Homeopathic treatment for chronic pain – examples of research studies

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Introduction

Homeopathy is practiced worldwide and is a treatment system based on two principles: i) the Law of Similars (similia similibus curentur), meaning “like cures like” and ii) individualization. The hypothesis of the Law of Similars is that substances capable of causing certain symptoms in healthy subjects can be used to cure people who suffer from similar symptoms. Homeopathic medicines are undergoing a process of stepwise dilution and vigorous shaking. Some of these dilutions are known to be “ultramolecular”, indicating that they are diluted to such a degree that not even a single molecule of the original substance is left in the remedy. Individualization is understood as the use of the patient’s individual characteristics when deciding which homeopathic remedy to prescribe. Thus, patients may get different remedies for the same health problem. This means that there is no standard classical homeopathic treatment for chronic pain nor for any condition underlying chronic pain.

Therefore homeopathic scientific research based on RCT’s is severely hampered by the specificity of its methodologies.¹

However in the last decades the body of research on homeopathy has been growing exponentially. Also often homeopathy is studied together with other CAM practices. A list of relevant literature on the subject of chronic pain, both treated by homeopathy or by CAM in general, is provided hereafter. These articles were found with the keywords ‘homeopathy’, ‘chronic’ and ‘pain’ searching engines Science Direct and PubMed, on BioMedCentral and on the databases of the Homeopathy Research Institute (www.homeoinst.org) and www.apodenys.be/documents/homeo-wetenschap.

Review

General research regarding chronic pain


Abstract: This large scale computer-assisted telephone survey was undertaken to explore the prevalence, severity, treatment and impact of chronic pain in 15 European countries and Israel. Screening interviews identified respondents aged ≥18 years with chronic pain for in-depth interviews. 19% of 46,394 respondents willing to participate (refusal rate 46%) had suffered pain for ≥6 months, had experienced pain in the last month and several times during the last week. Their pain intensity was >5 on a 10-point Numeric Rating Scale (NRS) (1=no pain, 10=worst pain imaginable) during last episode of pain. In-depth interviews with 4839 respondents with chronic pain (about 300 per country) showed: 66% had moderate pain (NRS=5–7), 34% had severe pain (NRS>7), 46% had constant pain, 54% had intermittent pain. 59% had suffered with pain for two to 15 years, 21% had been diagnosed with depression because of their pain, 61% were less able or unable to work outside the home, 19% had lost their job and 13% had changed jobs because of their pain. 60% visited their doctor about their pain 2–9 times in the last six months. Only 2% were currently treated by a pain management specialist. One-third of the chronic pain sufferers were currently not being treated. Two-thirds used non-medication treatments, e.g., massage (30%), physical therapy (21%), acupuncture (13%). Almost half were taking non-prescription analgesics; ‘over the counter’ (OTC) NSAIDs (55%), paracetamol (43%), weak opioids (13%). Two-thirds were taking
prescription medicines: NSAIDs (44%), weak opioids (23%), paracetamol (18%), COX-2 inhibitors (1–36%), and strong opioids (5%). Forty percent had inadequate management of their pain. Interesting differences between countries were observed, possibly reflecting differences in cultural background and local traditions in managing chronic pain. Conclusions: Chronic pain of moderate to severe intensity occurs in 19% of adult Europeans, seriously affecting the quality of their social and working lives. Very few were managed by pain specialists and nearly half received inadequate pain management. Although differences were observed between the 16 countries, we have documented that chronic pain is a major health care problem in Europe that needs to be taken more seriously.

Keywords: Chronic pain; Survey; Treatment of pain; Impact of pain; Europe

(http://www.sciencedirect.com/science/article/pii/S1090380103001356)

Abstract: Background. The beliefs of people with chronic pain (service users) about the importance of treatment components offered through both multidisciplinary and other types of chronic pain programmes are not widely examined in the literature.

Aim and method. As part of a wider research study of the congruence between what service providers and service users believe to be important treatments for chronic pain, members of three chronic pain support groups located in the North-West region of England were surveyed. The survey asked service users’ opinion about whether specific treatment components are important or not important for people with chronic pain. The survey also included Skevington’s Beliefs About Pain Control Questionnaire (BPCQ) that measures beliefs in the internal or personal control of pain, beliefs that powerful others (doctors) control pain and beliefs that pain is controlled by chance events.

