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Literature Review

Bibliography of homeopathic intervention studies (HOMIS) in human diseases: An update

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ABSTRACT

Introduction: Clinical research on homeopathy spans diverse conditions and interventions. The HOMIS (HOMeopathic Intervention Studies) database, previously published in 2023, included 636 studies, providing a comprehensive bibliography for use in systematic reviews and future research. This study updates the HOMIS database.
Methods: Following the methodology of the original bibliography, seven online databases (Medline, Embase, Cochrane Central Register of Controlled Trials, SCOPUS, Science Citation Index, CINAHL, and LILACS, as well as the AYUSH portal) were scanned for homeopathy and related terms for the years 2021 (date of the previous searches) to May 2025. We included studies that compared a homeopathic product or intervention with a control, assessing impact in either the treatment or prevention of a disease in humans (classified according to the International Classification of Diseases-11). Randomised controlled trials (RCTs) as well as non-randomised studies (NRSs) were included. The data were extracted independently by two reviewers, analysed, and integrated into the existing HOMIS database.
Results: This update identified 70 new studies. Most of the added references were peer reviewed (68; 97%), written in English (68; 97%), RCTs (62; 89%), compared against placebo (45; 64%), investigated individualised homeopathy (39; 56%), and were conducted primarily in India (54; 77%). The newly included studies explored the effect of homeopathy in a total of 50 medical conditions. Overall trends in the updated bibliography show 15–20 publications per year in the field, with a tendency towards peer-reviewed publications in English of RCTs trialling against placebo. The trend towards trials of homeopathic complex remedies over the period 1990–2018 gives way to more individualised homeopathy trials from about 2015 onwards. The data also indicate a slow increase in the size of trials, with the median size of RCT trials increasing from ~50 participants to ~100 participants since 2010.
Conclusions: This updated bibliography comprehensively maps the literature in clinical research on homeopathy in terms of randomised and non-randomised studies over nearly 45 years (1980 to May 2025). The information it provides will enable future reviews to identify the most researched conditions for indication-specific systematic reviews and meta-analyses in this field.

1. Introduction

Homeopathy is a holistic system of medicine that relies on the use of homeopathic medicinal products (HMPs) mainly from mineral, vegetal, or animal origin. It is based on the principle "Let like be cured by like", whereby a substance that causes symptoms when given to healthy individuals can be used in small doses to treat patients with the same or similar symptoms [1]. HMPs are administered in various forms and potencies, according to different prescribing methodologies, and are the

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Abbreviations:

AYUSH - Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy
BIBLIO - Bibliometric reporting guideline
CINAHL - Cumulative Index to Nursing and Allied Health Literature
COVID-19 - Coronavirus Disease 2019
HMP - Homeopathic Medicinal Product
HOMIS - Bibliography of Homeopathic Intervention Studies (or HOMeopathic Intervention Studies)
ICD-11 - International Classification of Diseases, 11th Revision
ICF - The International Classification of Functioning, Disability and Health
IQR – Interquartile Range
LILACS - Literatura Latinoamericana y del Caribe en Ciencias de la Salud
NRS - Non-Randomised Study
PRISMA - Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RCT - Randomised Controlled Trial
TAU – Treatment As Usual

subject of ongoing clinical research [2].

Clinical research in homeopathy has expanded steadily over the past four decades, generating both randomised controlled trials and non-randomised studies across a wide range of conditions. However, these studies are dispersed across multiple databases, languages, and publication types, making comprehensive retrieval challenging. Curated bibliographic databases are essential in fields where mainstream indexing is incomplete or inconsistent, as they enable systematic identification of the available evidence base and pave the way for subsequent reviews.

The HOMIS (HOMeopathic Intervention Studies) database, first published in 2023, addressed this need by systematically cataloguing 636 controlled clinical studies of homeopathy from 1980 to March 2021 [3]. While clinical reviews and clinical databases generally focus on Randomised Controlled Trials (RCTs), being regarded as providing the highest level of evidence [4], their strong internal validity comes at the expense of their external validity [5]. Non-Randomised Studies (NRSs), encompassing case-control, prospective, or retrospective cohort studies, enhance external validity and provide greater relevance and consistency, which are critical for clinical decision-making as outlined in practice guidelines. For these reasons, the original 2023 HOMIS bibliography widened its inclusion criteria to include trials with comparators other than placebo, such as standard conventional care, active controls, or no treatment; it also included controlled NRSs [3]. The database is freely available online on the University of Bern website (https://www.ikim.unibe.ch/db_clin_trials_homeo).

To maintain its value as a comprehensive resource, the database requires regular updating to incorporate newly published studies. The aim of this study was to update the HOMIS database to include controlled homeopathic intervention studies published between March 2021 and May 2025.

2. Methods

We followed the protocol published prior to the original 2023 HOMIS publication with some minor differences [6]. These differences arose from our decision to omit several minor databases from our search strategy, as these had yielded no results in the 2023 publication (see Appendix A for details). The reporting followed BIBLIO guidelines for bibliometric reviews [7]. Following the original HOMIS study design, which did not perform a quality assessment, no such assessment was performed in this update (optional under BIBLIO guidelines).

