NR	NR	0.1	Not reported	High
			HRQoL*	Change from baseline to 12 mths	SF-36	Higher is better	26/27	NR	NR	NR	NR	Not reported	High
		Individualised homeopathy vs placebo	Hot flush severity	Change from baseline to 12 mths	Hot flush severity score	Higher is worse	26/27	NR	NR	-12.0 (-34.3, 10.3)	0.3	No difference	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Jacobs 2005	survivors with menopause	Non-individualised homeopathy vs placebo	Symptom severity*	Change from baseline to 12 mths	Kupperman Menopausal index (KMI)	Higher is worse	30/27	NR	NR	NR	NR	Not reported	High
			HRQoL*	Change from baseline to 12 mths	SF-36	Higher is better	30/27	NR	NR	NR	NR	Not reported	High
			Hot flush severity	Change from baseline to 12 mths	Hot flush severity score	Higher is worse	30/27	NR	NR	-0.4 (-22.3, 10.3)	1	No difference	High
			Footnotes:	*Authors selectively report subdomains of the secondary outcomes, selecting those that show statistical significance (p<0.05)									
Von Hagens 2012	Perimenopausal with symptoms	Combined vs placebo	Symptom severity	Change from baselines to 12 wks	MRS II - total score	Higher is worse	62/32	-1.4 (5.6)	-2.3 (5.8)	NR	0.441	No difference	Some concerns
		(Group 1) Non-individualised homeopathy vs placebo	Symptom severity	End of 1st treatment period (12 wks)	MRS II - total score	Higher is worse	26/30	16.1 (6.8)	13.7 (7.0)	NR	NR	Not reported	Some concerns
		(Group 3) Non-individualised homeopathy vs placebo	Symptom severity	End of 1st treatment period (12 wks)	MRS II - total score	Higher is worse	28/30	14.8 (6.2)	13.7 (7.0)	NR	NR	Not reported	Some concerns
		Footnotes:											
Homeopathy vs inactive control													
Relton 2012	Menopause (with hot flushes)	Individualised homeopathy vs control (no intervention)	Hot flush severity	Change from baseline to 36 wks	Hot flush frequency and severity score (HFS)	Higher is worse	20/23	-6.89 (13.7)	-1.16 (3.90)	-5.73 (-12.31, 0.85)	NR	No difference	Some concerns
			Symptom severity	Change from baseline to 36 wks	Greene Climacteric scale	Higher is worse	20/23	-1.95 (7.16)	1.83 (6.19)	-3.78 (-7.84, 0.28)	NR	No difference	Some concerns
			Symptom severity	Change from baseline to 36 wks	MYMOP - symptoms domain	Higher is worse	18/23	-0.50 (1.25)	0.09 (0.90)	-0.59 (-1.26, 0.92)	NR	No difference	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Footnotes:													
Homeopathy vs 'other'													
No studies identified													
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; MRS-II, Menopause Rating Scale II; MYMOP, measure yourself medical outcome profile; NR, not reported													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Charandabi 2016	Dysmenorrhoea	Individualised vs placebo	Pain intensity	End of 1st treatment (3mths)	VAS (0-10)	Higher is worse	26/21	4.6 (2.6)	5.0 (2.6)	-0.44 (-1.43 to 0.54)*	0.371	No difference	Some concerns
			HRQoL	End of 2nd treatment (5mths)	SF-36 - physical component score	Higher is better	26/21	77.1 (11.2)	78.2 (12.1)	0.5 (-6.5, 7.5)*	0.887	No difference	Some concerns
			HRQoL	End of 2nd treatment (5mths)	SF-36 - mental component score	Higher is better	26/21	66.0 (18.7)	75.7 (12.1)	-4.6 (-12.7, 3.5)*	0.259	No difference	Some concerns
			Medication use	End of 1st treatment (3mths)	Number of analgesic pills taken	Higher is worse	26/21	1 (0.2)	1 (0.2)	-0.2 (-0.5, 0.4)**	0.948	Not reported	Some concerns
			Footnotes:	*Point estimates for pain and HRQoL calculated using adjusted difference with ANCOVA, adjusted for the baseline values. **Mean difference in change in the number of analgesic pills taken by using repeated measures ANOVA; Wilks' lambda showed no significant effect of time (P = 0.962) and time × group (P = 0.653)									
Singh 2020	Dysmenorrhoea	Individualised vs placebo	Pain intensity	End of treatment (6 mths)	VAS (0-100)*	Higher is worse	30/35	19.18 (NR)	44.25 (NR)	z score: 5.36793	0.00001	Favours intervention	Low
			Footnotes:	* Authors note the data were not normally distributed and used Mann-Whitney U-test for analysis									
			Symptom severity	Change from baseline to 24 wks	EAPP global score VAS (0-50)	Higher is worse	23/27	12.82 (6.74, 18.89)	No significant change	NR	NR	Favours intervention	High
			Pain intensity	Change from baseline to 24 wks	EAPP non-cyclic pelvic pain (0-10)	Higher is worse	23/27	2.71 (0.36, 5.05)	No significant change	NR	NR	Favours intervention	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Depression	Change from baseline to 24 wks	Beck depression inventory	Higher is worse	17/24	11.53 (4.16, 18.90)	NR**	NR	NR	<i>Not reported</i>	<i>High</i>