Results and conclusion. Findings show that no treatment components were endorsed as important by more than 67% of the participants. Endorsements clustered around treatments that focused on self-management and biomedical interventions. A statistically significant relationship emerged between certain treatment components and BPCQ scores. These findings contribute to the growing cautions regarding standardised, ‘one-size-fits-all’ treatment programs and the mistake of assuming people with pain form a homogenous group.

Keywords: Chronic pain; Treatment beliefs


Background
Persistent pain is a common, often debilitating, problem in older adults; however, few studies have focused on the experiences of older adults in managing their pain. The objective of this study was to describe the use and perceived effectiveness of pain management strategies in a sample of older adults and to explore the associations of these variables with demographic and psychosocial characteristics.

Methods
Adults ≥ 65 years old and living in retirement facilities who reported persistent pain (N = 235, mean age = 82 years, 84% female, 94% white) completed measures of demographics, pain, depression, self-efficacy for managing pain, and a Pain Management Strategies Survey. Participants identified current and previous-year use of 42 pain management strategies and rated helpfulness of each on a 5-point scale.
Results
Acetaminophen, regular exercise, prayer, and heat and cold were the most frequently used pain management strategies (61%, 58%, 53%, and 48%, respectively). Strategies used by >25% of the sample that were rated moderately or more helpful (i.e., >2 on a 0 to 4 scale) were prayer [mean (SD) = 2.9 (0.9)], opioids [2.6 (0.8)], regular exercise [2.5 (1.0)], heat/cold [2.5 (1.0)], nonsteroidal anti-inflammatory drugs [2.4 (1.0)], and acetaminophen [2.3 (1.0)]. Young-old (65–74 years) study participants reported use of more strategies than did old-old (85+ years) participants (p = .03). Perceived helpfulness of strategy use was significantly associated with pain intensity (r = -.14, p < .0001), self-efficacy (r = .28, p < .0001), and depression (r = -.20, p = .003).

Conclusion
On average, older adults view the strategies they use for persistent pain as only moderately helpful. The associations between perceived helpfulness and self-efficacy and depression suggest avenues of pain management that are focused less on specific treatments and more on how persons with persistent pain think about their pain.

Chronic low back pain


BACKGROUND:
The homeopathic drug combination Lymphdiaral Basistropfen is established in the treatment of edema and swellings. This is the first time the effectiveness and safety was investigated in the treatment of chronic low back pain.

METHODS:
The study is a randomized, double-blind, placebo-controlled trial. From December 2003 to May 2007 248 patients aged 18 to 75 years were screened, 228 were randomized, 221 started therapy, in 192 the progress was measured (103 verum vs. 89 placebo), 137 completed the study (72 verum vs. 65 placebo). They received 10 drops of verum or placebo solution three times daily for 105 days additionally to an inpatient complex naturopathic treatment.

RESULTS:
The hannover functional ability questionnaire score (primary outcome measure) tends to increase in the intention-to-treat-analysis (verum: 6.6 vs. placebo: 3.4; p = 0.11) and increases significantly in the per-protocol-analysis (verum: 9.4 vs. placebo: 4.1; p = 0.029). The treatment was well tolerated (92.9% vs. 95.4%). The incidence of adverse reactions and serious adverse reactions was similar in both treatment groups.

CONCLUSIONS:
This first randomized, double-blind, placebo-controlled trial shows, that the homeopathic drug combination can improve the treatment of chronic low back pain.


Objective
The purpose of this case report is to describe the changes in body weight and biochemical markers in a patient who completed a homeopathic human chorionic gonadotropin protocol.
Case Report
A 52-year-old man reported to an integrative medical center (including chiropractic and osteopathic physicians) for chronic low back pain. The patient reported a 20-year history of chronic, episodic low back pain. A course of spinal manipulative therapy was delivered; however, because of the lack of resolution of symptoms, a radiographic examination was performed, the result of which was essentially normal. Laboratory studies demonstrated hypercholesterolemia, hyperlipidemia, uricemia, and elevated blood glucose. A dietary change in treatment approach was selected.

Intervention and Outcome
The patient was instructed to take 10 drops of a homeopathic human chorionic gonadotropin product under the tongue 5 times daily. His total daily energy (calorie) was limited for the first 30 days of the program while on the homeopathic product. After 4 months, the patient lost a total of 71 lb, pain and disability scores improved, and reductions in serum cardiovascular markers were noted.