2.1. Study eligibility criteria

As in the original bibliography, all controlled clinical investigations (RCTs or NRSs), investigating one or more HMPs on humans exhibiting a disease listed in the International Classification of Diseases, 11th Revision (ICD-11) (treatment interventions) or on humans at risk of developing a disease (prophylactic interventions), were eligible [6]. Combined products containing mother tinctures and potentised substances were included, whereas products containing only mother tinctures were excluded. We included studies that compared homeopathy with (1) placebo, (2) standard care or treatment as usual, and (3) no treatment. Research articles (either peer-reviewed or not), reports, and master's or doctoral theses in all languages identified by the database search were considered. Studies were eligible if their first publication date (online or in print, whichever came first) fell between March 16, 2021 and May 5, 2025, the date of the most recent database search.

2.2. Information sources

As mentioned above, learning from the experience of the previous HOMIS bibliography [3], we reduced the number of databases searched to the following: Medline, Embase, the Cochrane Central Register of Controlled Trials, Scopus, the Science Citation Index, the CINAHL and LILACS databases, as well as the AYUSH portal [8]. The specific search terms used for each database are reported in Appendix A.

The results from these searches were supplemented by searches in three online databases for master's and doctoral theses (see list in Appendix A). The search criteria are provided in Appendix A. Additionally, an Indian homeopathy research expert (Dr Raj Manchanda) was consulted to ensure adequate coverage of grey literature and regional sources.

2.3. Study selection

Data records of the references obtained were managed using Endnote 20 (Clarivate Analytics, Boston) for the 2021–2023 period and Covidence (Covidence systematic review software, Veritas Health Innovation, Melbourne, Australia. Available at www.covidence.org) for the 2023–2024 period. After removing duplicates and abstract + title screening by two reviewers (KG, SL, AS or AT), full texts were retrieved for all studies deemed relevant. References were then transferred in Covidence and the full-texts screened by two reviewers (KG, SL, AS or AT). Pre-specified data (see below) were then extracted from the final selection of studies using the Covidence extraction tool.

2.4. Reference exclusion criteria

References were excluded if the study used a design that was neither an RCT nor an NRS, if no control/comparison group was present (single arm studies), if the reference turned out to be a duplicate of a study already included, if they were comments rather than a research paper, or if they did not use homeopathy.

2.5. Data items and data extraction process

Study characteristics (title, author, year, peer-review status, language, sample size, target population, study design and intervention type, comparator, conventional therapy use, homeopathic intervention, potency, International Classification of Functioning, Disability, and Health (ICF) category, and ICD-11 code) were extracted from the studies identified. The study design was coded as either RCT or NRS. The randomisation status was based on the original authors' definition. The intervention type was either 'therapeutic' or 'prophylactic'. The

prophylactic use of homeopathy was defined as at least one single homeopathic intervention administered to the study population prior to the onset of symptoms or during a symptom-free period. The comparators were categorised as either placebo, placebo+ (i.e., with homeopathy as an add-on to conventional therapy), active (other-than-placebo), Treatment as Usual (TAU), or no treatment.

The homeopathic intervention was categorised using the same scheme as the original HOMIS bibliography [3]: as 'complex' when multiple HMPs were used simultaneously; as 'routine' for pragmatic (a.k.a. 'clinical') prescriptions based solely on clinical diagnosis; as 'isopathy' when the same substance that caused the disease was administered as an HMP; or as one of three types of 'classical' prescribing — 'classic open', where the prescriber chose any single-constituent HMP based on the patient's individual symptom picture; 'classic restricted', where the prescriber selected from a predefined limited group of relevant HMPs; or 'classic selective', where a single preselected HMP was administered only to patients whose symptoms matched its Materia Medica profile.

The diseases studied were classified using the ICD-11 and further encoded and organised according to the ICF Checklist, based on the declared primary outcome. For classification under the ICD-11 code, the condition of the study population and the study's main endpoint were considered. The 2023 HOMIS bibliography used ICD-10; for compatibility, the ICD-10 code for the newly added studies, and the ICD-11 codes for studies already in the database are provided.

This data was independently extracted by two reviewers (SL, AS or AT) from the final selection of studies using the Covidence extraction tool and conflicts were resolved through discussion.

2.6. Data management and statistics

The data was analysed with descriptive statistics and summarised in tables or graphs. The data was analysed and figures prepared using Python (Python version 3.12).

3. Results

3.1. Results of the bibliography update (2021–2025)

The database search and study selection process are shown in the PRISMA diagram (see Fig. 1) [9].

After removal of duplicates, our searches uncovered 4556 unique references, most of which were found to be irrelevant during the title & abstract screening process. The remaining 177 underwent full-text screening, yielding 70 new studies. The list of references excluded at the full-text screening phase, along with the reason for exclusion, can be found in Appendix B.

