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REVIEW

Prevalence of homeopathy use by the general population worldwide: a systematic review

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Aim: **To systematically review surveys of 12-month prevalence of homeopathy use by the general population worldwide.**
Methods: **Studies were identified via database searches to October 2015. Study quality was assessed using a six-item tool. All estimates were in the context of a survey which also reported prevalence of any complementary and alternative medicine use.**
Results: **A total of 36 surveys were included. Of these, 67% met four of six quality criteria.**
Twelve-month prevalence of treatment by a homeopath was reported in 24 surveys of adults (median 1.5%, range 0.2–8.2%). Estimates for children were similar to those for adults. Rates in the USA, UK, Australia and Canada all ranged from 0.2% to 2.9% and remained stable over the years surveyed (1986–2012).
Twelve-month prevalence of all use of homeopathy (purchase of over-the-counter homeopathic medicines and treatment by a homeopath) was reported in 10 surveys of adults (median 3.9%, range 0.7–9.8%) while a further 11 surveys which did not define the type of homeopathy use reported similar data. Rates in the USA and Australia ranged from 1.7% to 4.4% and remained stable over the years surveyed. The highest use was reported by a survey in Switzerland where homeopathy is covered by mandatory health insurance.
Conclusions: **This review summarises 12-month prevalence of homeopathy use from surveys conducted in eleven countries (USA, UK, Australia, Israel, Canada, Switzerland, Norway, Germany, South Korea, Japan and Singapore). Each year a small but significant percentage of these general populations use homeopathy. This includes visits to homeopaths as well as purchase of over-the-counter homeopathic medicines.** *Homeopathy* (2017) **106**, 69–78.

Keywords: Systematic review; Prevalence; Homeopathy; Treatment by homeopaths; Homeopathic medicines; Over-the-counter medicines; Worldwide

Introduction

The therapeutic system of homeopathy was formulated 200 years ago by the German pharmacist and Samuel Hahnemann.[1] Hahnemann argued that medicine should follow the principle of similitude (like cures like). Hahnemann developed homeopathy by giving medicinal substances to healthy volunteers and studying the symptoms which they suffered (a process known as a 'proving' or a Homeopathic Pathogenetic Trial). Hahnemann then applied the medicinal substances in cases of illness which had similar symptoms. Homeopathic medicines are created from a wide variety of substances (e.g. plants, animals, minerals or chemicals). In order to diminish toxicity, the medicinal substances are diluted successively and shaken vigorously between each dilution step.

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There is controversy regarding the provision of homeopathy in state funded healthcare systems, as many claim that the principles on which homeopathy are based are 'scientifically implausible'.[2] Despite this, treatment by homeopaths and the provision of homeopathic medicines remain popular, and it is provided and/or subsidized and/or endorsed by a number of governments worldwide, including its provision in a number of publicly funded healthcare systems e.g. India which has an estimated 300,000 practitioners of homeopathy[3] with homeopathy part of the Indian Ministry of Health,[4] France where 43.5% of the overall population of healthcare providers prescribe homeopathic medicines (mostly co-prescribed with allopathic medicines) and the UK where homeopathy has been provided by the NHS since its inception in 1948.

This study systematically reviews the data on the prevalence of homeopathy use by the general public worldwide. Our review summarises prevalence data for both treatment by a homeopath and all homeopathy use including purchases of over-the-counter (OTC) homeopathic medicines.

Methods

Search strategy

The systematic review followed the recommendations in the PRISMA statement.[5] The following databases were searched in October 2015: MEDLINE via Ovid, Pubmed, Cochrane Database of Systematic Reviews, Allied and Complementary Medicine Database (AMED), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Health Management Information Consortium (HMIC). The search strategy combined terms for: i) complementary and alternative medicines, ii) prevalence, surveys or patterns of use, and iii) population-level or national-level data. The full search strategy is provided in our previous reviews on prevalence of use of any Complementary and Alternative Medicine (CAM).[6,7] The database search was restricted to studies published from 1998 onwards. Studies published prior to 1998 were identified from previous systematic reviews of CAM prevalence.[8,9] Bibliographies of included papers were checked for further relevant studies and experts in the field contacted.

Inclusion and exclusion criteria

Studies were included if they reported 12-month prevalence of treatment by a homeopath and/or OTC use of homeopathy, in addition to the prevalence of overall CAM use and/or visits to CAM practitioners (the latter were inclusion criteria for the broader review[6]). Prevalence had to be reported over a 12-month retrospective period within a random or representative general population sample of a nation or a defined geographical area. Surveys of clearly-defined age groups (such as adults, children or older adults) were included. Studies were excluded if they were not based on representative samples of the general population; for example, surveys of sub-populations with specific clinical conditions or socio-demographic characteristics (other than age). Included studies used survey methods such as structured interviews or self-complete questionnaires. Studies were excluded if they did not report 12-month prevalence or were not written in English. Studies were also excluded if the prevalence of CAM use was not expressed as a percentage of the target population (or with data making calculations of percentage possible).

Study selection and data extraction

Studies identified by the searches were assessed for inclusion by two reviewers. Any ambiguity was discussed between the reviewers. Data were extracted by one reviewer and checked by another. Again, any ambiguity was discussed between reviewers (for example, to discern within each article whether the term 'homeopathy' referred to the homeopathic medicines or to visits/consultations with a homeopath).

Definitions of homeopathy

One challenge in data extraction was understanding what was meant by the term 'homeopathy'[10] when surveys asked 'do you use homeopathy?'. The term 'homeopathy' has multiple possible meanings: the therapeutic system of homeopathy, the principles of the therapeutic system of homeopathy, homeopathic medicines (also known as homeopathic remedies), or treatment by a homeopath. We addressed this by reporting estimates of 'homeopathy use' in three ways:

a) **Treatment by a homeopath**: includes survey estimates of one or more 'visits to' or 'consultations with' a homeopath.
b) **All homeopathy use (OTC and treatment by homeopath)**: includes survey estimates of use of homeopathic medicines purchased OTC and treatment by a homeopath.
c) **Homeopathy use (not defined)**: survey does not define whether estimate refers to treatment by a homeopath or OTC use or both.

Quality assessment

There is no agreed set of criteria for assessing the quality of health-related surveys. As part of our wider systematic review on prevalence of overall CAM use, we devised a six-item, literature-based quality assessment tool comprising important and assessable criteria of methodological quality.[6] A revised version of this was applied to each of the included studies.

The criteria covered by the quality assessment tool include: 1) whether homeopathy use was clearly defined as referring to treatment by a homeopath or OTC use or both; 2) whether the survey was piloted (piloting was assumed for government sponsored health surveys); 3) whether the sample size was ≥1000 and/or a sample size calculation was reported; 4) whether the reported response rate was ≥60%; 5) whether data were weighted to population characteristics to reduce non-response bias; and 6) whether a 95% confidence interval and/or standard error were reported for the main prevalence estimates.