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Teixeira 2016	Endometriosis	Non-individualised (potentized estrogen) vs placebo	Anxiety	Change from baseline to 24 wks	Beck anxiety inventory	Higher is worse	17/24	5.43 (2.11, 8.74)	improvement in both groups	NR	NR	Not reported	High
			HRQoL	Change from baseline to 24 wks	SF-36 - bodily pain	Higher is better	17/24	-13.71 (-25.49, -1.92)	No significant change	NR	NR	Favours intervention	High
			HRQoL	Change from baseline to 24 wks	SF-36 - vitality	Higher is better	17/24	-13.82 (-26.38, -1.27)	No significant change	NR	NR	Favours intervention	High
			HRQoL	Change from baseline to 24 wks	SF-36 - mental health	Higher is better	17/24	-14.35 (-27.58, -1.12)	No significant change	NR	NR	Favours intervention	High
			HRQoL	Change from baseline to 24 wks	SF-36 - 5 other domains	Higher is better	17/24	NR	NR	NR	NR	Not reported	High
			Footnotes:	*Data presented as mean (95% CI). Results for placebo group presented in figures and not extracted here. **Not balanced at baseline									
Yakir 1994	Premenstrual syndrome	Individualised vs placebo	Symptom severity	3 mths post treatment	MDQ - mean PMS score	Higher is worse	11/8	0.13 (0.12)	0.34 (0.30)	NR	0.057	No difference	Some concerns
			Anxiety	3 mths post treatment	Taylor's manifest anxiety scale	Higher is worse	11/8	NR	NR	NR	NR	Not reported	High
			Medication use	3 mths post treatment	Number consumed in the 7-day period prior to menses	Higher is worse	11/8	0.09 (NR)	0.25 (NR)	NR	NR	Favours intervention	Some concerns
			Footnotes:	13/10 randomised									
	Dysmenstr		Symptom severity	During the 3 mths post-treatment	MDQ - mean PMS score	Higher is worse	43/53	0.287 (0.20)	0.340 (0.39)	NR	NR	Not reported	Some concerns

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Yakir 2019	Premenstrual syndrome	Placebo	Medication use	During the 3 mths post-treatment	Number of additional medications used	Higher is worse	43/53	0.044 (0.08)	0.101 (0.2)	NR	NR	Not reported	Some concerns
			Footnotes:	49/56 randomised Results are mean scores reported during the 12 days before menstruation over 3 mths post-treatment									

