HOMEOPATHY FOR PREVENTING AND TREATING HEALTH CONDITIONS

TECHNICAL REPORT
APPENDICES A TO C

prepared by

HTANALYSTS

for

National Health and Medical Research Council

NHMRC | Natural Therapies Working Committee

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Report information

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Dates

This technical report and accompanying evidence evaluation report received approval from the National Health and Medical Research Council (NHMRC) Natural Therapies Working Committee (NTWC) on 16 AUG 2024.

The protocol for the evidence evaluation received approval from the NHMRC NTWC on 13 July 2022 (PROSPERO: CRD42022346433).

History

The National Health and Medical Research Council (NHMRC) has been engaged by the Department of Health and Aged Care (Department) to update the evidence underpinning the *2015 Review of the Australian Government Rebate on Natural Therapies for Private Health Insurance* (2015 Review) (1). The natural therapies to be reviewed are Alexander technique, aromatherapy, Bowen therapy, Buteyko, Feldenkrais, homeopathy, iridology, kinesiology, naturopathy, Pilates, reflexology, Rolfing, shiatsu, tai chi, Western Herbal medicine, and homeopathy. These therapies are amongst those excluded from the private health insurance rebate as of 1 April 2019.

To support NHMRC in their evidence review, Health Technology Analysts (**HT**ANALYSTS) was engaged to conduct a systematic review of the evidence of clinical effectiveness of homeopathy. Eligible studies received from the Department's public call for evidence, the Natural Therapies Review Expert Advisory Panel (NTREAP) and the Natural Therapies Working Committee (NTWC) was also to be included in the evidence evaluation.

This technical report has been developed by **HT**ANALYSTS in conjunction with NHMRC, NTWC, and NTREAP. It provides the appendices and supplementary data related to an evidence evaluation of the effect of homeopathy for preventing and treating health conditions. The main body of evidence is presented in the evidence evaluation report. All associated materials have been developed in a robust and transparent manner in accordance with relevant best practice standards (2-5).

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List of abbreviations

AMED	Allied and Complementary Medicine Database
BRISA	Regional Base of Health Technology Assessment Reports of the Americas
CENTRAL	Cochrane Controlled Register of Trials
CINAHL	Cumulative Index to Nursing and Allied Health Literature
COMET	Core Outcome Measures in Effectiveness Trials
GRADE	Grading of Recommendations Assessment, Development and Evaluation
ITT	Intent-to-treat
MCID	minimal clinically important differences
MD	mean difference
MID	minimal important difference
NHMRC	National Health and Medical Research Council
NRSI	Nonrandomised study of an intervention
NTREAP	Natural Therapies Review Expert Advisory Panel
NTWC	Natural Therapies Working Committee
OR	Odds ratios
PAHO VHL	Pan American Health Organization Virtual Health Library
PICO	Population, Intervention, Comparator, Outcome
PP	Per protocol
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RCT	Randomised controlled trial
RoB	Risk of bias
RR	Risk ratios
SR	Systematic review
SMD	Standardised mean difference
SD	Standard deviation
TIDIER	Template for Intervention Description and Replication

Appendix A Searching, selection criteria and screening

A1 Search methods

This appendix documents the search strategy used to inform the systematic review on the effect of homeopathy for preventing and treating any health condition. The search strategy was developed in the protocol which was endorsed by NTWC and registered with PROSPERO.

A1.1 Electronic searches

The literature search strategy was developed in Ovid (for Embase, MEDLINE and Emcare) based on the key element of the research question (i.e. the intervention). The search was not limited by population or outcome, rather methodological filters for identifying randomised controlled trials (RCTs) were used. Exclusions for other publication types (systematic reviews (SRs), editorials etc.) were also used. The methodological filters (published previously (6)) were developed in-house and have been peer reviewed.

In developing the search strategy, we appraised and adapted keywords and MeSH terms used in the previous 2015 review; with search strategies of SRs identified in the scoping report also reviewed to identify other potentially relevant search concepts. Terms or concepts proven not suitable were removed and other terms added.

No date, language or geographic limitations were applied when conducting the search of English language databases. Non-English databases were not searched.

The search strategy was adapted to suit the required syntax for the following electronic bibliographic databases:

- Embase (via Ovid)
- MEDLINE (via Ovid)
- Cochrane Central Register of Controlled Trials (via Cochrane Library)
- Emcare (via Ovid) – coverage of all nursing specialty areas
- PsycINFO (via Ovid) – coverage of behavioural science and mental health
- AMED (via Ovid) – coverage of Allied and Complementary Medicine
- CINAHL (via EBSCOHost) – Cumulative Index to Nursing and Allied Health Literature
- PubMed (limited to in-process citations and citations not indexed in MEDLINE) – to retrieve citations not yet indexed in OVID
- Pan American Health Organization (PAHO) Virtual Health Library (VHL) – including LILACS (Health information from Latin America and the Caribbean countries), PAHO IRIS (institutional repository for information sharing), and BRISA (Regional Base of Health Technology Assessment Reports of the Americas)

Details of the search strategy and results for each database are provided in **Appendix A2** and **A3** respectively.

A1.2 Other resources

References submitted by the public through the Department of Health and Aged Care's invitation to submit published research evidence were also considered; however, any grey literature was excluded. Reference lists of included studies were not examined (i.e. backward citation searching) as empirical studies assessing the value of this indicate that it is most useful when reviewing areas that are difficult to search electronically (e.g. new technologies) or for which authors aim to identify grey literature (not eligible for inclusion in this review) (7).

A1.3 Publication date

There were no limitations on publication date, however, studies published after the systematic review literature search date were not eligible for inclusion. Studies that were published (or submitted to the Department) after the literature search date are listed within the '*Studies Awaiting Classification*' table of the evaluation report (see **Appendix C4.5**). These studies were not subject to a formal evidence evaluation, however, a brief statement about the study and its potential impact on the overall conclusions of the evidence review is included under the results section for that condition (see **Appendix D**).

A1.4 Studies published in languages other than English

The literature search, as well as the Department's call for evidence, was not limited by language of publication. Studies in languages other than English could be identified via the English-language databases listed in **Appendix A1**, however databases in languages other than English were not searched.

Potentially eligible studies published in languages other than English were documented via a process outlined in **in Appendix A5.3** and were listed within the '*Studies Awaiting Classification*' table of the technical report (**Appendix C4.2**).

A2 Search strategy

The search strategy was developed in-house for the Ovid interface and was adapted to suit EBSCO*Host*, the Cochrane Library and PubMed (limited to in-process citation and citations not indexed in MEDLINE).

Concept: Study design limits (SRs, RCTs, not animals)

1. exp meta analysis/ or meta analysis.mp. or exp systematic review/ or systematic review.mp. or pooled analysis.mp. or ((exp review/ or review.mp.) and (systemat* or pool*).mp.)
2. exp comparative study/ or comparative study.mp. or exp clinical trial/ or clinical trial.mp. or randomized controlled trial.mp. or randomi?ed controlled trial.mp. or exp randomized controlled trial/ or exp randomization/ or randomization.mp. or randomi?ation.mp. or exp single blind procedure/ or single blind procedure.mp. or exp double blind procedure/ or double blind procedure.mp. or exp triple blind procedure/ or triple blind procedure.mp. or exp crossover procedure/ or crossover procedure.mp. or exp placebo/ or placebo*.mp. or random*.mp. or rct.mp. or single blind.mp. or single blinded.mp. or double blind.mp. or double blinded.mp. or treble blind.mp. or triple blind.mp. or triple blinded.mp. or exp prospective study/ or prospective study.mp.
3. case report/
4. (editorial or letter or comment or historical article).pt.
5. (animals/ or nonhuman/) not humans/
6. or/3-5

Concept: homeopathy

7. homeopathy/
8. homeopathic agent/
9. Materia medica/
10. (materia medica or nosode*).ti,ab,kw.
11. (dilut* adj2 (very or ultra* or high or serial* or substance* or agent*)).ti,ab,kw.
12. (potentis* or potentiz*).ti,ab,kw.
13. (homeopathy or homeopathic or homeopathia or homeopath*).ti,ab,kw.
14. (homoeopathy or homoeopathic or homoeopathia or homoeopath*).ti,ab,kw.
15. or/7-14

Concept: evidence hierarchy for screening

16. (15 AND 2)
17. 16 NOT (1 OR 6)

Ovid syntax

Exp explodes controlled vocabulary term (i.e. includes all narrower terms in the hierarchy)
* denotes a term that has been searched as a major subject heading
/ denotes controlled vocabulary terms (EMTREE)
$ truncation character (unlimited truncation)
$n truncation limited to specified number (n) of characters (e.g. time$1 identifies time, timed, timer, times but not timetable)
* truncation character (unlimited truncation)
? substitutes any letter (e.g. oxidi?ed identifies oxidised and oxidized)
adjn search terms within a specified number (n) of words from each other in any order
.ti. limit to title field
.ti,ab. limit to title and abstract fields
.kw,ti,ab. limit to keyword, title and abstract field
.pt limit to publication type

CINAHL syntax

* truncation character (unlimited truncation)
# wildcard character will replace 1 or 0 characters (e.g. f#etus will retrieve fetus and foetus)
? wildcard character will replace one character (e.g. wom?n will retrieve women and woman)
MH - Search the exact CINAHL® subject heading; searches both major and minor headings
MH"heading"+ Search an exploded subheading
TI search title fields
AB search abstract fields
Nn – Proximity "near" operator will find a result if the terms are within a certain number (n) words of each other, regardless of the order in which they appear. (e.g. eating N5 disorders for results that contain eating disorders, as well as mental disorders and eating pathology.)
PT limit to publication type

PubMed syntax

* truncation character (unlimited truncation)
[TI] limit to title field
[TIAB] limit to title and abstract fields
[EDAT] date citation added to PubMed
[SB] PubMed subset

AND pubmednotmedline[sb] was added to the last line of search string

The PubMed search was restricted to records that are not indexed for MEDLINE (i.e. in-process citations and citations from journals (or parts of journals) that are not currently MEDLINE-indexed). The search comprised free-text terms only and replicates the free-text sets in the Embase search (converted from the Ovid syntax).

A3 Search results

This appendix documents the results of the literature search and screening for a systematic review on the effect of homeopathy for preventing and treating any health condition. The literature search strategy was developed and conducted as described in Appendix A1.

A3.1 Ovid

The search for RCTs was conducted on 15 July 2022. Databases searched were as follows:

- Ovid MEDLINE® 1946 to July 13th, 2022
- Embase Classic+Embase 1947 to July 13th, 2022
- Ovid Emcare 1995 to Week 27, 2022
- AMED 1965 to July 2022
- PsycINFO 1806 to July Week 2, 2022

Table A-1 Search results: Ovid

#	Searches	Medline	EMBASE	Emcare	PsycINFO	AMED
1	exp meta analysis/ or meta analysis.mp. or exp systematic review/ or systematic review.mp. or pooled analysis.mp. or ((exp review/ or review.mp.) and (systemat* or pool*).mp.)	479881	709418	253991	84414	7533
2	exp comparative study/ or comparative study.mp. or exp clinical trial/ or clinical trial.mp. or randomized controlled trial.mp. or randomized controlled trial.mp. or exp randomized controlled trial/ or exp randomisation/ or randomization.mp. or randomi?ation.mp. or exp single blind procedure/ or single blind procedure.mp. or exp double blind procedure/ or double blind procedure.mp. or exp triple blind procedure/ or triple blind procedure.mp. or exp crossover procedure/ or crossover procedure.mp. or exp placebo/ or placebo*.mp. or random*.mp. or rct.mp. or single blind.mp. or single blinded.mp. or double blind.mp. or double blinded.mp. or treble blind.mp. or triple blind.mp. or triple blinded.mp. or exp prospective study/ or prospective study.mp.	4129806	5264792	1200315	300745	34152
3	case report/	2279527	2859591	485049	23280	8216
4	(editorial or letter or comment or historical article).pt.	2423796	1963702	676003	0	15460
5	(animals/ or nonhuman/) not humans/	4993157	6946986	659698	7392	11744
6	or/3-5	9351600	11411573	1751747	30668	35204
7	homeopathy/	4927	10404	4636	0	11491
8	homeopathic agent/	0	1889	844	0	0
9	Materia medica/	2308	2170	208	0	890
10	(materia medica or nosode*).ti,ab.	1500	3013	331	18	656
11	(potentis* or potentiz*).ti,ab.	161	241	143	12	162
12	(homeopathy or homeopathic or homeopathia or homeopath*).ti,ab.	5316	7662	3544	429	3737
13	(homoeopathy or homoeopathic or homoeopathia or homoeopath*).ti,ab.	852	1188	418	38	3172
14	or/7-13	9624	17015	5847	584	14290
15	(14 AND 2)	1939	3800	1588	85	707
16	15 NOT (1 OR 6)	1185	2450	1045	72	607

A3.2 CINAHL

The search for RCTs was conducted via EBSCO*Host* on 15 July 2022.

Table A-2 Search results: EBSCO*Host* – CINAHL

	Search Terms	Results
S1	MH "comparative study+" OR TX comparative study OR MH "clinical trial+" OR TX clinical trial OR TX randomized controlled trial OR TX randomised controlled trial OR MH "randomized controlled trial+" OR MH "randomization+" OR TX randomization OR TX randomisation OR MH "single blind procedure+" OR TX single blind procedure OR MH "double blind procedure+" OR TX double blind procedure OR MH "triple blind procedure+" OR TX triple blind procedure OR MH "crossover procedure+" OR TX crossover procedure OR MH "placebo+" OR TX placebo* OR TX random* OR TX rct OR TX single blind OR TX single blinded OR TX double blind OR TX double blinded OR TX treble blind OR TX triple blind OR TX triple blinded OR MH "prospective study+" OR TX prospective study	2701702
S2	MH "case report+" OR PT editorial OR PT letter OR PT comment OR PT historical article OR MH "(animals+ or nonhuman+)" NOT MH "humans+"	719724
S3	(MH "Homeopathy") OR (MH "Homeopathic Agents+") OR (MH "Homeopaths")	10819
S4	TI ((materia medica OR nosode*)) OR AB ((materia medica OR nosode*))	597
S5	TI ((potentis* OR potentiz*)) OR AB ((potentis* OR potentiz*))	128
S6	TI ((homeopathy OR homeopathic OR homeopathia OR homeopath*)) OR AB ((homeopathy OR homeopathic OR homeopathia OR homeopath*))	6224
S7	TI ((homoeopathy or homoeopathic or homoeopathia or homoeopath*)) OR AB ((homoeopathy or homoeopathic or homoeopathia or homoeopath*))	4775
S8	S3 OR S4 OR S5 OR S6 OR S7	12090
S9	S1 AND S8	2258
S10	S9 NOT S2	2101

A3.3 Cochrane

The search for controlled clinical trials via the Cochrane Central Register of Controlled Trials (via Cochrane Library) was conducted on 15 July 2022. The number of publications identified by a literature search of Cochrane Library generated 1492 results however this was not specific to publications relating to trials. 1468 citations were exported in the final literature search.

Table A-3 Search results: Cochrane Central Register of Controlled Trials (2022, Issue 7)

	Search Terms	Results
#1	MeSH descriptor: [Homeopathy] explode all trees	246
#2	MeSH descriptor: [Materia Medica] explode all trees	123
#3	(materia medica OR nosode*):ti,ab,kw	285
#4	(potentis* OR potentiz*):ti,ab,kw	34
#5	(homeopathy OR homeopathic OR homeopathia OR homeopath*):ti,ab,kw	1454
#6	(homoeopathy or homoeopathic or homoeopathia or homoeopath*):ti,ab,kw	1435
#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6	1492
#8	Filter 'Trials'	1468

A3.4 PubMed

The PubMed search was conducted on 15 July 2022 and was restricted to records that are not indexed for MEDLINE (i.e. in-process citations and citations from journals (or parts of journals) that are not currently MEDLINE-indexed) and to records added to PubMed since January 2006. The search replicates the free-text sets in the Embase search (converted from the Ovid syntax).

Table A-4 Search results: PubMed

	Search Terms	Results
#1	Homeopathy [MeSH Terms]	4927
#2	Materia medica [MeSH Terms]	1544
#3	(materia medica[Title/Abstract] OR nosode*[Title/Abstract]	1544
#4	Potentis*[Title/Abstract] OR potentiz*[Title/Abstract]	161
#5	(homeopathy[Title/Abstract] OR homoepathia[Title/Abstract] OR homeopath*[Title/Abstract])	5332
#6	(homeopathy[Title/Abstract] OR homeopathic[Title/Abstract] OR homeopathia[Title/Abstract] OR homeopath*[Title/Abstract]	854
#7	#1 OR #2 OR #3 OR #4 OR #5 OR #6	9655
#8	“comparative study”[Title/Abstract] OR “comparative trial”[Title/Abstract] OR “clinical trial”[Title/Abstract] OR “controlled trial”[Title/Abstract] OR “random”[Title/Abstract] OR “placebo”[Title/Abstract] OR “single blind”[Title/Abstract] OR “double blind”[Title/Abstract] OR “double blinded”[Title/Abstract] OR “single blinded”[Title/Abstract] OR “triple blind”[Title/Abstract] OR “prospective study”[Title/Abstract]	1796079
#9	#7 AND #8	1242
#10	#9 AND pubmednotmedline[sb]	87

An additional search to find studies examining homeopathy in people with inflammatory bowel disease was conducted on 14 February 2023. This was because no RCTs were found for this priority condition (see Appendix A6.1). The results of that search are outlined below:

Table A-5 Search results: PubMed (Inflammatory Bowel Disease)

	Search Terms	Results
#1	"homeopathy s"[All Fields] OR "homoeopathy"[All Fields] OR "homeopathy"[MeSH Terms] OR "homeopathy"[All Fields]	6440
#2	"colitis, ulcerative"[MeSH Terms] OR ("colitis"[All Fields] AND "ulcerative"[All Fields]) OR "ulcerative colitis"[All Fields] OR ("ulcerative"[All Fields] AND "colitis"[All Fields]) OR (("inflammatories"[All Fields] OR "inflammatory"[All Fields]) AND ("bowel s"[All Fields] OR "bowell"[All Fields] OR "intestines"[MeSH Terms] OR "intestines"[All Fields] OR "bowel"[All Fields] OR "bowels"[All Fields])) OR ("crohn disease"[MeSH Terms] OR ("crohn"[All Fields] AND "disease"[All Fields]) OR "crohn disease"[All Fields] OR "crohn s disease"[All Fields])	156,009
#3	#1 AND #2	33

A3.5 PAHO Virtual Health Library

The search for RCTs via the PAHO VHL was conducted on 15 July 2022.

Databases searched were as follows:

- HomeoIndex
- LILACS
- MOSAICO – integrative health
- BBO – Dentistry
- CUMED

- Coleciona SUS

Table A-6 Search results: PAHO VHL

#	Query	Results
1	(mh:("Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy" OR "Homeopathy") AND db:("HomeoIndex" OR "LILACS" OR "MTYCI" OR "BBO" OR "CUMED" OR "colecionaSUS") AND type_of_study:("clinical_trials"))	154

A4 Study selection criteria

This appendix documents the criteria used to identify studies eligible for inclusion in the systematic review on the effect of homeopathy for preventing and treating any health condition.

A4.1 Types of studies

A4.1.1 Eligible studies

Eligible studies were RCTs examining the effectiveness of homeopathy compared to a control or another intervention. The primary study of interest was an RCT. 'Quasi' randomised studies[a] were also eligible for inclusion, as were cluster-randomised and crossover trials. These studies were evaluated alongside RCTs, with any concerns relating to randomisation (see **Appendix B1**) or unit of analysis issues (see **Appendix B3.1.2**) addressed in the data synthesis.

Non-randomised studies of interventions (NRSIs) were also eligible for inclusion in instances where no RCTs were identified for a prioritised population (see Stage 2 screening – Framework 5). To be eligible the NRSI had to also include the minimum design features listed below:

- allocation to, or practice of, the intervention *occurs by choice* (by the participant or other),
- the effect of the intervention in individuals (or clusters of individuals or groups) is compared with a *concurrent control group*, and
- researchers used methods to *control for confounding*, either:
    - in principle (for any confounding)
    - in principle (for time invariant unobserved confounding), or
    - for confounding (by observed covariates)
    - potential confounders were measured before the intervention.

The decision to limit the inclusion of NRSIs only in the instance of no eligible RCTs was informed by scanning results from a scoping search of the published literature indexed in Embase, PubMed and the Cochrane Central Register of Controlled Trials (CENTRAL), which suggested the inclusion of NRSIs would likely not increase the certainty of the results across most conditions. However, provision to include NRSIs where no RCT evidence was found was intended to ensure any evidence in priority populations was assessed.

There was one instance where there were no RCTs found for a nominated priority condition (Inflammatory Bowel Disease [IBD]) (see Appendix A6.1). A preliminary search for studies specific to IBD did not identify any RCTs or NRSIs examining the effectiveness of homeopathy in this population (see Table A-5), and it was considered likely that a full systematic search across the other databases would not generate enough evidence to enhance the review for IBD. Therefore, despite eligibility, no NRSIs were included in this review.

A4.1.2 Ineligible studies

NRSIs in which the effect of the intervention was compared to a historical (or non-parallel or non-concurrent) control group were not eligible for inclusion due to concerns of bias (e.g., due to residual confounding or unmeasurable changes in clinical practice over time) (8).

Single arm studies (e.g., case series with post-test or pre-test/post-test outcomes), cross-sectional studies and case reports were also not eligible for inclusion, as the features of these study designs are too problematic when assessing the effect of the intervention with any confidence (9, 10).

[a] Studies were judged to be quasi-randomised if the method of randomisation was not strictly random (e.g., alternate allocation) or if not specifically stated (e.g., the authors mention 'random' allocation but there is no discussion on the method used)

A4.2 Types of participants

A4.2.1 Eligible participants

People of any age with any injury, disease, medical condition or pre-clinical condition were eligible for inclusion. This included disease prevention in 'at-risk' healthy populations, which was broadly defined as those who are at increased risk of becoming ill or injured based on social, biomedical, or behavioural risk factors (11). For the purposes of this review, social determinants included factors such as income, education, employment and social support; biomedical factors include a person's health status (such as obesity, high blood pressure, high cholesterol, age, vitamin deficiency) and genetic make-up; and behavioural factors include a person's lifestyle choices (e.g. alcohol consumption, diet, exercise, tobacco and other drug use, etc.).

To be considered at-risk, individuals needed to be assessed by the trialists at study entry to have met a minimal threshold for being at-risk (i.e. as part of the trial eligibility criteria): such as having early symptoms, being appraised for symptoms, or having a history (or family history) of a condition. Where there was uncertainty about whether a minimum threshold had been met, a process seeking NTWC advice was to be used for NTWC to decide on eligibility, however this was not required.

A4.2.2 Ineligible participants

Studies in which there was a broad general statement about the enrolment population (i.e. a minimum threshold to be considered at-risk had not been met) were not eligible for inclusion (e.g. a study that enrolled otherwise healthy students and examined the effects of homeopathy on test anxiety was excluded, but a study that enrolled students who met a prespecified score on the Revised Test Anxiety Scale (RTA) was included).

Healthy participants seeking health improvement, such as general wellbeing, fitness, aesthetic improvements, resilience and cognitive or emotional intelligence were not eligible for inclusion (e.g. a study that enrols apparently healthy adults and reported the effect of the intervention on muscle soreness after exercise was excluded); however, a study with eligible and ineligible populations was to be included if separate data was available for the eligible population/s (e.g. a study that enrolled otherwise healthy students and examined the effects of homeopathy on test anxiety was excluded, except where separate data were available for students who had elevated symptoms of anxiety at enrolment).

A4.3 Types of interventions

A4.3.1 Intervention

Any homeopathic treatment or homeopathic medicinal product was eligible for inclusion. This included simple homeopathic medicinal products involving single substances and complex medicinal products involving more than one substance.

The treatment could be individualised (i.e. prescribed by a homeopath according to the person's presenting symptoms after a consultation) or non-individualised (i.e. where the same homeopathic medicinal product is given to all patients with the same condition, with or without a consultation). To allow for potential subgroup analyses (and to inform decision-making), studies were to be stratified based on whether the participants received individualised or non-individualised homeopathy, however this was not possible due to there being too few studies in the analysis (see **Appendix B3.4.3**).

There were no limits on the type of homeopathic preparations (i.e., sublingual sugar pellets, ointments, gels, drops, creams, sprays and tablets). However the homeopathic medicinal product had to be administered orally or externally (i.e. topical, oral, nasal, rectal, vaginal, ocular or auricular use) with parenteral use (by injection) excluded (12).

Homeopathic products that contained other 'active' ingredients (e.g., nutritional, herbal or pharmaceutical) were excluded, however, excipients/non-active ingredients were acceptable.

A4.3.2 Comparator

There were no restrictions on the type of eligible comparators, noting that the review stratified the evidence into 3 comparisons: (i) placebo (ii) inactive control[b] and (iii) other 'active' interventions[c]. The primary comparison was placebo as the gold-standard, with other comparators included for completeness.

Where usual care was poorly described it was considered an 'inactive' comparator (i.e. described as homeopathy versus control (usual care)). Where usual care was delivered as an adjunct to homeopathy (i.e. all participants received usual care), the study was also considered alongside those studies that used an inactive control (i.e. described as homeopathy vs control (no intervention), delivered as an adjunct to usual care). Similarly, co-interventions (e.g. diet, education programs, life modification, or medication) were sometimes administered simultaneously to the studied treatment and control group. Studies with co-interventions were included if all arms of a study received the same co-interventions (i.e. the effectiveness of homeopathy was not confounded) (i.e. described as homeopathy vs placebo/control, delivered as an adjunct to [insert co-intervention]).

Other 'active' comparators included (but were not limited to) pharmacologic treatments, manual therapies, exercise programs, or other forms of physical activity designed to improve health.

Studies comparing different types or forms of homeopathy (e.g. individualised versus non-individualised, tablets versus sublingual pellets), different dilutions, potency or dose of the same homeopathic medicinal product, or different homeopathic medicinal products (e.g. simple versus complex) were not eligible for inclusion. This was because the main objective of the review was to examine the effects of homeopathy, rather than the comparative effects of different homeopathic medicinal products (13).

A4.4 Types of outcome measures

A4.4.1 Outcome role

Outcomes were not used as a criterion for including or excluding studies.

A4.4.2 Outcome domains of interest

Outcome domains were intended to align with the reasons why patients use homeopathy and/or practitioners prescribe homeopathy. This included management of signs or symptoms associated with a clinical condition (such as chronic pain associated with fibromyalgia, rheumatoid arthritis, dysmenorrhoea, gastrointestinal disorders, or depression associated with a mood disorder), reduction in the need for, or side effects associated with traditional therapies (e.g. antihistamine use in allergic rhinitis, nausea and fatigue in cancer), recovery from, or changes in, disease outcomes (e.g. improved lung function in asthma, reduction in the number of upper respiratory tract infections in COPD), improvement in psychological/behavioural symptoms (e.g. depression, anxiety, stress) or overall health related quality of life.

It was out of the scope to assess personal health care preferences, patient experience measures (PREMS) (e.g. satisfaction with care), safety, quality and economic outcomes.