Of these 70 studies, 50 were designed for a therapeutic purpose, 19 for preventive purposes, and one had both purposes. Most of these trials were RCTs (62; 89%), while 8 (11%) were NRS. The most common intervention was individualised homeopathy (classic open) 38 (54.3%), followed by routine (21; 30%), complex (7; 10%), classic restricted (2; 3%), and unknown (1; 1%). The most commonly used comparator was placebo (45; 64%), 13 (19%) of which used homeopathy as an adjunct to

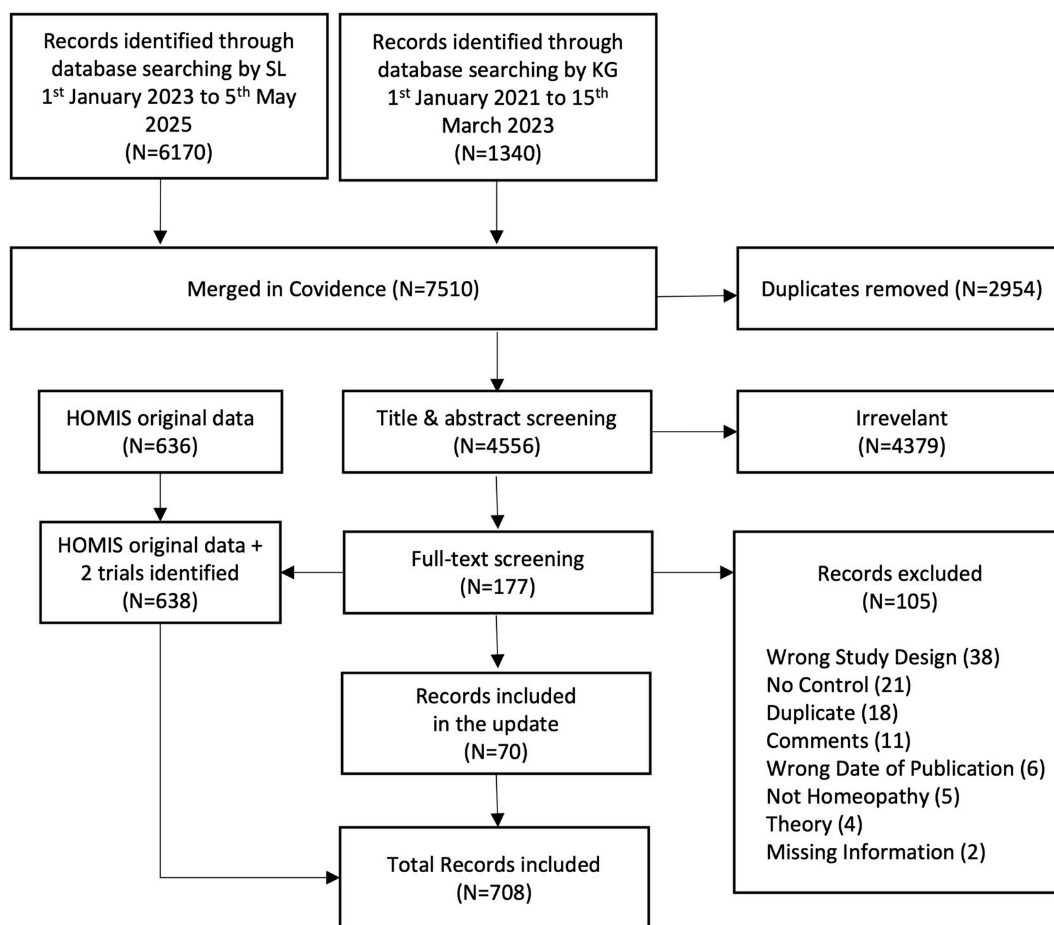

Fig. 1. PRISMA flowchart of the literature search for the updated HOMIS database. See Table A1 in Supplementary Data S1 for details on the literature search, including reasons for exclusion during screening S1 and S2. PRISMA, Preferred Reporting Items for Systematic Reviews and Meta-Analyses; HOMIS, Bibliography of Homeopathic Intervention Studies (or HOMeopathic Intervention Studies). The database search start date was set to January 1, 2021 rather than March 16, 2021, as most databases only allow selection by full calendar year; studies published before March 16, 2021 were excluded at screening.

treatment as usual; followed by active control (13; 19%), TAU 5 (7.1%), and other 7 (10.0%). The median trial size was 89 (interquartile range 60–170).

68 (97%) studies were written in English and published in peer-reviewed journals, one was published in Spanish, and one in Russian. Most studies were published in the journal Homeopathy (19; 27%), followed by the journal Complementary Medicine Research (10; 14%). Among the 50 medical conditions investigated, the role of homeopathy in dealing with COVID-19 was the most studied (12; 17%) over the period of this update, which corresponds with the pandemic. In addition to the fields extracted in the original HOMIS review [3], we also extracted the country in which the study took place.

The country where the trials were conducted was added as a new data field in the current study. The result yielded the following number of trials per country: India: n = 54 trials (77%); Brazil n = 4 (6%); Germany n = 2 (3%); Russia n = 2 (3%); Cuba, Israel, Tunisia, Kenya, France, Nigeria, Canada, Bulgaria n = 1 (1%) each.