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs inactive control													
Klein-Laansma 2017	Premenstrual syndrome	Control (no intervention)	Pain	End of treatment (4 mths)	PMTS-VAS (0-100)	Higher is worse	24/22	NR	NR	NR	NR	Not reported	Some concerns
			Symptom severity	End of treatment (4 mths)	DRSP (168 to 1008)	Higher is worse	24/22	289 (126)	414 (163)	MD: -75 (-143 to -6.31)	0.033	Favours intervention	Some concerns
			Quality of life	End of treatment (4 mths)	MYCAW - perceived general health (0-6)	Higher is worse	24/22	2.33 (1.34)	2.91 (1.27)	MD: -1.03 (0.12, 1.95)	0.028	Favours intervention	Some concerns
			Footnotes:										
Homeopathy vs 'other'													
No studies identified													
Abbreviations: C, comparator; CI, confidence interval; DRSP, daily record of severity of problems; EAPP, endometriosis-associated pelvic pain; I, Intervention; MDQ, menstrual distress questionnaire; NR, not reported; PMTS, premenstrual tension syndrome self-rating; VAS, visual analogue scale													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
McKendrick 1999	Chronic fatigue syndrome	Individualised homeopathy vs placebo	Fatigue	End of treatment (3mths)	MFI - general fatigue	Higher score is worse	43/43	2.70 (3.93)	1.35 (2.66)	NR	0.04	Favours intervention	Some concerns
			Fatigue	Change from baseline	MFI - physical fatigue	Higher score is worse	43/43	2.13 (4.00)	1.28 (2.74)	NR	0.21	No difference	Some concerns
			Fatigue	Change from baseline	MFI - mental fatigue	Higher score is worse	43/43	2.70 (4.01)	2.05 (2.86)	NR	0.30	No difference	Some concerns
			Fatigue	Change from baseline	MFI - reduced activity	Higher score is worse	43/43	2.72 (4.47)	1.81 (2.82)	NR	0.16	No difference	Some concerns
			Fatigue	Change from baseline	MFI - reduced motivation	Higher score is worse	43/43	1.35 (4.15)	1.65 (3.02)	NR	0.82	No difference	Some concerns
			HRQoL	Change from baseline	Functional Limitations Profile - physical	Higher score is worse	43/43	5.11 (8.82)	2.72 (8.40)	NR	0.04	Favours intervention	Some concerns
			HRQoL	Change from baseline	Limitations Profile - psychosocial	Higher score is worse	43/43	9.81 (14.19)	6.76 (10.67)	NR	0.14	No difference	Some concerns
			Footnotes:	Mean post-treatment scores were compared between groups using analysis of covariance with the baseline pre-treatment score as the covariate.									
Homeopathy vs inactive control													
No studies identified													
Homeopathy vs 'other'													
No studies identified													
Abbreviations: C, comparator; CI, confidence interval; I, Intervention; IBS, Irritable Bowel Syndrome; MFI, Multidimensional fatigue inventory; NR, Not reported; SD, standard deviation													

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Homeopathy vs placebo													
Bell 2004	Fibromyalgia	Placebo	Pain	End of treatment (3 mths)	McGill pain questionnaire - affective pain	Higher is worse	26/27	3.3 (2.9)	3.5 (2.7)	-0.14 (-1.7 to 1.4)	NR	No difference	Some concerns
			Pain	End of treatment (3 mths)	McGill pain questionnaire - sensory pain	Higher is worse	26/27	12.9 (7.4)	12.4 (6.9)	0.48 (-3.6 to 4.5)	NR	No difference	Some concerns
			Fibromyalgia symptoms	End of treatment (3 mths)	Tender point count	Higher is worse	26/27	14.8 (3.9)	16.1 (2.7)	-1.3 (-3.2 to 0.56)	NR	No difference	Some concerns
			HRQoL	End of treatment (3 mths)	Global health rating	Higher is better	26/27	8.2 (2.9)	7.7 (3.0)	0.47 (-1.2 to 2.1)	NR	No difference	Some concerns
			Emotional wellbeing	End of treatment (3 mths)	POMS - fatigue domain	Higher is worse	26/27	10.0 (7.0)	13.4 (8.1)	-3.4 (-7.6 to 0.73)	NR	No difference	High
			Emotional wellbeing	End of treatment (3 mths)	POMS - depression domain	Higher is worse	26/27	7.3 (9.5)	8.1 (10.4)	-0.82 (-6.3 to 4.7)	NR	No difference	High
			Emotional wellbeing	End of treatment (3 mths)	POMS - anger-hostility domain	Higher is worse	26/27	2.9 (4.2)	3.7 (6.5)	-0.74 (-3.8 to 2.3)	NR	No difference	High
			Footnotes:	End of treatment (before crossover) is 4 mths. Outcomes reported at 3 mths. Baseline imbalanced in POMS depression and anger-hostility were noted. POMS used as covariate in adjusted analysis. Unadjusted results extracted as per protocol.									
			Fibromyalgia symptoms	End of treatment (1 mth)	Tender point count	Higher is worse	NR	NR	NR	NR	NR	Not reported	High
			Pain	End of treatment (1 mth)	VAS	Categorical (worse or better than baseline)	NR	NR	NR	NR	NR	Not reported	High

