

# Homeopathic Treatment of Otitis Media

## A Literature Review

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In this issue of *Alternative and Complementary Therapies*, the Clinical Roundup covers how practitioners treat otitis media. This article offers a review of key studies in homeopathic treatment of this condition.

#### First Reports on Classical Homeopathy

The first report of classical homeopathy is relatively recent, dating to 1997 when Friese and colleagues<sup>1-3</sup> reported on an open study comparing the results obtained treating otitis media in children. The children were treated using two different medical approaches. The researchers compared classical unitary homeopathic remedies (*Aconitum*, *Apis mel.*, *Belladonna*, *Lachesis*, *Pulsatilla*, *Silicea*, *Lycopodium*, *Chamomilla*, and *Capsicum*) prescribed after an individual homeopathic case analysis, with conventional therapy based on antibiotics, mucolytics, and antipyretics. Subjects in a homeopathic group experienced pain for 2 days and subjects in a conventional therapy group experienced 3 days of pain, and the duration of therapy was 4 and 10 days, respectively.

The latter difference was statistically significant, but it should be noted that the duration of antibiotic therapy for these conditions cannot be shorter than a week, so this comparison may not reflect the clinical outcomes. In brief, this pragmatic study comparing homeopathic with conventional therapy showed that results were similar, but with a trend in favor of homeopathy.

#### Individual Remedies Versus Conventional Treatment

In an open, prospective, multicenter study, Kruse<sup>3</sup> evaluated a group of children with otitis media for 6 weeks, controlling homeopathic treatment results against conventional thera-

py. The homeopathy group was treated with single remedies such as *Aconitum* 30x, *Apis* 6x, *Belladonna* 30x, *Capsicum* 6x, *Chamomilla* 3x, *Lachesis* 12x, and other remedies. The reference group was treated with antibiotics, secretolytics, antipyretics, and sympathomimetics such as nasal sprays. In the two groups the number of children remaining relapse-free and the average duration of pain were similar.

In an observational study, Frei and Thurneysen<sup>4</sup> sought to determine how many children with acute otitis media were relieved of pain with individualized homeopathic treatment. Children with this condition received a first individualized homeopathic medicine in the pediatric office. If pain reduction was not sufficient after 6 hours, a second (different) homeopathic medicine was given. After a further 6 hours, children who had not experienced pain control were started on antibiotics.

Pain control was achieved in 39% of the patients after 6 hours and in another 33% after 12 hours. Compared with literature data the researchers had consulted, they stated that the resolution rate was 2.4 times faster than in untreated cases. The six most frequently prescribed remedies were *Pulsatilla*, *Belladonna*, *Sulphur*, *Phosphorus*, *Calcium Carbonicum*, and *Lycopodium*.

An interesting multicenter, prospective, observational study in a real-world medical setting compared the effectiveness of homeopathy with conventional medicine.<sup>5</sup> Thirty investigators (Riley et al.) with conventional medical licenses at six clinical sites in four countries enrolled a series of patients with at least one of the following three complaints: upper respiratory tract complaints including allergies; lower respiratory tract complaints including allergies; or ear complaints. Four hundred and fifty-six patient visits were compared. Homeopathy appeared to be at least as effective as conventional medical care in the treatment of patients with these three conditions.

## Randomized, Double-Blind Trial

A randomized double-blind, placebo-controlled pilot study was conducted by Jacobs and colleagues in children with otitis media.<sup>6</sup> Subjects having middle ear effusion and ear pain and/or fever for no more than 36 hours were enrolled in the study. The subjects received either an individualized homeopathic medicine or a placebo administered orally three times daily for 5 days, or until symptoms subsided. There were fewer treatment failures in the group that received homeopathy, but these differences were not statistically significant. Diary scores showed a significant decrease in symptoms after treatment in favor of homeopathy ( $P < 0.05$ ).

## International Multicenter Study

The aim of an international, multicenter, comparative cohort study by Haidvogel and colleagues<sup>7</sup> was to assess the effectiveness of homeopathy compared with conventional treatment in acute respiratory and ear complaints in a primary care setting. The primary outcome criterion was the response rate after 14 days of therapy. Data gathered on 1577 patients were evaluated in the full analysis set of which 857 received homeopathic and 720 received conventional treatment. The majority of patients in both groups reported their outcomes after 14 days of treatment as complete recovery or major improvement (homeopathic treatment: 86.9%; conventional treatment: 86.0%;  $P = 0.0003$  for noninferiority testing).

A subgroup analysis set showed no differences of response rates in children and adults. The response rates after 7 and 28 days also showed no significant differences between both treatment groups. However, onset of improvement within the first 7 days after treatment was significantly faster when homeopathic treatment was used both in children and adults. Adverse drug reactions occurred more frequently in adults in the conventional treatment group than in the homeopathic treatment group, whereas, in children, the occurrence of adverse drug reactions was not significantly different.

## Conclusion

In conclusion, there are promising and rigorous studies of observational type testing homeopathy for otitis media, that was usually studied together with other upper respiratory tract complaints.<sup>8</sup> This evidence suggests that homeopathic treatment for acute respiratory and ear complaints is not inferior to conventional treatment, while evidence from double-blind clinical trials is not convincing enough for recommendations. ■

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