3.2. Description of the overall bibliography (1980–2025)

Of the 177 studies that underwent full-text screening, 8 had publication dates prior to our update period. Six of these were already included in the previous HOMIS. The remaining 2 (Charandabi et al., 2015, van Haselen 2020), although they met the HOMIS inclusion criteria, had not been previously identified, an artefact of online database records not always reflecting true publication dates. They were added to the original HOMIS database rather than counted as part of this update (see PRISMA diagram).

Fig. 2 presents the overall data extracted. English was the most used language (71%), followed by German (12%) and French (6%). 56% of studies included in the bibliography were peer-reviewed articles, while 21% were theses, 19% of included studies were not peer-reviewed and 3% were categorised as ‘other’. 74% of studies were RCTs, while 26% were NRSs. Studies mostly used placebo as a control (63%), of which 22% used placebo as an add-on to TAU, while 20% used an active control and 11% used TAU as control. 84% of studies investigated homeopathy as therapeutic intervention while 16% investigated its use as a preventative measure. Finally, 40% of studies investigated complex, 25% routine, 21% open (or unrestricted) classical homeopathy (classic open), 5% restricted classical homeopathy (classic restricted; where the homeopath selects an HMP from a pre-defined list of HMPs found to be relevant for the given condition), 3% isopathy, 2% classic selective prescribing, 2% various or unspecified, and 3% using a combination of prescribing approaches.

Fig. 3 presents the trends in the same data over time. Looking at the full data set over time, several notable trends emerge. Fig. 3A displays the number of included studies per year from 1980 to May 2025. The trend observed in HOMIS since 2000 is stable, with between 15 and 20 new publications per year.

While there were many publications in French and German in the 80s and 90s of the last century, over the last 40 years, publications in homeopathy have converged to English as the main language (see Fig. 3B). Non-peer-reviewed publications and theses were frequent until around 2015, after which peer-reviewed journal articles became the norm (Fig. 3C). While NRSs constitute roughly 25% of studies over the whole period, RCTs consistently make up most of the studies throughout the period (see Fig. 3D).

Regarding comparators, placebo controls have been consistently dominant throughout the period at ~63% (see Figs. 3E and 2D), where ~11% used homeopathy as an adjunct to TAU. TAU was mainly used as a comparator over the period 2010–2020. The balance between therapeutic and preventative approaches has remained relatively stable, with therapeutic studies accounting for 84% of the trials (see Fig. 3F). As for the type of homeopathy used, routine (a.k.a. clinical) homeopathy dominated in the 80s and then remained stable at about 20% since then, with trials on complexes dominating in the 90s and 2000s. The use of classical homeopathy has risen steadily over the period, with ~40% of recent trials now relying on classical homeopathy (see Fig. 3G).

Fig. 4 presents the evolution of the median size of RCTs and NRSs over time as well as their distributions. The median size of trials was 60 participants (interquartile range (IQR) [33–108]) for RCTs and 80 (IQR [42–220]) for NRSs. Over time, RCTs had a median size of ~80 participants in the late 80s, which then decreased to ~50 in 2000–2010, and has been growing slowly since then to ~75 participants per trial. Of note are three very large RCTs: Nair et al., reporting on 38′229 participants, trialing the use of *Bryonia alba* for prevention of Chikungunya in India [10], Nayak et al., with 32′186 participants, trialing the efficacy of *Arsenicum album* 30C in preventing COVID-19 [11], and Mukherjee et al., 20′000 participants, trialing the use of homeopathy to prevent COVID-19 in Kolkata [12].

NRSs grew in median size from less than 100 participants before 2000, to ~200 shortly after 2000, and stabilised at ~120 in 2010–2015.