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
Fisher 1988	Fibromyalgia	Placebo	Sleep	End of treatment (1 mth)	VAS	Categorical (worse or better than baseline)	NR	NR	NR	NR	NR	Not reported	High
			Overall assessment	End of treatment (1 mth)	VAS	Categorical (worse or better than baseline)	NR	NR	NR	NR	NR	Not reported	High
			Footnotes:	Data only reported after crossover. End of first treatment scores not reported.									
Homeopathy vs inactive control													
			Health related HRQoL	End of treatment (22 wks)	Fibromyalgia impact questionnaire (FIQ) - total score	Higher is worse	20/16	58.2 (22.3)	68.5 (19.4)	NR	NR	No difference	Some concerns
			Health related HRQoL	End of treatment (22 wks)	FIQ - pain domain	Higher is worse	20/16	6.6 (2.5)	7.6 (2.2)	NR	NR	No difference	Some concerns
			Health related HRQoL	End of treatment (22 wks)	FIQ - fatigue domain	Higher is worse	20/16	7.2 (2.1)	8.3 (2.0)	NR	NR	No difference	Some concerns
			Health related HRQoL	End of treatment (22 wks)	FIQ - tiredness on waking domain	Higher is worse	20/16	7.1 (2.1)	8.6 (1.8)	NR	<0.05	Favours intervention	Some concerns
			Health related HRQoL	End of treatment (22 wks)	FIQ - stiffness domain	Higher is worse	20/16	6.6 (2.7)	8.4 (1.7)	NR	<0.05	Favours intervention	Some concerns
			Health related HRQoL	End of treatment (22 wks)	FIQ - Number of days felt good	Higher is better	20/16	3.25 (1.97)	1.88 (1.86)	NR	<0.05	Favours intervention	Some concerns
			Pain	End of treatment (22 wks)	McGill pain questionnaire - sensory pain	Higher is worse	20/16	17.7 (8.5)	20.6 (9.7)	NR	NR	No difference	Some concerns
			Pain	End of treatment (22 wks)	McGill pain questionnaire - affective pain	Higher is worse	20/16	4.5 (3.5)	6.5 (3.6)	NR	NR	No difference	Some concerns
Relton 2009	Fibromyalgia	Control (no intervention)											

RCT RESULTS (as reported by the study authors)													
Study ID	Population	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p-value	direction of effect	RoB
			Pain	End of treatment (22 wks)	McGill pain questionnaire - Total sensory and affective pain	Higher is worse	20/16	22.2 (11.5)	27.1 (12.5)	NR	NR	No difference	Some concerns
			Pain	End of treatment (22 wks)	McGill VAS	Higher is worse	20/16	64.1 (24.3)	78.1 (19.7)	NR	<0.10	Favours intervention	Some concerns
			HRQoL	End of treatment (22 wks)	EQ-5D HRQoL score	Higher is better	20/16	0.37 (0.33)	0.28 (0.33)	NR	NR	No difference	Some concerns
			Emotional wellbeing	End of treatment (22 wks)	Hospital anxiety and depression scale (HADS)	Higher is worse	20/16	19.1 (9.7)	22.2 (7.9)	NR	NR	No difference	Some concerns
			Fibromyalgia symptoms	End of treatment (22 wks)	Tender point count	Higher is worse	20/16	13.4 (3.8)	14.6 (3.0)	NR	NR	No difference	Some concerns
			Footnotes:										
Homeopathy vs 'other'													
No studies identified													

Abbreviations: C, comparator; CI, confidence interval; I, Intervention; NR, not reported; VAS, Visual Analogue Scale