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ORIGINAL PAPER

Homeopathy in acute otitis media in children: Treatment effect or spontaneous resolution?

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Abstract

Background: The conventional antibiotic treatment of acute otitis media (AOM) faces a number of problems, including antibiotic resistance. Homeopathy has been shown to be capable of treating AOM successfully. As AOM has a high rate of spontaneous resolution, a trial to prove any treatment-effect has to demonstrate very fast resolution of symptoms.

Purpose of this study was to find out how many children with AOM are relieved of pain within 12 hours after the beginning of homeopathic treatment, making additional measures unnecessary.

Methods: 230 children with AOM received a first individualized homeopathic medicine in the paediatric office. If pain-reduction was not sufficient after 6 hours, a second (different) homeopathic medicine was given. After further six hours, children who had not reached pain control were started on antibiotics.

Results: 39% of the patients achieved pain control after six hours, another 33% after 12 hours. This resolution rate is 2.4 times faster than in placebo controls. There were no complications observed in the study group, and compared to conventional treatment the approach was 14% cheaper.

Keywords: Acute otitis media, children, homeopathy, treatment effect, spontaneous resolution, complications

Introduction

Acute otitis media is a very common illness in infants and toddlers. According to the Greater Boston Study(1) 80% of the three year old children have had one, and 40% of them three or more episodes of AOM. Until a short time ago, the conventional standard treatment was a 10 day course of antibiotics, although it was known that many cases resolve spontaneously(2). In recent years it has been shown, that there may be no advantage of antibiotic treatment as compared to placebo(3,4). In addition, Friese *et al* demonstrated in a study involving 131 children, that homeopathic treatment led to a more favourable outcome than antibiotics(5). The high rate of spontaneous resolution in AOM (60% of 'placebo-treated' children are

free of pain within 24 hours, and 86% within 7 days) makes it very difficult to make a sound judgement on treatments, if the improvement takes close to the 24 hours. Thus, if we want to demonstrate what homeopathy really does in AOM, we need to know how many patients are considerably ameliorated in a time clearly shorter than 24 hours.

In acute disease, a well chosen homeopathic remedy usually acts quickly, sometimes within minutes, or within a few hours. Therefore, if one succeeds to find the right remedy, it is not unrealistic to postulate a time limit of 6 hours for a considerable amelioration. The major problem in the homeopathic treatment of AOM is the usually very acute onset of symptoms. Because of the intolerable pain patients are brought to the doctor very quickly. This leaves little space for an accurate observation of the changes the patient goes through, and thus often makes it necessary to choose a remedy on the basis of only a few symptoms.

The purpose of this trial was first to establish how many patients are sufficiently ameliorated with the first dose of a homeopathic medicine within 6 hours, and how many needed a second (different) remedy and reached amelioration within 12 hours, so that no further treatment (e.g. antibiotics) was necessary. Secondly whether the risk of complications with homeopathic treatment differs from that of antibiotic treatment. Also of further interest was the spectrum of homeopathic remedies and the cost effectiveness of homeopathy as compared to conventional treatment.

Methods

All patients between 0 and 16 years of age who presented with acute AOM in our paediatric practice were eligible. The diagnosis was based on the triad: acute ear pain, hearing loss and signs of inflammation on the eardrum (redness or cloudy

discoloration, loss of normal landmarks, bulging). Within 8 months 230 patients were included in the study.

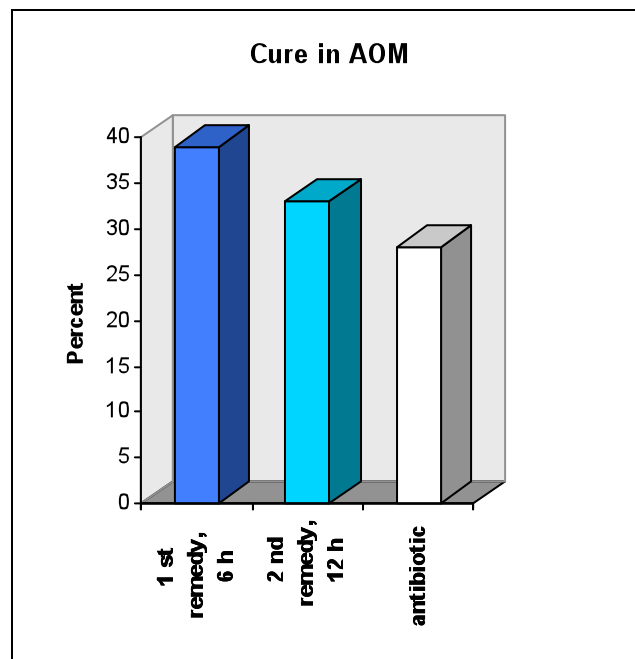
The finding of the individual homeopathic remedies was performed by careful history taking and physical examination. We used the 'Therapeutische Taschenkartei für homöopathische Aerzte' B. von der Lieth(6), a card index repertory based on Bogers Synoptic Key(7) and Boenninghausen's Therapeutic Index(8).

The patients received the first medicine (30c) immediately in the practice. If there was a considerable amelioration within the next 6 hours, no other medication was given. In case of persisting pain the parents could give a second (different) medicine after 6 hours. If the second dose did not resolve the problem within another 6 hours, they were allowed to begin antibiotic treatment.