Outcome domains (and measures) prespecified in each eligible RCT were listed in the '*Characteristics of included studies*' tables. After outcome prioritisation, for each included population, data and results from outcome domains (or measures) identified as being critical or important for decision making were extracted using a prespecified approach (see **Appendix A6.2**). To prevent any influence on decision-making, outcomes of interest were prioritised by the NTWC, who remained blinded to the characteristics (e.g. study design features) or results of eligible studies, noting prioritisation of outcome domains occurred in parallel with the literature search and screening process and the prioritisation of outcome measures occurred after identification of eligible RCTs.

[b] including no intervention, wait list or usual activities (if considered 'inactive').

[c] including usual care if considered 'active'.

A4.4.3 Outcome measures and timepoints of interest

Any outcome measure anticipated to demonstrate a treatment achieves its intended purpose was eligible for inclusion (10, 14). This meant both objective (such as clinical and laboratory assessments) and subjective measures (such as patient-reported outcome measures [PROMS]) were eligible, preferably (although not mandatory) measured using a validated tool. Surrogate outcome measures such as HbA1C for prevention of cardiovascular (CV) events in diabetics, body mass index for improvement in CV risk profile in obesity, or lung function tests for asthma control) were also eligible for inclusion however patient-important outcomes were prioritised ahead of surrogate measures (see Appendix A6.2).

To avoid unit-of-analysis issues associated with repeated observations within a study, the primary timepoint of interest in this review was end-of treatment (i.e. immediately post-intervention). Where multiple timepoints were determined to be critical or important to decision making (e.g. immediate-post treatment and long-term remission in symptoms at follow-up) separate outcomes were to be specified.

Across studies, outcomes reported at different timepoints were to be grouped and considered in the evidence synthesis as follows: short term (e.g. 6 weeks of treatment), intermediate term (e.g. 6 months of treatment), or long-term (e.g. 1 year of treatment); however, this was not required. Determining whether something was to be considered short, intermediate, or long-term for a condition was to be guided by the published evidence and NTWC.

A5 Selection of studies (inclusion decisions)

This appendix documents how studies were identified, collected and managed to conduct the systematic review on the effect of homeopathy for preventing and treating any health condition. Processes were in accordance with the pre-specified protocol, except where noted (see Appendix G).

A5.1 Studies identified in the literature search

A5.1.1 Title/abstract screening

A framework used for screening studies at title abstract/stage is provided below (Framework 1).

Citations (title/abstracts) retrieved by the literature searches were imported into EndNote and duplicates removed. Citations were then imported to Covidence (www.covidence.org), an online tool that streamlines the screening and data extraction stages of a systematic review. Initial piloting of the screening process occurred with the first 100 records to ensure consistency. Screening guidance was then updated prior to screening the remaining citations. Here, the framework clarified the exclusion of homeopathic proving studies (i.e. studies designed to test homeopathic remedies in healthy persons until they begin to show symptoms) and the exclusion of studies examining homeopathy delivered via injection.

Each citation (title/abstract) was screened by one of 5 evidence reviewers (KN, ID, RM, TA, MJ) who discarded ineligible studies (marked as irrelevant and tagged with a reason for exclusion) and retained those with eligible data or information (marked as relevant or maybe). All citations marked as irrelevant were then screened by a second reviewer to ensure eligibility criteria had been appropriately applied. Where there was uncertainty about relevance, a decision was made through discussion with the third reviewer, who decided to either mark the citation as irrelevant or take it through to full text.

Citations that were in a language other than English were tagged and managed as described below (**Appendix A5.3**).

A5.1.2 Full text screening

A framework used for screening studies at full text is provided below (Framework 2).

Full text articles identified for possible inclusion in the evidence synthesis were retrieved and independently assessed for inclusion by 2 of 9 reviewers (RM, KN, MJ, ER, CC, ID, SM, TA, CW). A pre-specified, hierarchical approach was used to annotate reasons for exclusion, with the results of the study selection process illustrated in a PRISMA diagram. Ineligible studies were marked with a reason for exclusion and are listed in in **Appendix C1**. Where there was uncertainty or conflicts about inclusion, a decision was made through discussion with the project lead (RM) or project manager (MJ). If additional expertise or advice about the application of the PICO criteria was required, further follow up with the NTWC occurred (noting that the NTWC were presented with excerpts from the publication relevant to the query whilst remaining blinded to other identifying details such as the study citation, design, size, risk of bias, or results).

If a study didn't contain the required PICO information for a decision to be made about its eligibility, it was tagged as 'Awaiting classification', and was listed either as 'Study information incomplete' (**Appendix C4.1**) or 'Study unable to be interpreted at title/abstract stage' (**Appendix C4.4**). Published errata or corrigenda identified in the search were checked and linked to the appropriate study. Eligible studies that were not available in English were noted and managed as described in **Appendix A5.3**.

Citations referring to clinical trial registration numbers were associated with published studies already identified in the review. Here, the citations were linked in Covidence, with each study being allocated a unique Study ID and cited in the final report[d]. If the trial record was confirmed as meeting the eligibility criteria for this review but published results were not available, it was tagged as an 'Ongoing study' and was listed in **Appendix C5**.

All eligible studies[e] were cross checked with the Retraction Watch database via Zotero.

Two studies were detected as being retracted and were moved to the list of excluded studies (including all associated citations) (see **Appendix C1** (15-21) and **Appendix C2** (22)).

A5.2 Evidence provided through the Department's public call for evidence

Potentially relevant primary studies identified by NTWC, NTREAP, and other key stakeholders were considered for inclusion if they satisfied the eligibility criteria described in **Appendix A4**.

The submitted literature was collated, tabulated, and cross referenced with the evidence identified in the literature search (see **Appendix A3**). In-scope studies not identified in the literature search were incorporated into the evidence evaluation. A rationale for exclusion is provided for all studies considered out of scope (see **Appendix C2**).

A5.3 Studies published in languages other than English

Studies published in languages other than English underwent title and abstract translation using Google translate. Translated titles and abstracts were reviewed and evaluated against the study selection criteria outlined in **Appendix A4**. Irrelevant citations were removed, with articles assessed as potentially eligible for inclusion in the review recorded as '*Awaiting Classification*' and listed in a table in **Appendix C4.2**. This information is also reflected in the PRISMA flow diagram. Full text translation to determine eligibility did not occur.

If online translation did not facilitate understanding of the title and abstract, then these studies were recorded as '*Unable to be translated or interpreted at the title/abstract stage*' (see **Appendix C4.4**).

As per protocol, studies in languages other than English were eligible for inclusion in the review, but not the synthesis. Exclusion of these studies from the synthesis was considered unlikely to seriously influence or bias the conclusions of the review, as there is no reason to expect the studies would substantially differ from those published in English.

A5.4 Collation of studies

A framework used for confirming and reviewing eligible studies is provided below (Framework 3).

All potential studies identified for inclusion were imported into an Excel 'progress' spreadsheet and sorted according to a Study ID (using separate tabs for eligible studies, studies awaiting classification, and ongoing studies). Preliminary data extraction of each study then ensued, which included a summary of the PICO criteria entered in specified columns (illustrated in Table A-7).

Here, reviewers focused on the following:

- Population – List the primary underlying condition first, then other details in brackets (e.g., Cancer, breast (undergoing chemotherapy)).
    - Studies identified as eligible for inclusion in the review were grouped according to ICD-11 categories in the first instance. This was to help facilitate management of the eligible studies, aid in the understanding of the population and to help determine the most appropriate place a study would contribute for evidence synthesis (i.e. to ensure the same

[d] Trial registration numbers, author names, and study titles, locations and dates were used to find multiple reports arising from the same study (i.e. protocols, trial registries etc.).

[e] A Retraction Watch check of ineligible studies (marked as irrelevant or excluded) was not performed.

data was not used in the analysis across multiple conditions, and to minimise heterogeneity).
    - ICD-11 categories were based on the primary clinical condition reported in the study, and were assigned prior to any risk of bias assessment, data synthesis or review of study size or results. The ICD-11 categories were considered to be sufficiently flexible to enable this approach (e.g. ICD-11 Category 21: 'Symptoms, signs or clinical findings, not elsewhere classified' encompassed all chronic pain populations including low back pain, neck pain, chronic cancer related pain, and fibromyalgia).

- Intervention – Indicate if individualised, mode of administration (e.g. oral, sublingual etc.), followed by compound name as below:
    - Individualised homeopathy, oral (additional info if needed)
    - Non-individualised, oral (detail of product)
    - Non-individualised, oral combination (details of product)
    - Non-individualised, topical (detail of product)
    - Homeopathy (not specified)
- Comparator (inactive) – standardise to one of the following:
    - Placebo
    - Control (no intervention)
    - Control (usual care) ONLY IF INACTIVE
    - Control (waitlist)
- Comparator (active) – standardise to one of the following:
    - Pharmacotherapy (generic drug name)
- Physical therapy (e.g. hot pack, TENS)
    - Standard medical care (e.g. antihypertensives)
    - Complementary care (e.g. yoga)
- Co-interventions – as above for active interventions (all participants received).

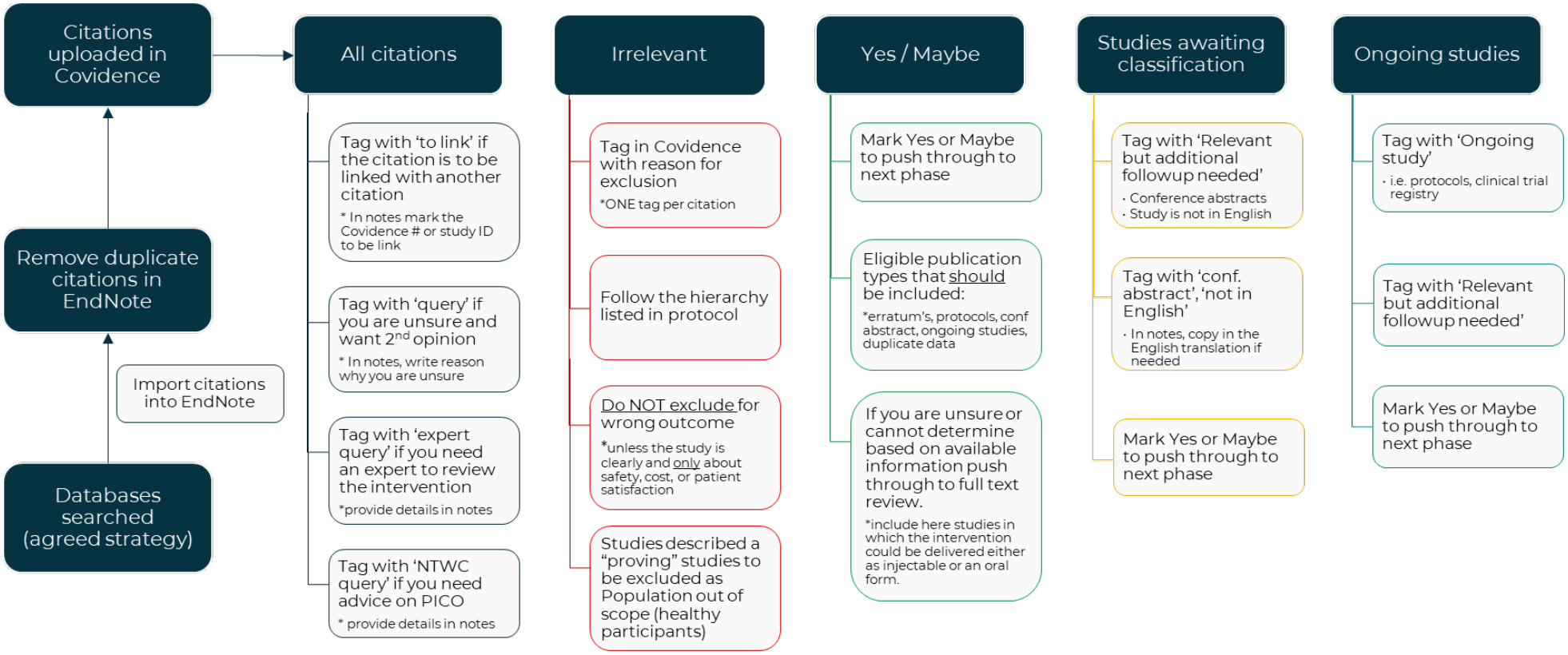
Cells were highlighted if there were queries that required clarification either from the project manager, the project lead, or the NTWC.

Table A-7 Sample preliminary data extraction (for prioritisation and progress checks)

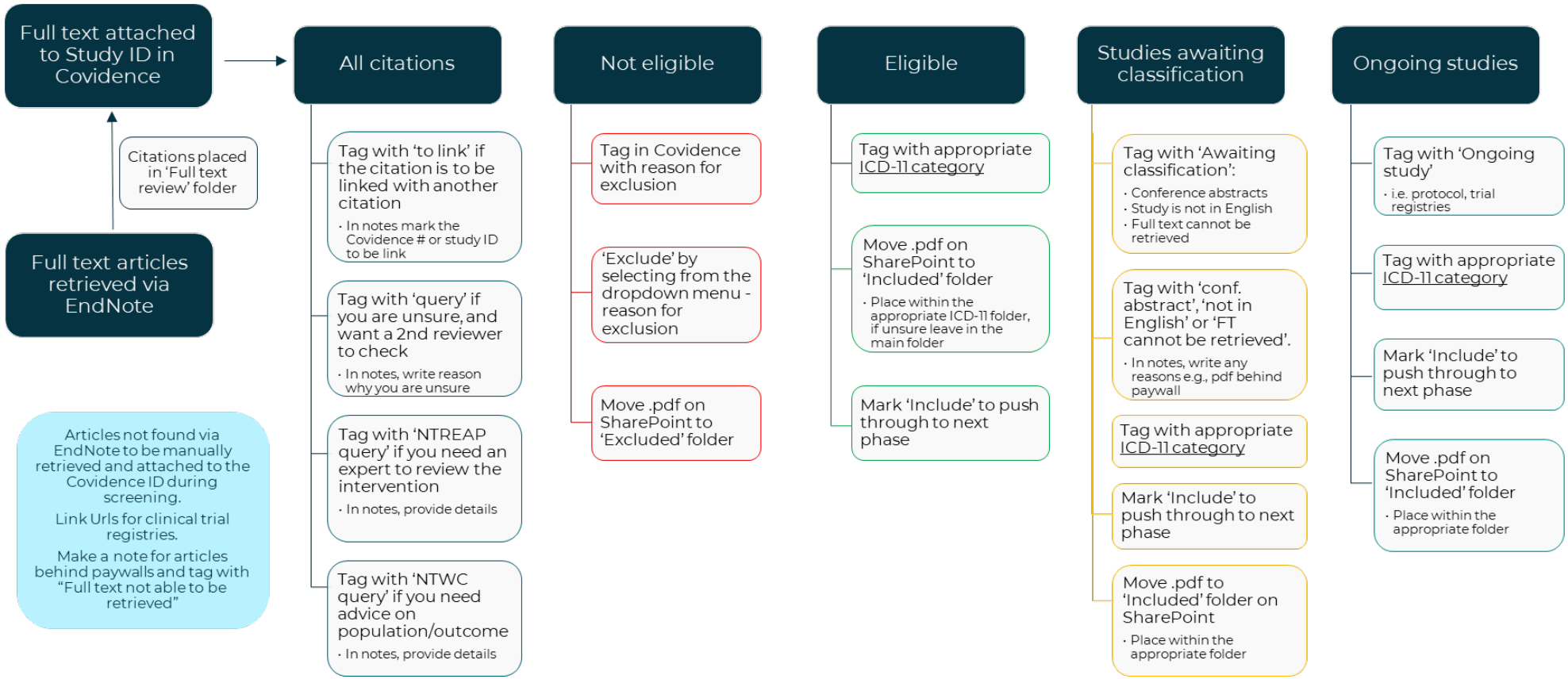
Covidence #	STUDY ID	linked citations?	ICD-11 CATEGORY	POPULATION	INTERVENTION	CONTROL (INACTIVE)	ACTIVE CONTROL 1	ACTIVE CONTROL 2	CO-INTERVENTION	OUTCOMES
#251	AAbel 2000a		04 Diseases of the immune system	Hay fever (allergic rhinitis) (birch pollen)	Non-individualised, oral (Betula 30s)	Placebo	--	--	--	Symptom score ratios; use of rescue medication; symptom course; difference in median symptom score
#269	Adi 2020		05 Endocrine, nutritional, and metabolic diseases	Diabetes, type 2	Non-individualised, oral (Syzygium)	Placebo	Pharmacotherapy (fluoxetine)	--	--	HbA1c, Blood glucose levels (fasting, post-prandial)
#75	Balzarini 2000		02 Neoplasms	Cancer, breast (undergoing radiotherapy)	Non-individualised, sublingual (belladonna 7CH and x-ray 15CH)	Placebo	--	--	--	Frequency of oedema; hyperpigmentation; average of heat scores; average of colour scores; TTSI; RTSI
#460	Bell 2004	Bell 2004a; Bell 2004b; Bell 2004c; Bell 2004d; crossover trial	21 Symptoms, signs or clinical findings not elsewhere classified	Fibromyalgia	Individual homeopathy, oral (LM remedy)	Placebo	--	--	--	questionnaires encompassing mood, childhood neglect and abuse, and trait absorption, global health, tender point pain on physical examination
#537	Bignamini 1987	Bignamini 1987a; Bignamini 1987b	11 Diseases of the circulatory system	Hypertensive heart disease	Non-individualised, oral (Baryta carbonica 15CH)	Placebo	--	--	Standard medical care (not specified)	Blood pressure

Abbreviations: RTSI, Index of Total Severity scores during recovery; TTSI, Index of Total Severity scores during radiotherapy

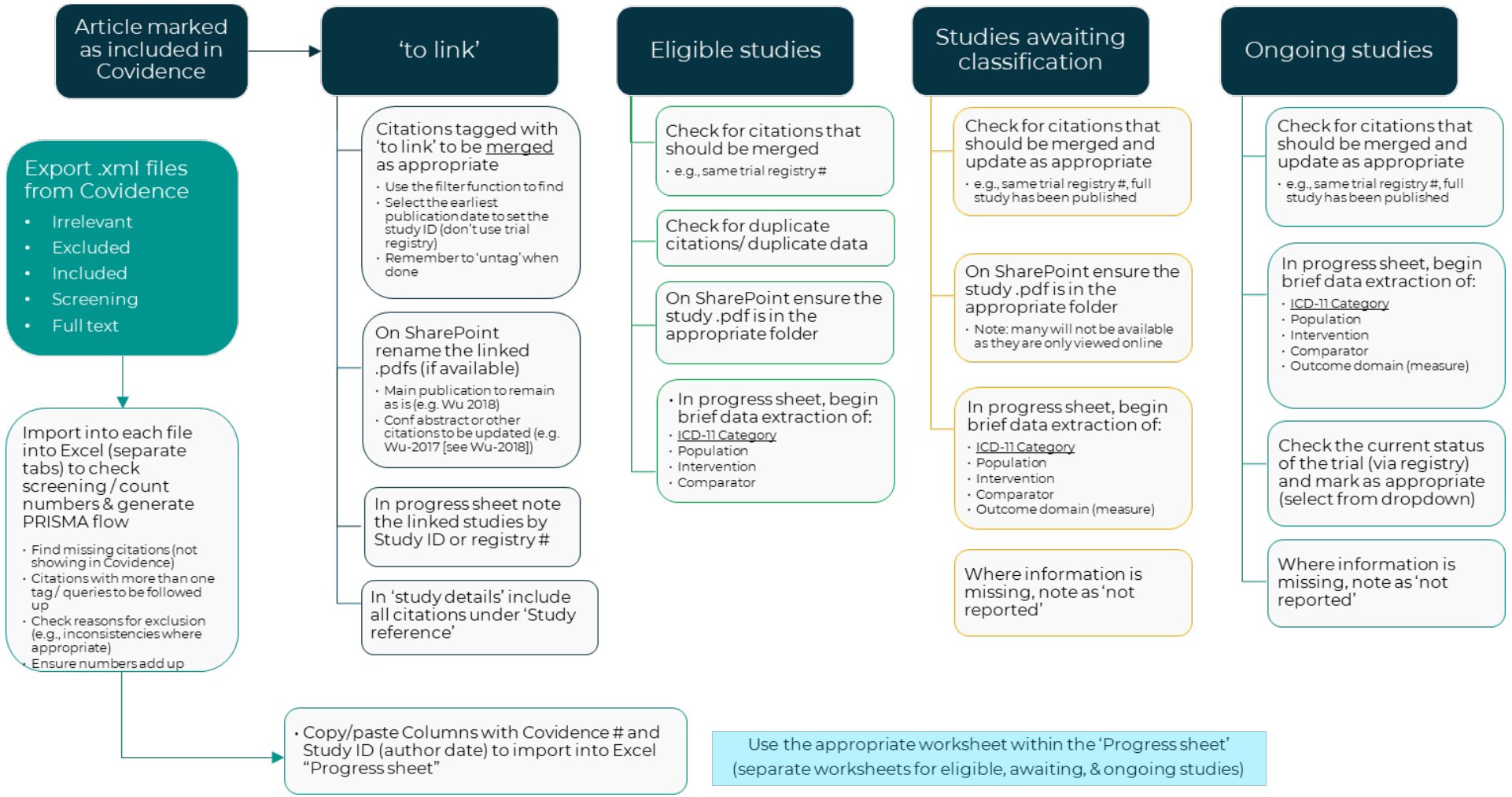
Framework 1 Framework for screening studies at abstract / title stage



Framework 2 Framework for screening studies at full text



Framework 3 Framework for confirming and reviewing eligible studies



A6 Refining the research questions

This appendix documents how populations and outcomes were prioritised to inform the data synthesis for the systematic review on the effect of homeopathy for preventing and treating any health condition.

Throughout the population and outcome prioritisation exercise, the NTWC remained blinded to the screening results (i.e. number of studies identified) or characteristics of included studies (e.g. study design, size, quality) to prevent any influence on decision-making.

Framework 4 outlines the process for refining the research questions and conducting the evidence review.

Framework 5 outlines the process for prioritising eligible populations for inclusion in the evidence review.

A6.1 Population prioritisation process

Independent of the literature search and collation of studies completed by the evidence reviewers, NHMRC compiled a list of 25 conditions considered to be most relevant to the practice of homeopathy in Australia. The list was created using PRACI survey data and Australian equivalent survey data provided by the NTREAP homeopathy expert, as well as results of the scoping search provided in the protocol and then rankings and additional comment by NTREAP. The list of 25 was then provided to NTWC who grouped conditions into “umbrella groups” relating to differently bodily systems as a way to prioritise conditions for inclusion and to be consistent with how homeopathy is prescribed and used by homeopaths in Australia (Table A-8). The overall rankings were then translated back to the list of conditions (see Table A-9). As per protocol, a maximum of 20 conditions were to be examined.

Under each umbrella group, NTWC agreed to a hierarchy of up to 6 conditions for each group. NTWC agreed that, if the total number of included RCTs was unmanageable (given time and resources), then at least one condition under each umbrella group be included (based on relative importance from the initial ranking). For some areas, decisions about which groups to include in the final analysis were to be made after the screening process (but before outcome prioritisation and data extraction). The rationale for delaying the decision until after screening was related to whether results would be suitable for reporting in a single GRADE summary of findings table. For example, NTWC discussed if childhood and adult conditions should be synthesised separately, or whether subgroup analysis should be performed. The NTWC also considered whether eczema might need to be separated from other atopic conditions because of how it is treated.

After the NTWC determined the list of priority conditions, the progress sheet (see **Appendix A5.4**) listing each condition identified in the search (based on the ICD-11 category) was updated to annotate whether the condition was listed as a priority or not. Queries relating to some populations identified in the search were then raised, after which the NTWC advised some changes to rankings within Umbrella groups or clarified decisions about grouping of conditions that could be included in the same meta-analysis (e.g. atopic and eczema), which were then translated back to the final prioritised list of populations for inclusion in the review.

The final list of priority conditions in provided in Table A-10.

Table A-8 Umbrella groups for homeopathy

Umbrella group	ICD-11 Category	Condition	NTWC rank
Nervous System	06 Mental and behavioural	Anxiety	1
	08 Neurological	Headache/migraine	2
	07 Sleep disorders	Insomnia/sleep disorders	3
	06 Mental and behavioural	Depressive/mood disorders	4
	06 Mental and behavioural	ADHD/Autism/Learning difficulties	5
Immune System	04 Diseases of the immune system	Atopic conditions (including allergies, hay fever, eczema)	1
	11 Respiratory	Asthma (prevention of)	2
	01 Infectious or parasitic diseases	Recurrent infections (including UTI and otitis media)	3
	14 Diseases of the skin	Psoriasis	4
Digestive disorders	13 Diseases of the digestive system	Digestive disorders (including childhood disorders such as infant colic, constipation, diarrhea)	1
	13 Diseases of the digestive system	Irritable bowel syndrome	2
	13 Diseases of the digestive system	Inflammatory bowel (e.g., Crohn's, colitis)	3
Musculoskeletal	15 Diseases of the musculoskeletal system or connective tissue	Fibromyalgia	1
	15 Diseases of the musculoskeletal system or connective tissue	Arthritis	2
	15 Diseases of the musculoskeletal system or connective tissue	Back pain/neck pain	3
Gynaecological/ Reproductive	18 Pregnancy, childbirth or the puerperium	Pregnancy/childbirth conditions	1
	16 Diseases of the genitourinary system	Menopause Symptoms	2
	16 Diseases of the genitourinary system	Menstrual disorders	3
Multisystem	21 Symptoms, signs, not elsewhere classified	Fatigue conditions (post viral fatigue, ME/CFS etc.)	1

Abbreviations: ADHD, attention deficit disorder (with or without hyperactivity); CFS, chronic fatigue syndrome; ME, myalgic encephalomyelitis; NTWC, Natural Therapies Working Committee; UTI, urinary tract infection

Table A-9 Preliminary list of priority conditions for homeopathy

NTWC Rank	Top 24 conditions
1	Anxiety
2	Atopic conditions (allergies, hay fever, eczema)
3	Headache/migraine
4	Digestive disorders (e.g., infantile colic, constipation, diarrhea)
5	Irritable bowel syndrome
6	Insomnia/sleep disorders
7	Inflammatory bowel (e.g., Crohn's, colitis)
8	Fatigue conditions (e.g., post viral fatigue, ME/CFS)
9	Depressive/mood disorders
10	Fibromyalgia
11	Arthritis
12	Asthma (prevention of)
13	Pregnancy/childbirth conditions
14	Recurrent infections (UTI, otitis media)
15	Psoriasis
16	ADHD/Autism/Learning difficulties
17	Menopausal symptoms
18	Menstrual disorders
19	Back pain/ neck pain
20	Circulation (hypertension)
21	Nausea/vomiting and side-effects of cancer treatment
22	Diabetes/Metabolic syndrome/obesity
23	Chronic obstructive pulmonary disease
24	Surgery: Pre- & Post operative complaints

Abbreviations: ADHD, attention deficit disorder (with or without hyperactivity); CFS, chronic fatigue syndrome; ME, myalgic encephalomyelitis; NTWC, Natural Therapies Working Committee; UTI, urinary tract infection

Queries were raised for the following conditions:

- Atopic conditions (rank 2)
    - Due to expected differences in priority outcomes, the population was separated into 2 groups:
        - hay fever (allergic rhinitis) & people with unspecified allergies,
        - eczema and atopic dermatitis.
    - Confirmed it *does not* include the following populations (i.e. not priority):
        - people with chronic sinusitis or non-allergic rhinitis.
        - people with dermatitis (irritant or seborrheic)

- Digestive disorders (rank 4)
    - Due to expected differences in priority outcomes, the population was separated into 2 groups:
        - diarrhoea and constipation,
        - infantile colic, gastroesophageal reflux disease and functional dyspepsia.