Conclusion
The findings of this study showed that weight loss seemed to affect the patient's chronic low back pain and cardiovascular risk factors.


Background
Although back pain is considered one of the most frequent reasons why patients seek complementary and alternative medical (CAM) therapies little is known on the extent patients are actually using CAM for back pain.

Methods
This is a post hoc analysis of a longitudinal prospective cohort study embedded in a RCT. General practitioners (GPs) recruited consecutively adult patients presenting with LBP. Data on physical function, on subjective mood, and on utilization of health services was collected at the first consultation and at follow-up telephone interviews for a period of twelve months.

Results
A total of 691 (51%) respectively 928 (69%) out of 1,342 patients received one form of CAM depending on the definition. Local heat, massage, and spinal manipulation were the forms of CAM most commonly offered. Using CAM was associated with specialist care, chronic LBP and treatment in a rehabilitation facility. Receiving spinal manipulation, acupuncture or TENS was associated with consulting a GP providing these services. Apart from chronicity disease related factors like functional capacity or pain only showed weak or no association with receiving CAM.

Conclusion
The frequent use of CAM for LBP demonstrates that CAM is popular in patients and doctors alike. The observed association with a treatment in a rehabilitation facility or with specialist consultations rather reflects professional preferences of the physicians than a clear medical indication. The observed dependence on providers and provider related services, as well as a significant proportion receiving CAM that did not meet the so far established selection criteria suggests some arbitrary use of CAM.

**Aim:** The aim of this pilot project was to evaluate the efficacy of treatment of chronic low back pain during two months either by homeopathy or by standardised physiotherapy. **Method:** 43 patients suffering from chronic low back pain were included in this controlled, randomised prospective study. They were divided in two treatment groups: homeopathy and standardised physiotherapy. Based on the initial and final clinical investigations, the Oswestry questionnaire and the visual analogue scale, that were assessed at the beginning, at the end and 18.5 months after therapy, the results were statistically evaluated. A further questionnaire documented the acceptance of treatment. **Results:** A comparison of the groups from the beginning to the end of treatment reveals a significant decrease of the Oswestry score in patients treated by homeopathy. This tendency could not be confirmed 18.5 months later. Homeopathy was well accepted by most of the patients. **Conclusions:** Based on these results, nothing can be said against attempting treatment of chronic low back pain by means of homeopathy. Further research is recommended to confirm the results of our investigation, using a larger number of patients, a third treatment group, homeopathy double blinded.

**Neuralgia**
**Individualized homeopathic treatment of trigeminal neuralgia: an observational study -**
**Institution:** Department of Oral Medicine, Rafsanjan University of Medical Sciences, Dental School, Rafsanjan, Iran.

**Result:** “All 15 patients completed treatment. The results for both the reduction of pain intensity and attack frequency were statistically significant (P<0.001) during the four-month evaluation. We observed overall reductions of more than 60% in pain intensity using homeopathic treatment. The results suggest that homeopathic treatment is an effective and safe method in the treatment of ITN.”

**Fybromyalgia**

**OBJECTIVES:** To assess the feasibility of a Randomised Controlled Trial (RCT) design of usual care compared with usual care plus adjunctive care by a homeopath for patients with Fibromyalgia syndrome (FMS).

**METHODS:** In a pragmatic parallel group RCT design, adults with a diagnosis of FMS (ACR criteria) were randomly allocated to usual care or usual care plus adjunctive care by a homeopath. Adjunctive care consisted of five in depth interviews and individualised homeopathic medicines. The primary outcome measure was the difference in Fibromyalgia Impact Questionnaire (FIQ) total score at 22 weeks.

**RESULTS:** 47 patients were recruited. Drop out rate in the usual care group was higher than the homeopath care group (8/24 vs 3/23). Adjusted for baseline, there was a significantly greater mean reduction in the FIQ total score (function) in the homeopath care group than the usual care group (-7.62 vs 3.63). There were significantly greater reductions in the homeopath care group in the McGill pain score, FIQ fatigue and tiredness upon waking scores. We found a small effect on pain score (0.21, 95% CI -1.42 to 1.84); but a large effect on function (0.81, 95% CI -8.17 to 9.79). There were no reported adverse events.
CONCLUSIONS:
Given the acceptability of the treatment and the clinically relevant effect on function, there is a need for a definitive study to assess the clinical and cost effectiveness of adjunctive healthcare by a homeopath for patients with FMS.