Results

Time required for pain control

90 patients (39%) were free of pain within 6 hours and needed no other treatment, 76 (33%) received a second homeopathic remedy and had resolution of symptoms within 12 hours. The other 64 patients (28%) were started on antibiotics (Table 1).

Table 1 Cure in AOM

The difference (x) in speed of resolution between placebo (as in reference 3) and homeopathy was calculated by the following equation:

$$X = \frac{72/12}{60/24} = 2.4$$

Thus, homeopathy is 2.4 times faster than placebo in controlling pain.

Complications

There were no complications in the 230 patients seen in this study. The method of treating AOM presented here has been used in our practice for 7 years. We estimate that approximately 2400 children with AOM have been treated in this manner. In these 7 years we have encountered three severe complications: one chronic central

perforation of the eardrum, one cholesteatoma and one mastoiditis. Thus the incidence of complications can be estimated at a rate of about 0.125 %.

Homeopathic medicines

The remedies prescribed in 166 patients whose symptoms resolved within 12 hours are listed in Table 2. Table 3 lists the unsuccessful remedies (two per patient) in 64 patients who finally received antibiotics.

Table 2 Homeopathic medicines prescribed in 166 cases of AOM, with resolution of pain within 12 hours

Pulsatilla	28	Bryonia	2
Belladonna	24	Ferrum-phos.	2
Sulphur	22	Hepar sulfur	2
Phosphorus	19	Kalium-carb.	2
Calcium carbonicum	14	Sepia	2
Lycopodium	10	Conium	1
China	6	Graphites	1
Arsenicum album	5	Ignatia	1
Chamomilla	5	Kalium-mur.	1
Rhus toxicodendron	5	Lachesis	1
Mercurius solubilis	4	Natrum-mur.	1
Nux vomica	3	Phos-ac.	1
Silicea	3	Veratrum	1

Table 3: Unsuccessful homeopathic remedies in 64 patients, who finally received antibiotics

Belladonna	23	Hepar sulfur	3
Pulsatilla	16	Ferrum phos.	3
Sulfur	15	Sepia	2
Phosphor	14	Arsenicum alb.	2
Calcium carb.	12	Bryonia	2
Mercurius sol.	7	Nitricum acid.	2
Rhus tox.	6	China	2
Kalium chlor.	5	Nux vom.	2
Lycopodium	4	Lachesis	1
Chamomilla	3	Veratrum	1
Silicea	3		

Treatment costs

Conventional and homeopathic treatment both need a first and a second appointment in the medical practice, combined cost 55.50sfr. The finding of the homeopathic remedy requires 5 to 10 minutes more time than conventional medicine, an estimated average cost of 20sfr; two doses of a homeopathic remedy reimbursed at 4.60 sfr each. The typical cost of the antibiotic (e.g. Cephoral, Merck 100 ml) is 46.80sfr, and a decongestant nasal spray (e.g. Vibrocil, Novartis) 7.20sfr. For the homeopathic treatment, including the 28% of patients who were also

prescribed antibiotics, total cost is 94.60sfr, while the conventional treatment costs 109.50sfr. Conventional treatment is thus 14% more expensive.

Discussion

Friese *et al*(5) have shown that homeopathic treatment of AOM leads faster relief of pain and long term follow up has shown a lower rate of relapse than treatment with antibiotics. This study demonstrates that 72% of the patients have pain control with homeopathy within 12 hours, compared to 60% in 24 hours, with placebo treatment.(3) Assuming a linear relation between time and resolution, improvement with homeopathy is 2.4 times quicker.

28% of these patients eventually required antibiotics, but this study was designed when the norm was to treat 100% of AOM patients with antibiotics. In the meantime, because of sharply increasing antibiotic resistance, conventional medicine has become more cautious on antibiotic prescribing. In a debate at the 9th European Congress of Clinical Microbiology in Berlin, March 1999, entitled 'Otitis media: Is antibiotic treatment indicated?' the conclusion was: yes, but not immediately and not necessarily in all patients.(9) Palliative treatment would be an alternative to antibiotics, but has a much higher risk of complications.(10,11) We consider it essential to control the pain in AOM as quickly as possible and to avoid chronic complications, a goal that has been achieved in this study.

The comparison of successful and unsuccessful homeopathic remedies reveals the following: The number of different medicaments used in both groups is approximately equal. In the group who finally received antibiotics bell., merc-s., rhus-t., kal-chl., sil., fer-p. and hep. were used more often than in successful treatment, while puls., lyc., chin. and ars. had a lower prevalence. Wrong prescription for whatever reason seems to be the only possible explanation for this difference.

Homeopathy appears to be cost-effective in this comparison with conventional medicine. Friese *et al*(5) showed that in addition, relapses after homeopathic treatment are less frequent than after antibiotics, which increases the cost effectiveness of our method beyond the immediate comparison.

Our current work in the paediatric setting focuses on an approach to AOM that should lead to a further reduction in use of antibiotics, without making children suffer unnecessarily. This goal can possibly be reached by introducing a second homeopathic reserve medication (after 12 hours), combined with analgesics given at this point.

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