- Inflammatory Bowel Disease (rank 7)
    - No RCTs identified in this condition.
- The evidence reviewers conducted a preliminary search to find nonrandomised studies examining homeopathy in people inflammatory bowel disease (see **Appendix A3.4**). There were no NRSIs found.

- Fatigue conditions (rank 8)

    - Confirmed following populations to be considered in one group (no subgroups):
        - chronic fatigue syndrome,
        - post-viral fatigue (including post-COVID-19).

- Recurrent infection (UTI, otitis media) (rank 14)
    - Due to difference in interventions and outcomes, this population was separated into 2 groups according to location of infection:
        - upper respiratory tract (including otitis media, tonsilitis, strep throat, influenza-like/cold symptoms if used to *prevent* re-infection) (i.e. not intended as treatment for an acute infection)
        - lower urinary tract (including bacterial UTI, candidiasis/thrush)
    - Confirmed it *does not* include the following populations (i.e. not priority):
        - acute exacerbations of COPD (& COPD with respiratory failure),
        - warts (papilloma virus),
        - Cold sores (herpes simplex),
        - Tinea corporis (ringworm),
        - COVID-19 (treatment),
        - COVID-19 (prophylaxis),
        - *acute* infection due to influenzae/influenzae-like/rhinovirus (treatment).

- Menstrual disorders (rank 18)
    - Confirmed the intended populations is anything associated with the menstrual cycle (i.e. amenorrhea, dysmenorrhea, heavy bleeding), which also includes:
        - heavy bleeding associated with fibroids,
        - endometriosis,
        - premenstrual disturbances (i.e. PMS, premenstrual tension).
    - Confirmed it *does not* include the following populations (i.e. not priority):
        - polycystic ovary syndrome (PCOS), and
        - premenstrual dysphoric disorder.

Populations not prioritised for analysis and synthesis are listed in the evidence inventory in **Appendix C3**.

Table A-10 Final revised list of priority conditions for homeopathy

NTWC Rank	REVISED PRIORITY CONDITIONS FOR DATA SYNTHESIS
1	Anxiety
2	Atopic conditions (allergies, hay fever, eczema)
3	Headache/migraine
4	Digestive disorders (infantile colic)
5	Digestive disorders (infantile diarrhea)
6	Irritable bowel syndrome
7	Recurrent infections (childhood otitis media)
8	Recurrent infections (URTI)
9	Insomnia/sleep disorders
10	Fatigue conditions (e.g., post viral fatigue, ME/CFS)
11	Depressive/mood disorders
12	Fibromyalgia
13	Arthritis
14	Asthma (prevention of)
15	Recurrent infections (UTI)
16	Psoriasis
17	ADHD/Autism/Learning difficulties
18	Menopausal symptoms
19	Menstrual disorders
20	Back pain/ neck pain
Not included (moved or removed from initial ranking) ^	Pregnancy/childbirth conditions[a]
	Inflammatory bowel (e.g. Crohns, colitis)[b]
	Recurrent infections (warts) [c]
	Recurrent infections (vulvovaginal candidiasis) [c]

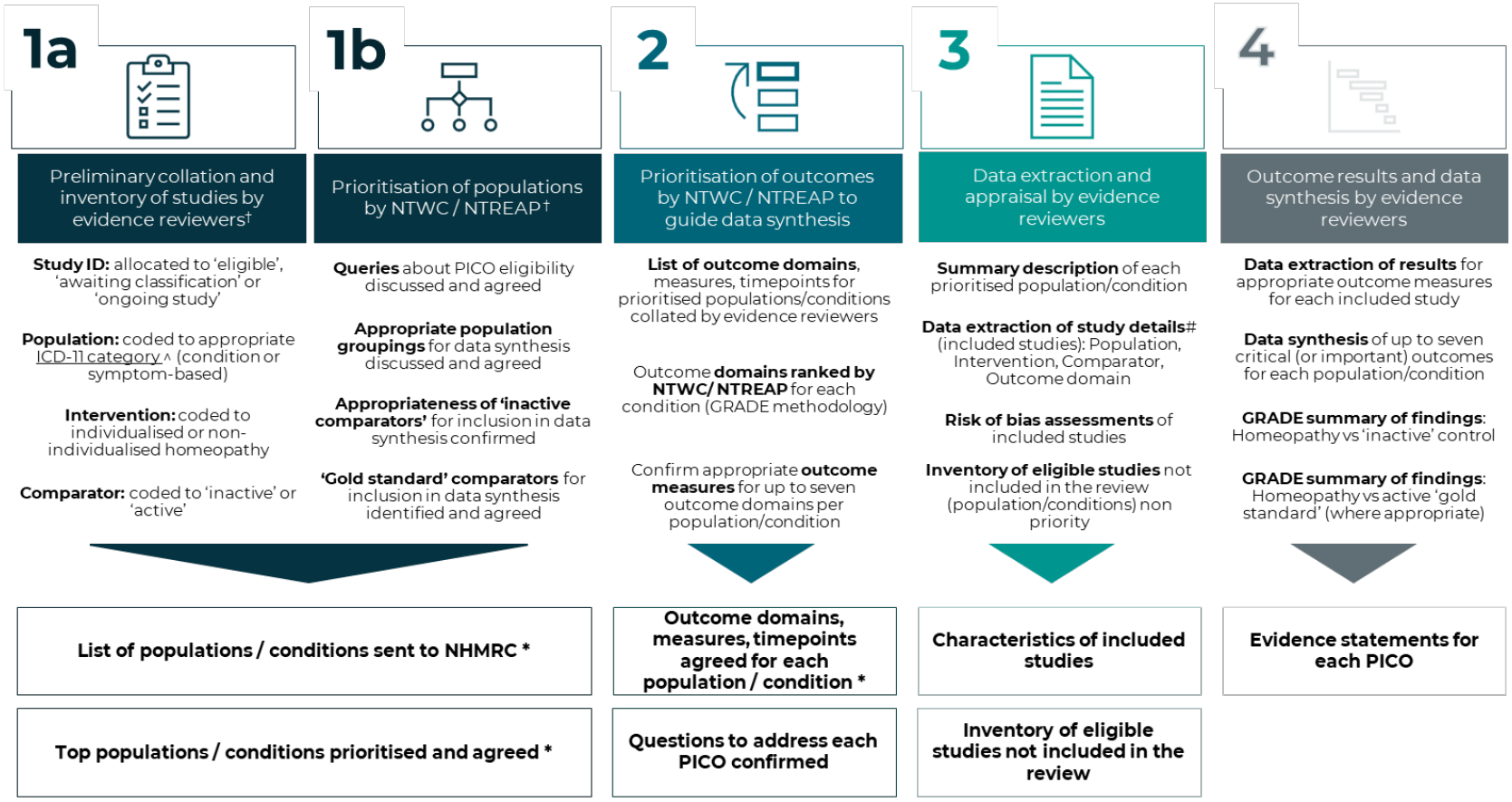
^ It was intended that a maximum of 20 priority populations would be considered in the evidence synthesis (estimated maximum 100 RCTs).

a. Pregnancy as a condition was ranked lower priority than menopause and menstrual disorders because it was considered that studies in pregnancy/childbirth could be included within other higher priority conditions based on the reported outcome or study focus (e.g., recurrent infections [UTI], insomnia etc.).

b. No studies found in this condition, therefore not included in the total count.

c. Removed to reduce the volume of evidence reviewed in the umbrella group.

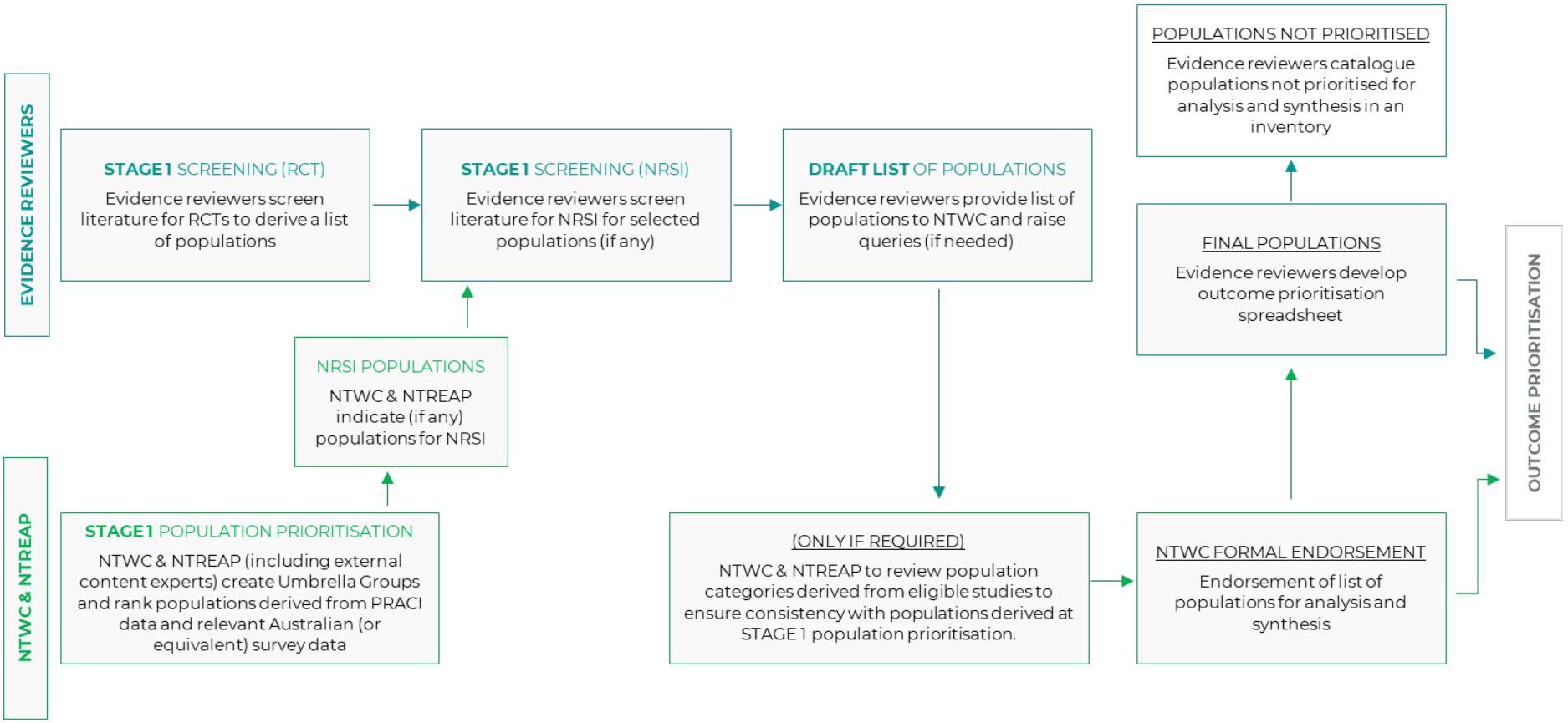
Framework 4 Framework for refining the research questions and conducting the evidence review



Notes:
† Step 1a and 1b to occur simultaneously. NTWC/NTREAP to prioritise populations independently from evidence reviewers collating inventory of RCTs.
^ ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision (available at https://icd.who.int/browse11/l-m/en)
* No identifying information about study ID, study design, study size, study quality or outcome results available (see Framework 2).
# Preliminary data extraction of included studies will begin at step 2 to inform outcome domains.

Abbreviations: GRADE, Grading of Recommendations Assessment, Development and Evaluation; NHMRC, National Health and Medical Research Council; NTREAP, Natural Therapies Review Expert Advisory Panel; NTWC, Natural Therapies Working Committee; PICO, Population, Intervention, Comparator, Outcome
^ ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11 MMS) 11th Revision (available at https://icd.who.int/browse11/l-m/en).
* No identifying information about study ID, study design, study size, study quality or outcome results available (see Framework 5).
# Preliminary data extraction of included studies began at step 3 to inform outcome domains.

Framework 5 Framework for prioritising eligible populations for inclusion in the evidence review



A6.2 Outcome prioritisation process

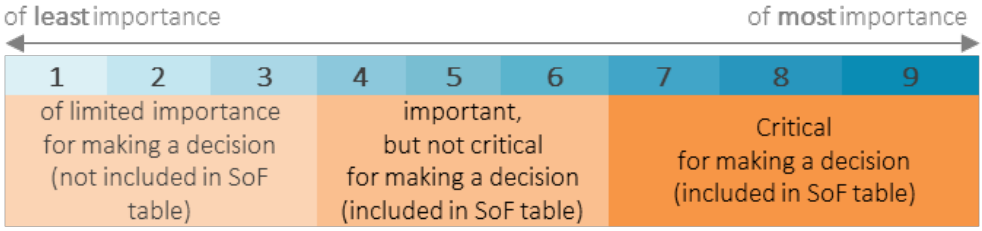
After consensus was reached on priority populations, the NTWC proposed a list of key outcome domains that could be standardised across all conditions as outlined in Table A-11.

Table A-11 Proposed critical or important outcome domains for use across all conditions.

PROPOSED OUTCOMES DOMAINS
1. Pain
2. Emotional functioning/ mental health
3. Physical function/ disability (return to work/school)
4. Health-related quality of life
5. Patient reported improvement/efficacy
6. Fatigue
7. Sleep quality
8. Other - disease specific outcome (where applicable)

Based on the proposed outcome domains, the evidence reviewer developed a spreadsheet listing each condition, with associated outcome domains and outcome measurement tools that was provided to the NTWC to prioritise critical and important outcome measures for inclusion in the evidence synthesis (see sample in Table A-12). In determining the critical and important outcomes, the NTWC used the GRADE rating scale (see Figure A.1) and NTREAP rankings of the outcome domains.

Figure A.1 GRADE rating scale



Source: (5)
Abbreviations: SoF summary of findings

The outcome measures provided in the spreadsheet were derived from the outcomes reported in studies identified for inclusion in the review. Only rating scales that had been described in peer-reviewed journals were included. We anticipated that existing studies in the literature would use different measures to assess outcomes relevant to this review; in particular, a variety of rating scales or patient-reported outcome measures. Therefore, each reported outcome was grouped into an appropriate outcome domain of interest and relevant measures or tools for that outcome domain (see Figure A.2). Grouping into domains was initially developed by the reviewers then agreed or updated and confirmed by the NTWC.

To minimise potential reporting bias within the review, the list of outcomes was supplemented with outcomes identified in core outcome sets for a particular condition (where available). Core outcome sets were identified by searching COMET (http://www.comet-initiative.org/), ICHOM (https://www.ichom.org/), and PubMed (simple search “core outcome set” OR “core outcome measure” AND “XXX” [where XXX equals the population/condition of interest]). In the absence of a published core outcome sets, outcomes reported in relevant Cochrane reviews for that condition were also listed (if available).

Table A-12 Sample outcome spreadsheet (for prioritisation)

Condition	Outcome domain	Working Group Consensus Rating (1-9)	Outcome measure (as reported in eligible studies)	Validated measure (Y/N)	NTWC Priority Rank	Comments
Anxiety	Pain	No eligible studies reported this outcome domain				
	Emotional functioning/ mental health*	7	Brief Symptom Inventory	Y	1	We will use SMD analysis to combine outcome measures where appropriate
			Psychological General Wellbeing Index	Y	1	
	Physical functioning*	7	PROMIS physical function	Y	1	
	HRQOL	7	WHO QoL-BREF	Y	1	
	Patient reported improvement	No eligible studies reported this outcome domain				
	Fatigue	No eligible studies reported this outcome domain				
	Sleep quality	No eligible studies reported this outcome domain				
	Disease specific – Anxiety symptoms*^	9	Hamilton Anxiety Rating Scale ^^	Y	1	We will use SMD analysis to combine outcome measures where appropriate
			Beck Anxiety Inventory	Y	1	
			GAD-7*	Y	1	
			Spielberger State-Trait Anxiety Inventory	Y	1	
			VAS (Anxiety)	Y	3	
			Revised Test Anxiety Scale	Y	2	
	Disease specific – Depression*#	8	Hamilton Depression Rating Scale#	Y	1	We will use SMD analysis to combine outcome measures where appropriate
			Beck Depression Inventory	Y	1	

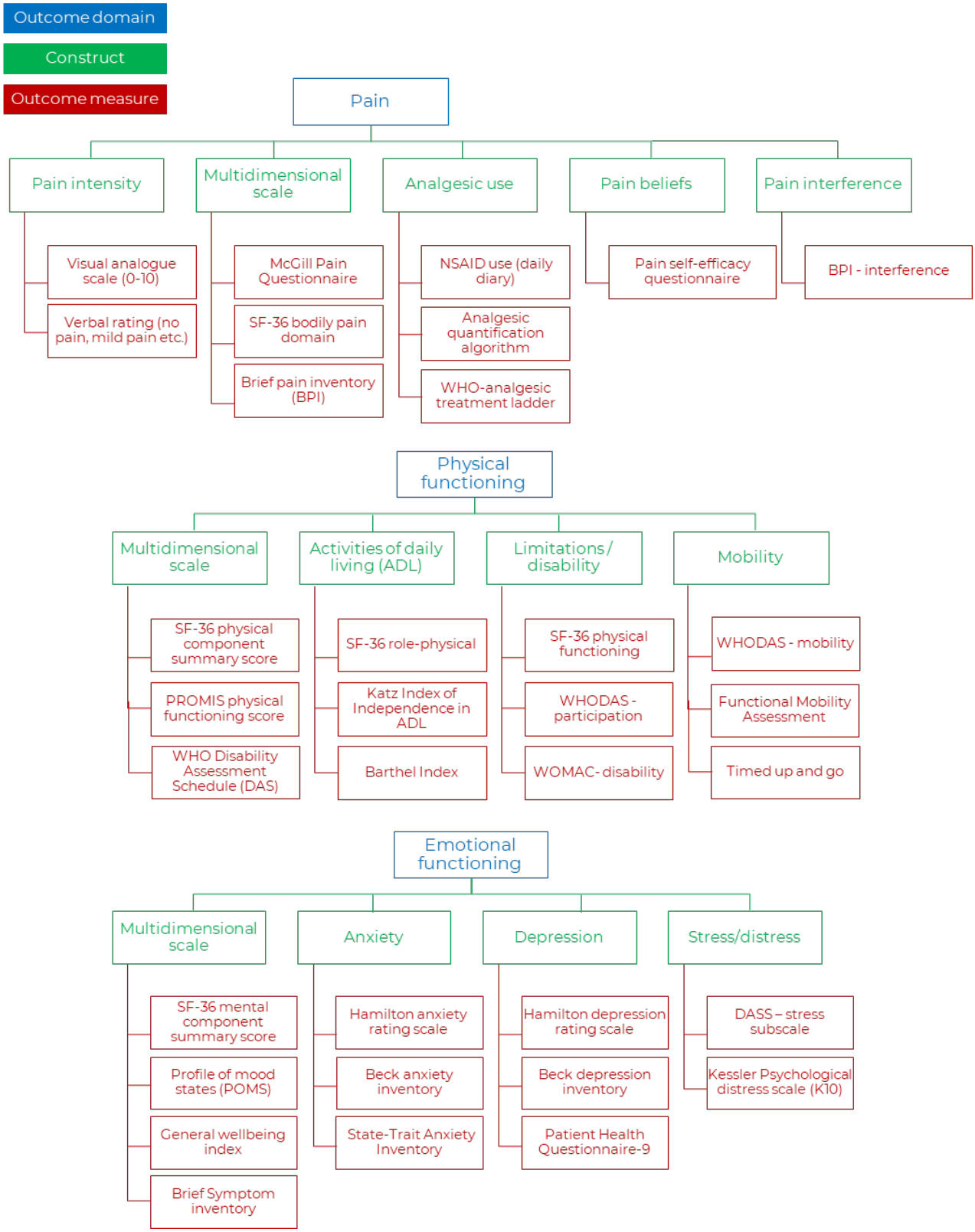
Abbreviations: BREF, brief version; GAD, generalised anxiety disorder; HRQoL, health-related quality of life, PROMIS, Patient Reported Outcome Measurement Information System, QoL, quality of life; VAS, visual analogue scale; WHO, World Health Organization

* Core outcome domains or measures (based on one or more of the core outcomes sets)

^ Identified as a primary outcome in a relevant/related Cochrane review

Identified as a secondary outcome in a relevant/related Cochrane review

Figure A.2 Sample outcome domain and outcome measures: homeopathy



Abbreviations: BPI, brief pain inventory; DAS, disability assessment schedule; NSAID, nonsteroidal anti-inflammatory drugs; SF-36, 36-item short form; WHO, World Health Organization

A7 Summary screening results

A7.1 Search of published literature

Studies were excluded based on hierarchical, prespecified exclusion criteria, with all citations returned by the literature searches reviewed based on information in the publication title and abstract (where available). Relevant publications were retrieved and reviewed in full text before a final decision was made on their inclusion or exclusion for the review. NTWC was consulted in cases where further judgement was required.

Results of the literature search and application of the study selection criteria are summarised in Table A-13.

Table A-13 Screening results: studies identified in the literature search and additional evidence provided through the Department's public call for evidence

Database (no. of hits)	RCTs	Submitted literature	Total CITATIONs
Medline	1185		1185
Embase	2450		2450
Emcare	1045		1045
AMED	607		607
CINAHL	2101		2101
CENTRAL	1468		1468
PAHO	154		154
PsycINFO	72		72
PubMed (not Medline)	87		87
Submitted literature		584	584
TOTAL	**9169**	**584**	**9753**
Duplicates removed in Endnote	3539		3539
Duplicates removed by Covidence	56		56
Manually marked up duplicates	203	2	205
Duplicate citation submitted to the Department		388	388
TOTAL DUPLICATES	**3798**	**390**	**4188**
Number of citations screened in Covidence TITLE/ABSTRACT	**5371**	**194**	**5565**
2. Nonhuman study	270	3	273
3. Intervention out of scope	424	16	440
4. Comparator out of scope	21	0	21
5. Population out of scope	192	7	199
6. Outcome out of scope	100	0	100
7. Publication type out of scope			
a. opinion piece/editorial/commentary	919	11	930
b. not an intervention study examining effectiveness	497	8	505
c. grey literature	26	0	26
8. Study design out of scope			
a. general review/guideline/HTA assessment	407	3	410
b. SR, MA or NRSI	254	22	276
c. Case series or other	231	42	273
TOTAL irrelevant	**3341**	**112**	**3453**

Database (no. of hits)	RCTs	Submitted literature	Total CITATIONs
Unable to be translated or interpreted at the title/abstract stage	90	3	93
Number of citations screened in Covidence FULL TEXT	**1940**	**79**	**2019**
2. Nonhuman study	70		70
3. Intervention out of scope	258		258
4. Comparator out of scope	103		103
5. Population out of scope	81		81
6. Outcome out of scope	10		10
7. Publication type out of scope			
a. opinion piece/editorial/commentary	254		254
b. not an intervention study examining effectiveness	52		52
c. grey literature	12		12
8. Study design out of scope			
a. general review/guideline/HTA assessment	147		147
b. SR, MA or NRSI	73		73
c. Case series or other	118		118
RETRACTED	9	1	10
TOTAL EXCLUDED	**1187**	**1**	**1188**
TOTAL Relevant citations	**789**	**78**	**867**
CITATIONS AWAITING CLASSIFICATION	**166**	**26**	**192**
Publication not available in English	88	26	114
Conference proceeding	54	0	54
Article not able to be retrieved	20	0	20
Study published after lit search data	4	0	4
ONGOING STUDIES	**196**	**0**	**196**
INCLUDED CITATIONS	**427**	**52**	**479**
CORRESPONDING NUMBER OF STUDIES	**208**	**46**	**254**

Abbreviations: NRSI, nonrandomised study of an intervention; RCT, randomised controlled trial; SR, systematic review

A7.2 Evidence provided through the Department's public call for evidence

A total of 584 citations were received through the Department's public call for evidence.

A summary of the application of the study selection criteria to studies provided through the Department's public call for evidence is provided in Table A-14.

Citation details of studies provided through the Department's public call for evidence (with reasons for inclusion/exclusion) are listed in **Appendix C2** (separate file).

Table A-14 Screening results: evidence provided through the Department's public call for evidence

	Submitted literature	Duplicate citations (already identified in the search)
Total submitted	**584**	
Duplicate citation (already identified in the review)	388	
Duplicate citation (submitted twice)	2	
Number of new citations to screen	**194**	**388**
nonhuman study	3	1
intervention out of scope	16	0
comparator out of scope	0	0
population out of scope	7	3
outcome out of scope	0	0
publication type out of scope		
opinion piece, editorials, books, etc.	11	2
not an interventional study examining effectiveness	8	0
grey literature	0	0
study design out of scope		
Nonsystematic reviews	3	0
Systematic review of RCTs and/or NRSIs	2	0
Non-randomised comparative study (NRSI)	20	0
Case series, case reports, noncomparative studies etc.	42	0
TOTAL Excluded after title/abstract screening	**112**	**6**
Unable to be translated or interpreted at the title/abstract stage	3	0
RETRACTED	1	0
RELEVANT CITATIONS	**78**	**382**
Relevant citations but additional follow-up needed		
Ongoing study	0	0
Publication not available in English	26	4
Conference proceeding, poster or abstract	0	0
Article not able to be retrieved	0	0
TOTAL ONGOING/AWAITING CLASSIFICATION	**26**	**4**
INCLUDED CITATIONS	**52**	**378**
Linked to study already identified in the review	6	

Abbreviations: NRSI, nonrandomised study of an intervention; RCT, randomised controlled trial

Appendix B Methods of data appraisal, collection, analysis and reporting (included studies)

This appendix documents the methods used to critically appraise, data extract, synthesise and develop evidence statements about the effect of homeopathy on priority populations and outcomes.

B1 Risk of bias

B1.1 Tools used

The risk of bias of included RCTs was assessed using the revised Cochrane Risk of Bias tool (RoB v2.0) (23, 24), which assesses the risk of bias according to the following domains:

- bias arising from the randomisation process,
- bias due to deviations from intended interventions,
- bias due to missing outcome data,
- bias in measurement of the outcome, and
- bias in selection of the reported result.

For each included RCT, potential sources of bias were assessed, and a judgement recorded against each domain specific to RoB v2.0 (i.e. as 'high', 'low', or 'some concerns'). Concerns of bias were raised when it was considered plausible (i.e. likely, probable, possible or conceivable) that bias was present, with the algorithm provided for the RoB v2.0 tools (available online at https://www.riskofbias.info) used to guide decision-making.