OBJECTIVE:
To assess the efficacy of individualized classical homeopathy in the treatment of fibromyalgia.

METHODS:
This study was a double-blind, randomized, parallel-group, placebo-controlled trial of homeopathy. Community-recruited persons (N = 62) with physician-confirmed fibromyalgia (mean age 49 yr, s.d. 10 yr, 94% women) were treated in a homeopathic private practice setting. Participants were randomized to receive oral daily liquid LM (1/50,000) potencies with an individually chosen homeopathic remedy or an indistinguishable placebo. Homeopathic visits involved joint interviews and concurrence on remedy selection by two experienced homeopaths, at baseline, 2 months and 4 months (prior to a subsequent optional crossover phase of the study which is reported elsewhere). Tender point count and tender point pain on examination by a medical assessor uninvolved in providing care, self-rating scales on fibromyalgia-related quality of life, pain, mood and global health at baseline and 3 months, were the primary clinical outcome measures for this report.

RESULTS:
Fifty-three people completed the treatment protocol. Participants on active treatment showed significantly greater improvements in tender point count and tender point pain, quality of life, global health and a trend toward less depression compared with those on placebo.

CONCLUSIONS:
This study replicates and extends a previous 1-month placebo-controlled crossover study in fibromyalgia that pre-screened for only one homeopathic remedy. Using a broad selection of remedies and the flexible LM dose (1/50,000 dilution factor) series, the present study demonstrated that individualized homeopathy is significantly better than placebo in lessening tender point pain and improving the quality of life and global health of persons with fibromyalgia.


A small number of double-blind, placebo-controlled trials of homoeopathic treatment in rheumatological conditions have been carried out. These have used differing methodologies, leading to varying results. This paper describes a novel approach in the treatment of fibrositis, a syndrome which lacks a pathological definition, but is defined solely in terms of its symptomatology. 24 patients were prescribed for 3 months, according to indication, one of three homoeopathic remedies (Arnica, Bryonia, Rhus tox.), each patient remaining on the same remedy throughout. They were followed monthly on the following parameters: pain, number of tender spots and sleep. An ‘indication score’ was allotted to each prescription. The results were analyzed by non-parametric statistical methods, showing that homoeopathy produced a statistically significant improvement, but only when the prescribed remedy was well indicated.
Osteoarthritis


The place of homeopathy in contemporary medical practice is a hotly debated issue. The purpose of this study was to document the relative efficacy of homeopathic remedies in comparison to acetaminophen for the treatment of pain associated with osteoarthritis (OA). A double blind procedure was developed, and 65 OA patients were enrolled in an IRB-approved protocol. Results of the study documented better pain relief in the homeopathy group; however, the superiority of this treatment, in comparison with the acetaminophen group, did not reach statistical significance. The investigators conclude that homeopathic treatments for pain in OA patients appear to be safe and at least as effective as acetaminophen, and are without the potential adverse effects.


In a double-blind, placebo-controlled crossover study to compare the homoeopathic remedy Rhus tox. 6X with fenoprofen in osteoarthritis of the hip and knee, fenoprofen was shown to have beneficial analgesic and anti-inflammatory effects which differed significantly from those of placebo. The effects of Rhus tox. 6X and placebo did not differ significantly. Patient preference was for fenoprofen. Side-effects were not severe but were seen more frequently with fenoprofen. Similar results were seen in all patients regardless of whether they had been referred to and assessed by a homoeopathic physician or a rheumatologist.

Reumatoid arthritis


Objective. To test the hypothesis that homeopathy is effective in reducing the symptoms of joint inflammation in rheumatoid arthritis (RA).

Method. This was a 6-month randomized, cross-over, double-blind, placebo-controlled, single-centre study set in a teaching hospital rheumatology out-patient clinic. The participants of the study were 112 patients who had definite or classical RA, were seropositive for rheumatoid factor and were receiving either stable doses of single non-steroidal anti-inflammatory drugs (NSAIDs) for ≥3 months or single disease-modifying anti-rheumatic drugs (DMARDs) with or without NSAIDs for ≥6 months. Patients who were severely disabled, had taken systemic steroids in the previous 6 months or had withdrawn from DMARD therapy in the previous 12 months were excluded. Two series of medicines were used. One comprised 42 homeopathic medicines used for treating RA in 6cH (10^{-12}) and/or 30cH (10^{-30}) dilutions (a total of 59 preparations) manufactured to French National Pharmacopoeia standards, the other comprised identical matching placebos. The main outcome measures were visual analogue scale pain scores, Ritchie articular index, duration of morning stiffness and erythrocyte sedimentation rate (ESR).

