Advice Statement 003/14  
August 2014

Are homeopathic remedies clinically and cost effective in the treatment of migraine and osteoarthritis?

This advice has been produced following completion of evidence note 53 by Healthcare Improvement Scotland, in response to an enquiry from the NHS Highland Clinical Advisory Group.

**Background**

Homeopathic remedies are prepared by repeated dilution and vigorous shaking of substances in water. Remedies are prepared from substances that in healthy people cause the signs and symptoms of the condition being treated. The more dilute the remedy is the more potent it becomes so that the most potent remedies are unlikely to contain any of the original substance.

People in Scotland have access to homeopathy through some GPs or a referral to homeopaths in the private sector, regional NHS clinics or the Centre for Integrative Care (CIC) (formerly Glasgow Homeopathic Hospital). Not all NHSScotland health boards provide funding for homeopathy; investment varies widely among those that do, and individual boards have begun to review funding for homeopathy services.

**Clinical effectiveness**

- Evidence of clinical effectiveness was reviewed from systematic reviews of four placebo controlled randomised trials of homeopathy for migraine published between 1991 and 1997; and systematic reviews of four active treatment controlled randomised trials of homeopathy for osteoarthritis published between 1983 and 2000. The quality of the evidence was low to moderate.
- Homeopathy for migraine has not been compared with active treatment in randomised controlled trials (RCTs). Of four RCTs comparing homeopathy with placebo, only one found homeopathy to be superior.
- Three RCTs in osteoarthritis comparing homeopathy with medicines for pain relief found either no difference between the interventions, or that analgesic treatment had a better effect than homeopathy. A further RCT comparing intra-articular injection of a homeopathic remedy with hyaluronic acid injections showed similar pain reduction in both groups.

**Safety**

- Published systematic reviews of homeopathy for migraine and osteoarthritis contain insufficient information to inform conclusions about safety.

**Cost effectiveness**

- No evidence on the cost effectiveness of homeopathy for migraine was
identified; and the evidence from a single cost-minimisation analysis of one homeopathic preparation for osteoarthritis is not generalisable to the UK.

**Context/conclusion**

- Homeopathy for migraine has not been compared with standard care in RCTs and no evidence of cost effectiveness has been identified.
- There is insufficient evidence to determine whether or not homeopathic treatment for osteoarthritis is clinically effective compared with standard care, and no relevant evidence of cost effectiveness has been identified.
- The evidence does not support treating migraine or osteoarthritis with homeopathy.

**Advice context:**

The status of SHTG Advice Statements is 'required to consider'.

No part of this advice may be used without the whole of the advice being quoted in full. This advice represents the view of the SHTG at the date noted.

It is provided to inform NHS boards in Scotland when determining the place of health technologies for local use. The content of this Advice Statement was based upon the evidence and factors available at the time of publication. An international evidence base is reviewed and thus its generalisability to NHSScotland should be considered by those using this advice to plan services. It is acknowledged that the evidence constitutes only one of the sources needed for decision making and planning in NHSScotland. Readers are asked to consider that new trials and technologies may have emerged since first publication and the evidence presented may no longer be current. SHTG Advice Statements are considered for review on a 2-yearly basis. The evidence will be updated if requested by the clinical community, dependent on new published reports. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgment in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Chair
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