E-ISSN:2456-3110

Review Article

Childhood Respiratory Illnesses

Check for updates

Journal of Ayurveda and Integrated Medical Sciences

2025 Volume 10 Number 5 MAY

Publisher

Maharshi Charaka Ayurveda

www.maharshicharaka.in

Integrating Homoeopathy into Public Health Initiatives for Childhood Respiratory Illnesses: A Review Article

Snaitang E[1], Shinde SR[2*]

DOI:10.21760/jaims.10.5.15

[1] Evangeline Snaitang, Post Graduate Scholar, Department of Practice of Medicine, Bharati Vidyapeeth (Deemed to be University), Homoeopathic Medical College, Pune, Maharashtra, India.

[2*] Swati R Shinde, Professor, Department of Practice of Medicine, Bharati Vidyapeeth (Deemed to Be University), Homoeopathic Medical College, Pune, Maharashtra, India.

Respiratory diseases are a big health issue for children around the world, especially in developing countries for those younger than 5 years of age. Conventional medicine remains the cornerstone of treating these infections. But nowadays, there is growing interest in complementary and alternative approaches like homoeopathy. Homoeopathy being economical, easy to administer and palatable medicine for children is widely accepted. This research methodology focused on reviewing randomised controlled trials (RCTs) that studied homoeopathic treatments for respiratory diseases in children from 1990 to 2024. The researcher searched major databases including PubMed, Google Scholar, and others. After applying the inclusion and exclusion criteria, nine RCTs were included in this review. The methodology appeared to ensure high-quality evidence by focusing only on well-designed randomised trials with adequate quality scores (Jadad score). The interventions in children aged 1-15 years, showed significant symptom reduction and decreased antibiotic requirements by various homoeopathic approaches. Safety profiles were consistently favourable across all studies, though therapeutic efficacy was not universal, as evidenced by three trials showing no significant clinical improvements. This review concluded that treatment with homoeopathic medicines as individualised, specific and adjuvant showed some reduction in the recurrence of respiratory symptoms in children. The need for more meticulously conducted trials and a broader array of published RCT studies is paramount for a more comprehensive conclusion.

Keywords: Children, Homoeopathy, Randomised controlled trials, Respiratory Diseases

Corresponding Author

Swati R Shinde, Professor, Department of Practice of Medicine, Bharati Vidyapeeth (Deemed to Be University), Homoeopathic Medical College, Pune, Maharashtra, India.

Email: swati.shinde@bharatividyapeeth.edu

How to Cite this Article

Snaitang E, Shinde SR, Integrating Homoeopathy into Public Health Initiatives for Childhood Respiratory Illnesses: A Review Article. J Ayu Int Med Sci. 2025;10(5):96-103.

Available From https://jaims.in/jaims/article/view/4305/

To Browse

Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted
2025-04-12	2025-04-26	2025-05-07	2025-05-17	2025-05-27

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	12.63	

Introduction

Respiratory diseases are a big health issue for children around the world. These illnesses, especially in developing countries are major causes of sickness in children and can even cause death. This is a major concern for public health, even though many of these sicknesses can be prevented. **[1]** The intention of this inquiry is to examine the possible use of homoeopathy as a complementary approach in public health initiatives in paediatric respiratory diseases. Worldwide among five deaths in children below five years of age one is due to acute respiratory diseases according to World Health Organization (WHO).**[2]** Acute respiratory infections (ARIs) in children are divided into two main types: upper respiratory infections which affect the airway from the nose to larynx, including the sinuses, middle ear and lower respiratory infections which affect the airway below larynx.**[3]** In developing countries, children usually get six to nine episodes of these infections each year.**[4]** These illnesses prove burdensome on the sick child, their family and society because of heavy medical bills and parents missing work to care for their children.**[5,6]** While conventional medicine is still the main way to treat these problems, but people nowadays are looking at other complementary and alternative approaches.

Aims and Objectives

This research was attempted to find out how well homoeopathic interventions work for treating respiratory conditions in children and focused on reviewing randomised controlled trials (RCTs) featured a clear comparison either with placebo, conventional medical treatments or homoeopathic remedies themselves enabling an evaluation of homeopathic treatment's relative effects against a control group. Specific criteria (PICOS framework) were used to select studies.