Results. Fifty-eight patients completed the trial. Over 6 months there were significant decreases (P<0.01 by Wilcoxon rank sum tests) in their mean pain scores (fell 18%), articular indices (fell 24%) and ESRs (fell 11%). Fifty-four patients withdrew before completing the trial. Thirty-one changed conventional medication, 10 had serious intercurrent illness or surgery, 12 failed to attend and three withdrew consent. Placebo and active homeopathy had different effects on pain scores; mean pain scores were significantly lower after 3 months'
placebo therapy than 3 months' active therapy \((P=0.032\) by Wilcoxon rank sum test). Articular index, ESR and morning stiffness were similar with active and placebo homeopathy.

**Conclusions.** We found no evidence that active homeopathy improves the symptoms of RA, over 3 months, in patients attending a routine clinic who are stabilized on NSAIDs or DMARDs.


Forty-four patients with active Rheumatoid Arthritis were entered into a 6-month double-blind trial comparing homeopathy and placebo. The treatments were generally equally effective in most assessments. Statistically significant improvements were produced, however, in 3 of 5 and 2 of 5 results respectively assessed in homeopathic and placebo treated groups. There was no statistically significant difference between groups. Adverse effects were scarcely and comparably reported in both groups and did not require a change in therapy.

**Migraine**


To evaluate the efficacy of homeopathy in preventing migraine attacks and accompanying symptoms, a randomised, double-blind, placebo-controlled clinical trial was conducted. There was a one-month registration period without treatment, followed by four months individualised homeopathic treatment or identical placebo. Patients were stratified for common or classical migraine. Seventy-three patients were randomised, 68 completed the trial. Baseline values were similar in the two groups. Both the homeopathy and placebo groups had reduction in attack frequency, pain intensity and drug consumption, with a statistically non-significant difference favouring homeopathy. Migraine diaries showed no difference between groups. The neurologists’ trial evaluation showed a statistically significant reduction in attack frequency in the homeopathy group \((P=0.04)\) and non-statistically significant trends in favour of homeopathy for pain intensity and overall evaluation. Further research, with improved trial design, on the possible role of homeopathy in migraine prophylaxis is justified.


Homoeopathic remedies for migraine are widely available over the counter, statutorily offered by the national health service in the UK, and apparently popular with patients. Do they work? Sixty-three outpatients with migraine with or without aura by IHS criteria entered a 4-month randomized placebo-controlled, double-blind parallel-groups trial of individualized homoeopathic prophylaxis, the first month being baseline with all patients on placebo. Three patients \((4.8\%)\) dropped out, leaving 30 in each treatment group. There were chance differences in attack frequency and severity between the groups at baseline (attacks were more frequent but less severe in the placebo group). Both groups improved on therapy, but neither to a great extent on the primary outcome measure of attack frequency (verum: -19%; placebo: -16%). Reduction was mostly in mild attacks on placebo, more in moderate and severe attacks on homoeopathy. Few adverse events were reported. Overall, there was no significant benefit over placebo of homoeopathic treatment. The course of change differed
between groups, and suggested that improvement reversed in the last month of treatment on placebo. On this evidence we cannot recommend homoeopathy for migraine prophylaxis, but cannot conclude that it is without effect.


The authors led a randomized, double-blind, placebo-controlled study with the object of demonstrating the efficacy of homeopathic treatment of migraines. Sixty patients, both male and female, between the ages of 12 and 70, were given a single dose of 30C potency at four separate times over two-week intervals. The authors administered one of the eight following drugs, with the option of associating any two: Belladonna, Ignatia, Lachesis, Silicea, Gelsemium, Cyclamen, Natrium muriaticum, Sulphur. Twenty patients were treated with 2 different remedies chosen from this group before the trial began. The choice of drug was based on personal reactivity and on different compiled modalities for each individual. The clinical controls were carried out two and four months after the beginning of the treatment. The statistical elaboration of the findings demonstrates complete homogeneity between the placebo-treated group and the homeopathically-treated group. An analysis of the homoeopathically-treated patients demonstrates a significant reduction in the periodicity, frequency, and duration of migraine attacks. This study shows the real efficacy of homeopathy in comparison to classical experimental study models which can be adapted to the specific character of homeopathy.

