TEACHING TOOL

Table 2: Summary of Homeopathy Clinical Trials in Oncologic Palliative Care[15-25]

Author (Year)	Study Design	Condition	Sample Size	Study Groups	Results
Sorrentino et al. (2017)	Randomized, controlled Trial	Post-operative seroma formation after total mastectomy for breast cancer	53 (26 treatment vs. 27 placebo)	*Arnica* 1000 K oral + standard care vs. Placebo + standard care	Significantly lower total drainage volume in the *Arnica* group (p=0.03). Drainage volumes were also significantly lower on day 2 (p=0.033) and day 3 (p=0.0223) in the *Arnica* group compared to placebo. Reduction in early postoperative fluid accumulation suggests decreased seroma formation.
Lotan et al. (2020)	Randomized, double-blind, placebo-controlled trial	Post-operative seroma formation after mastectomy and immediate breast reconstruction	55 (29 treatment vs. 26 placebo)	*Arnica montana* 1000K and *Bellis perennis* 1000K (5 pellets orally twice daily from day of surgery until drain removal) vs. placebo	Significant reduction in drain removal time in intervention group (11.1 ± 4.0 days) vs placebo (13.5 ± 6.2 days), an 18% reduction (p<0.05). Trend toward lower post-op opioid use (p=0.057).
Pommier et al. (2004)	Randomized controlled trial	Radiodermatitis in breast cancer radiotherapy	254 patients (126 *Calendula* vs. 128 trolamine)	Topical *Calendula officinalis* ointment applied post-radiotherapy vs. trolamine cream	Incidence of grade ≥2 dermatitis significantly lower in Calendula group (41% vs 63%; p<0.001); lower mean pain scores; better patient satisfaction; more difficult application reported with *Calendula* (30%).
Schneider et al. (2015)	Randomized double-blind controlled clinical trial	Radiodermatitis in head and neck cancer radiotherapy	51 (24 treatment vs. 27 control)	*Calendula officinalis* topical oil vs. Essential Fatty Acids (EFA) topical oil	*Calendula* group had significantly lower incidence of grade 2 radiodermatitis (p=0.012) and delayed onset of grade 1 dermatitis compared to EFA; overall better skin toxicity profile.
Balzarini et al. (2000)	Randomized, double-blind, placebo-controlled clinical trial	Radiodermatitis in breast cancer radiotherapy	66 patients (29 treatment vs. 32 placebo; 5 dropouts)	*Belladonna* 7C (3 granules sublingually twice daily) + X-ray 15cH (3 granules sublingually once daily) vs. placebo, both with standard topical corticosteroid (fluocortolone)	No statistically significant difference in Total Severity Index during radiotherapy (p=0.23), but significant improvement during recovery (mean RTSI score 2.345 vs 3.250; p=0.05). Significant reductions in skin heat during most of the observation period and favorable trends in hyperpigmentation were also observed.
Babaee et al. (2013)	Randomized controlled clinical trial	Symptom improvement: radiation-induced mucositis in patients with	40 (20 treatment vs. 20 placebo)	2% *Calendula* extract mouthwash vs. placebo	*Calendula* group had significantly lower Oral Mucositis (OM) Assessment Scale scores vs placebo (p<0.001). Significant reduction in OM severity with *Calendula* (p=0.048). No patients in the *Calendula* group required medication for OM or discontinued radiotherapy due to mucositis.

		head and neck cancer			
Oberbaum et al. (2001)	Randomized, placebo-controlled, double-blind clinical trial	Symptom improvement: Chemo-induced stomatitis in children undergoing stem cell transplantation	30 patients ages 3–25; (15 treatment vs. 15 placebo; 2 dropouts due to nausea)	Traumeel S mouth rinse 5× daily starting Day 2 post-transplant until ≥2 days after resolution of stomatitis vs. placebo rinse	Mean stomatitis AUC score significantly lower with Traumeel S vs placebo (10.4 vs 24.3; $p<0.01$); worsening of symptoms less frequent with Traumeel S (47% vs 93%; $p<0.001$). No significant difference in serious complications.
Perol et al .(2012)	Randomized, multi-center, double-blind, placebo-controlled phase III trial	Symptom Improvement: Chemo-induced nausea/vomiting in non-metastatic breast cancer	431 (214 treatment vs. 217 placebo)	Cocculine (*Cocculus indicus* 4CH, Tabacum 4CH, *Nux vomica* 4CH, Petroleum 4CH) + standard antiemetic (ondansetron + methylprednisolone) vs. placebo + standard antiemetic	No significant difference in primary endpoint (FLIE nausea scores: 6.07 Cocculine vs 6.02 placebo; $p=0.84$); no significant difference in severe nausea/vomiting rates; both groups reported minimal impact on daily activities; well tolerated.
Karp et al. (2016)	Non-randomized, open-label, prospective study	Symptom Improvement: Joint pain and stiffness linked to aromatase inhibitors in women with early breast cancer	40 (20 treatment vs. 20 control)	Ruta graveolens 5C + Rhus toxicodendron 9C (5 pellets each, twice daily for 3 months) vs. baseline	Significant reduction in pain severity (mean pain score –1.3 vs. 3.4; $p=0.0001$) and stiffness (5.90 to 2.60; $p<0.001$)
Frass et al. (2020)	Randomized, placebo-controlled, double-blind, multicenter trial	QoL and survival in patients with non-small cell lung cancer	150 patients (51 homeopathy vs. 47 placebo vs. 52 control)	Individualized homeopathic medicines (tailored to symptoms) vs. identical placebo vs. no homeopathy (control)	Significant improvements in QoL (QLQ-C30 and SF-36) at 9 and 18 weeks in homeopathy group vs placebo and control. Median survival significantly longer in homeopathy group (435 days) vs placebo (257 days; $p=0.010$) and control (228 days; $p<0.001$). No severe adverse effects reported.
Rostock et al. (2011)	Prospective, observational cohort study	QoL and fatigue symptoms in cancer patients	639 total (259 individualized homeopathy vs. 380 conventional supportive care)	Individualized homeopathic treatment vs. conventional supportive care alone	FACT-G and FACIT-Sp scores improved significantly in the homeopathy group at 3 months ($p<0.001$) and 12 months (+11.9 vs +3.1; $p<0.001$). Significant reductions in fatigue at 3 months (at 3 months, $p=0.004$) and at 12 months ($p<0.001$), pain (−3.2 vs −0.9; $p<0.001$), and nausea (−2.7 vs −0.8; $p<0.001$). Benefits were sustained through 12 months.