Supporting information and a rationale for each judgement is provided **Appendix E**.

Consistent with the order of preference for analysis of intervention studies to inform health policy decisions (see **Section B2.1**) as recommended by the Australian Government (25, 26) (when claiming superiority), The Cochrane Collaboration (23, 27) and GRADE (5), the risk of bias for domain 2 was judged according to the effect of assignment to the intervention (the intention-to-treat effect).

Other considerations specific to domain 2 and domain 3 included the following:

- *Bias due to deviations from the intended intervention.* While most RCTs were double-blinded, for studies in which trial participants or trial personnel were not blinded to the intervention (e.g. for individualised homeopathy), the only deviations from the intended intervention that were assessed were (i) those considered to arise because of the trial context (i.e. unconscious or conscious processes associated with recruitment and engagement activities), (ii) those considered to be inconsistent with the trial protocol, and (iii) those judged likely to have affected the outcome (as per guidance for RoB v2.0 (23)). This means that any deviations considered to occur *outside* the trial context (e.g. dropout due to a change in participants' ability to attend a study visit), did not lead to a judgement of bias for the effect of assignment to the intervention.
- *Bias due to missing outcome data.* No hard rule was set for an expected dropout rate to be considered reasonable (domain 2); and, for continuous outcomes, if more than 5% data was missing a judgement was made on the likelihood the missingness of data would affect the outcome (domain 3).

An overall risk of bias judgement for each RCT (based on the specified primary outcome[6] for that study) was described in the '*Characteristics of included studies*' table (see **Appendix F**), based on the following criteria:

- *overall low risk of bias* – low risk of bias for all key domains,

[6] or the main outcome if not specified.

- *some concerns* – at least one domain has some concerns raised, but none are found to be at high risk of bias,
- *overall high risk of bias* – high risk of bias for one or more key domains.

B1.2 Assessment process

The risk of bias for each included study was initially assessed by one reviewer (ID, ES, ER, or KN). The lead reviewer (RM) then checked and confirmed all assessments made. Disagreements were resolved by discussion, with advice sought from the project lead (MJ) where needed.

To ensure consistency among reviewers, pretesting of risk of bias assessments was achieved by all reviewers completing assessments for 3 RCTs. The lead reviewer (RM) then inspected the forms to ensure consistency, and any differences were resolved through discussion.

Initial assessments were done for all studies at 2 levels: (i) subjective outcome measures (e.g. patient-reported measures such as pain visual analogue scale, that could be influenced by knowledge of the intervention received) and (ii) objective outcome measures (e.g. measures that cannot be influenced by knowledge of the intervention received, such as blood glucose).

Checks made by the second reviewer (RM) against the initial risk of bias assessment were made at the same time as the evidence synthesis (i.e. when examining the outcome results for inclusion in a meta-analysis and when developing GRADE summary of findings tables), with the focus of the assessment being on the outcome of interest. That is, the reviewer checked that the 'study level' risk of bias assessment was appropriate for the 'outcome level' risk of bias assessment (e.g. for domain 3, confirming if outcome data were available for all, or nearly all, randomised participants), with any additional notes added to the RoB comment column in **Appendix E**.

At that time, robvis (22) was used to create risk-of-bias traffic light and summary plots. The assessment reported in the traffic light and summary plots (including the overall assessment) is based on the primary outcome measure for that study (if stated) or the key reported outcome/s (usually the subjective measure). Studies included in a priority population that do not report a critical or important outcome were checked by the second reviewer, although the assessment was not outcome specific.

When considering treatment effects for an outcome in the GRADE summary of findings tables, the risk of bias of each study (for that outcome) that contributed data was considered as per the GRADE process (see **Appendix B4.1**).

B2 Data extraction process

The characteristics of all included studies were extracted by one reviewer using a standardised data collection form (see **Appendix F2**). Results data for each outcome were extracted after agreement had been reached regarding the critical and important outcomes to be appraised (see **Appendix A4.4**). All data extraction forms were checked for completeness and accuracy by the lead reviewers (RM). Where there was uncertainty or disagreement regarding included data, a decision was made through discussion with the project lead (MJ).

B2.1 Data items

A standardised data collection form was used to collect all data items relating to the study features (see **Appendix F1**). This included (but was not limited to) the following:

- Study identifier (author date)
- Study Reference (including all citations)
- Study design (RCT, cluster RCT, quasi-RCT, NRSI)
- Author affiliation
- Source of funds
- Declared interests of study authors
- Setting & provider (such as hospital, community, nursing home, research clinic)

- Country(s) & region (if reported)
- Enrolment period (if reported)
- Length of treatment & duration of follow up
- Description of population (including the number of participants, inclusion and exclusion criteria and any notable demographics or comorbidities)
- Description of intervention & comparators (individualised or non-individualised homeopathy, route of administration, type and number of comparators)
- Description of co-interventions
- List of Outcomes, including the following:
    - outcome (as reported by the study authors)
    - timing of measurements (e.g. baseline, mid-treatment (6 wks), end of treatment (12 wks))
    - outcome measure used to measure the outcome and any measure details reported by the study authors required to interpret the measure (e.g. scale range, cut-offs used, direction of effect)

Outcome results reported by the study authors at the end of treatment were subsequently extracted into a different form (see **Appendix F2**) after agreement was reached with the NTWC regarding critical and important outcomes to be considered in the evidence synthesis (see **Appendix A6.2**).

The extracted outcome data included (but was not limited to) the following:

- Condition (e.g. Depression)
- Comparison (homeopathy vs control or homeopathy vs 'other')
- Outcome domain to which the outcome had been broadly categorised during the prioritisation process (e.g. functional disability, pain, quality of life, emotional wellbeing, physical wellbeing)
- Timing of measurement (preference was for end of treatment scores, but in the absence of this information we reported the mean change from baseline results)
- Outcome measure and scale range (e.g. Hamilton Rating Scale for Depression)
- Measure interpretation (e.g. higher score means more severe depression)
- Number of participants in the intervention group/comparator group
- Reported results in the intervention group/comparator group (e.g. means and standard deviations or medians and interquartile ranges)
- Estimates of effect (e.g. mean differences or adjusted mean differences), 95% confidence intervals, p-values
- Risk of bias judgement for that outcome

If a study used (and reported) different approaches to assess the effect of the intervention, we reported the effect based on the following order of preference (23):

1. Full intention-to-treat analysis (i.e. an analysis of participants in the intervention groups to which they were randomised at baseline, regardless of the intervention they received).
    a. When outcome data were missing, imputations for the missing data were made by the study authors using either:
        i. a model-based approach (e.g. likelihood-based analysis, inverse-probability weighting) (preferred), or
        ii. calculated as if they were observed (e.g. last observation carried forward, mean imputation, regression imputation, stochastic imputation).
2. Modified intention-to-treat analysis (i.e. an analysis that adheres to intention-to-treat principles except certain data are justifiably not included). This includes participants with missing outcome data, certain patients who never start treatment, and individuals deemed ineligible after randomisation.
3. An 'as-treated' or 'per-protocol' analysis (i.e. an analysis of the effect of adhering to the intervention as described in the trial protocol). This includes participants analysed according to the intervention they received, even if randomised to a different treatment group; or the exclusion of individuals who did not adhere to the assigned intervention.

B2.2 Requests for data

Eligible primary studies not published in English, ongoing trials and studies published as conference abstracts with incomplete results were identified for inclusion. These studies were noted as 'Ongoing' or within the 'Studies Awaiting Classification' table and were not included in the evidence appraisal. As per protocol, study authors were not contacted to obtain further information. No attempts were made to contact authors to obtain or clarify data reported in published peer-reviewed studies.

B2.3 Transformations of data

All reported data included in the evidence synthesis was collected from the published reports and entered in RevMan 5.4. No additional transformations of the data were made (e.g. adjustments for skewed baseline data) and data were not extracted from figures or graphs. If the information in the trial allowed for direct calculation of missing statistics (e.g. effect estimates or standard deviations), calculations were performed within the computer programme (usually calculated from confidence intervals or standard errors of the mean)(28).

B2.4 Missing outcome data

All outcomes measured in the included studies were extracted into the study details sheet (see **Appendix F1**). Outcomes measures in the studies awaiting classifications, and outcomes listed in the ongoing studies were recorded in the progress sheets.

No imputation for missing outcome data was conducted. Studies with a missing result were included alongside other studies for that condition; either in the narrative (non-quantitative) synthesis of results or on forest plots showing the sample size. Investigations into missing data within a study (e.g. a review of the clinical trial protocol) were noted when assessing the risk of bias (in particular 'bias in selection of the reported result') for that study. Where outcome data were not available for a particular synthesis and it was considered that this was likely because the outcome was not measured by the trialists, this was noted in the forest plot.

Implications of the missing results were considered when interpreting the evidence in the GRADE summary of findings tables and are also discussed under '*Overall completeness and applicability of evidence*' (see Section B3.2).

B3 Data analysis

This appendix documents the methods used to synthesise the evidence for priority populations and outcomes to inform the evaluation of the effect of homeopathy for preventing and treating any health condition.

B3.1 Measures of treatment effect

B3.1.1 Effect measures

For each study, continuous data were reported as mean and standard deviation (SD), along with the number of participants for each group. Effect estimates were reported as either mean difference (MD) or standardised mean difference (SMD) (when different scales were used to measure the same conceptual outcome [e.g. quality of life]), along with the 95% confidence interval (CI) and *p*-values. To ensure that all the scales point in the same direction of effect, data were adjusted by multiplying the mean value by -1 if needed (i.e. in all forest plots a higher score is better, the MD appears as a negative value so an effect favouring homeopathy sits on the left-hand side of the forest plot).

If a study reported median effect scores (alongside first and third quartile, or minimum and maximum values) the available information was reported. No additional statistical calculations were performed, noting that interpretation of difference in median scores is challenging (e.g. within-study standard errors can be underestimated and overestimation of between-study heterogeneity (29)) with results presented purely for completeness.

Dichotomous data is presented as risk ratios (RR) with 95% confidence intervals and *p*-values.

Data relating to frequency of events (i.e. the event could happen more than once during the trial period) were reported as presented by the trial authors. Therefore, the data were presented either as count data (based on the number of participants who experience at least one episode during the follow-up period), rate ratios (based on the total number of events in each group and the total amount of person-time at risk in each group), continuous data (based on the mean number of events on each group), or as time-to-event data (presented as hazard ratios).

Any variables that were used for adjustment were recorded.

B3.1.2 Clinical relevance

Given the broad range of populations and outcomes eligible for inclusion in the review, the minimal clinically important difference (MCID) for each outcome was not prespecified. At the time of synthesis, the MCID (and other scoring information) was sourced from published reports. This involved quick, pragmatic searches of relevant databases (e.g. Physiopedia), by directly searching for published reports relating to licensed outcome measurement tools (e.g. Pittsburgh Sleep), or by sourcing expert opinion via a relevant society (e.g. The National Heart Foundation of Australia).

For each outcome, we stated and referenced the relevant source in the technical report (see Appendix D).

In the absence of an MCID, the magnitude of the effect estimate was considered on 3 levels: small (MD <10% of the scale), moderate (MD between 10% to 20% of the scale) or large (MD more than 20% of the scale). If the effect was quantified using an SMD (or was not it possible to use the scale[7]), we used Cohen's guidance for interpreting the magnitude of the SMD: 0.2 represents a small difference, 0.5 is moderate, and 0.8 is a large difference (30). If the effect estimate did not meet the threshold of a small effect (i.e. SMD <0.2), then it was judged to be "little (to no) effect".

For binary outcomes, a 25% relative reduction (i.e. RR < 0.75) or increase (i.e. RR > 1.25) was considered important. As above, the size of the effect estimate was based on interpretation of the calculated absolute effect measure (the number needed to treat) comparing control group risk with the intervention group risk (i.e., small/slight: < 10% change, moderate: between 10% to 20% change, or large: > 20% change).

B3.1.3 Unit-of-analysis issues

B3.1.4 Cluster-randomised trial

No cluster RCTs were included in the evidence synthesis, noting there were no plans to adjust for intervention-related clustering using a statistical method.

B3.1.5 Crossover trial

To avoid a unit-of-analysis error in a crossover trial, only data from the first period was included in the analysis. There were 4 studies with a crossover deign eligible for inclusion: 1 in menopausal symptoms and complaints, one in people with fibromyalgia, and 2 in people with arthropathies. The 2 studies in people with arthropathies were not included in the meta-analysis as both studies did not report results after the first treatment period.

B3.1.6 Repeated observations

To avoid a unit-of-analysis error in studies reporting results from more than one timepoint, results from a single timepoint were selected for any given outcome, and only data from that timepoint have been presented in the analysis. The timepoint selected was based on that determined to be critical or important for decision-making as outlined in **Appendix A4.4**.

[7] i.e. measures that do not have an upper and lower range (e.g. BMI, BP, distance).

B3.1.7 Studies with more than 2 intervention groups

If the included studies have multiple treatment groups, only single pairwise comparisons of the intervention with a comparator (i.e. 'control' or 'other') were considered. Where possible, we combined like treatment groups (i.e. different doses or prescribed schedule of an intervention) to create a single pairwise comparison; the exception being if one treatment group was better aligned with the practise of homeopathy in the Australia (in the context of health insurance rebates). The combining of summary statistics across groups was as described in Chapter 6 of the Cochrane Handbook (28).

B3.2 Risk of reporting bias across studies

Judgements regarding missing results *across* the identified studies were made based on available information (e.g. through inspection of outcomes reported in studies identified for a condition, including potentially eligible studies listed as '*Ongoing*' or '*Awaiting Classification*') (See **Appendix C6**). Here, an assessment of 'known-unknowns' (i.e. non-reporting of results from identified studies or non-inclusion of results from studies published in a language other than English)) was made through judgement on whether missingness of the results was likely related to the observed effect (e.g. in favour of the comparator, trivial effect) and if the missing result for the outcome would materially influence the meta-analysis results. For example, if the proportion of missing data relative to the total sample size in the analysis was small, then the result was considered unlikely to be overturned. Conversely, if the proportion of missing data was substantial, non-reporting was considered likely to impact the results. Other times, if the size of the estimate of effect was large, missing results were considered unlikely to materially influence the results.

A judgement about 'unknown-unknowns' was made based on the likelihood that missing data from studies not identified was likely to have included that outcome. Here, reporting bias was suspected when the evidence for an outcome was limited to a small number of small trials.

If more than 10 RCTs were included for a particular PICO, funnel plots (of effect estimates against their standard errors) were to be generated in RevMan 5.4 in order to determine possible non-reporting bias ('unknown-unknowns'). However, because no outcome had more than 10 trials this was not required.

Note: the implications for missing data *within* studies was considered within the overall bias judgement for an outcome (i.e. removing these studies materially changed the estimate of effect) (see Section B4.1). This was made through a sensitivity analysis, where trials judged to be at a high risk of bias were excluded from the meta-analysis (and the results noted alongside the original estimate of effect).

B3.3 Data synthesis

Given the size and breadth of this review, a broad approach to data synthesis was implemented. This meant that summary estimates were focused on a specified outcome domain (e.g. pain) measured at a single time point (end-of treatment) using any reported (and appropriate) measurement tool (e.g. McGill Pain Questionnaire, Visual Analogue Scale, Numeric Rating Scale). This approach was intended to capture as many studies as possible for any given PICO.

B3.3.1 Quantitative synthesis

Evidence synthesis comparing homeopathy to either placebo or inactive control were reported within the main evaluation report.

For each comparison and outcome, data synthesis from RCTs were performed using RevMan 5.4 and forest plots presented (see Evaluation report). Effect estimates[8] were combined across studies using a random effects model to take into account expected differences between studies. Statistical heterogeneity was assessed by visually inspecting the overlap of confidence intervals on the forest plots, formally testing for heterogeneity using the Chi^2 test (using a significance level of α=0.1), and quantifying heterogeneity using the I^2 statistic (31).

[8] Note, meta-analysis of difference in median was not performed.

Effect estimates were not combined across outcomes if analysis of covariance has been used to adjust for baseline measures (e.g. due to skewed data). This is because means and SDs are not separately available for each intervention group. If available, end-of-treatment scores were extracted as first preference, with adjusted mean change from baseline scores reported if final values could not be used. A footnote was then included in the data extraction sheet (see **Appendix F2**) and in the forest plot.

For studies comparing homeopathy with an active comparator, an 'evidence inventory' is provided (see **Appendix F2**) to provide a snapshot of the available evidence comparing homeopathic medicinal products with other 'active' interventions. Evidence synthesis of 'active' interventions was to occur only in the exceptional circumstance of the NTWC requesting synthesis for a prioritised population/condition, where:

- at least 2 studies compare the effect of homeopathic medicinal products with the same active comparator, and the comparator is sufficiently homogenous across studies to support synthesis, and
- at least 2 of these studies are at low or moderate risk of bias, and
- the comparator represents an accepted, evidence-based 'gold standard' of care for the population in question.

No such requests were made.

B3.3.2 Non-quantitative synthesis

Results from each study are reported, with the range and magnitude of observed effects noted. Results tables are structured by comparator ('control' or 'other' intervention), outcome domain, and study design and are ordered by study ID (author, date). Where possible, a visual representation of the results of included studies is presented in a forest plot (without a summary estimate) grouped by outcome measure.

Results from each study were reported, with the range and magnitude of observed effects noted. If the results of a study were not completely reported (i.e. only the direction of effect of reported; the effect estimate is reported but with no confidence intervals; or the direction of effect is reported along with a *p*-value, but there is of no effect estimate), we reported the available information. If the reported information allowed for calculation of effect estimates or of missing statistics (e.g. SD), we performed the calculations as described in Chapter 6 of the Cochrane Handbook (28).

To describe an overall effect across multiple studies for each outcome within the GRADE summary of findings tables (for studies comparing homeopathy with control only), we described the magnitude, range and distribution of observed effects across the studies using a simple vote count based on direction of effect (e.g. X/Y studies reported an effect favouring the intervention for the outcome Z).

Any important differences in study size or design features that may influence the interpretation of results were considered and discussed in the text for that outcome (**Appendix D**). Qualitative descriptors describing the size of the effect (small, large etc.) were used only in relation to the clinical importance (**see Section B3.1.2**) and, where available, were based on the smallest difference that patients perceive as beneficial (or detrimental) for that outcome.

B3.3.3 Subgroup analyses and investigations of heterogeneity

We did not undertake any subgroup analysis to explore possible sources of statistical heterogeneity relating to the delivery of homeopathy. Studies were to be grouped according to whether homeopathy was delivered as individualised or non-individualised homeopathic prescription however due to low number of studies for each outcome, this was not undertaken.

Note: Results are presented in forest plots showing separate outcome measures, but these were not intended for the purpose of investigating heterogeneity; rather the intent was to assist in interpreting MCIDS (not to explore inconsistent effects).

B3.3.4 Addressing risk of bias

All eligible RCTs were included in the review, regardless of judgements made about risk of bias. To examine the robustness of outcome results specifically related to the inclusion of studies judged to be at high risk of bias, a sensitivity analysis was conducted if there were more than 2 studies available for a PICO, with studies judged to be at high risk of bias removed from the analysis. The impact of this change was noted and discussed in the narrative summary for that outcome (see **Appendix D**) and considered in the GRADE judgement for risk of bias (see Section B4.1).

B3.3.5 Sensitivity analysis

No additional sensitivity analyses were undertaken.

B4 Evidence statements

This appendix documents how the data were used to assess the certainty of evidence and to develop evidence statements about the effect of homeopathy on preventing and treating any health condition.

B4.1 Summary of findings and certainty of the evidence

For each population, we assessed the certainty of the evidence for each comparison and outcome using the GRADE approach (5). All evidence comparing homeopathy with 'placebo' and 'control' was presented, regardless of whether the findings demonstrated a clinical meaningful change.

GRADE certainty of evidence is categorised as follows:

- High (⊕⊕⊕⊕): we are very confident that the true effect lies close to that of the estimate of the effect.
- Moderate (⊕⊕⊕⊖): we are moderately confident in the effect estimate: the true effect is probably close to the estimate of the effect, but there is a possibility that it is substantially different.
- Low (⊕⊕⊖⊖): our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.
- Very low (⊕⊖⊖⊖): we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

The GRADE process provides a framework for determining the certainty of the evidence and is based on consideration of the following 5 factors:

- *Risk of bias.* Based on a summary assessment (i.e. the overall risk of bias) across studies for each outcome reported (32). For example, serious concerns (-1) were raised if the outcome result was influenced by the inclusion of studies judged to be at high risk of bias (i.e. removing these studies changed the size of the effect). When sensitivity analysis was not able to be conducted, serious concerns (-1) were raised if it was considered plausible (i.e. likely, probable or conceivable) that the risk of bias made a difference to the estimated effect (considering the weight of studies with some concerns or at high risk of bias). Very serious concerns (-2) were to be raised in rare circumstance where there was evidence of bias clearly influencing the estimate of effect.
- *Inconsistency.* Based on heterogeneity in the observed intervention effects across studies that suggests important differences in the effect of the intervention and whether this can be explained (33). This included considering measures of statistical heterogeneity (e.g. I^2 statistic) and any non-overlap of confidence intervals (suggesting important difference in the observed effect). Inconsistency was not downgraded when there was only one study.
- *Imprecision.* Based on interpretation of the upper and lower confidence limits of the pooled result in relation to a minimal clinically important threshold (i.e. the confidence interval includes both appreciable benefit and harm); or whether the optimal information size (OIS) has been reached[9] (i.e. the total number of patients meets the required sample size for a sufficiently powered individual study) (34). In the absence of a published clinically important threshold a rough guide was used: for dichotomous outcomes a 25% relative risk reduction or increase; for continuous outcomes based on the threshold defined for a small effect (the mean difference being less than 10% of the scale).
- *Indirectness.* Based on important differences between the review questions and the characteristics of included studies (population or intervention) that may lead to important differences in the intervention effects (35). For example, a judgement on whether evidence in older women is also generalisable to young men (sensible to apply) or if homeopathy was delivered as typically practised in Australia.
- *Publication bias*. Based on the extent to which the evidence is available. This included: checking trial registries for missing outcome results in published studies, checking the ongoing studies and studies awaiting classification (including those published in a language other than English) and making a judgement on whether the studies were not complete, failed to report an outcome, were

[9] Checking for OIS would only occur when the evidence comes entirely from small studies and imprecision was not already downgraded

not published (or translated) due to the nature of their results (i.e. selective non-reporting of results). Given most of the outcome results came from small studies, any missing results due to non-reporting in a meta-analysis was considered likely to impact the results[10]. Publication bias was also suspected when the evidence was limited to a small number of small trials (36).

For each factor, a judgement was made about whether there were no concerns, or if the concerns were serious or very serious. Footnotes were used to record judgements made about downgrading the evidence. Scoring of the certainty of the evidence began as 'high' (score=4), which was downgraded by –1 for each factor with serious concerns or –2 for very serious concerns (5, 37). In certain circumstances, the certainty of evidence could also be upgraded (3 factors relating to magnitude of effect, dose-response gradient, and confounding); however, we did not upgrade the evidence for any outcome recorded.

To ensure consistency, each GRADE summary of findings tables was drafted by the lead evidence reviewer for a population, in conjunction with the overall project lead (MJ) using the GRADEpro GDT software (www.gradepro.org).

B4.2 Development of evidence statements

As part of the summary of findings table, an evidence statement pertaining to each outcome was included. This statement was guided by the following format:

Table B-1 List of informative statements to communicate results of systematic reviews

Size of the effect estimate	Suggested statements *
HIGH Certainty of the evidence	
Large effect	X results in a large reduction/increase in outcome
Moderate effect	X reduces/increases outcome
Small important effect	X reduces/increases outcome slightly
Trivial, small unimportant effect or no effect	X results in little to no difference in outcome
MODERATE Certainty of the evidence	
Large effect	X probably results in a large reduction/increase in outcome
Moderate effect	X probably reduces/increases outcome
Small important effect	X probably results in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X probably results in little to no difference in outcome
LOW Certainty of the evidence	
Large effect	X may result in a large reduction/increase in outcome
Moderate effect	X may result in a reduction/increase in outcome
Small important effect	X may result in a slight reduction/increase in outcome
Trivial, small unimportant effect or no effect	X may result in little to no difference in outcome
VERY LOW Certainty of the evidence	
Any effect	The evidence is very uncertain about the effect of X on outcome

Source: selected statements from Santesso et al. (2020) (38)
* Replace X with intervention, replace 'reduce/increase' with direction of effect, replace 'outcome' with name of outcome, include 'when compared with Y' when needed)

[10] This includes studies that did not report usable data.

Appendix C Details of studies assessed at full text but not included

C1 Citation details of studies excluded from search results (not eligible)

This appendix documents the studies that were screened in full text for a systematic review on the effect of homeopathy for preventing and treating any health condition but were not included in the evidence synthesis as they did not meet the eligibility criteria.

As per Cochrane guidelines the table does not list every study that was excluded, only those that appear on the surface to meet eligibility criteria, but which turn out not to. The table is sorted by reason for exclusion. Each study notes the primary reason for exclusion, but there may have been multiple reasons.

Table C-1 Citation details of studies screened and excluded at full text (by reason for exclusion): Homeopathy

(See separate file)

C2 Citation details of studies provided through the Department's public call for evidence

This appendix documents the studies that were provided through the Department's public call for evidence for a systematic review on the effect of homeopathy for preventing and treating any health condition.

Studies that were already identified through the search of published literature were noted as duplicate citations, with the reason for exclusion (or inclusion) noted under the eligibility criteria. Studies that were not previously identified in the literature search were subsequently screened, with their reasons for inclusion/exclusion noted. The table is sorted first by whether the studies had already been found in the search (duplicate studies), then by whether they were excluded (with reasons) or included. As above, studies could be not eligible for multiple reasons, but only one reason is listed for each.

Table C-2 Citation details of studies provided through the Department's public call for evidence with reasons: Homeopathy

(See separate file)

C3 Citation details of studies from non-priority populations

This appendix documents the studies that met the prespecified inclusion criteria for a systematic review on the effect of homeopathy for preventing and treating any health condition but were not included in the evidence synthesis. These studies (ordered by ICD-11 category and condition) are listed in Table C-3.