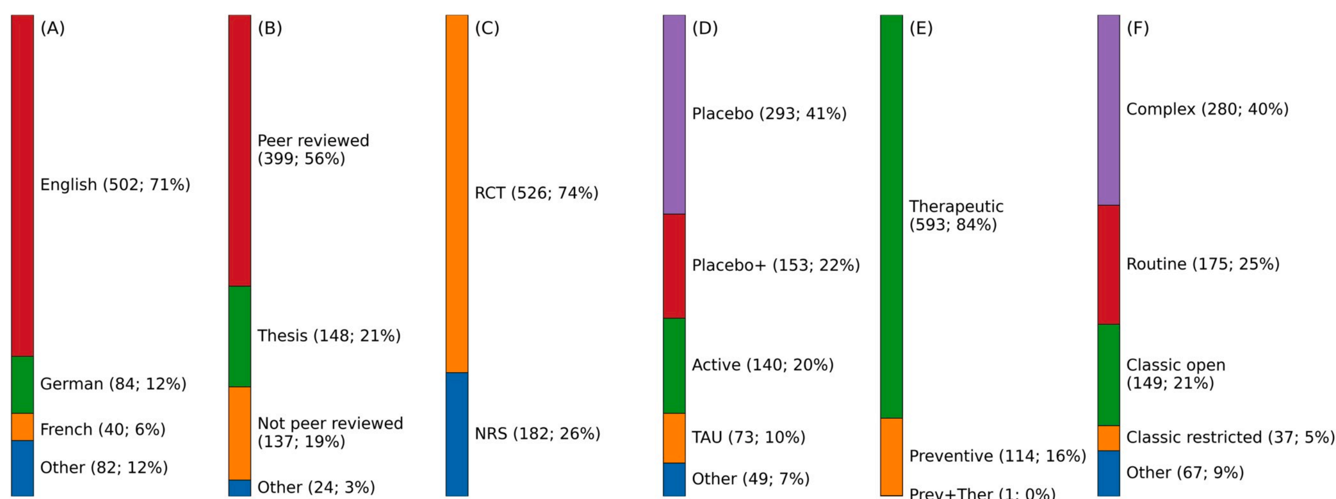

Fig. 2. Study design characteristics of all studies within the updated HOMIS database (n = 708 trials): (A) Language, (B) Publication type, (C) Trial design, (D) Comparator (the controls were placebo or an active treatment with (+) or without additional conventional therapy, Treatment As Usual (TAU), or combinations (various)), (E) Intervention, (F) Type of homeopathic intervention. For visibility ‘Other’ comprises classic selective prescribing (n = 13), various (n = 8), and unknown (n = 1). HOMIS, Bibliography of Homeopathic Intervention Studies (or HOMeopathic Intervention Studies). RCT, Randomised Controlled Trial; NRS, Non-Randomised Study.

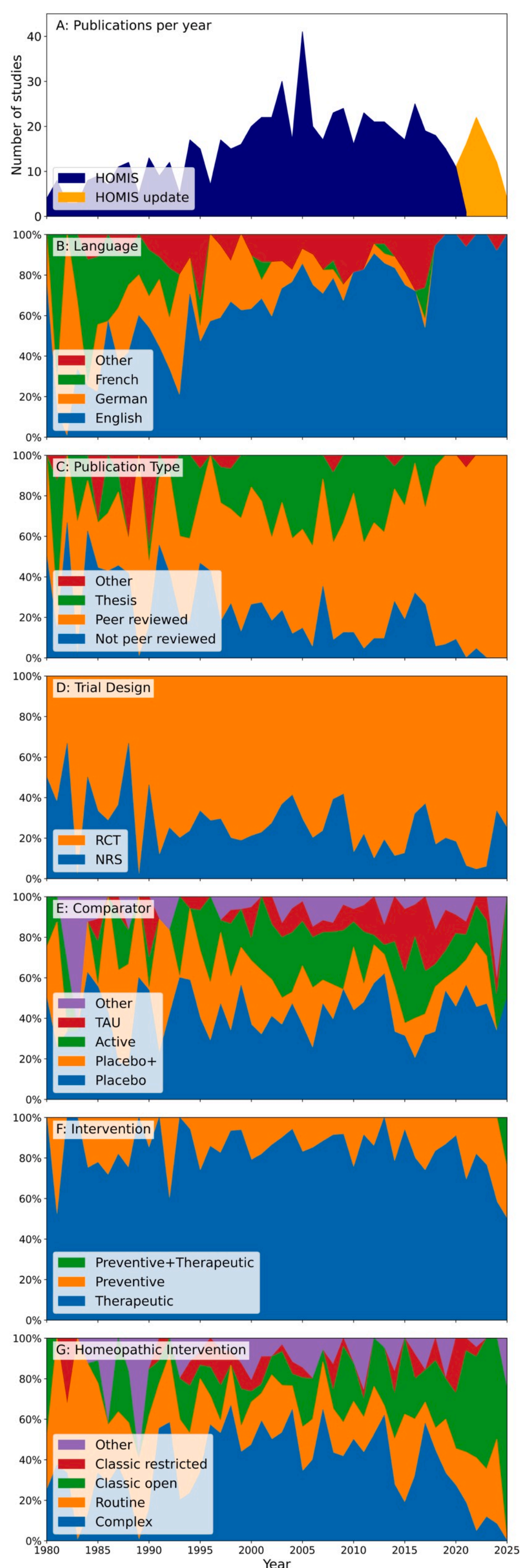

Fig. 3. Trends over time of (A) number of publications per year, (B) language, (C) publication type, (D) trial design, (E) comparator, (F) intervention, (G) type of homeopathic intervention (Other comprises classic selective, various, and unknown). HOMIS, Bibliography of Homeopathic Intervention Studies (or HOMeopathic Intervention Studies); RCT, Randomised Controlled Trial; NRS, Non-Randomised Study; TAU, Treatment as Usual.

Recent NRS, although few in numbers, have been very large: notably, the largest and most recent NRS enrolled 610′118 participants in Germany to study the effectiveness of homeopathy in treating acute upper respiratory tract infections [13], the 2023 and 2025 studies of the prevention of Dengue fever using *Eupatorium perfoliatum* 30C in the slums of Delhi by Nayak et al., had 40′769 and 20′607 participants respectively [14,15], the 2025 study by De Vilhena et al., of the treatment of COVID-19 complications in Santa Catarina, Brazil enrolled 12′445 participants [16] and the 2022 study by Nayak et al., of the prevention of COVID-19 using *Arsenicum album* 30C in Delhi had 10′180 participants [17].