Methodology

This research included only randomised controlled trials (RCTs) to identify public health initiatives integrating homoeopathy for pediatric respiratory diseases. This study focused on examining homoeopathic intervention. The selection criteria mandated that only randomised controlled trials (RCTs) evaluating homeopathic treatments from 1990 to 2024 were included.

Nine randomised controlled trials in respiratory diseases in children were reviewed thoroughly in this.

Databases searched

National Medical Library (PubMed), Google scholar, AYUSH portal, CCRH, ScienceDirect, Thieme-E-Journal, Cochrane Library were searched using respiratory diseases in children and homoeopathy, randomised controlled trials (RCTs).

Inclusion Criteria

Studies included here are involving population(P): paediatric cases under eighteen years of age, intervention(I): treated with homoeopathic medicines as an individualised, complex or as an adjuvant therapy, comparator (C): any comparison group, outcome(O): any outcome measure, timing (T): any timing of assessment, and setting(S): any setting whether inpatient or outpatient providing care to children with respiratory conditions. Articles with Jadad score of ≥3 are included. Jadad score is used in this review for quality assessment of the clinical studies. The Jadad score is a validated quality assessment tool for clinical trials that evaluates three domains: the use of blinding (0-2 points), randomly assigned (0-2points) and disengagement documentation (0-1 point). Trials scoring ≥3 out of 5 points are considered high quality, while lower scores suggest potential methodological limitations.**[7]**

Exclusion Criteria

Specific exclusion criteria are implemented to ensure the study's focus and relevance. Studies with small number of participants, articles with incomplete data, duplicate articles, articles that cannot be retrieved, articles with Jadad score less than 3 are omitted.

Through careful application of these criteria are used to curate a collection of articles that were not only highly relevant but also met rigorous quality standards. This selection process aimed to provide meaningful insights into effectiveness of homeopathic treatment human-based randomised controlled trials (RCTs). Such a methodical approach strengthens reliability and credibility of the study's conclusions. A total of nine research trials were incorporated in this study after the eligibility criteria have been applied as shown in figure 1.

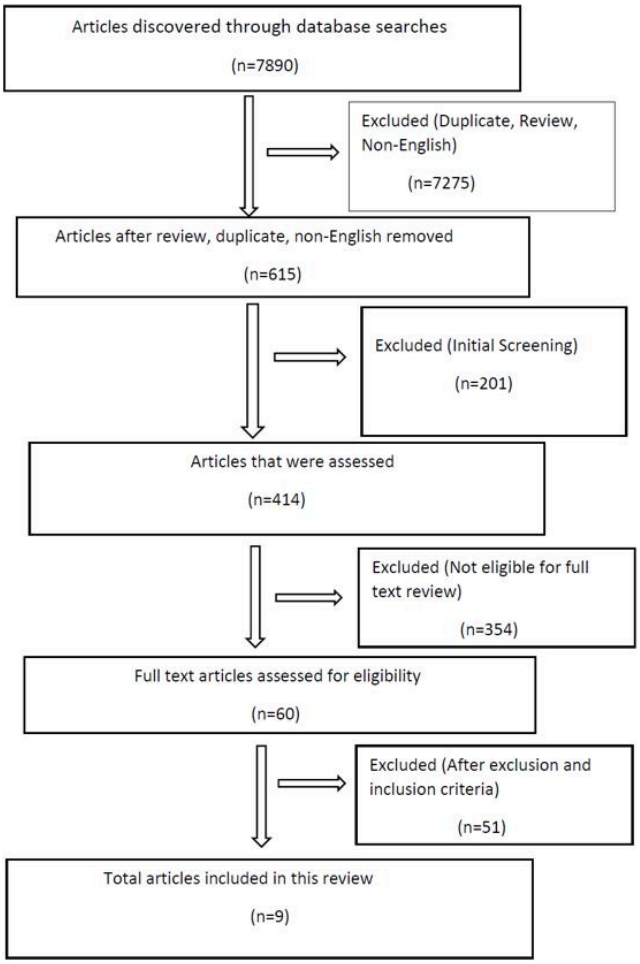

Figure 1: Flow Chart

Results

Efficacy of homoeopathic treatments: Studies by CM Siqueira et al and Van Haselen et al, showed significant improvements in symptoms and reduced incidence of respiratory infections in children receiving homoeopathic treatments. However, in the study conducted by White, Slade, Hunt, et al on asthma, no changes of clinical importance or statistical significance were observed.