Table C-3 Citation details of studies from non-priority populations: homeopathy

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Oberai 2018 (39, 40)	01 Certain infectious and parasitic diseases	Acute Encephalitis Syndrome (infants & children)	648	Individualised homeopathy, oral	Placebo	--	Institutional Management Protocol	Glasgow Outcome Scale
Tikhomirova 2009 (41)	01 Certain infectious and parasitic diseases	Calcivirus, acute (treatment)	?	Non-individualised, oral (Anaferon)	Control (no intervention)	--	Standard medical care (not described)	Symptom duration, duration of acute infection, period of virus release, immunological measures (IgA, IgM, IFN-α)
Nair 2014 (42)	01 Certain infectious and parasitic diseases	Chikungunya (prophylaxis)	167	Non-individualised, oral (Bryonia alba 30C)	Placebo	--	None reported	Infection rate
Gaucher 1994 (43)	01 Certain infectious and parasitic diseases	Cholera	?	Homeopathy (not specified)	Placebo	--	None reported	Not reported
Jacobs 2007 (44)	01 Certain infectious and parasitic diseases	Dengue fever	60	Non-individualised, oral combination (Aconite, Belladonna, Bryonia, Eupatorium perfoliatum, Gelsemium, Rhus toxicodendron)	Placebo	--	Standard medical care (analgesic)	Duration of symptoms including days until no fever; days until no pain; days until no pain or fever; mean pain rating scores over time
Mokeeva 2009 (45)	01 Certain infectious and parasitic diseases	Herpes simplex, genital (recurrent)	?	Homeopathy (not specified)	?	?	None reported	Not reported
Zuikova 2009 (46)	01 Certain infectious and parasitic diseases	Herpes simplex, genital (recurrent)	?	Non-individualised, oral (Anaferon)	Control (no intervention)	--	Standard medical care (not described)	Duration of intoxication symptoms, duration of local symptoms, duration to relapse, IFN-gamma levels
Rastogi 1998 (47-49)	01 Certain infectious and parasitic diseases	Human Immunodeficiency Virus	100	Individualised homeopathy, oral	Placebo	--	None reported	CD4+ T-cell count

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Thomas 2016 (50)	01 Certain infectious and parasitic diseases	Human Papilloma Virus (genital)	?	Homeopathy (not specified)	?	?	None reported	Not reported
Chakraborty D. 2015 (51)	01 Certain infectious and parasitic diseases	Leprosy, paucibacillary	90	Non-individualised, oral (sulphur)	Control (no intervention)	--	Standard medical care (multidrug therapy)	histopathology of skin, skin colour, skin symptoms, regain of nerve sensation
Chakraborty 2009 (52)	01 Certain infectious and parasitic diseases	Leprosy, posttreatment (with trophic ulcer, peripheral anaesthesia)	160	Non-individualised, oral (Mercurius solubilis)	Placebo	--	None reported	Skin healing, regain of nerve sensation
Gupta J 2018 (53)	01 Certain infectious and parasitic diseases	Lymphatic filariasis, with acute adenolymphangitis	112	Homeopathy (not specified)	--	Standard medical care (not described)	None reported	Reduction in frequency, duration and intensity of subsequent attacks, HRQoL
Danno 2014 (54)	01 Certain infectious and parasitic diseases	Malaria	211	Non-individualised, oral (China rubra; 3 granules/day)	Control (no intervention)	--	Standard medical care (quinine)	Side effects of quinine; blood glucose level; blood transfusion; concurrent use of other medications; compliance to treatment
Van Erp 1996 (55)	01 Certain infectious and parasitic diseases	Malaria	74	Individualised homeopathy, oral	--	Pharmacotherapy (chloroquine)	None reported	Symptoms of malaria and biochemistry-related changes
Goda 2010 (56)	01 Certain infectious and parasitic diseases	Scabies	300	Homeopathy (constitutional) OR Homeopathy (acute)	Placebo	--	Standard hygiene measures (not described)	Improvement, prevalence in school
Frass 2005 (57, 58)	01 Certain infectious and parasitic diseases	Severe sepsis	70	Individualised homeopathy, oral	Placebo	--	Standard medical care (quinine)	Death within 180 days
Chand 2014 (59, 60)	01 Certain infectious and parasitic diseases	Tuberculosis, multi-drug-resistant	120	Individualised homeopathy, oral	Placebo	--	Standard medical care (not specified)	Sputum (smear and culture); imaging; Hb and ESR level; weight gain; clinical symptoms
Timchenko 2009 (61)	01 Certain infectious and parasitic diseases	Varicella zoster, acute (treatment) (chicken pox)	?	Non-individualised, oral (Anaferon)	Control (no intervention)	--	Standard medical care (not described)	Symptom relief
Mokkapatti, 1992 (62)	01 Certain infectious and parasitic diseases	Viral conjunctivitis (prophylaxis)	994	Non-individualised, oral (Euphrasia 30C)	Placebo	--	None reported	Incidence of conjunctivitis
Smolle 1998 (63)	01 Certain infectious and parasitic diseases	Warts, common	70	Individualised homeopathy, oral	Placebo	--	None reported	50% reduction in area occupied by wart

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Dey 2021 (64)	01 Certain infectious and parasitic diseases	Warts, cutaneous	60	Individualised homeopathy, oral	Placebo	--	None reported	Characteristics of wart (number, size); Dermatological life quality index
Kainz 1996 (65)	01 Certain infectious and parasitic diseases	Warts, cutaneous (6 to 12 yrs.)	60	Individualised homeopathy, oral	Placebo	--	None reported	Area of skin with warts
Labrecque 1992 (66)	01 Certain infectious and parasitic diseases	Warts, plantar	174	Non-individualised, oral (Thuya occidentalis 30, antimonium crudum, nitricum acidum)	Placebo	--	None reported	Clearance of warts, side effects
Frass 2015 (67, 68)	02 Neoplasms	Cancer, any	410	Individualised homeopathy, oral	Control (no intervention)	--	Standard medical care (anti-neoplastic therapy)	Global health status, subjective wellbeing
Freed 2020 (69, 70)	02 Neoplasms	Cancer, breast	70	Non-individualised, oral combination (Cadmium sulphuratum 6CH, Phosphoricum acidum 6CH, Radium bromide 6CH, Carcinosinum burnett., X-ray 6 CH)	Placebo	--	None reported	Physiological testing (Auditory Sustained Attention Test); Emotional dysregulation; attention performance; electro-dermal activity
Heudel 2015 (71, 72)	02 Neoplasms	Cancer, breast (non-metastatic, with hot flushes)	138	Non-individualised, oral combination (Actaea, Arnica, Glonoinum, Lachesis, Sanguinaria)	Placebo	--	None reported	Hot flushes score, compliance, tolerance, QoL (Hot flash-related daily interference scale)

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Thompson 2005 (73)	02 Neoplasms	Cancer, breast (survivors)	53	Individualised homeopathy, oral	Placebo	--	None reported	Activity and profile score (Measure Yourself Medical Outcome Profile); Menopausal symptom questionnaire; QoL (EORTC QLQ-C30); Hospital Anxiety Depression Scale; Overall satisfaction of treatment (Final Assessment Questionnaire), Impact on daily living (Glasgow Homeopathic Hospital Outcome Scale)
Ray-Coquard 2009 (74, 75)	02 Neoplasms	Cancer, breast (undergoing chemotherapy)	431	Non-individualised, oral (Cocculline)	Placebo	--	Standard medical care (corticoids plus antiemetic [ondansetron])	Nausea (FLIE)
Shukla 2020 (76)	02 Neoplasms	Cancer, breast (undergoing radiotherapy or chemotherapy)	88	Non-individualised, oral (verum not specified)			None reported	number of responders
Balzarini 2000 (77)	02 Neoplasms	Cancer, breast (undergoing radiotherapy)	66	Non-individualised, sublingual combination (Belladonna 7CH, X-ray 15CH)	Placebo	--	None reported	Frequency of oedema; hyperpigmentation; average of heat scores; average of colour scores; Index of Total Severity scores during radiotherapy (TTSI); Index of Total Severity scores during recovery (RTSI)
Sorrentino 2017 (78)	02 Neoplasms	Cancer, breast (undergoing surgery)	53	Non-individualised, oral (Arnica montana)	Placebo	--	None reported	Post-operative blood loss; Seroma production; Drainage; Pain (VAS); Hospitalisation time; Bruising; AEs
Frass 2020 (79, 80)	02 Neoplasms	Cancer, non-small cell lung	98	Individualised homeopathy, oral	Placebo	--	None reported	QoL (global health status, subjective wellbeing), overall survival time

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Ctri 2013 (81)	02 Neoplasms	Fibroadenoma, breast	170	Individualised homeopathy, oral	Placebo	--	None reported	Reduction/resolution of breast fibroadenoma on ultrasound, effectiveness of trial drug in single and multiple fibroadenoma
Oberbaum 2001 (82, 83)	02 Neoplasms	Undergoing stem cell transplant (autologous or allogeneic)	32	Non-individualised, oral combination (Traumeel S®)	Placebo	--	None reported	Stomatitis score
Sencer 2009 (84, 85)	02 Neoplasms	Undergoing stem-cell transplant	195	Non-individualised, oral combination (Traumeel S®)	Placebo	--	None reported	Mucositis; narcotic use; nasogastric feeding
Khurana A 2020 (86)	03 Diseases of the blood or blood-forming organs	Anaemia, iron-deficiency	102	Non-individualised, oral (Ferrum phosphoricum 3X OR Ferrum metallicum 3X)	Control (no intervention)?	--	None reported	Haemoglobin levels
Banerjee 2009 (87)	03 Diseases of the blood or blood-forming organs	Thalassemia	38	Non-individualised, oral combination (Pulsatilla nigricans, Ceanothus americanus, Ferrum metallicum)	Placebo	--	None reported	Changes in SF, HbF, and Hb levels after drug administration; urinary iron excretion pattern; blood transfusion demand period; spleen size and general health
Mkrtumyan 2018 (88)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 1	144	Non-individualised, oral (Subetta)	Placebo	--	Standard medical care (insulin)	Hemoglobin A1c (HbA1c), fasting plasma glucose, basal and prandial insulin doses, number of hypoglycemia episode
Adi 2020 (89)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2	47	Non-individualised, oral (Syzygium cumini)	Placebo	--	None reported	HbA1c, BGLs (fasting, post-prandial)
Corroon 2019 (90)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2	16	Non-individualised, topical (Original Healing Salve	Control (no intervention)		None reported	Distal leg tissue oxygenation
Tiwari 2010 (91, 92)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2	90	Individualised homeopathy, oral (constitutional)	Placebo	Individualised homeopathy, oral (organ)	None reported	Blood glucose level, use of oral hypoglycaemic agents, presence of symptoms

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Venkatesan 2020 (93)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2	30	Non-individualised, oral combination (Abroma augusta, Gymnema sylvestre)	Placebo	Non-individualised, oral (Gymnema sylvestre)	None reported	Blood glucose level before and after treatment
El-Sharkawy 2016 (94)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2 (with chronic periodontitis)	50	Non-individualised, oral (Propolis)	Placebo	--	Standard dental care (scaling and root planning)	HbA1c levels after 6 months; HbA1c after 3 months; Clinical Attachment Level gain; PD reduction; fasting plasma glucose and serum CML levels after 3 and 6 months
Mourao 2019a (95)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2 (with chronic periodontitis)	80	Individualised homeopathy, oral (depurative + acute + bioterapic)	Placebo	--	Non-surgical periodontal treatment	Clinical attachment level; Probing depth; Plaque index; Bleeding on probing
Naskar 2020 (96)	05 Endocrine, nutritional and metabolic diseases	Dyslipidaemia	100	Non-individualised, oral (Dioscorea Villosa 6CH)	Placebo	--	Low saturated fat diet, physical activity	Lipid profile
Venkatesan 2019 (97)	05 Endocrine, nutritional and metabolic diseases	Dyslipidaemia	30	Non-individualised, oral (Curcuma longa Q)	Placebo	Non-individualised, oral (Guatteria gaumeri Q)	None reported	Fasting blood lipid profile
Misael 2014 (98)	05 Endocrine, nutritional and metabolic diseases	Overweight & obese	34	Non-individualised, oral (Cynara scolymus)	Placebo	--	None reported	Adherence, BMI, metabolic parameters (lipid studies, BGLs)
Lamba 2018 (99)	05 Endocrine, nutritional and metabolic diseases	Polycystic ovary syndrome (with persistent amenorrhea)	60	Individualised homeopathy, oral	Placebo			
Villanueva 2012 (100)	05 Endocrine, nutritional and metabolic diseases	Undernutrition (children 1-19 yrs)	99	Non-individualised, oral (Calc-f 30CH, Calc 30CH and Calc-p 30CH)	Control (no intervention)	--	Diet prescription; multivitamin)	shift to normal weight (> 3rd centile)
Khachatryan 2016 (101)	06 Mental and behavioural disorders	Neurotic disorder secondary to perinatal trauma (children)	87	Non-individualised, oral combination (Homeostres®)	--	Phenibut, oral (beta-phenyl-GABA) [Schedule 9]	None reported	Imaging (doppler angiography), EEG, luscher test, child's manifest anxiety scale

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Ferrara 2008 (102)	06 Mental and behavioural disorders	Nocturnal enuresis	151	Non-individualised, oral combination (Solidago compositum drops, Biopax tablets)	Placebo	Pharmacotherapy (desmopressin [dDAVP])	None reported	Wet nights (frequency), number of responders, relapses, adverse effects
Vetlugina 2016 (103)	06 Mental and behavioural disorders	Schizophrenia	40	Non-individualised, oral (Anaferon)	Placebo	--	Standard medical care (not described)	Positive and Negative Syndrome Scale, Clinical Global Impression, Abnormal Involuntary Movements Scale.
Hellhammer 2013 (104)	06 Mental and behavioural disorders	Stress	40	Non-individualised, oral combination (Dysto-loges S® [Passiflora, Gelsemium, Reserpinum, Coffea, Veratrum])	Placebo	--	None reported	Psychometric (Trier Inventory for Chronic Stress, State-Trait-Anxiety Questionnaire), Sleep (VAS), Psychosocial stress test, Stress hormone level (cortisol, epinephrine)
Manchanda 2016 (105)	06 Mental and behavioural disorders	Substance use or addictive behaviour (alcohol dependence)	80	Individualiased homeopathy, oral		Standard medical care (not described)	None reported	50% reduction in severity of alcohol dependence rating scale
Gofman 2003 (106)	06 Mental and behavioural disorders	Substance use or addictive behaviour (alcohol withdrawal)	?	Non-individualised, oral (Proproten-100)	Control (no intervention)	--	Pharmacotherapy (not described)	Omatovegetative and psychoneurological manifestations
Krylov 2003 (107)	06 Mental and behavioural disorders	Substance use or addictive behaviour (alcohol withdrawal)	?	Non-individualised, oral (Proproten-100)	--	Pharmacotherapy (amitriptyline, benzodiazepine)	None reported	Depression
Adler 2018 (108)	06 Mental and behavioural disorders	Substance use or addictive behaviour (cocaine)	104	Non-individualised, oral combination (Opium , E. coca [Q potencies])	Placebo	--	Psychosocial rehabilitation	Percentage of cocaine-using days; Reduction in cocaine craving parameters; QoL; adverse events
Grover AK 2009 (109)	06 Mental and behavioural disorders	Substance use or addictive behaviour (opiate withdrawal) (male, 15-50 yrs)	169	Individualised homeopathy, oral	Placebo	--	None reported	Symptom relief (lachrymation, sneezing, yawning, abdominal pain, constipation, anxiety & irritability)

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Silva 2016 (110)	07 Sleep-wake disorders	Nocturnal bruxism	52	Non-individualised, oral combination (Phyt. decandra, Melissa offic.)	Placebo	Non-individualised, oral (Melissa officinalis 12CH) OR Non-individualised, oral (Phytolacca decandra 12CH)	None reported	None reported
Sajedi 2008 (111)	08 Diseases of the nervous system	Cerebral palsy	24	Individualised homeopathy, oral	Placebo	--	Routine occupational therapy	Muscle tone (Modified Ashworth Scale)
Mehra 2021 (112)	08 Diseases of the nervous system	Diabetic distal symmetric polyneuropathy	84	Individualised homeopathy, oral	Placebo	--	Standard medical care (not specified)	Neuropathy Total Symptom Score-6, Diabetic neuropathy examination score, Peripheral conduction tests, World Health Organisation QOL BREF
Li 2010 (113)	08 Diseases of the nervous system	Peripheral neuropathy (plantar cutaneous pain)	60	Non-individualised, topical combination (Neuragen PN® oil)	Placebo	--	None reported	Pain (VAS)
Dutta 2022 (114)	08 Diseases of the nervous system	Stroke recovery, hemiparesis	60	Individualised homeopathy, oral	Placebo	--	Physiotherapy	Medical Research Councils muscle strength grading scale; Stroke impact scale; Modified Ashworth Scale
Sathye 2015 (115)	09 Disease of the visual system	Myopia	150	Non-individualised, oral (Ruta graveolens)	Placebo	--	None reported	Subjective Refraction (Spherical equivalent of refraction in diopters); Ultrasound (to assess ocular axial length)
Simpson 1998 (116)	10 Diseases of the ear or mastoid process	21 Tinnitus	56	Non-individualised, oral combination (Sodium salicylate, Ascaridole, Conine, Quinine)	Placebo	--	None reported	

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Bagadia 2017 (117-120)	11 Diseases of the circulatory system	Hypertensive heart disease	172	Individualised homeopathy, oral	Placebo	--	DASH diet, exercise, anti-hypertensives	Anger score (STAXI-2); Vital signs (blood pressure, pulse rate)
Bignamini 1987 (121, 122)	11 Diseases of the circulatory system	Hypertensive heart disease	34	Non-individualised, oral (Baryta carbonica 15CH)	Placebo	--	Standard medical care (not specified)	Blood pressure
Dutta 2022 (123)	11 Diseases of the circulatory system	Hypertensive heart disease	92	Individualised homeopathy, oral	Placebo	--	DASH diet, exercise, anti-hypertensives	Blood pressure, Measure Yourself Medical Outcome Profile 2 score
Sadhukhan 2021 (124)	11 Diseases of the circulatory system	Hypertensive heart disease	68	Individualised homeopathy, oral	Placebo	--	Lifestyle modification, health education	Feasibility issues of the study, blood pressure, Measure Yourself Medical Outcome for adverse event
Saha 2013 (125, 126)	11 Diseases of the circulatory system	Hypertensive heart disease	150	Individualised homeopathy, oral	Placebo	--	None reported	
Varanasi 2019 (127-129)	11 Diseases of the circulatory system	Hypertensive heart disease	217	Individualised homeopathy, oral	Placebo	--	Lifestyle modification	Change in SBP and DBP; Changes in ambulatory BP; Proportion of patients achieving target BP
Pellow 2016 (130)	11 Diseases of the circulatory system	Hypertensive heart disease (refractory)	42	Non-individualised, oral combination (Amylenum nitrosum, Cratagus oxyacantha, Natrum muriaticum, Scullaria lateriflora [6CH])	Placebo	--	Continuation of prescribed pharmacotherapy	Blood pressure
Garrett 1997 (131)	11 Diseases of the circulatory system	Varicose leg ulcer	23	Non-individualised, oral combination (Sulpher, Silica, Carbo-vegetabilis)	Placebo	--	Health education, compression bandaging	Ulcer (size, sign of healing)
Ernst 1990 (132)	11 Diseases of the circulatory system	Varicose veins	61	Non-individualised, oral (Poikiven)	Placebo	--	None reported	Venous filling time; leg volume; calf circumference; hemorheological measurements; patients' symptoms

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Friese 1997 (133-136)	12 Diseases of the respiratory system	Adenoid vegetations	97	Non-individualised, oral combination (Nux vomica, Okoubaka, Tuberculinum, Barium iodatum [D4 or D6])	Placebo	--	None reported	Need for adenectomy, symptoms (hearing impairment, snoring, oral respiration, safety
Aouina 2021 (137)	12 Diseases of the respiratory system	COPD (with acute exacerbations)	106	Non-individualised, oral (Oscillococcinum)	Control (no intervention)	--	Influenza vaccination	URTI (incidence, duration of symptoms), exacerbations, QoL (several scoring methods), medication use, consultation and hospital admissions, adverse events, compliance, satisfaction of treatment, perceived efficacy
Frass 2005a (138)	12 Diseases of the respiratory system	COPD (with acute respiratory failure)	50	Non-individualised, sublingual (Potassium dichromate)	Placebo	--	None reported	Amount of stringy and tenacious secretions
Adler 2021 (139, 140)	12 Diseases of the respiratory system	COVID-19, acute (mild [treatment])	86	Non-individualised, oral (Natrum muriaticum LM2)	Placebo	--	None reported	Time to recovery; time to reduce symptom number or score by 50%
Nayak 2022 (141)	12 Diseases of the respiratory system	COVID-19, acute (treatment [hospitalised])	300	Individualised homeopathy, oral	Placebo	--	Standard medical care	Clinical recovery (VAS), time to fever clearance; time to clinical recovery
Bernstein 2011 (142)	12 Diseases of the respiratory system	Rhinitis (non-allergic)	42	Non-individualised, nasal spray (Capsicum annum ,Eucalyptol)	Placebo	--	None reported	Total nasal symptom score, individual symptom score, adverse events, Rhinitis QoL questionnaire
Misra 2021 (143)	12 Diseases of the respiratory system	Rhinosinusitis, chronic	62	Individualised homeopathy, oral	Placebo	--	Saline inhalation	SNOT-20 score, EQ-5D-5L, EQ-VAS, Numeric rating scale (severity of symptoms)

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Weiser 1995 (144, 145)	12 Diseases of the respiratory system	Rhinosinusitis, chronic	172	Non-individualised, nasal spray (Euphorbium compositum S®)	Placebo	--	None reported	Cumulative score of 3 sectors: subjective symptoms, anterior rhinoscopy and ultrasound examination of the paranasal sinus
Zabolotnyi 2007 (146)	12 Diseases of the respiratory system	Sinusitis, acute maxillary	113	Non-individualised, oral combination (Sinfrontal, Cinnabaris trituration D4, Ferrum phosphoricum trituration D3, Mercurius solubilis hahnemanii trituration D6)	Placebo	--	Pharmacotherapy, as needed (paracetamol, saline inhalations)	Sinusitis severity; radiographic cure; clinical cure; HRQoL; ability to work; sleep quality; time to treatment effect; signs and symptoms of sinusitis
Maiwald 1993 (147, 148)	12 Diseases of the respiratory system	URTI, acute (cold symptoms; 17 to 50 yrs.)	170	Non-individualised, oral combination (Gripp-Heel®)	--	Pharmacotherapy (NSAID [acetylsalicylic acid])	None reported	Total score of evaluated points for subjectively assessed complaints, pain and clinical findings (3-point scale) if reduced by half between initial and fourth day examination and the patient's temperature is below 37 degrees
Jacobs 2016 (149)	12 Diseases of the respiratory system	URTI, acute (cold symptoms; 2 to 5 yrs.)	261	Non-individualised, oral combination (Hyland‘s Cold n‘ Cough 4 Kids)	Placebo	--	None reported	symptom scores for runny nose, congestion, cough and sneezing; severity of symptoms; functional and overall health status; missed time from school and/or work

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Thinesse-Mallwitz 2015 (150-154)	12 Diseases of the respiratory system	URTI, acute (cold symptoms; children < 12 years, adolescents > 12 years & adults 18+ years)	523	Non-individualised, oral combination (Aconitum D3, Bryonia D2, E. perfoliatum D1, Gelsemium D3, Ipecacuanha D3, Phosphorus D5)	Placebo	--	Standard medical care (symptom relief)	Clinical symptoms (fever, URTI symptoms via survey), time to symptom resolution, severity of infection, QoL scores, amount of symptom relief medication required, adverse events
Vo 2018 (155)	12 Diseases of the respiratory system	URTI, acute (dry cough; 7 mo. to 12 yrs.)	180	Non-individualised, oral combination (Monopax® syrup)	Placebo	--	None reported	Cough Assessment Score; Individual symptoms of the total score; sleep quality; Integrative Medicine Outcomes Scale; patient's satisfaction with treatment using Integrative Medicine Patient Satisfaction Scale
Rafalsky 2016 (156)	12 Diseases of the respiratory system	URTI, acute (influenza A or B)	156	Non-individualised, oral (Ergoferon)	--	Pharmacotherapy (oseltamivir)	None reported	% achieving normal body temperature; mean duration of fever; time to resolution of symptoms; quality of life; adverse events
Papp 1998 (157)	12 Diseases of the respiratory system	URTI, acute (influenza-like illness)	372	Non-individualised, oral (Oscillococcinum)	Placebo	--	None reported	Time to recovery; Temperature; Symptoms (cough, cold, sore throat, muscle pain, etc.); Medication use
Chakraborty 2013a (158)	12 Diseases of the respiratory system	URTI, acute (Influenza-like illness; 12+ yrs.)	447	Individualised homeopathy, oral (LM potency) OR Non-individualised, oral (C potency)	Placebo	--	None reported	Symptoms; complication rate, efficacy
Ferley 1989 (159)	12 Diseases of the respiratory system	URTI, acute (Influenza-like illness; 12+ yrs.)	487	Non-individualised, sublingual combination (Anas barbariae hepatis, Cordis extractum)	Placebo	--	None reported	symptoms (body temperature, cough, coryza, fatigue), recovery rate, perceived effectiveness

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Zanasi 2014 (160)	12 Diseases of the respiratory system	URTI, acute (productive cough; 18+ yrs.)	80	Non-individualised, oral combination (Stodal® syrup)	Placebo	--	None reported	Cough severity; secretion viscosity; cough resolution
Malapane 2014 (161)	12 Diseases of the respiratory system	URTI, acute (viral tonsilitis; 6 to 12 yrs.)	30	Non-individualised, oral combination (A. belladonna D4, C. phosphoricum D4, H. sulpharis D4, K. bicromar D4, K. muriaticum D4, M . protoidid D10, M. biniodidd D10)	Placebo	--	None reported	Mean score rating for pain associated with tonsilitis, mean score rating for tonsil size, mean score rating for red/inflamed pharynx, number of participants experiencing pain on swallowing, number of participants experiencing referred ear pain
Mousavi 2009a (162)	13 Diseases of the digestive system	Aphthous ulcer	100	Individualised homeopathy, oral	Placebo	--	None reported	Ulcer size; Pain (VAS)
Maity 2020 (163)	13 Diseases of the digestive system	Dentin hypersensitivity	20	Non-individualised, oral (Propolis)	Placebo	Non-individualised, topical (Admira Protect [light-cured Ormocer®-based desensitiser])	None reported	Pain, duration of action of the desensitising agents (the non-placebo interventions)
Reddy E S 2018 (164)	13 Diseases of the digestive system	Gum disease (gingivitis)	30	Non-individualised (Plantago extract toothpaste)	Control (usual care [toothpaste])		None reported	Bleeding and plaque index
Das 2019 (165)	13 Diseases of the digestive system	Gum disease (periodontitis, chronic)	40	Non-individualised, oral combination (Traumeel S®)	--	Pharmacotherapy (NSAID [Ibuprofen])	None reported	Pain (VAS, analgesia use), adverse effects
Mourao 2013 (166)	13 Diseases of the digestive system	Gum disease (periodontitis, chronic)	40	Individualised homeopathy, oral	Control (no intervention)	--	Standard non-surgical periodontal treatment	Clinical attachment level; Probing depth; Plaque index; Bleeding on probing
Mourao 2014 (167)	13 Diseases of the digestive system	Gum disease (periodontitis, chronic)	50	Individualised homeopathy, oral	Control (no intervention)	--	Standard non-surgical periodontal treatment	Clinical attachment level; Probing depth; Plaque index; Bleeding on probing