RCTs are often considered separately from NRSs; for this reason, we provide a summary table (see Table 1) that stratifies the results by trial type for the update and the full database.

Since 1980, the most investigated medical condition has been postoperative pain and oedema following a variety of surgical interventions (45; 6%), followed by influenza (35; 5%), allergic rhinitis (19; 3%), menopausal disorders (14; 2%), spinal pain (14; 2%), and acute respiratory infections (14; 2%) – see Table 2. Overall, 248 clinical conditions were investigated, 139 (56%) of which were only studied once. A full list of the clinical conditions investigated and the number of times each was studied can be found in Appendix C.

4. Discussion

The original HOMIS bibliography was published in 2023, providing an overview of 636 clinical studies in homeopathy covering from January 1, 1980 to March 15, 2021. In this publication, we present an update, adding two additional studies published prior to 2024 and a further 70 studies published up to May 5, 2025.

4.1. Update of the bibliography (2021–2025)

The 70 controlled studies published between 2021 and 2025 investigated 50 medical conditions, reflecting broad research interest, though with limited replication per condition.

India is currently the leading publishing country, generating the majority of publications between 2021 and 2025. One explanatory factor here is clearly the high use of homeopathy in India, where more than 100 million people depend solely on homeopathy for their health care [18], with over 200,000 registered homeopathic practitioners (growing at approximately 12,000 per year), more than 300 homeopathic hospitals, and over 8000 dispensaries [19]. Another factor is the increasing state promotion of homeopathy research within the Indian medical system [18,20]. Moreover, this formal recognition has largely facilitated the research under COVID-19 conditions during the pandemic. India contributed 8 out of 12 COVID-19 studies (67%).

4.2. Overall bibliography (1980–2025)

Analysis of the overall trends in the data reveals a clear professionalisation of the field, with trials now being predominantly published in English and in peer-reviewed journals.

Regarding study design and methodological considerations, the bibliography encompasses both RCTs (74%) and NRSs (26%) throughout the period. This balance reflects complementary research priorities essential for comprehensive therapeutic assessment. While RCTs are often referred to as the 'gold standard' for clinical studies, NRSs are particularly useful for public health questions, as they have high external validity, closer to real-world health care conditions [21,22].

Among RCTs specifically, the majority are placebo-controlled (75% vs. 63% for all trials; Fig. 2D), providing evidence of specific efficacy under controlled conditions. However, a substantial proportion of studies employ comparative effectiveness design, including RCTs with active controls or treatment-as-usual comparators (19% of RCTs), as