Symptom management: The study by Jacobs and Taylor showed improvements in sneezing, coughing, and overall cold scores in children receiving homoeopathic syrup.

Similarly, Voß HW et al found that a complex homoeopathic remedy worked better than the control group in improving cough symptoms. Decrease in antibiotic use: Reduction in antibiotic use among children receiving homoeopathic treatments was observed in the study by ESM de Lange de Klerk et al, which could have the important implications for addressing antibiotic resistance concerns.

Safe and tolerability: Generally, the studies reported good safety profiles and tolerability for homoeopathic treatment. Jong et al found that their homoeopathic preparation (CalSuli-4-02) showed better tolerability compared to control group. Out of nine randomised controlled trials (RCTs), six are blinded in which five are double blinded and one is triple blinded while three studies are open-labelled. Two studies used individualised homoeopathic medicines, two studies used homoeopathic specific medicines, one study used homoeopathic medicines as add on therapy and four studies used homoeopathic complex medicines. The most common age group represented in these studies are children between 1-10 years old and children up to six years old with three studies focusing on each group respectively. While children up to twelve years old are covered in two studies. These eight articles relate to Upper Respiratory Tract Infections (URTI). One article addresses Lower Respiratory Tract Infections (LRTI), with the age group ranging from 5 to 15 years. Regarding improvements, six studies have shown positive outcomes with homoeopathic medicines, whether used individually, specifically or in complex formulations while three studies did not show any improvements. From these studies several homoeopathic medicines have been identified used either as homoeopathic complex formulations or homoeopathic specific medicines. These commonly mentioned medicines are Sulphur, Calcarea Carbonica, Aconitum Napellus, Phosphorus, Pulsatilla and Ipecacuanha. Table 1 summarises key info. from each included study.

Table 1: Overview of randomized controlled trials

Article name and Author	Year of Publication	Method	Sample size and Age group	Intervention/ Comparison	Outcome measure	Result	Jadad score
Effect of homoeopathic medicines on daily burden of symptoms in children with recurrent upper respiratory tract infections[8] Author-ESM de Lange de Klerk et al[8]	1994	Blinded clinical trial	175 86(Homoeopathic medicines) 84(Placebo) Age:1-10 years	Individualised Homoeopathic medicines	Daily symptoms scoring, antibiotic intake, and adenoid removal frequency	Daily symptom scoring shows better improvement in the treatment group. However, antibiotics utilisation was decreased in both groups	3