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Ramaiah 2020 (168)	13 Diseases of the digestive system	Gum disease (plaque-induced gingivitis, periodontitis)	200	Non-individualised, topical combination (Frezyderm mouthwash)	--	Rexidine mouthwash OR Green tea mouthwash (+ tulsi leaves) OR Neem leaves mouthwash (+ turmeric, triphala)	None reported	Number of microbial colonies
Chakraborty 2013b (169)	13 Diseases of the digestive system	Haemorrhoids	278	Individualised homeopathy, oral	Placebo	--	None reported	haemorrhoidal symptoms, QoL (WHOQOL-BREF); VAS (for pain, heaviness, discharge, itching)
Bakumov 2003 (170)	13 Diseases of the digestive system	Peptic ulcer disease (H. pylori)	20	Non-individualised, oral (Epigam)	H2 receptor blocker (ranitidine)		Antibiotics (amoxicillin, metronidazole)	Symptom relief, time to ulcer healing
Haila 2005 (171)	13 Diseases of the digestive system	Xerostomia (dry mouth)	28	Individualised homeopathy, oral	Placebo	--	None reported	Unstimulated and wax-stimulated salivary flow rates, VAS
Hill 1993 (172, 173)	14 Diseases of the skin	Cutaneous insect bite reactions (mosquito)	68	Non-individualised, topical combination (Echinacea, Ledum, Urtica, Citronellae, Eucalyptus)	Placebo	--	None reported	Erythema, itch
Hill 1996 (174)	14 Diseases of the skin	Cutaneous insect bite reactions (mosquito)	100	Non-individualised, topical combination (Prrrikweg® gel)	Placebo	--	None reported	Erythema, itch
Pellow 2013 (175)	14 Diseases of the skin	Dermatitis, irritant (diaper) (3 to 24 months)	40	Non-individualised, topical (homeopathic complex cream)	--	Milking cream (chlorhexidine, vit E, lanolin)	None reported	

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Smith 2002 (176)	14 Diseases of the skin	Dermatitis, seborrheic	45	Non-individualised, topical (Potassium bromide 1X, Sodium bromide 2 X, Nickel sulfate 3X, Sodium chloride 6X)	Placebo	--	None reported	
Mousavi 2009b (177)	14 Diseases of the skin	Lichen planus, oral	30	Non-individualised, oral (Ignatia amara 30C)	Placebo	--	None reported	Ulcer size; Pain (VAS)
Karuppusamy 2022 (178)	14 Diseases of the skin	Vitiligo	60	Individualised homeopathy, oral	Placebo	--	None reported	Feasibility of study, Vitiligo Area Scoring Index, QoL measurement
Lotti 2015 (179)	14 Diseases of the skin	Vitiligo	?	Non-individualised, oral (low dose cytokines)	Control (no intervention)		Targeted phototherapy	% skin repigmentation
Shahid 2022 (180)	15 Diseases of the musculoskeletal system or connective tissue	Plantar fasciitis	75	Individualised homeopathy, oral (C potency)	Placebo	--	None reported	Severity of plantar fasciitis (Foot Function Index), adverse events, intercurrent illnesses
Cavalcanti 2003 (181)	16 Diseases of the genitourinary system	Chronic renal failure (dialysis-dependent with pruritus)	20	Individualised homeopathy, oral	Placebo	--	None reported	Pruritus (intensity, changes in scores)
Saruggia 1992 (182)	16 Diseases of the genitourinary system	Chronic renal failure (dialysis-dependent)	35	Non-individualised, oral (China rubra 9CH)	Placebo	--	None reported	Nausea; Vomiting; Headache; Lethargy; Asthenia; Muscle cramps
Petrov 2003 (183)	16 Diseases of the genitourinary system	Erectile dysfunction	?	Non-individualised, oral (Impaza [antibodies to endothelial nitric oxide synthase])	Placebo	Pharmacotherapy (sildenafil)	None reported	improvement in erectile function, sexual function
Ibishev 2009 (184)	16 Diseases of the genitourinary system	Erectile dysfunction (prophylactic, after trauma of the urethra)	?	Non-individualised, oral (Impaza [antibodies to endothelial NO synthase])	?		Pharmacotherapy (type 5 phosphodiesterase inhibitors)	Not reported

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Pushkar 2018 (185)	16 Diseases of the genitourinary system	Lower urinary tract symptoms (benign prostate hyperplasia)	249	Non-individualised, oral (Afalaza [antibodies to prostate specific antigen and endothelial nitric oxide synthase]	Placebo		None reported	Changes in symptoms (International Prostate Symptom Score), Qmax, TPV, PSA, BPH clinical progression, occurrence of acure urinary retention (AUR) events or BPH-related surgery
Sharma 2016 (186) (187)	16 Diseases of the genitourinary system	Lower urinary tract symptoms (benign prostate hyperplasia)	252	Individualised homeopathy, oral (constitutional)	Placebo	Individualised homeopathy, oral (constitutional + organ specific)	None reported	International Prostate Symptom Score; Prostate volume, post void residual urine and uroflowmetry; WHO QoL Brief
Noguchi 2008 (188)	16 Diseases of the genitourinary system	Lower urinary tract symptoms (prostate hyperplasia)	50	Non-individualised, oral (Ganoderma lucidum 0.6mg)	Placebo	Non-individualised, oral (Ganoderma lucidum 6mg) OR Non-individualised, oral (Ganoderma lucidum 60mg)	None reported	Prostatic symptoms (7-item IPSS), urine flow and volume, prostate volume, adverse effects, PSA level
Halaška 1999 (189)	16 Diseases of the genitourinary system	Mastalgia, cyclic	97	Non-individualised, oral (Vitex agnus castus)	Placebo		None reported	Pain (VAS)
Bhalerao 2019 (190, 191)	16 Diseases of the genitourinary system	Urolithiasis (kidney stones, radiographically confirmed)	134	Non-individualised, oral (Lycopodium clavatum)	Placebo	--	None reported	Urolithiasis symptom scale; symptomatology; episodes of acute renal colic
Vilhena 2016 (192)	18 Pregnancy, childbirth or the puerperium	Pregnant women, ≤ 28 wks gestation (18 to 35 years, overweight & neurotic)	153	Individualised homeopathy, oral	Placebo	--	None reported	Weight during pregnancy (different time points)
Zafar 2016 (193)	18 Pregnancy, childbirth or the puerperium	Pregnant women, early labour (3-6 cm) (singleton)	150	Non-individualised, oral (Chamomilla recutita 1M)	Placebo	Pharmacotherapy (pentazocine 30mg)	Standard medical care	Pain

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Oberbaum 2005 (194)	18 Pregnancy, childbirth or the puerperium	Pregnant women, primiparous (20 to 35 years) (prevention of PPH)	40	Non-individualised, oral combination (Arnica montana C6, Bellis perennis C6)	Placebo	Non-individualised, oral combination (Arnica montana C30, Bellis perennis C30)	None reported	None reported
Ventoskovskiy 1990 (195)	18 Pregnancy, childbirth or the puerperium	Pregnant women, with uterine contractile function disturbances (high risk of hypotonic labour)	206	Non-individualised, oral combination (Pulsatilla nigr 1M, Secale corn 50c, Caulophyllum thalictr 50c, Actea rac. 200c, Arnica mont 1M))	--	Pharmacotherapy (synestrol, galascorbine, glutamic acid, thiamine, pyroxidine, calcium choride, linetol, glutahione)	Standard medical care (fetal monitoring etc.)	Fetal cardiac monitoring, labour (duration of labour, frequency of Caesarean, volume blood lost, emergency hysterectomy)
Weiser 1998 (196-198)	21 Symptoms, signs or clinical findings, NEC	Vertigo	119	Non-individualised, oral combination (Vertigoheel®)	--	Pharmacotherapy (betahistine)	None reported	Frequency, duration and intensity of vertigo attacks; QoL; Vertigo severity and intensity
Issing 2005 (199)	21 Symptoms, signs or clinical findings, NEC	Vertigo (60 to 80 years)	170	Non-individualised, oral combination (Vertigoheel®)	--	Western herbal medicine (Ginkgo biloba)	None reported	QoL, vertigo (frequency, intensity, duration), dizziness score, ability to walk in a straight line, Unterberger's stepping test
Wolschner 2001 (200)	21 Symptoms, signs or clinical findings, NEC	Vertigo (vestibular, non-vestibular)	774	Non-individualised, oral combination (Vertigoheel®)	--	Pharmacotherapy (dimenhydrinate [Dramamine])	None reported	Number, duration, intensity of vertigo attacks
Jurcau R 2014 (201)	21 Symptoms, signs or clinical findings, not elsewhere classified	Sedentary adults	?	Non-individualised, oral (Aconite)	Placebo OR Control (no intervention)	--	None reported	Exercise anxiety, salivary cortisol

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Lipman 1999 (202)	21 Symptoms, signs or clinical findings, not elsewhere classified	Snoring (not apnoea related)	100	Non-individualised, oral (Snore Stop [Nux vomica 4X & 6X, Belladonna 6X, Ephedra vulgaris 6X, Hydrastis canadensis 6X, Kali bichromicum 6X, Teucrium marum 6X, and Histaminum hydrochloricum 12X])	Placebo	--	None reported	Snore Diary, Sleep quality, daytime alertness, Snore score (partner-rated)
Zell 1988 (203-205) (206)	22 Injury, poisoning or certain other consequences of external causes	Ankle sprain (acute)	73	Non-individualised, topical combination (Traumeel S® ointment)	Placebo	--	Physical therapy (electrotherapy, compression bandage)	Difference in total angulation of the joint (joint mobility)
Gonzalez De Vega 2013 (207)	22 Injury, poisoning or certain other consequences of external causes	Ankle sprain (acute, lateral ligament pathology)	449	Non-individualised, topical combination (Traumeel S® ointment) OR Non-individualised, topical combination (Traumeel S® gel)	--	Pharmacotherapy (NSAID [diclofenac gel])	Pharmacotherapy, as needed (antipyretic)	Ankle pain (VAS), adverse events, Foot and Ankle Ability Measure Activities of Daily Living subscale score
Leaman 1989 (208)	22 Injury, poisoning or certain other consequences of external causes	Burns injury (minor)	34	Non-individualised, oral (Cantharis 200C)	Placebo	--	Pharmacotherapy (paracetamol)	Mean area under the line ('pain suffered'); reduction in pain
Ghosh 2018 (209)	22 Injury, poisoning or certain other consequences of external causes	Harmful effect of vaccination (fever)	120	Non-individualised, oral (Arsenicum album 30CH)	Placebo	--	None reported	Fever post-vaccine (2nd or 3rd dose of DPT-HepB-Polio vaccine)
Belon 2007 (210)	22 Injury, poisoning or certain other consequences of external causes	Harmful effects of arsenic exposure	37	Non-individualised, oral (Arsenicum album)	Placebo	--	None reported	Blood count, biochemistry, G6PD activity, arsenic in urine and blood samples

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Padilha 2011 (211)	22 Injury, poisoning or certain other consequences of external causes	Harmful effects of lead exposure	131	Non-individualised, oral (Plumbum metallicum 15CH)	Placebo	--	None reported	Level of lead in blood
Ivanov 2017 (212)	22 Injury, poisoning or certain other consequences of external causes	Procedural pain (neonates, heel-stick for screening)	164	Non-individualised, oral (Arnica montana D30)	Control (no intervention)	Analgesic with Sol.Glucosae 25%	None reported	Pain with NIPS, NFCS pain tracking
Chapman 1999 (213, 214)	22 Injury, poisoning or certain other consequences of external causes	Traumatic brain injury (mild)	61	Individualised homeopathy, oral	Placebo	--	None reported	Functional assessment(self-rated), cognitive function, pain
Piraneo 2012 (215)	22 Injury, poisoning or certain other consequences of external causes	Whiplash injury (acute)	51	Non-individualised, oral combination (Hypericum perforatum, Ribes nigrum)	--	Pharmacotherapy (NSAID [diclofenac] plus muscle relaxant [tizanidine])	None reported	Pain; Electromyographic evaluation
Cornu 2010 (216)	24 Factors influencing health status or contact with health services	Postoperative recovery (aortic valve replacement)	92	Non-individualised, oral combination (Arnica montana, Bryonia alba)	Placebo	--	Standard medical care (tranexamic acid, analgesia)	Blood loss post-operatively; packed red cell transfusion; CRP and troponin levels; body temperature; pain score; time between surgery and thoracic closure
Jeffrey 2002 (217)	24 Factors influencing health status or contact with health services	Postoperative recovery (bilateral endoscopic carpal tunnel release)	40	Non-individualised, oral (Arnica montana D6)	Placebo	--	Arnica ointment	Grip strength, wrist circumference, pain post-op (VAS)
Singer 2010 (218)	24 Factors influencing health status or contact with health services	Postoperative recovery (bunion)	80	Non-individualised, oral combination (Traumeel S®)	Placebo	--	Pharmacotherapy, as needed (paracetamol, codeine)	Pain (NRS); Analgesic use
Stevinson 2003 (219)	24 Factors influencing health status or contact with health services	Postoperative recovery (carpal tunnel syndrome)	64	Non-individualised, oral (Arnica montana 30C)	Placebo	Non-individualised, oral (Arnica montana 6C)	None reported	Pain (questionnaire, VAS), bruising (wrist circumference), analgesia use

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Kaziro 1984 (220)	24 Factors influencing health status or contact with health services	Postoperative recovery (dental [removal of wisdom teeth, impacted])	118	Non-individualised, oral (Arnica montana)	Placebo	Pharmacotherapy (metronidazole)	None reported	Pain control; swelling; promotion of healing
Erkan 2019 (221)	24 Factors influencing health status or contact with health services	Postoperative recovery (dental procedures)	94	Non-individualised, oral (Arnica montana 200CH)	Placebo	--	None reported	Self-assessment questionnaire (pain, oedema, sleep, dysphagia, dysphonia, daily activity disorders)
Raak 2016 (68, 222-225)	24 Factors influencing health status or contact with health services	Postoperative recovery (disc herniation)	100	Non-individualised, oral (Hypericum perforatum 200C)	Placebo	--	Standard medical care (analgesics)	Pain (VAS); Medication use
Seeley 2006 (226)	24 Factors influencing health status or contact with health services	Postoperative recovery (face lift)	29	Non-individualised, oral (Arnica montana)	Placebo	--	None reported	Bruising; Skin colour changes
Karow 2008 (227)	24 Factors influencing health status or contact with health services	Postoperative recovery (Hallux valgus [bunion])	88	Non-individualised, oral (Arnica montana D4)	--	Pharmacotherapy (diclofenac)	None reported	Postoperative irritation; mobility'pain'use of analgaesics
Wilkens 2000 (228, 229)	24 Factors influencing health status or contact with health services	Postoperative recovery (knee, after arthroscopy, joint implantations, ligament reconstruction)	237	Non-individualised, oral (Arnica montana 30x)	Placebo	--	None reported	Knee circumference pre- and post-surgery, pain (VAS), analgesia use, post-op drainage, unexpected events
Paris 2008 (230)	24 Factors influencing health status or contact with health services	Postoperative recovery (knee, ligament reconstruction)	158	Non-individualised, oral combination (Arnica montana, Bryonia alba, Hepericum perforatum, Ruta graveolens)	Placebo	Control (no intervention)	Standard postoperative care (ropivacaine, ketoprofen, paracetamol)	Morphine use in first 24 hours and >24 hours, pain (VAS), QoL (SF36)
Lotan 2020 (231)	24 Factors influencing health status or contact with health services	Postoperative recovery (mastectomy)	55	Non-individualised, oral combination (Arnica montana, Bellis perennis)	Placebo	--	None reported	Time to surgical drain removal, Haemoglobin and cortisol levels, analgesia use, pain (VAS), adverse reactions, quality of recovery

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Lokken 1995 (232)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral surgery)	24	Individualised homeopathy, oral (choice of Arnica, Hypericum, Staphisagria, Ledum, Phosphorous, Plantago [D30])	Placebo	--	Pharmacotherapy, as needed (codeine)	Post-operative pain (VAS), facial swelling at site of surgery, maximum ability to open mouth, post-operative bleeding
Macedo 2005 (233)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral surgery)	32	Non-individualised, oral (Arnica montana 6CH)	Placebo	--	Pharmacotherapy, as needed (paracetamol)	Effect on oedema, effect on limitation of mouth opening, effect on pain
Chaiet 2016 (234)	24 Factors influencing health status or contact with health services	Postoperative recovery (rhinoplasty)	26	Non-individualised, oral (Arnica montana)	Placebo	--	None reported	Ecchymosis (colour, size)
Totonchi 2007 (235)	24 Factors influencing health status or contact with health services	Postoperative recovery (rhinoplasty)	48	Non-individualised, oral (Arnica)	Control (no intervention)	Pharmacotherapy (methyl-prednisone tapering)	None reported	Extent of ecchymosis; intensity of the ecchymosis; severity of oedema
Robertson 2004 (236, 237)	24 Factors influencing health status or contact with health services	Postoperative recovery (tonsillectomy)	190	Non-individualised, oral (Arnica montana 30C)	Placebo	--	Pharmacotherapy, as needed (NSAIDs [acetaminophen, codeine])	Pain score (VAS), analgesia & antibiotic use, visits to hospital, day when swallow returns to normal, day return to work
Hart 1997 (238)	24 Factors influencing health status or contact with health services	Postoperative recovery (total abdominal hysterectomy)	93	Non-individualised, oral (Arnica montana 30C)	Placebo	--	None reported	Pain & discomfort (VAS), residual pain (interview), duration of operation, blood loss, difficulty of operation, infection, anxiety
Kotlus 2010 (239)	24 Factors influencing health status or contact with health services	Postoperative recovery (upper eyelid blepharoplasty)	30	Non-individualised, oral (Arnica montana 1M)	Placebo	--	None reported	Area (size) of ecchymosis
van Exsel 2016 (240)	24 Factors influencing health status or contact with health services	Postoperative recovery (upper eyelid blepharoplasty)	136	Non-individualised, topical (Arnica ointment)	Placebo	--	None reported	Surgical outcome; Amount of tissue swelling, redness and pain; Recovery time; Patient satisfaction
Ramelet 1999 (241, 242)	24 Factors influencing health status or contact with health services	Postoperative recovery (varicose vein surgery)	130	Non-individualised, oral (Arnica montana 5CH)	Placebo	--	None reported	Haematomas

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Patil 2018 (243)	24 Factors influencing health status or contact with health services	Postprocedural pain (orthodontic separators)	72	Non-individualised, oral (Belladonna 6C)	--	Pharmacotherapy (ibuprofen 400 mg)	None reported	Pain relief (VAS)
Kuzeff 1997 (244-246)	25 Prevention/ codes for special purposes	Homeopathy as practice (people presenting to homeopathy clinic)	36	Individualised homeopathy, oral	Placebo	--	None reported	None reported

Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions
Abbreviations: BMI, body mass index; EEG, electroencephalogram; ESR, erythrocyte sedimentation rate; Hb, haemoglobin; HIV, human immunodeficiency virus; ICD-11, International Classification of Diseases for Mortality and Morbidity Statistics; RCT, randomised controlled trial; SF-36, 36-item short-form; VAS, visual analogue scale
Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions

C4 Citation details of studies awaiting classification

This appendix documents the studies that potentially met the prespecified inclusion criteria for a systematic review on the effect of homeopathy for preventing and treating any health condition, but certainty of inclusion is precluded by missing information (i.e. they were published in another language, incomplete reporting), or they were identified after the literature search date.

An overview of studies awaiting classification (by ICD-11 disease category) is provided in Table C-4.

Table C-4 Overview of studies awaiting classification (by ICD-11 disease category): Homeopathy

Disease Category	# studies with incomplete information	# studies published in languages other than English	# studies not able to be retrieved	# studies published after literature search	TOTALS
01 Certain infectious and parasitic diseases	3	2	--	1	**6**
02 Neoplasms	4	--	--	--	**4**
03 Diseases of the blood or blood-forming organs		--	1	--	**1**
04 Diseases of the immune system	2	11	--	--	**13**
05 Endocrine, nutritional and metabolic diseases	1	2	1	--	**4**
06 Mental and behavioural disorders	4	4	1	--	**9**
07 Sleep-wake disorders	1	1	--	--	**2**
08 Diseases of the nervous system	2	3	2	--	**7**
11 Diseases of the circulatory system	1	6	1	--	**8**
12 Diseases of the respiratory system	3	18	1	1	**23**
13 Diseases of the digestive system	1	7	1	1	**10**
14 Diseases of the skin	1	3	1	--	**5**
15 Diseases of the musculoskeletal system or connective tissue	4	7	2	1	**14**
16 Diseases of the genitourinary system	4	4	2	--	**10**
17 Conditions related to sexual health	--	2	--	--	**2**
18 Pregnancy, childbirth or the puerperium	--	3	--	--	**3**
19 Certain conditions originating in the perinatal period	--	1	--	--	**1**
21 Symptoms, signs or clinical findings, not elsewhere classified	2	2	--	--	**4**
22 Injury, poisoning or certain other consequences of external causes	3	2	1	--	**6**
24 Factors influencing health status or contact with health services	5	10	1	--	**16**
25 Prevention/ codes for special purposes		1	1	--	**2**
GRAND TOTAL	**41**	**89**	**16**	**4**	**150**

C4.1 Studies with incomplete information or missing data

Table C-5 Characteristics of studies awaiting classification (by ICD-11 disease category): Homeopathy - conference abstracts, posters etc.

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Biolchini 2014 (247)	01 Certain infectious and parasitic diseases	Pulmonary tuberculosis	NR	Non-individualised, oral (Tuberculinum bovinum)	Placebo	--	Standard medical care (anti-TB drugs [isoniazid, rifampicin, pyrazinamide, ethambutol])	Evolution of tuberculosis; Clinical evolution of patient miasmatic pattern; Antibiotic resistance development; Adverse events; Relapse
Sharma 2012a(248, 249)	01 Certain infectious and parasitic diseases	Pulmonary tuberculosis (post-treatment)	118	Individualised homeopathy, oral	Placebo	--	None reported	Symptomatic changes; Pulmonary function tests; HRQoL
Blancas 2002 (250)	01 Certain infectious and parasitic diseases	Warts, common	NR	Non-individualised, oral (Thuja Occidentalis)	Placebo	--	None reported	--
Genre 2003 (251)	02 Neoplasms	Breast cancer (receiving adjuvant chemotherapy)	NR	Non-individualised, oral (Cocculine)	Placebo	--	None reported	--
Rossi 2019 (252, 253)	02 Neoplasms	Breast cancer (undergoing treatment)	300	Individualised homeopathy	Control (no intervention)	Complementary therapy (acupuncture plus auriculotherapy)	Rehabilitation exercises and dietary advice	Cognitive function; Brain-derived neurotrophic factor; IL-6; TNF
Talarico 2015 (254)	02 Neoplasms	Cancer, advanced (palliative care)	20	Non-individualised, oral (Aconitum 30CH)	Placebo	--	None reported	EORTC-QLQ-C30 questionnaire; Zung's scale and hospital scale for anxiety and depression
Talarico 2016 (255)	02 Neoplasms	Cancer, advanced (palliative care)	16	Individualised homeopathy	Placebo	--	Palliative care	EORTC-QLQ-C30 (physical and mental conditions and QoL)

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Filtchev 2010 (256)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	74	Individualised homeopathy, oral (isopathic)	--	Pharmacotherapy (sublingual immunotherapy)	None reported	Subjective assessment of symptoms; Paediatric rhino-conjunctivitis QoL questionnaire; Skin prick tests or specific IgE antibodies; Nasal eosinophilia; Need for antihistamine or nasal corticosteroid treatment; Side effects of therapy
Shah 2018 (257)	04 Diseases of the immune system	Recurrent infection, URTI or LRTI	148	Non-individualised, oral (Emtact® [Mycobacterium nosode 30C])	Placebo	--	None reported	Appetite; Sleep; Mood/thinking ability; School performance; Bothersomeness; Symptoms, such as cough/expectoration and watery nasal discharge; Weight gain; Percentage frequency of episodes of URTI
Skaliodas 1988 (258)	05 Endocrine, nutritional and metabolic diseases	Diabetes, type 2	50	Homeopathy (not specified)	--	Standard medical care (not described)	None reported	--
De Rosa 2012a (259)	06 Mental and behavioural disorders	Mood disorder (bipolar)	122	Individualised homeopathy, oral (selection from Aurrum metallicum, Natrum muriaticum, Ammonium carbonicum)	--	Pharmacotherapy (carbamazepine [Tegretol])	None reported	Cured from bipolar disorder
De Rosa 2012b (260)	06 Mental and behavioural disorders	Obsessive compulsive disorder (secondary to prior Streptococcal infection)	82	Homeopathy (not specified)	--	Pharmacotherapy (antibiotic [Augmentin])	None reported	OCD symptoms; Relapse of streptococcal infection,

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Sharma 2018 (261)	06 Mental and behavioural disorders	Post traumatic stress disorder (battered women)	NR	Homeopathy (not specified)	Control (waitlist)	--	None reported	PTSD symptoms; Depression; Satisfaction with treatment; High rate of recovery
Leite 2022 (262)	06 Mental and behavioural disorders	Substance use or addictive behaviour (nicotine)	84	Non-individualised, oral (Nux vomica 6CH)	--	--	Education sessions	Abstinence rate; Anxiety; Sleep quality; Number of cigarettes smoked per day
Hejazi 2012 (263)	07 Sleep-wake disorders	Insomnia	90	Non-individualised, oral (Coffea cruda)	--	Herbal medicine (Valerian officinalis)	None reported	Pittsburgh sleep quality index; Insomnia Severity Index
Cady 2014 (264)	08 Diseases of the nervous system	Headache disorders (migraine)	50	Non-individualised, oral (Mycratine® [nicotinum 6X])	Placebo	--	None reported	Pain; Adverse events
Sharma 2013 (265)	08 Diseases of the nervous system	Headache disorders (tension-type)	127	Homeopathy (not specified)	Control (usual care)	--	None reported	Number of headache attacks; Duration of pain; Pain intensity (VAS); Use of medication and resources
Chimthanawala 2016 (266)	11 Diseases of the circulatory system	Hypertensive heart disease	17	Non-individualised, oral (Veratum viride)	--	Pharmacotherapy (beta blocker [Atenolol])	None reported	Blood pressure
Saez 2019 (267)	12 Diseases of the respiratory system	Acute exacerbations of COPD	119	Non-individualised, oral (Oscillococcinum)	Control (no intervention)	--	Standard medical care (not described)	Number of URTI; Duration of URTIs; Number and duration of COPD exacerbations; Use of drugs; QoL; Adverse events
Sharma 2020 (268)	12 Diseases of the respiratory system	Acute exacerbations of COPD	NR	Individualised homeopathy, oral	Placebo	--	None reported	Sputum expectoration; Symptoms of dyspnoea; Cough
Jansen 1997 (269)	12 Diseases of the respiratory system	Asthma, bronchial	69?	Individualised homeopathy, oral (200C)	Placebo	--	None reported	severity of asthmatic complaints, peak flow, consumption of anti-asthmatic drugs, and general well being