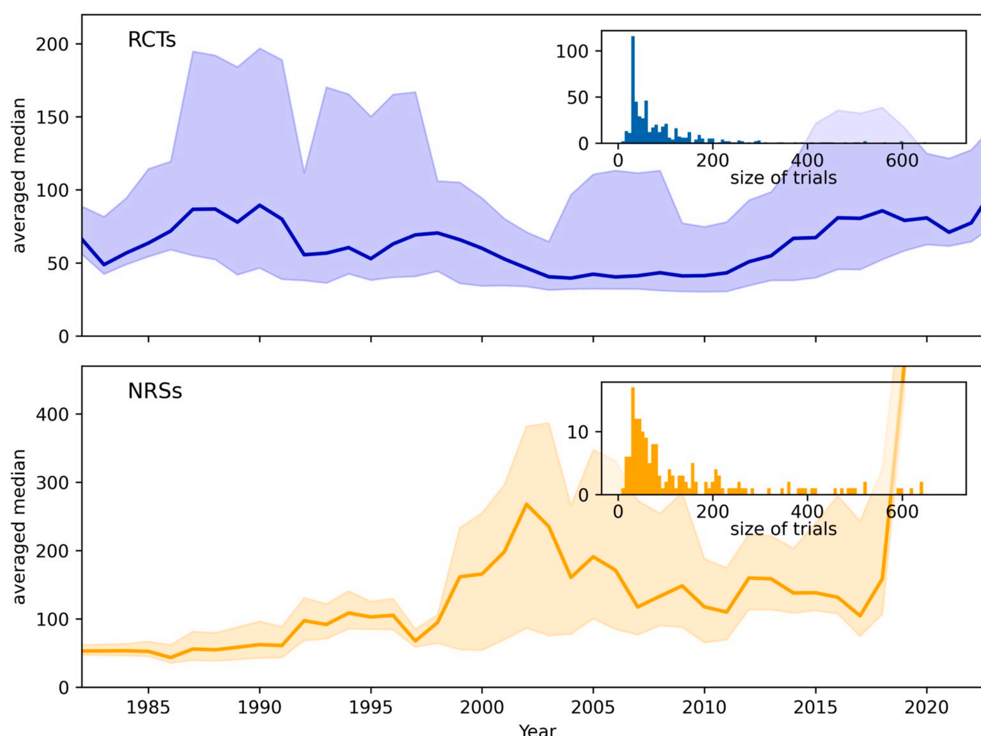

Fig. 4. Five-year rolling average of the median size of trials (RCTs and NRSs, respectively) in the updated HOMIS database, showing interquartile range as a colour envelope. Inserts show histograms of the size distribution of studies. Note: the values of the median size of NRSs in recent years is affected by the very large size and low number of NRSs in recent years. Furthermore, some very large trials are beyond the scale of this figure and are not visible (see text). HOMIS, Bibliography of Homeopathic Intervention Studies (or HOMeopathic Intervention Studies); RCT, Randomised Controlled Trial; NRS, Non-Randomised Study.

Table 1
Trial characteristics stratified by study design (RCT vs NRS) for the 2021–2025 update and the full HOMIS database (1980–2025). RCT, Randomised Controlled Trial; NRS, Non-Randomised Study; TAU, Treatment as Usual; IQR, Interquartile Range.

Characteristic	HOMIS Update			HOMIS Full Database		
	RCTs n (%)	NRSs n (%)	Total n (%)	RCTs n (%)	NRSs n (%)	Total n (%)
N	62 (88.6%)	8 (11.4%)	70 (100.0%)	526 (74.3%)	182 (25.7%)	708 (100.0%)
Language						
English	60 (96.8%)	8 (100.0%)	68 (97.1%)	313 (59.5%)	86 (47.3%)	399 (56.4%)
German	1 (1.6%)	0 (0.0%)	1 (1.4%)	73 (13.9%)	64 (35.2%)	137 (19.4%)
French	0 (0.0%)	0 (0.0%)	0 (0.0%)	132 (25.1%)	16 (8.8%)	148 (20.9%)
other	1 (1.6%)	0 (0.0%)	1 (1.4%)	8 (1.5%)	16 (8.8%)	24 (3.4%)
Publication type						
Peer-reviewed	60 (96.8%)	8 (100.0%)	68 (97.1%)	403 (76.6%)	99 (54.4%)	502 (70.9%)
Not peer-reviewed	0 (0.0%)	0 (0.0%)	0 (0.0%)	53 (10.1%)	31 (17.0%)	84 (11.9%)
Thesis	0 (0.0%)	0 (0.0%)	0 (0.0%)	24 (4.6%)	16 (8.8%)	40 (5.6%)
Other	2 (3.2%)	0 (0.0%)	2 (2.9%)	46 (8.7%)	36 (19.8%)	82 (11.6%)
Comparator						
Placebo	32 (51.6%)	0 (0.0%)	32 (45.7%)	267 (50.8%)	26 (14.3%)	293 (41.4%)
Placebo+ (adjunct to TAU)	13 (21.0%)	0 (0.0%)	13 (18.6%)	129 (24.5%)	24 (13.2%)	153 (21.6%)
Active control	12 (19.4%)	1 (12.5%)	13 (18.6%)	69 (13.1%)	71 (39.0%)	140 (19.8%)
TAU	1 (1.6%)	4 (50.0%)	5 (7.1%)	29 (5.5%)	44 (24.2%)	73 (10.3%)
No treatment/other	4 (6.5%)	3 (37.5%)	7 (10.0%)	32 (6.1%)	17 (9.3%)	49 (6.9%)
Intervention						
Therapeutic	49 (79.0%)	1 (12.5%)	50 (71.4%)	447 (85.0%)	146 (80.2%)	593 (83.8%)
Preventive	12 (19.4%)	7 (87.5%)	19 (27.1%)	78 (14.8%)	36 (19.8%)	114 (16.1%)
Preventive + Therapeutic	1 (1.6%)	0 (0.0%)	1 (1.4%)	1 (0.2%)	0 (0.0%)	1 (0.1%)
Homeopathic intervention						
Individualised (open)	37 (59.7%)	1 (12.5%)	38 (54.3%)	121 (23.0%)	28 (15.4%)	149 (21.0%)
Individualised (restricted)	2 (3.2%)	0 (0.0%)	2 (2.9%)	32 (6.1%)	5 (2.7%)	37 (5.2%)
Complex	7 (11.3%)	0 (0.0%)	7 (10.0%)	191 (36.3%)	89 (48.9%)	280 (39.5%)
Routine	15 (24.2%)	6 (75.0%)	21 (30.0%)	138 (26.2%)	37 (20.3%)	175 (24.7%)
Other	1 (1.6%)	1 (12.5%)	2 (2.9%)	44 (8.4%)	23 (12.6%)	67 (9.5%)
Median sample size (IQR)	67 (60–140)	11312 (1387–25648)	89 (60–170)	60 (33–108)	80 (42–220)	61 (36–130)

Table 2
Health conditions investigated, following ICD11 nomenclature (top 20 conditions; complete list in Supplementary Data S3). ICD-11, International Classification of Diseases, 11th Revision.