Individualised Homeopathy as an adjunct in the treatment of childhood asthma: a randomized placebo- controlled trial[9] Author- White, Slade, Hunt, et al[9]	2002	Double blind, placebo-controlled trial	96 Age :5-15 years	Individualised homoeopathic drugs	Active quality of life subscale for childhood asthma, along with peak flow measurements, medication usage, symptom intensity, school absences, asthma episodes, overall change assessment, and negative side effects	Neither group exhibited changes that were either clinically meaningful or statistically significant	4
Self-treatment with one of three self-selected, ultramolecular homoeopathic medicines for the prevention of upper respiratory tract infections in children. A double-blind randomized placebo controlled trial[10] Author- Steinsbek et al[10]	2005	Blinded clinical trial	251 125(Placebo) 126(Hom medicines) Age-Below 10 years	Homoeopathic specific medicines (Calcarea carbonica, Pulsatilla, Sulphur)	Avoidance of URTI reinfection over 12 weeks using the average integrated symptomatic rating	No major distinction over placebo	4
Homoeopathic care for the prevention of upper respiratory tract infections in children. A pragmatic, randomised, controlled trial comparing individualised homoeopathic care and waiting-list controls[11] Author- Steinsbek et al[11]	2005	Open, pragmatic, controlled trial	142 68(Hom medicines) 74(Home care) Age-Below 10 years	Homoeopathic Specific medicines (Aconitum, Calcarea carbonica, Hepar Sulph, Kali muriaticum, Lycopodium, Medorrhinum, Mercurius Corrosivus, Natrum sulphuricum, Streptococcinum, Tuberculinum, Sulphur, Opium, Spongia, Silica, Phosphorus, Sulphur, Phosphorus, Pulsatilla)	Daily diary symptom scoring which was filled and completed by the parents	In Homoeopathic group, URTI symptoms gets better within 8 days while in control group its 13 days.	3
Homoeopathic medicines for prevention of influenza and acute respiratory tract infections in children: blind, randomized, placebo-controlled clinical trial[12] Author- CM Siqueira et al[12]	2015	A practical, real-world, triple blind controlled clinical study	445 149(Homoeopathic complex) 145(InfluBio) 151(Placebo) Age:1-5 years.	Homoeopathic complex medicine	Annualised count of influenza and acute respiratory events	Participants in the placebo group experienced three relapses acute respiratory symptoms. The group treated with the homeopathic complex reported no such relapses. Among those who received InfluBio, only few children developed symptomatic episodes	5
Effectiveness, safety and tolerability of a complex homoeopathic medicinal product in the prevention of recurrent acute upper respiratory tract infections in children: a multicenter, open, comparative, randomized, controlled clinical trial[13] Author- Jong et al[13]	2016	Open, prospective, multicenter controlled clinical trial	200 101(control group) 99 (CalSuli-4-02) Age group-Upto 6 years	Homoeopathic complex medicine(CalSuli-4-02)	Acute URTI relapse. Variations in presenting concerns and subjective experiences, treatment satisfaction, antibiotic utilization therapeutic safety and acceptability	Much less URTI symptoms as well as greater happiness with treatment and acceptance were seen in the homoeopathic group.	3
The Effectiveness and Safety of a Homoeopathic Medicinal Product in Pediatric Upper Respiratory Tract Infections With Fever: A Randomized Controlled Trial[14] Author-Van Haselen et al[14]	2016	Open, multicenter, multinational clinical trial	261 130(Standard treatment +Influcid) 131(Standard treatment) Age: Below 12 years	Homoeopathic medicine as adjuvant therapy	The study examined the alleviation of symptoms and fever	In the group where influcid was given as adjuvant children required fewer symptomatic medications, experienced faster resolution of symptoms, and a larger percentage were fever-free after three days.	3

A randomized controlled trial of a homoeopathic syrup in the treatment of cold symptoms in young children [15] Author-Jacobs and Taylor [15]	2016	Randomized double blind placebo controlled study	261 128(Homoeopathic syrup) 133(Placebo) Age: 2-5 years	Homoeopathic Complex medicine (Cold Syrup)	Homoeopathic Complex medicine (Cold Syrup)	No improvement in symptoms one-hour post dose in both the groups. However, symptoms improved significantly in the group prescribed with the cold syrup	4
Efficacy and tolerability of a complex homoeopathic drug in children suffering from dry cough-A double blind, placebo controlled, clinical trial [16] Author-Voß HW et al[16]	2017	Double-blind, placebo-controlled trial	180 89(Complex homoeopathic drug) 91(Placebo) Age group:5 months to 12 years	Complex homoeopathic medicine (Drosera, Coccus cacti, Cuprum Sulfuricum, Ipecacuanha)	Reduction in cough severity scores	Cough severity score was greatly improved in children given with complex homoeopathic drug than those children with placebo.	3