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Monterde-Coronel 2017 (270)	13 Diseases of the digestive system	Periodontitis	NR	Non-individualised, oral (Mercurius solubilis 12C)	Placebo	--	Education (dental hygiene and hygienic aids)	Total proteins in saliva; Diagnostic probe and posterior reassessment; Depth of the periodontal pockets
Francesco 2012 (271)	14 Diseases of the skin	Cutaneous reaction (histamine skin prick test)	20	Non-individualised, oral (Apis mellifica 5CH, 15CH, or 30CH)	Placebo	--	None reported	T/2, time for reducing by 50% the size of histamine swelling
Laremenko 2014 (272)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	50	Non-individualised, oral combination (Incena®)	Placebo	--	Standard medical care (bDMARDs)	ACR20, ACR50, ACR70; Dynamics (the average difference between the variants) of DAS28, HAQ-DI, ESR, CRP, TNF-α; IL-10 (ELISA) levels in the serum
Tuteja 2018 (273)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	120	Individualised homeopathy	Placebo	--	None reported	Proportion of patients with ACR20 response; disease activity score DAS28 C-reactive protein
Subhadra 2019 (274)	15 Diseases of the musculoskeletal system or connective tissue	Low back pain, chronic	550	Individualised homeopathy	Placebo	Individualised homeopathy plus placebo	None reported	Oswestry low back pain questionnaire; Hamilton Anxiety rating scale; Back depression inventory; PGI general wellbeing measure
Udani 2014 (275)	15 Diseases of the musculoskeletal system or connective tissue	Musculoskeletal discomfort, acute	23	Non-individualised, topical combination (CobraZol®)	Placebo	--	None reported	Muscle discomfort (VAS pain scale and pain quality documentation); Compliance; Daily pain scale
Lopes 2018 (276)	16 Diseases of the genitourinary system	21 Chronic complaints, women (anxiety, joint problems, headache, dizziness, hypertension)	NR	Individualised homeopathy, oral	--	Complementary therapy (Acupuncture)	None reported	QoL
Desiderio 2015 (277)	16 Diseases of the genitourinary system	21 Symptoms of menopause (breast cancer survivors)	35	Homeopathy (not specified)	Placebo	--	None reported	Severity of menopausal symptoms

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Sharma 2012b (278)	16 Diseases of the genitourinary system	Menstrual disorder (menorrhagia [heavy bleeding])	57	Homeopathy (not specified)	Placebo	--	None reported	Intensity of bleeding; Pads used; Back pain; Abdominal pain; HRQoL
Danner 1998 (279)	16 Diseases of the genitourinary system	Premenstrual syndrome	NR	Individualised homeopathy, oral (200C)	Placebo	Non-individualised, oral (Folliculinum 30C)	None reported	Moos Menstruation Distress questionnaire; Global self-assessment; Adverse events
Sharma 2012d (280)	21 Symptoms, signs or clinical findings, NEC	Chronic pain (non-malignant)	67	Homeopathy (not specified)	Placebo	--	None reported	Pain; Anxiety; Depression; QoL
Tramontana 2017 (281)	21 Symptoms, signs or clinical findings, NEC	Fibromyalgia	25	Non-individualised, oral combination (Nux vomica , Rhus toxicodendron, Ignatia amaa 30 CH)	Placebo	Complementary therapy (Laser therapy) OR Combination (Homeopathy plus Laser therapy)	None reported	Fibromyalgia impact questionnaire; Reduction in dose of standard of care treatment; Side effects; Interactions with standard of care
Master 1987 (282)	22 Injury, poisoning or certain other consequences of external causes	Broca's aphasia	NR	Individualised homeopathy	--	--	None reported	--
Mahlangu 2009 (283)	22 Injury, poisoning or certain other consequences of external causes	Bruising and haematoma	80	Non-individualised, oral (Arnica montana 6CH)	Placebo	Non-individualised, oral (Arnica montana 30CH) OR Non-individualised, oral combination (arnica montana 6CH, 30CH & 200CH)	None reported	Bleeding time; International normalized ratio (INR); Activated partial thromboplastin time (aPTT)
Sharma 2012c (284)	22 Injury, poisoning or certain other consequences of external causes	Fracture, acute non-displaced	67	Individualised homeopathy, oral	Placebo	--	Standard orthopaedic care	Radiological assessments and functional tests for healing
Nardy 2022 (285)	24 Factors influencing health status or contact with health services	Postoperative recovery (dental procedures) (myalgia)	70	Non-individualised, oral (Arnica montana 6CH)	Placebo	--	None reported	Pain; Muscle contracture rates; RDC questionnaire
Brecher 2019 (286)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral surgery)	20	Non-individualised, oral (Arnica montana)	Placebo	--	None reported	Pain score; Medications consumed; Swelling

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Girolamo 2012 (287)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral surgery)	75	Non-individualised, oral combination (Arnica D3, Silicea compositum)	--	Standard medical care (antibiotics and antalgics)	None reported	Pain; Swelling; Bleeding; Use of breakthrough analgesia
Sparaco 2010 (288)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral cavity surgery)	74	Non-individualised, oral combination (Arnica planta tota D3 and Silicea compositum)	--	Standard medical care (antibiotics and antalgics)	None reported	VAS-SDS self-evaluation questionnaire
Viswanath 2018 (289)	24 Factors influencing health status or contact with health services	Postoperative recovery (oral surgery)	70	Non-individualised, oral (Arnica montana)	Placebo	--	None reported	Postoperative swelling and pain

Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions
Abbreviations: NEC, not elsewhere classified; RCT, randomised controlled trial; wks, weeks; yrs, years
Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions

C4.2 Studies published in languages other than English

Table C-6 Characteristics of studies awaiting classification (by ICD-11 disease category): Homeopathy – studies published in a language other than English

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Hernández 2006 (290)	01 Certain infectious and parasitic diseases	Gingivostomatitis, acute (herpes) (children)	504	Homeopathy (not specified)	--	Herbal medicine (plantago major mouthwash)	None reported	onset of ulcerations, bleedings and pain
Jacques 2011 (291)	01 Certain infectious and parasitic diseases	HPV infection	?	Micro immunotherapy (2LPAPI®)	Unclear	Unclear	None reported	Not reported
Abelson 2018 (292)	04 Diseases of the immune system	Allergic conjunctivitis	33	Homeopathy (not specified)	Placebo	--	None reported	Reduction in signs and symptoms
Teixeira 2009 (293)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	41	Individualised homeopathy, oral	Placebo	--	None reported	Signs and symptoms score; Rescue medication needs; HRQoL; Ig E
Weiser 1999 (294)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	146	Non-individualised, nasal spray (Luffa comp. Heel®)	--	Pharmacotherapy (nasal spray [cromolyn sodium therapy])	None reported	Rhino-conjunctivitis QoL-Questionnaire; Adverse systemic effects; Local adverse events
Wiesenauer 1983 (295)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	86	Non-individualised, oral (Galphimia galuca 4X)	Placebo	--	None reported	Effectiveness
Wiesenauer 1985 (296, 297)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	164	Non-individualised, oral (Galphimia D6)	Placebo	--	None reported	Effectiveness
Wiesenauer 1990 (298)	04 Diseases of the immune system	Hay fever (allergic rhinitis)	234	Non-individualised, oral (Galphimia D6)	Placebo	--	None reported	Improvement in symptoms of the eyes; Improvement in symptoms of the nose
Jobst 2005 (299)	04 Diseases of the immune system	Recurrent infection, URTI	80	Non-individualised, oral combination (Engystol® [Vincetoxicum hirundinaria and Sulfur])	--	Autologous blood injection	None reported	--
Attena 1995 (300)	04 Diseases of the immune system	Recurrent infection, URTI (Influenza-like illness)	NR	Homeopathy (not specified)	Control (not specified)	--	None reported	--

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Macri 2019 (301)	04 Diseases of the immune system	Recurrent infection, URTI (otitis media, acute [children])	90	Homeopathy (not specified)	Control (not specified)	--	None reported	Antibiotic use
Furuta 2007 (302)	04 Diseases of the immune system	Recurrent infection, URTI (tonsilitis)	NR	Homeopathy (not specified)	Control (not specified)	--	None reported	--
Furuta 2017 (303)	04 Diseases of the immune system	Recurrent infection, URTI (tonsilitis)	40	Homeopathy (not specified)	Placebo	--	None reported	Standard questionnaire and clinical examination; Side effects
Werk 1994 (304)	05 Endocrine, nutritional and metabolic diseases	Overweight and/or obese	166	Non-individualised, oral (Helianthus tuberosus)	Placebo	--	None reported	Average weight loss; Side effects of therapy
Sánchez-Navarrete 2016 (305)	05 Endocrine, nutritional and metabolic diseases	Overweight and/or obese (14 to 18 years)	25	Non-individualised, oral (Calcarea carbonica ostrearum)	Placebo	--	None reported	Weight; Body mass index; Abdominal circumference; % body fat
Zavadenko 2015 (306)	06 Mental and behavioural disorders	Anxiety disorders (children, adolescents)	98	Non-individualised, oral (Tenoten®)	Placebo	--	None reported	Self-assessment of patients; Parent-reported changes; Anxiety subscales; Adverse events
Moro 2004 (307)	06 Mental and behavioural disorders	Disorders of intellectual development (with behavioural disorders)	40	Individualised homeopathy, oral	--	Standard medical care (not described)	None reported	Normalisation of motor activity; Aggressiveness; Affective communication; Degree of cooperation
Barollo 2001 (308)	06 Mental and behavioural disorders	Smoking cessation (nicotine addiction)	61	Non-individualised, oral (Nicotine 12/30CH)	Placebo	Individualised homeopathy (Isomake-specfic [isotherapeutic nicotine smoke]) OR Individualised homeopathy (Isomake-total [isotherapeutic nicotine smoke])	None reported	Elimination of nicotine dependence; Dysphoric mood, insomnia, irritability, frustration or anger, anxiety, restlessness, difficulty concentrating; Decreased heart rate, Increased appetite or weight gain, Intestinal constipation.
Cialdella 2001 (309)	06 Mental and behavioural disorders	Stress, anxiety, sleep disturbance (people on low dose diazepine)	61	Non-individualised, oral combination (Homeogene 46, Sedatif PC)	Placebo	--	None reported	--

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Carlini 1987 (310)	07 Sleep-wake disorders	Insomnia	44	Homeopathy (not specified)	Placebo	--	None reported	Sleep parameters (induction time, maintenance, dreams and nightmares, awakening); physician assessment of improvement
Hernández García 2016 (311)	08 Diseases of the nervous system	Headache disorders (5 to 18 years)	95	Individualised homeopathy, sublingual	--	Pharmacotherapy (ciproheptadine or amitriptyline)	None reported	Evolution of headache after 15 days; Evolution of headache after 30 days; Treatment response after one year
Brigo 1987 (312-314)	08 Diseases of the nervous system	Headache disorders (migraine)	60	Individualised homeopathy, oral	Placebo	--	None reported	Positive result; homeopathic efficacy
Rodriguez 2000 (315)	08 Diseases of the nervous system	Headache disorders (primary vascular)	60	Individualised homeopathy, oral	Placebo	--	None reported	Presence of headache; Neurovegetative symptoms
Parshina 2000 (316)	11 Diseases of the circulatory system	Angina pectoris (ischemic chest pain)	NR	Non-individualised, oral combination (Pumpan®)	Control (not specified)	--	None reported	Clinical condition and the disease course; Lipid metabolism; Haemostasis; Blood plasma electrolytes; Aminotransferases; ECG; Bicycle exercise; Rheoencephalography; Ultrasonic doppleography of head and neck vessels.
Fioranelli 2016 (317)	11 Diseases of the circulatory system	Coronary heart disease	44	Non-individualised, oral (Arnica comp. Heel®)	Control (no intervention)	--	Pharmacotherapy (acetylsalicylic acid and/or clopidogrel in association with statins)	incidence of acute coronary syndrome; out-of-hospital cardiac arrest; non cardioembolic ischemic stroke
Hitzenberger 2005 (318)	11 Diseases of the circulatory system	Hypertensive heart disease	NR	Non-individualised, oral combination (Pumpan®)	Placebo	--	None reported	Systolic and diastolic blood pressure; Blood lipids (LDL-, HDL-cholesterol)

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Wiesenauer 1987 (319)	11 Diseases of the circulatory system	Orthostatic dysregulation	NR	Non-individualised, oral (Haplopappus D2)	--	Pharmacotherapy (antihypertensive [Etilefrine])	None reported	--
Mudrova 2016 (320)	11 Diseases of the circulatory system	Stroke recovery	60	Non-individualised, oral (Divasa)	Control (no intervention)	--	Standard medical care (not described)	Cognitive status (MMSE); Anxiety (HAM-A); Quality of life (SS-QoL)
Wilkens 2008 (321)	11 Diseases of the circulatory system	Stroke recovery (post-stroke hemiparesis)	360	Non-individualised, oral combination (Naja comp.® [snake venom])	Placebo	--	None reported	Barthel index
Suri 2002 (322)	12 Diseases of the respiratory system	Asthma, bronchial	66	Non-individualised, nasal spray (Spenglersan® Kolloid K)	Placebo	--	None reported	Dyspnoea; Use of beta-2-mimetics
Torres 2001 (323)	12 Diseases of the respiratory system	Asthma, bronchial	60	Individualised homeopathy, oral	--	Standard medical care (antihistamines, glucocorticoids, bronchodilators, mast cells inhibitors and desensitizing vaccines, as indicated)	None reported	Level of severity; Number of asthma attacks
Freitas de 1995 (324)	12 Diseases of the respiratory system	Asthma, chronic (1-12 years)	--	Non-individualised homeopathy	Placebo	--	Usual care	Intensity and duration of exacerbations
Diefenbach 1997 (325)	12 Diseases of the respiratory system	Bronchitis	256	Non-individualised, oral combination (Bronchiselect®)	Placebo	--	None reported	Expectoration; Dysphagia
Furuta 2002 (326, 327)	12 Diseases of the respiratory system	Obstructive adenoid	40	Non-individualised, oral combination (Agraphis nutans 6CH, Thuya 6CH, Andenoid 21CH)	Placebo	--	None reported	Questionnaire standard; Clinical examination; Direct flexible fibreoptic nasopharyngoscopy, first and last day

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Meskina 2019 (328)	12 Diseases of the respiratory system	Obstructive laryngitis, acute (children 1to 6 years)	60	Non-individualised, oral combination (Meditonsin®)	Control (no intervention)	--	Standard medical care (inhaled and systemic corticosteroids)	Severity of symptoms; Administration of corticosteroids
Ammerschlager 2005 (329)	12 Diseases of the respiratory system	Rhinitis, uncomplicated sinusitis	739	Non-individualised, nasal spray (Euphorbium comp.®)	--	Pharmacotherapy (nasal decongestant [xylometazoline])	None reported	Symptom difference before and after between groups
Friese 2007 (330)	12 Diseases of the respiratory system	Rhinosinusitis, acute	144	Homeopathy (not specified)	Placebo	--	None reported	Sinusitis-typical symptom score; Adverse event
Michalsen 2017 (331)	12 Diseases of the respiratory system	Rhinosinusitis, acute	308	Non-individualised, oral combination (Sinusitis Hevert SL®)	Placebo	--	None reported	Major Rhinosinusitis symptom score; SNOT-20; HRQoL
Ricciotti 2005 (332)	12 Diseases of the respiratory system	Sinusitis, chronic	22	Non-individualised, oral combination (Dr Reckeweg R1®)	Control (no intervention)	--	Standard medical care (amoxicillin/ clavulanic acid)	Rhinorrhoea; Nasal obstruction; Pain; Symptoms
Wiesenauer 1989 (333)	12 Diseases of the respiratory system	Sinusitis, chronic	152	Non-individualised, oral combination (Luffa operculata D4, Kalium bicromicum D4, Cinnabaris D3)	Placebo	Non-individualised, oral combination (Kalium bicromicum D4, Cinnabaris D3) OR Non-individualised, oral (Luffa operculata D4)	None reported	Combination of headache, blocked nasal breathing, trigeminal tenderness, reddening and swelling of nasal mucosa and postnasal secretion
Pal'chun 2008 (334)	12 Diseases of the respiratory system	Tonsillopharyngitis, acute and chronic	?	Homeopathy (not specified)	Unclear	Unclear	None reported	Not reported
Selkova 2005 (335)	12 Diseases of the respiratory system	URTI, acute (influenza-like illness [treatment & prevention])	?	Non-individualised, oral (Oscillococcinum)	Unclear	Unclear	None reported	Not reported
Aver'ianov 2012 (336)	12 Diseases of the respiratory system	URTI, acute (influenza-like illness [treatment], adults)	213	Non-individualised, oral combination (Ergoferon)	--	oseltamivir (daily dose ISO mg)	None reported	% with body temperature normalisation

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Geppe 2019 (337)	12 Diseases of the respiratory system	URTI, acute (influenza-like illness [treatment], children)	306	Non-individualised, oral combination (Ergoferon)	Placebo	--	None reported	number with body temperature resolution; absence or reduction in severity of symptoms
Gassinger 1981 (338)	12 Diseases of the respiratory system	URTI, acute (common cold) [treatment]	53	Non-individualised, oral (Eupatorium perfoliatum D2)	--	Pharmacotherapy (acetylsalicylic acid)	None reported	Efficacy of drug; Symptom check list; Physical examination; Subjective complaints; Body temperature; Laboratory findings
Blokhin 2019 (339)	12 Diseases of the respiratory system	URTI, acute (Influenza-like illness) [treatment}	140	Non-individualised, oral (Anaferon)	Placebo	--	None reported	Mean duration; Severity of respiratory illness; Proportion of patients with recovery; Incidence of bacterial complications; Adverse events
Müller 2002 (340)	12 Diseases of the respiratory system	URTI, acute fever (cold, rhinitis, sore throat, otitis media, bronchitis [treatment], children)	767	Non-individualised, suppository (Viburcol)	--	Standard medical care (paracetamol)	None reported	severity of the acute febrile infection, the global feeling of illness, the body temperature, the clinical symptoms, the onset of action, the therapy result
Bignamini 1991 (341)	13 Diseases of the digestive system	Anal fissures	NR	Non-individualised, oral (Nitricum acidum)	Control (not specified)	--	None reported	--
Cadena 1991 (342)	13 Diseases of the digestive system	Diarrhoea, acute (infants)	50	Homeopathy (not specified)	Control (no intervention)	--	Standard medical care (oral rehydration therapy)	Average diarrhoea; Diarrhoea duration
Onofre 2004 (343)	13 Diseases of the digestive system	Gastroesophageal reflux disease	40	Homeopathy (not specified)	Placebo	--	None reported	Well-being; Heartburn remission; Regurgitation remission; Influence of presence of hiatal hernia; Belief in effectiveness of homeopathy

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Chernenkov 2010 (344)	13 Diseases of the digestive system	Inflammatory bowel diseases (children)	NR	Homeopathy (not specified)	Control (not specified)	--	None reported	--
Rahlfs 1976 (345)	13 Diseases of the digestive system	Irritable bowel syndrome	NR	Non-individualised, oral (Asa foetida)	Placebo	Non-individualised, oral (Asa foetida and Nux Vomica)	None reported	Self-reported change
Rahlfs 1979 (346)	13 Diseases of the digestive system	Irritable bowel syndrome	100	Non-individualised, oral (Asa foetida)	Placebo	--	None reported	Self-reported improvement in symptoms
González Rodríguez 2002 (347)	13 Diseases of the digestive system	Gum disease (periodontitis)	25	Non-individualised, oral sublingual (phosphoro)	Control (no intervention)	--	None reported	Russell Periodontal Index; Mühlemann Bleeding Index
Remy 1995 (348)	14 Diseases of the skin	Dermatitis, atopic	60	Individualised homeopathy, oral	Placebo	--	None reported	--
Siebenwirth 2009 (349)	14 Diseases of the skin	Dermatitis, atopic	24	Individualised homeopathy, oral	Placebo	--	Standard medical care (indifferent emollients)	Disease severity (assessed by Costa and Saurat's multi-parameter atopic dermatitis score); QoL; Coping; Global assessments of treatment success
Abreu Rivero 2017 (350)	14 Diseases of the skin	Psoriasis	36	Homeopathy (not specified)	--	Pharmacotherapy (not specified)	None reported	Symptoms of psoriasis; Difference in symptoms between groups; Adverse reactions; % presenting signs of improvement
Maiko 2002 (351)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis (knee)	NR	Non-individualised, oral combination (Zeel T®)	Control (no intervention)	--	Standard medical care (NSAIDs)	Clinical and observed efficacy
Andrade 1988 (352)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	44	Homeopathy (not specified)	Placebo	--	None reported	Unclear primary outcome
Dugina 2005 (353)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	60	Non-individualised, oral (Artrofoon® [TNF-α C12, C30, C200])	--	Pharmacotherapy (anti-inflammatory [Diclofenac])	None reported	Rheumatoid arthritis symptoms; Inflammatory signs; ACR20; Adverse effects; Overall tolerability; Safety

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Wiesenauer 1991 (354, 355)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	111	Non-individualised, oral (Rheumaselect®)	Placebo	--	None reported	Pain at night, resting and movement; Inflammatory signs; Morning stiffness; Fatigue; Patient assessment of pain; Functional index; Overall assessment of therapy by treating physician and by patient
Beer 2012 (356)	15 Diseases of the musculoskeletal system or connective tissue	Low back pain, chronic	221	Non-individualised, oral combination (Lymphdiaral basistropfen®)	Placebo	--	None reported	Functional ability (Hanover functional ability questionnaire score); Pain characteristics; QoL (SF-12); Amount of analgesia; Absence from work; Adverse reaction
Gmunder 2002 (357)	15 Diseases of the musculoskeletal system or connective tissue	Low back pain, chronic	43	Homeopathy (not specified)	--	Physiotherapy (not described)	None reported	Oswestry questionnaire; Visual analogue scale; Acceptance of treatment
Tomar 2022 (358)	15 Diseases of the musculoskeletal system or connective tissue	Spondylosis, cervical (mechanical neck pain)	140	Individualised homeopathy, oral	Placebo	--	None reported	0-10 Numeric Rating scale; Neck Disability Index
Kurz 1993 (359)	16 Diseases of the genitourinary system	Dysuria (painful urination)	40	Non-individualised, oral (Caustikum)	Placebo	--	None reported	Symptom improvement; Bladder capacity; Micturition frequency during the day and night
Gerhard 1997 (360, 361)	16 Diseases of the genitourinary system	Infertility, female	NR	Homeopathy (not specified)	--	Standard medical care (not described)	None reported	--
Wuttke 1997 (362)	16 Diseases of the genitourinary system	Mastalgia	104	Non-individualised, oral (agnus castus)	Placebo	--	None reported	Pain (VAS)
Bergmann 2000 (363)	16 Diseases of the genitourinary system	Menstrual disorder (oligomenorrhoea or amenorrhoea)	67	Non-individualised, oral combination (Phyto hypophyson L®)	Placebo	--	None reported	Spontaneous menstruation; Progesterone level; Timing of ovulation; Pregnancy

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Agasarov 2010 (364)	17 Conditions related to sexual health	Erectile dysfunction	NR	Homeopathy (not specified)	Placebo	--	None reported	dynamic neurostimulation; restored sexual function
Cintra Rodriguez 2012 (365)	17 Conditions related to sexual health	Erectile dysfunction	90	Individualised homeopathy (with flower therapy)	--	Complementary therapy (Acupuncture) OR Complementary therapy (Catgut implantation [acupoint therapy])	None reported	erectile function
Beer 1999 (366)	18 Pregnancy, childbirth or the puerperium	Labour induction (after premature membrane rupture)	40	Non-individualised, oral (Caulophyllum)	Placebo	--	None reported	Onset of regular uterine contractions; Duration of labour; Oxytocin requirement; Mode of delivery; Bishop scores; Infection (maternal and neonate)
Berrebi 2001 (367)	18 Pregnancy, childbirth or the puerperium	Lactation pain	71	Homeopathy (not specified)	Placebo	--	None reported	Basic treatment (naproxen and fluid restriction); Lactation pain; Breast tension; Spontaneous milk flow
Kynigos 2015 (368)	18 Pregnancy, childbirth or the puerperium	Pregnant women (a risk of delay in lactation)	100	Non-individualised, oral (Lac caninum 5CH)	Control (no intervention)	Non-individualised, oral combination (Agnus castus 5CH + Ricinus communis 4CH)	None reported	onset of lactation
Keshishyan 2019 (369)	19 Certain conditions originating in the perinatal period	Perinatal brain injury	184	Non-individualised homeopathy, oral (tenoten)	Placebo	--	None reported	Improvement in Djurba-Mastukova scale (response rate)
Stepanova 2017 (370)	21 Symptoms, signs or clinical findings, not elsewhere classified	Dysphonia (vocal cord nodules and acute laryngitis)	40	Non-individualised, oral combination (Homeovox®)	Control (no intervention)	--	Standard medical care (not described)	the videoendostroboscopic picture of the larynx; acoustic characteristics

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Strosser 2002 (371)	21 Symptoms, signs or clinical findings, not elsewhere classified	Vertigo (non-vestibular)	198	Non-individualised, oral combination (Vertigoheel®)	--	Pharmacotherapy (dimenhydrinate [Dramamine])	None reported	Number, duration, intensity of vertigo attacks; Safety/tolerability
Mederos Blanco 2015 (372)	22 Injury, poisoning or certain other consequences of external causes	Long bone fractures	28	Non-individualised, oral (Symphytum calcarea phosphorica)	Control (no intervention)	--	RALCA external fixators	bone consolidation
Salenko 2006 (373)	22 Injury, poisoning or certain other consequences of external causes	Motion sickness	NR	Non-individualised, oral combination (Avia-more®)	--	Pharmacotherapy (dimenhydrinate [Dramamine])	None reported	Efficacy; Sensory-and-motor and cognitive functions
Ramos Padilla 2015 (374)	24 Factors influencing health status or contact with health services	Children (1-4 yrs) requiring an electroencephalogram under sedation	100	Non-individualised, oral (passionflower 6CH)		Standard medical care (chloral hydrate, diphenhydramine syrup)	None reported	Duration of sedation
Mayaux 1988 (375)	24 Factors influencing health status or contact with health services	Postoperative recovery (abdominal surgery)	150	Non-individualised, oral combination (Opium, Raphanus)	Placebo OR Control (no intervention)	Non-individualised, oral (opium plus placebo)	None reported	Time to passage of the first stool after abdominal surgery
Schwartz 1989 (376)	24 Factors influencing health status or contact with health services	Postoperative recovery (abdominal surgery)	600	Non-individualised, oral combination (Opium, Raphanus)	Placebo OR Control (no intervention)	Non-individualised, oral (Opium + placebo)	None reported	Time elapsed between closure of the abdominal wall and the first faeces; First bowel sounds; Passing of flatus per rectum
Alibeu 1990 (377)	24 Factors influencing health status or contact with health services	Postoperative recovery (children, pain and agitation)	50	Non-individualised, oral (Aconitum)	Placebo	--	None reported	Post-operative agitation
Lopez Vantour 2017 (378)	24 Factors influencing health status or contact with health services	Postoperative recovery (complicated tooth extraction)	70	Non-individualised, oral combination (Hyperycum, Arnica montana)	--	Standard medical care (not described)	None reported	Intensity of pain; symptoms and signs of complication - oedema, lockjaw
Souza 2011 (379)	24 Factors influencing health status or contact with health services	Postoperative recovery (molar extraction)	30	Non-individualised, oral (Arnica montana 6 CH)	--	Pharmacotherapy (diclofenac sodium)	None reported	Oedema control