**Introduction**

Homeopathy is increasingly used by headache patients in general practice but scientific evidence is lacking. We therefore designed a clinical trial in a way that would not change the practice pattern of homeopathic physicians.

**Purpose/ background/ objectives**

The purpose of the study was to explore individualised homeopathic treatment used in general practice for chronic tension type headache (CCTH).

**Methods**

The study was multicentre, pragmatic, randomised controlled trial with blinded assessment. One hundred twenty participants with CCTH were randomly assigned to homeopathy or to usual care. Number of headache attacks, duration of pain, pain intensity on visual analog scale, use of medication and resources were recorded through headache diary at 4 weeks run-in-period (baseline), at week 17 post interventions, and end of follow up at week 29. An observer blind to the patients’ treatment allocation carried out assessments.

**Results**

Headache frequency and intensity was lower in the homeopathy group than in controls after intervention (p<0.05) and at follow up (p<0.001). The pain duration was shortened slightly after the intervention period reached to significance level at follow up. In homeopathy group headache parameters decreased at post intervention compared with baseline and continued to decrease slightly in follow up period. The overall evaluation of the 2 treatments indicated improvements in both the treatment but later only homeopathy group showed consistent change. Compared with usual care, patients randomised to homeopathy used 35% less medication (P = 0.001) and had 45% fewer visits to general practitioners (P = 0.0001).

**Conclusion**

The results indicate that homeopathy could have clinically relevant benefits for patients with chronic tension type headache.
CAM Therapies


**Background**
Complementary and alternative medicine (CAM) is an increasingly common therapy used to treat chronic pain syndromes. However, there is limited information on the utilization and efficacy of CAM therapy in primary care patients receiving long-term opioid therapy.

**Method**
A survey of CAM therapy was conducted with a systematic sample of 908 primary care patients receiving opioids as a primary treatment method for chronic pain. Subjects completed a questionnaire designed to assess utilization, efficacy and costs of CAM therapies in this population.

**Results**
Patients were treated for a variety of pain problems including low back pain (38.4%), headaches (9.9%), and knee pain (6.5%); the average duration of pain was 16 years. The median morphine equivalent opioid dose was 41 mg/day, and the mean dose was 92 mg/day. Forty-four percent of the sample reported CAM therapy use in the past 12 months. Therapies utilized included massage therapy (27.3%, n = 248), chiropractic treatment (17.8%, n = 162), acupuncture (7.6%, n = 69), yoga (6.1%, n = 55), herbs and supplements (6.8%, n = 62), and prolotherapy (5.9%, n = 54). CAM utilization was significantly related to age, female gender, pain severity, income, pain diagnosis of neck and upper back pain, and illicit drug use. Medical insurance covered chiropractic treatment (81.8%) and prolotherapy (87.7%), whereas patients primarily paid for other CAM therapies. Over half the sample reported that one or more of the CAM therapies were helpful.

**Conclusion**
This study suggests CAM therapy is widely used by patients receiving opioids for chronic pain. Whether opioids can be reduced by introducing such therapies remains to be studied.


**Background**
Pain is one of the most common reasons for seeking medical care. The purpose of this study was to characterize patients visiting the complementary medicine clinic for a pain complaint.

**Methods**
This is a cross-sectional study. The study took place at Clalit Health Services (CHS) complementary clinic in Beer-Sheva, Israel. Patients visiting the complementary clinic, aged 18 years old and older, Hebrew speakers, with a main complaint of pain were included. Patients were recruited consecutively on random days of the month during a period of six months. Main outcome measures were: pain levels, location of pain, and interference with daily activities. Once informed consent was signed patients were interviewed using a structured questionnaire by a qualified nurse. The questionnaire included socio-demographic data, and the Brief Pain Inventory (BPI).

**Results**
Three-hundred and ninety-five patients were seen at the complementary medicine clinic during the study period, 201 (50.8%) of them met the inclusion criteria. Of them, 163 (81.1%) agreed to participate in the study and were interviewed. Pain complaints included: 69
patients (46.6%) with back pain, 65 (43.9%) knee pain, and 28 (32.4%) other limbs pain. Eighty-two patients (50.3%) treated their pain with complementary medicine as a supplement for their conventional treatment, and 55 (33.7%) felt disappointed from the conventional medicine experience. Eighty-three patients (50.9%) claimed that complementary medicine can result in better physical strength, or better mental state. Thirty-seven patients (22.7%) were hoping that complementary medicine will prevent invasive procedures.