Code	Description	Count
QB6Z	Surgical or postsurgical states, unspecified	45
1E32	Influenza, virus not identified	35
CA08.00	Allergic rhinitis due to pollen	19
GA30.Z	Menopausal or perimenopausal disorders, unspecified	14
CA07.0	Acute upper respiratory infection, site unspecified	14
ME84.Z	Spinal pain, unspecified	14
BA00.Z	Essential hypertension, unspecified	13
CA23.32	Unspecified asthma, uncomplicated	12
FA01.Z	Osteoarthritis of knee, unspecified	11
CA4Z	Lung infections, unspecified	11
6A05.Z	Attention deficit hyperactivity disorder, presentation unspecified	11
VV01	Sleep functions	11
FA20.Z	Rheumatoid arthritis, serology unspecified	10
6C9Z	Disruptive behaviour or dissocial disorders, unspecified	10
CA0A.Z	Chronic rhinosinusitis, unspecified	10
AB34.Z	Disorders of vestibular function, unspecified	10
GA34.40	Premenstrual tension syndrome	9
CA08.0Z	Allergic rhinitis, unspecified	9
5A11	Type 2 diabetes mellitus	9
JB0D.Y	Other specified complications of labour or delivery, not elsewhere classified	8

well as observational NRSs that evaluate clinical effectiveness in real-world practice settings where therapeutic context and individualised treatment approaches are preserved. Both types of evidence are necessary for developing recommendations for clinical use.

Two notable trends emerge from the data. First, the median size of RCTs has increased from approximately 50 participants in 2000–2010 to approximately 100 in recent years (Fig. 4), suggesting a move towards more adequately powered trials. Second, the use of individualised homeopathy has risen steadily, now accounting for approximately 40% of recent trials (Fig. 3G), reflecting a shift towards classical prescribing approaches.

Approximately 15% of studies have consistently investigated homeopathy for disease prevention, demonstrating sustained interest in prophylactic applications. With now 708 homeopathy trials (526 RCTs and 182 NRSs) included, the current state of the HOMIS database encompasses considerably more trials than analysed in past systematic reviews [23–28].

Table 2 presents the most frequently studied conditions. While replication exists in key areas, most conditions have been studied only once or twice. This overview presents the most replicated conditions, thus supporting the development of research strategies in the field, both in terms of future systematic reviews and clinical trials.

4.3. Limitations

The original HOMIS study and the present update catalogue studies without extracting results or conducting quality assessments (optional under BIBLIO reporting guidelines [7]). This limits the interpretability of the results in terms of study quality. This assessment is left to condition-specific systematic reviews better suited to this task.

As the country of study was a newly introduced data field in this update, it was not possible to compare publication trends by country across the full database (1980–2025); such comparisons are restricted to the 2021–2025 period.

While maximal efforts were made to uncover all trials of homeopathy, by accessing eight major international databases, including LILACS for Latin American literature and the AYUSH portal for Indian literature, and by supplementing this with expert consultation to identify Indian grey literature, search terms were primarily in English and so it cannot be ruled out that a small number of non-English trials may have been missed. Future updates may consider adding more regional databases and searches using local-language search terms, as well as relevant trial registries, to further improve coverage.

5. Conclusions

This updated bibliography comprehensively maps 708 controlled clinical studies in homeopathy from 1980 to 2025, documenting the field's evolution and professionalisation. Studies increasingly appear in peer-reviewed English-language journals as placebo-controlled RCTs with growing sample sizes. Research explores 248 clinical conditions, with concentrated investigation in specific areas, enabling systematic review and meta-analysis. The publicly available database provides essential infrastructure for future evidence synthesis, supporting systematic evaluation of homeopathy's clinical efficacy and effectiveness across diverse applications.

CRediT authorship contribution statement

Sebastien Liechti: Writing – review & editing, Writing – original draft, Project administration, Investigation, Data curation. **Anežka Sokol:** Data curation. **Katharina Gaertner:** Methodology, Formal analysis, Data curation, Conceptualization. **Ursula Wolf:** Writing – review & editing, Resources. **Stephan Baumgartner:** Writing – review & editing, Resources, Methodology, Formal analysis, Conceptualization. **Alexander L. Tournier:** Writing – review & editing, Writing – original draft, Supervision, Project administration, Investigation, Formal analysis, Data curation.

Ethics

No ethics approval required.

Sustainability statement

The freely available HOMIS database promotes research sustainability by providing a curated, comprehensive resource that reduces duplication of effort in future systematic reviews and meta-analyses.

Data availability

All studies from HOMIS and the present update are available in an online database on the website of the University of Bern, which can be accessed under this URL: https://www.ikim.unibe.ch/db_clin_trials_homeo.

Declaration of generative AI and AI-assisted technologies in the writing process

The authors used Grammarly and DeepL Write in order to improve the English in this document during its preparation. The author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the published article.

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Declaration of competing interest

The authors declare the following financial interests/personal relationships, which may be considered as potential competing interests: Alexander Tournier reports a relationship with Homeopathy Research

Institute that includes: board membership. The other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at doi: mmcdoino

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