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Tan Suárez 2008 (380)	24 Factors influencing health status or contact with health services	Postoperative recovery (tooth extraction [dental alveolitis])	134	Homeopathy (not specified)	--	Standard medical care (Alvogyl, dental paste)	Antibiotics (not described)	Pain (VAS); inflammation (scale not described)
Wolf 2003 (381)	24 Factors influencing health status or contact with health services	Postoperative recovery (varicose vein surgery)	60	Non-individualised, oral (Arnica montana D12)	Placebo	--	None reported	Surface and intensity of haematomas; Complications of wound healing; Pain intensity (5-point NRS)
Rodríguez Gutiérrez 2008 (382)	24 Factors influencing health status or contact with health services	Pre/postoperative recovery (tooth extraction, children)	70	Non-individualised, oral combiantion (Hypericum perforatum 200 CH, Arnica montana 200 CH)	--	Standard medical care (not described)	None reported	Pain (VAS), complications
Gonçalves 2007 (383)	24 Factors influencing health status or contact with health services	Preoperative anxiety (dental surgery [bone integration and bone graft implant])	34	Non-individualised, oral (Ansiodoron®)	Placebo	--	None reported	Anxiety
Rottey 1995 (384)	25 Prevention/ codes for special purposes	Influenza (prophylaxis)	NR	Non-individualised, oral (micro-organisms)	Control (not specified)	--	None reported	--

Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions
Abbreviations: min, minutes; mos, months; NEC, not elsewhere classified; RCT, randomised controlled trial; wks, weeks; yrs, years

C4.3 Studies not able to be retrieved

Table C-7 Characteristics of studies awaiting classification (by ICD-11 disease category): Homeopathy – studies not able to be retrieved

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Patil 2014 (385)	03 Diseases of the blood or blood-forming organs	Anaemia (girls 10 to 18 years)	NR	Non-individualised, oral (Biochemic Ferrum Phos 3X) + individualised homeopathy	Control (not specified)	Non-individualised, oral (Biochemic Ferrum Phos 3X)	None reported	Haemoglobin percentage
Chauhan 2014 (386)	05 Endocrine, nutritional and metabolic diseases	Thyroid disorders (subclinical hypothyroidism, autoimmune thyroiditis)	194	Individualised homeopathy	Placebo	--	None reported	Serum TSH and anti-TPO antibodies titers; Progression to overt hypothyroidism
McCutcheon 1996 (387)	06 Mental and behavioural disorders	Anxiety	NR	Homeopathy (not specified)	Placebo	--	None reported	Stress; Pulse rate; Sleep quality
Gupta 2022 (388)	08 Diseases of the nervous system	Epilepsy (paediatric)	60	Individualised homeopathy, oral	Placebo	--	None reported	Hague Seizure Severity Scale; QoL in Childhood Epilepsy; Paediatric QoL inventory
Beckmann-Reinhold 2000 (389)	08 Diseases of the nervous system	Headache disorders (migraine)	NR	Homeopathy (not specified)	Control (not specified)	--	None reported	--
Dutta 2022 (390)	11 Diseases of the circulatory system	Stroke recovery (post-stroke hemiparesis)	60	Individualised homeopathy, oral	Placebo	--	None reported	Medical Research Council muscle strength grading scale; Stroke Impact Scale; Modified Ashworth Scale; 0–100 visual analogue scale

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Mitchiguian Hotta 2018 (391, 392)	12 Diseases of the respiratory system	Asthma, chronic (12 to 17 years)	40	Individualised homeopathy, oral	Placebo	--	Standard medical care (beclomethasone step-down)	Number of days of well-controlled asthma; Number of days of fenoterol use; Number of visits to an emergency service (without hospitalisation); % patients excluded due to an exacerbation characterising a partly controlled asthma; Adverse events
Jacobs 1993 (393-395)	13 Diseases of the digestive system	Diarrhea, acute (children) [Nicaragua]	81	Individualised homeopathy, oral	Placebo	--	Standard medical care (oral rehydration therapy)	--
Rai 2022 (396, 397)	14 Diseases of the skin	Acne vulgaris	126	Individualised homeopathy, oral	Placebo	--	None reported	Global Acne Grading System; Cardiff Acne Disability Index; Dermatology Life Quality Index
Sexena 2021 (398)	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis (knee)	50	Non-individualised, oral (Osteoarthritic nosode)	Placebo	--	Physiotherapy	Knee Outcome Survey-Activity of Daily Living Scale (KOS- ADLS)
Clark 2000 (399)	15 Diseases of the musculoskeletal system or connective tissue	Plantar fasciitis	14	Non-individualised, oral (Ruta graveolens)	Placebo	--	None reported	--
Ghosh 2021 (400)	16 Diseases of the genitourinary system	Menstrual disorder (primary dysmenorrhea)	128	Individualised homeopathy, oral	Placebo	--	None reported	Pain (0-10 NRS); Verbal multidimensional scoring system (VMSS)
Jain 2021 (401)	16 Diseases of the genitourinary system	Menstrual disorder (primary dysmenorrhea)	80	Individualised homeopathy, oral	--	Standard medical care (not described)	None reported	Pain intensity (VAS); QoL
Schmidt 1996 (402)	22 Injury, poisoning or certain other consequences of external causes	Subcutaneous mechanical injuries (acute muscle injury)	NR	Non-individualised, topical (Arnica montana 1C or 6C)	Placebo	--	None reported	Pain; Postoperative recovery
Ives 1984 (403)	24 Factors influencing health status or contact with health services	Postoperative recovery (routine dental extraction)	NR	Non-individualised, oral (Arnica montana)	Control (not specified)	--	None reported	--

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Talele 2022 (404, 405)	25 Prevention/ codes for special purposes	COVID-19, exposed (prophylaxis)	2294	Non-individualised, oral combination (A. album 30C, B. alba 30C, G. sempervirens 30C, Influenzium 30C) OR Non-individualised, oral (Arsenicum album 30C)	Placebo	Non-individualised, oral (Bryonia alba 30C) OR Non-individualised, oral (Coronavirus nosode CVN01 30C) OR Non-individualised, oral (Camphora 1M)	None reported	Recruitment and retention; Numbers testing positive for COVID-19 after developing symptoms of illness; Number of subjects hospitalized; Days to recovery

Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions
Abbreviations: NEC, not elsewhere classified; RCT, randomised controlled trial;

C4.4 Studies unable to be translated or interpreted at the title/abstract stage

Table C-8 Citation details of studies unable to be translated or interpreted at the title/abstract stage: Homeopathy

(See separate file)

C4.5 Studies submitted or published after the literature search date

Table C-9 List of studies submitted or published after the literature search date: Homeopathy

STUDY ID	ICD-11 Category	POPULATION	N	INTERVENTION	COMPARATOR (inactive)	COMPARATOR (other)	CO-INTERVENTIONS	OUTCOMES
Laskar 2023 (406)	01 Certain infectious and parasitic diseases	Tinea corporis (ringworm)	62	Individualised homeopathy, oral	Placebo	--	None reported	Frequency of individuals with complete disappearance of skin lesion
Oberai 2023 (407)	12 Diseases of the respiratory system	Rhinosinusitis, chronic	120	Individualised homeopathy, oral	Placebo	--	None reported	TSS score; Sino nasal outcome test-22; Lund Mackay CT scoring; Nasal endoscopy scoring; Absolute eosinophil count
Deep Das 2022 (408)	13 Diseases of the digestive system	Irritable bowel syndrome	60	Individualised homeopathy, oral	Placebo	--	Usual care (dietary advice, yoga, meditation, and exercises)	IBS-QoL; IBS symptom severity score; EQ-5D5L questionnaire and VAS score
Prakash 2023 (409)	15 Diseases of the musculoskeletal system or connective tissue	Spondylosis, lumbar (mechanical back pain)	55	Individualised homeopathy, oral	Placebo	--	None reported	Oswestry low back pain questionnaire; McGill pain questionnaire short form; Roland Morris questionnaire

Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions
Abbreviations: RCT, randomised controlled trial

C5 Citation details of ongoing studies

This appendix documents the studies that met the prespecified inclusion criteria for a systematic review on the effect of homeopathy for preventing and treating any health condition but outcome data from the study is not yet available.

An overview of ongoing studies is provided in Table C-10

Table C-10 Overview of ongoing studies (by ICD-11 disease category): Homeopathy

Disease Category	# studies								
	Not yet recruiting	Recruiting	Active, not recruiting	Recruitment complete	Complete, results not yet available	Brief results on registry	Suspended/ terminated/ withdrawn	Unknown	TOTAL
01 Certain infectious and parasitic diseases	3	5	--	--	6	--	--	1	**15**
02 Neoplasms	1	1	--	2	1	1	--	2	**8**
03 Diseases of the blood or blood-forming organs	2	3	--	--	--	--	--	--	**5**
04 Diseases of the immune system	1	6	1	--	8	2	1	2	**20**
05 Endocrine, nutritional and metabolic diseases	8	8	1	--	4	--	--	2	**23**
06 Mental and behavioural disorders	5	4	--	--	1	1	--	4	**16**
07 Sleep-wake disorders	--	1	--	--	--	--	--	--	**1**
08 Diseases of the nervous system	1	2	--	--	--	--	1	--	**4**
09 Disease of the visual system	--	--	--	--	--	--	1	--	**1**
11 Diseases of the circulatory system	1	--	--	--	1	--	2	1	**5**
12 Diseases of the respiratory system	11	2	--	1	2	1	2		**19**
13 Diseases of the digestive system	3	6	--	1	5	--	--	1	**16**
14 Diseases of the skin	--	3	--	--	--	--	--	--	**3**
15 Diseases of the musculoskeletal system or connective tissue	4	13	--	1	--	--	2	2	**22**
16 Diseases of the genitourinary system	4	5	--	--	3	--	--	1	**13**
17 Conditions related to sexual health	1	--	--	--	--	--	1	--	**2**
18 Pregnancy, childbirth or the puerperium	--	--	--	--	1	--	1	--	**2**
21 Symptoms, signs or clinical findings, not elsewhere classified	1	--	--	--	2	--	1	--	**4**
22 Injury, poisoning or certain other consequences of external causes	--	1	--	--	--	--	1	1	**3**
24 Factors influencing health status or contact with health services	--	--	--	--	1	--	2	1	**4**
25 Prevention/ codes for special purposes	4	--	--	1	1	--	--	--	**6**
GRAND TOTAL	**50**	**60**	**2**	**6**	**36**	**5**	**15**	**18**	**192**

Table C-11 Characteristics of ongoing studies (by ICD-11 Category): Homeopathy

(see separate file)

C6 Implications of missing data

The following appendix lists studies that met the prespecified inclusion criteria for a systematic review on the effect of homeopathy for preventing and treating any health condition, were conducted in a priority population, and were judged to have missing results for a particular synthesis (meta-analysis or other synthesis) because the outcome was measured but not reported by the trialists (raising concern about selective non-reporting based on the result being 'unfavourable' to the intervention).

Table C-12 Studies in priority populations that are eligible for Primary or Secondary Comparison (homeopathy vs placebo or no intervention) that are awaiting classification or ongoing (complete, with results not available or published)

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
CTRI/2013/03/003509	2013	Suspended	04 Diseases of the immune system	Dermatitis, atopic	44	Individualised homeopathy, oral	Placebo	--	--	None specified	Change in POSCORAD; IgE level; Eosinophil count (peripheral blood)
CTRI/2019/02/017576	2019	Complete, results not available	04 Diseases of the immune system	Dermatitis, atopic	60	Individualised homeopathy, oral	Placebo	--	--	None specified	Patient-oriented score of atopic dermatitis; Dermatology life quality index
CTRI/2019/10/021712	2019	Complete, results not available	04 Diseases of the immune system	Dermatitis, atopic	60	Individualised homeopathy, oral	Placebo	--	--	None specified	Patient-oriented Scoring of Atopic Dermatitis, Atopic Dermatitis Burden Scale for Adults, Dermatological Life Quality Index
NCT02255136; CTRI/2012/02/002419	2012	Complete, results not available	04 Diseases of the immune system	Hay fever (allergic rhinitis and/or bronchial asthma)	100	Individualised homeopathy, oral	Placebo	--	--	None specified	Interleukin 10 and 13 levels; Adverse events
NCT00822406	2009	Complete, results not available	04 Diseases of the immune system	Hay fever (allergic rhinitis)	41	Individualised homeopathy, oral	Placebo	--	--	None specified	Allergy signs and symptoms score

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
EUCTR2016-000097-38-BE	2016	Unknown	04 Diseases of the immune system	Hay fever (allergic rhinitis/ rhino-conjunctivitis) [grass pollen]	80	Non-individualised, oral (2L® ALERG [cytokins complexe])	Placebo	--	--	None specified	total 5 symptoms score (sneezing, rhinorrhoea, nasal pruritus, eye itching and tearing, nasal obstruction); Consumption of rescue medication; QoL (WHO-QoL-BREF); Adverse events
NCT02690935	2016	Complete, results available but not published	04 Diseases of the immune system	Hay fever (allergic rhinitis/ rhino-conjunctivitis) [grass pollen]	102	Non-individualised, oral (2L® ALERG [cytokins complexe])	Placebo	--	--	None specified	Symptom score; Quality of life score
EUCTR2008-002277-13	2009	Complete, results not available	04 Diseases of the immune system	Hay fever (allergic rhinitis; 6-11 yrs.)	260	Non-individualised, oral (Klosterfrau Allergin Globuli)	Placebo	--	--	None specified	Hay fever symptoms (total sum of scores before and after treatment); Efficacy and tolerability; Side effects
NCT00358774	2006	Complete, results not available	04 Diseases of the immune system	Recurrent infection, URTI (common cold [rhinovirus])	40	Non-individualised, nasal spray (not specified)	Control (no intervention)	--	--	None specified	Proportion of subjects with symptomatic infection; Proportion of subjects infected; Mean number of days of viral shedding
NCT01651715	2012	Complete, results not available	04 Diseases of the immune system	Recurrent infection, URTI (common cold)	232	Non-individualised, oral (TAO1[homeopathic antibodies])	Placebo	--	--	None specified	Symptom severity; Duration of symptoms; Functional impairment; Analgesia/antipyretic use; Adverse effects
CTRI/2020/10/028654	2020	Unknown	04 Diseases of the immune system	Recurrent infection, URTI (tonsillitis, chronic; 8 to 18 yrs.)	60	Individualised homeopathy, oral	Placebo	--	--	None specified	QoL questionnaire; Paediatric quality life inventory

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
Shah 2018	?	Conference abstract	04 Diseases of the immune system	Recurrent infection, URTI or LRTI	148	Non-individualised, oral (Emtact® [Mycobacterium nosode 30C])	Placebo	--	--	None reported	Appetite; Sleep; Mood/thinking ability; School performance; Bothersomeness; Symptoms, such as cough/expectoration and watery nasal discharge; Weight gain; Percentage frequency of episodes of URTI
McCutcheon 1996	?	Full text not able to be retrieved	06 Mental and behavioural disorders	Anxiety	NR	Homeopathy (not specified)	Placebo	--	--	None reported	Stress; Pulse rate; Sleep quality
NCT02208726	2014	Complete, results not available	06 Mental and behavioural disorders	Anxiety symptoms (students)	30	Non-individualised, oral (Picricum acidum and Phosphoricum acidum)	Placebo	--	--	None specified	State-Trait-Anxiety-Inventory; Anxiety symptom score card
EUCTR2010-020810-27-EN	2010	Unknown	06 Mental and behavioural disorders	Attention deficit disorder (with hyperactivity)	112	Non-individualised, oral combination (Dopamine 5 CH, Serotoninum muriaticum 5 CH)	Placebo	--	--	None specified	The Conners Global Index-Parent; Conners CPRS-R
IRCT20130911912175N1	2013	Unknown	06 Mental and behavioural disorders	Depression (with or without PTSD)	40	Non-individualised, homeopathy (Natrium muriaticum)	Placebo	--	--	Standard medical care (not described)	Depression severity (Beck Depression Inventory); QoL

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
CTRI/2013/08/003899	2013	Terminated	08 Diseases of the nervous system	Headache disorder (migraine)	12	Individualised homeopathy, oral	Placebo	--	--	None specified	Migraine intensity (VAS); duration of symptoms; Frequency of migraine episodes; Improvement in migraine screen questionnaire
Beckmann-Reinhold 2000	?	Full text not able to be retrieved	08 Diseases of the nervous system	Headache disorders (migraine)	NR	Homeopathy (not specified)	Control (not specified)	--	--	None reported	--
Cady 2014	?	Conference abstract	08 Diseases of the nervous system	Headache disorders (migraine)	50	Non-individualised, oral (Mycratine® [nicotinum 6X])	Placebo	--	--	None reported	Pain; Adverse events
Sharma 2013	?	Conference abstract	08 Diseases of the nervous system	Headache disorders (tension-type)	127	Homeopathy (not specified)	Control (usual care)	--	--	None reported	Number of headache attacks; Duration of pain; Pain intensity (VAS); Use of medication and resources
Jansen 1997	?	Conference abstract	12 Diseases of the respiratory system	Asthma, bronchial	69?	Individualised homeopathy, oral (200C)	Placebo	--	--	None reported	Changes in severity of asthmatic complaints, peak flow, consumption of anti-asthmatic drugs, and general well being
Mitchiguian Hotta 2018	?	Full text not able to be retrieved	12 Diseases of the respiratory system	Asthma, chronic (12 to 17 years)	40	Individualised homeopathy, oral	Placebo	--	--	Standard medical care (beclomethasone step-down)	Number of days of well-controlled asthma; Number of days of fenoterol use; Number of visits to an emergency service (without hospitalisation); Percentage of patients excluded due to an exacerbation characterising a partly controlled asthma; Adverse events

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
Jacobs 1993	?	Full text not able to be retrieved	13 Diseases of the digestive system	Diarrhea, acute (children) [Nicaragua]	81	Individualised homeopathy, oral	Placebo	--	--	Standard medical care (oral rehydration therapy)	--
ACTRN12605000256673	2005	Unknown	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis	135	Individualised homeopathy, oral (200C)	Placebo	Individualised homeopathy, oral complex	--	None specified	Western Ontario and McMasters University OA Index (WOMAC); Comprehensive OA test; SF-12; Paracetamol use
CTRI/2013/08/003926	2013	Terminated	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis (knee)	15	Individualised homeopathy, oral	Placebo	--	--	None specified	Visual analogue scales for pain, stiffness and limitation of physical function; OARS-OMERACT constant or intermittent pain measure; Safety ; Need for concomitant therapy; Adverse or serious events ; Withdrawal due to adverse events or lack of efficiency; Number of deaths
CTRI/2021/02/031453	2021	Recruitment complete	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis (knee)	40	Individualised homeopathy, oral	Placebo	--	--	Health advice (ice cube massage, static quadriceps exercise, use of kneecap or braces, avoid bending knees and sitting on floor, lifting heavy weights, etc.)	Knee injury and Osteoarthritis Outcome Score (KOOS); EQ-5D-5L questionnaire; VAS score

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
Sexena 2021	?	Full text not able to be retrieved	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, osteoarthritis (knee)	50	Non-individualised, oral (Osteoarthritic nosode)	Placebo	--	--	Physiotherapy	Knee Outcome Survey-Activity of Daily Living Scale (KOS- ADLS)
Laremenko 2014	?	Conference abstract	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	50	Non-individualised, oral combination (Incena®)	Placebo	--	--	Standard medical care (dMARDS)	ACR20, ACR50, ACR70; Dynamics (the average difference between the variants) of DAS28, mHAQ-DI, ESR, CRP, TNF-α; IL-10 (ELISA) levels in the serum
Tuteja 2018	?	Conference abstract	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid	120	Individualised homeopathy	Placebo	--	--	None reported	Proportion of patients with ACR20 response; Change in disease activity score DAS28 C-reactive protein
NCT01905735	2013	Unknown	15 Diseases of the musculoskeletal system or connective tissue	Arthropathies, rheumatoid arthritis	60	Non-individualised, oral (Rhustoxicodendron 30C)	Placebo	--	--	None specified	Symptom improvement (American College of Rheumatology criteria); Joint symptom changes; Global assessment of disease (by patient and physician); Laboratory changes (ESR level); Disability index of the health assessment questionnaire
Subhadra 2019	?	Conference abstract	15 Diseases of the musculoskeletal system or connective tissue	Low back pain, chronic	550	Individualised homeopathy	Placebo	Individualised homeopathy plus placebo	--	None reported	Oswestry low back pain questionnaire; Hamilton Anxiety rating scale; Back depression inventory; PGI general wellbeing measure

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
CTRI/2019/10/021634	2019	Complete, results not available	16 Diseases of the genitourinary system	21 Symptoms of menopause (40 to 55 yrs.)	60	Individualised homeopathy, oral	Placebo	--	--	Health advice (diet modifications [diet rich in phyto-estrogens)	Greene Climacteric scale; Menopause rating scale; Utian QoL
Desiderio 2015	?	Conference abstract	16 Diseases of the genitourinary system	21 Symptoms of menopause (breast cancer survivors)	35	Homeopathy (not specified)	Placebo	--	--	None reported	Severity of menopausal symptoms
NCT01460043	2011	Complete, results not available	16 Diseases of the genitourinary system	Menstrual disorder, heavy menstrual bleeding (menorrhagia)	25	Individualised homeopathy, oral (30C)	Placebo	--	--	None specified	Bleeding (days); Bleeding (intensity); Average pads used; Pain (back and abdominal); QoL
Sharma 2012b	?	Conference abstract	16 Diseases of the genitourinary system	Menstrual disorder, heavy menstrual bleeding (menorrhagia)	57	Homeopathy (not specified)	Placebo	--	--	None reported	Intensity of bleeding; Pads used; Back pain; Abdominal pain; Health related quality of life
Ghosh 2021	?	Full text not able to be retrieved	16 Diseases of the genitourinary system	Menstrual disorder, primary dysmenorrhea	128	Individualised homeopathy, oral	Placebo	--	--	None reported	Pain (0-10 numeric rating scales); Verbal multidimensional scoring system (VMSS)
NCT02467543	2015	Complete, results not available	16 Diseases of the genitourinary system	Menstrual disorder, primary dysmenorrhea	30	Non-individualised, oral (Viburnum opulus 30X)	Placebo	--	--	None specified	Pain (SF McGill Pain Questionnaire); Pain (VAS); Treatment satisfaction
Danner 1998	?	Conference abstract	16 Diseases of the genitourinary system	Premenstrual syndrome	NR	Individualised homeopathy, oral (200C)	Placebo	Non-individualised, oral (Folliculinum 30C)	--	None reported	Moos Menstruation Distress questionnaire; Global self-assessment; Adverse events

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
NCT02402049	2015	Unknown	16 Diseases of the genitourinary system	Premenstrual syndrome	180	Non-individualised, oral (Natrum muriaticum 30C)	Placebo	Non-individualised, oral (Lachesis 30C OR Sepia 30C OR Pulsatilla 30C OR Folliculinum 30C)	--	None specified	Daily Record of Severity of Problems score; Absenteeism; Analgesia use; Self-report of treatment efficacy; adverse events
EUCTR2015-001548-13-ES	2015	Terminated	18 Pregnancy, childbirth or the puerperium	Pregnant women (32 or 33 weeks gestation)	114	Non-individualised, oral combination (Actaea racemosa 9CH, Caulophyllum thalictroides 9CH)	Placebo	--	--	None specified	Duration of first stage of labour; Labour characteristics (cervical ripening, duration of labour, premature rupture of membranes); Drug use (oxytocin; anaesthesia); Induction of labour (drugs, Hamilton manoeuvre, amniotomy); Instrumental delivery; Newborn (APGAR score); Satisfaction survey of pregnant women; Lab tests (liver function, kidney function, full blood count); Adverse events
NCT01156194	2010	Complete, results not available	18 Pregnancy, childbirth or the puerperium	Pregnant women, primiparous (20 to 35 years) (prevention of PPH)	210	Non-individualised, oral (Arnica montana 6C and Bellis perennis 6C)	Placebo	Non-individualised, oral (Arnica montana 30C and Bellis perennis 30C)	--	None specified	Haemoglobin level (2-days post-partum); Incidence of endometritis; Time to extrusion of placenta; Duration of lochiae secretion; Duration of third stage labor; QoL ; adverse effects; serum toxic levels; state of perineum post-partum

Study ID	Year registered	Citation type	ICD-11 Category	Population	Total N	INTERVENTION	COMPARATOR 1 (inactive)	COMPARATOR 2 (active)	COMPARATOR 3 (active)	CO-INTERVENTION	OUTCOMES
Sharma 2012d	?	Conference abstract	21 Symptoms, signs or clinical findings, NEC	Chronic pain (non-malignant)	67	Homeopathy (not specified)	Placebo	--	--	None reported	Pain; Anxiety; Depression; Quality of life
Tramontana 2017	?	Conference abstract	21 Symptoms, signs or clinical findings, NEC	Fibromyalgia	25	Non-individualised, oral combination (Nux vomica , Rhus toxicodendron, Ignatia amaa 30 CH)	Placebo	Complementary therapy (Laser therapy)	Combination (Homeopathy plus Laser therapy)	None reported	Fibromyalgia impact questionnaire; Reduction in dose of standard of care treatment; Side effects ; Interactions with standard of care
CTRI/2022/04/041852	2022	Complete, results not available	21 Symptoms, signs or clinical findings, NEC	Post-COVID-19 fatigue (multisystem)	60	Individualised homeopathy, oral	Placebo	--	--	Health advice (hygiene, hydration, mild-moderate exercise, nutrition, rest)	Post-COVID-19 symptoms checklist; Measure yourself medical outcome profile version 2
NCT05104749	2021	Complete, results not available	21 Symptoms, signs or clinical findings, NEC	Post-COVID-19 fatigue (multisystem)	77	Individualised homeopathy, oral	Placebo	--	--	None specified	Fatigue; Quality of Life; General health using MYMOP

Abbreviations: bDMARD, biological disease modifying antirheumatic drug; BMI, body mass index; DASS-21, 21-item depression, anxiety stress scale; DBP, diastolic blood pressure; EQ-5D, European quality of life-5 dimensions; GAD-7, 7-item generalised anxiety disorder; HAM-A, Hamilton anxiety rating scale; HAM-D, Hamilton depression rating scale; HRQoL, health-related quality of life; min, minutes; mos, months; NDI, neck disability index; NEC, not elsewhere classified; NR, not reported; PTSD, post-traumatic stress disorder; ROM, range of motion; SF-36, 36-item short form; STAI, stat-trait anxiety index; WHO, World Health Organization; wks, weeks; yrs, years
Note: CH=centesimal dilutions using Hahnemann's dilution method; D=Decimal dilutions; M=millesimal dilutions; X=Decimal dilutions

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Contributions of authors

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Declarations of interest

All named authors declare they have no financial, personal or professional interests that could be construed to have influenced the conduct or results of this systematic review.

In line with the process to establish any NHMRC committee, each committee member was asked to disclose their interests. Potential conflicts of interest among NHMRC NTWC members are lodged with the NHMRC and are available online.

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