Conclusion
Given the high proportion of patients with unsatisfactory pain relief using complementary and alternative medicine (CAM), general practitioners should gain knowledge about CAM and CAM providers should gain training in pain topics to improve communication and counsel patients. More clinical research to evaluate safety and efficiency of CAM for pain is needed to provide evidence based counseling.


Background
Complementary and Alternative Medicine (CAM) is widely used and popular among patients with primary headache or low back pain (LBP). Aim of the study was to analyze attitudes of headache and LBP patients towards the use of CAM.

Methods
Two questionnaire-based surveys were applied comparing 432 primary headache and 194 LBP patients.

Results
In total, 84.75% of all patients reported use of CAM; with significantly more LBP patients. The most frequently used CAM therapies in headache were acupuncture (71.4%), massages (56.4%), and thermotherapy (29.2%), in LBP thermotherapy (77.4%), massages (62.7%), and acupuncture (51.4%). The most frequent attitudes towards CAM use in headache vs. LBP: "leave nothing undone" (62.5% vs. 52.1%; p = 0.006), "take action against the disease" (56.8% vs. 43.2%; p = 0.006). Nearly all patients with previous experience with CAM currently use CAM in both conditions (93.6% in headache; 100% in LBP). However, the majority of the patients had no previous experience.

Conclusion
Understanding motivations for CAM treatment is important, because attitudes derive from wishes for non-pharmacological treatment, to be more involved in treatment and avoid side effects. Despite higher age and more permanent pain in LBP, both groups show high use of CAM with only little specific difference in preferred methods and attitudes towards CAM use. This may reflect deficits and unfulfilled goals in conventional treatment. Maybe CAM can decrease the gap between patients' expectations about pain therapy and treatment reality, considering that both conditions are often chronic diseases, causing high burdens for daily life.


Background
Chronic headache is associated with disability and high utilisation of health care including complementary and alternative medicine (CAM). We have previously shown that 62% of primary and 73% of secondary chronic headache sufferers from the general population have tried CAM for their headache but the efficacy of this use as treatment for chronic headache is not known.

Method
An age and gender stratified cross-sectional epidemiological survey included 30,000 persons aged 30-44 years. Respondents with self-reported chronic headache were interviewed. The International Classification of Headache Disorders was used. Participants with primary or secondary chronic headache were asked about previous use of CAM and efficacy for their headache. Modalities of CAM queried were acupuncture, chiropractic, homeopathy, naprapath, physiotherapy, psychologist, and psychomotor physiotherapy.

Results
The questionnaire response rate was 71%, the interview participation rate 74%. Of 405 subjects with primary chronic headache, 253(62%) had used CAM for their headache. Of 113 subjects with secondary chronic headache, 82(73%) had used CAM. The self-reported efficacy ranged from 15-35% and 6-38%, respectively for primary and secondary chronic headaches depending on CAM modality being used. Generally, there were no significant differences in self-reported efficacy of CAM depending on gender, co-occurrence of migraine, medication overuse or physician contact. Of the most commonly used CAM modalities, subjects with primary chronic headache reported greatest efficacy of psychomotor physiotherapy(35%) > chiropractic(26%) > physiotherapy(25%). Of the most commonly used CAM modalities, subjects with secondary chronic headache reported greatest efficacy of physiotherapy (38%) = chiropractic(38%) > acupuncture(32%).

Conclusion
Self-reported efficacy of different CAM modalities in chronic headache subjects from the general population is modest.

From this concise review on research regarding the use of homeopathy, or other CAM therapies, in chronic pain, it appears that homeopathy – as other CAM therapies - is a popular treatment with patients with chronic pain. However, CAM seems to be prescribed rather arbitrary. Moreover, for patients the experience of pain seems more important than measurable indications. Also the eventual interaction with other therapies has not sufficiently been studied.

Conclusion: Results vary due to several factors. A larger, well-designed study is needed to establish the effect of homeopathy on chronic pain.

1 Milgrom LR. Journeys in the country of the blind: entanglement theory and the effects of blinding on trials of homeopathy and homeopathic provings. eCAM 2007;4:7.