Discussion

When evaluating homoeopathic interventions for managing paediatric respiratory diseases, randomised controlled trials (RCTs) provide the strongest degree of proof compared to non-randomised studies. RCTs reduce selection bias through random allocation and balance confounding factors across groups. Blinding participants, practitioners, and outcome assessors minimize placebo effects, which are significant in children. Including a placebo or standard care control group allows for clear comparison and isolates the effects of homoeopathic remedies from natural disease progression. RCTs with standardised protocols, adequate sample sizes, and long follow-up periods provide reliable insights into efficacy, safety, and durability, which are crucial for shaping public health policies. Well-designed RCTs thus offer a strong basis for assessing the benefits and risks of homoeopathy in pediatric respiratory disease management. In Netherlands Klerk, E. S. M. de Lange et al studied how individualised homeopathic remedies affected kids who frequently get infections of the upper respiratory tract versus placebo. This year-long study involved 175 children, with 86 receiving homeopathic treatments and 84 getting placebo. Researchers tracked daily symptom scores, antibiotic prescriptions, and surgical interventions. Both groups showed significant reduction in antibiotic use. The homeopathic group had fewer adenoidectomies compared to the placebo group.**[8]**

White, Slade, Hunt, and colleagues studied the effects of individualised homeopathic treatments on children with mild to moderate asthma. The 12-month study included 96 participants and compared homeopathic remedies versus placebo alongside standard asthma care.

The Childhood Asthma Questionnaire's quality of life subscale served as the primary evaluation instrument. Researchers measured outcomes at the study's beginning and end. Additional metrics included peak flow, medication use, symptom severity, school absences, and adverse effects.**[9]** Norwegian researchers studied in children the therapeutic value of self-administered homeopathic medications in minimising the infection of upper respiratory tract. The trial involved 251 children, with 126 receiving homeopathic treatment (Calcarea, Pulsatilla, or Sulphur) and 125 receiving placebo. Parents chose specific remedies based on simplified constitutional indications, administered twice weekly for 12 weeks. The main result measure, as determined by median total symptom ratings, was the avoidance of fresh URTI attacks. There was no discernible difference between the homeopathic medications and placebo groups, according to the results.**[10]**

Norwegian study in 2005 compared immediate intervention versus delayed treatment groups, involving 169 participants. The study used 17 different homeopathic medicines including Aconitum, Calcarea carbonica, Hepar Sulph, Kali muriaticum, Lycopodium, Medorrhinum, Mercurius Corrosivus, Natrum Sulphuricum, Spongia, Tuberculinum, Sulphur, Pulsatilla, Stramonium, Opium, Streptococcinum, Phosphorus, Silica. Parents recorded daily symptom scores (range 0-11) in diaries over 3 months. Follow-up assessments tracked URTI symptoms' progression. Results showed URTI symptoms improved faster in the homeopathic group (8 days) compared to the control group (13 days).**[11]** Siqueira's Brazilian healthcare study randomly divided 445 participants into three groups: 149 received Hom complex (bacterial strains), 145 received InfluBio (influenza virus), and 151 received placebo.

The study measured flu and acute respiratory infection episodes over one year. The placebo group experienced three symptom episodes, few of the InfluBio group showed symptoms, and the Hom complex group reported no episodes.**[12]**

A 2016 study by Jong et al compared CalSuli-4-02 which contained Sulphur jodatum, Calcium phosphoricum, Calcium carbonicum and Calcium fluoratum with another homeopathic product containing Bryonia, Aconitum, Gentiana, Ferrum phosphoricum and Acidum sarcolacticum for preventing recurring URTIs in children. Two groups of 200 children under the age of six who frequently had upper respiratory tract infections were randomly assigned to the study in which 99 obtained CalSuli-4-02 and 101 received a comparative homeopathic product. Treatment lasted three weeks, with follow-up assessments at three and six months measuring URTI occurrence, symptoms, and treatment satisfaction. Both groups showed similar URTI frequency reduction, but the CalSuli-4-02 group reported fewer symptoms and higher satisfaction. The medication was well-tolerated with no safety concerns.**[13]**

In 2016, Van Haselen et al conducted a multinational trial in Ukraine and Germany studying Influcid effectiveness as an adjuvant treatment for fever in children. The study involved 261 participants: 130 received standard treatment plus Influcid (IFC) containing Aconite, Bryonia, Eupatoreum perfoliatum, Gelsemium, Ipecacuanha and Phosphorus and 131 received standard treatment alone. The Influcid group showed faster symptom resolution. A higher percentage of children in the Influcid group became fever-free within three days.**[14]**

Jacobs and Taylor's 2016 study evaluated a homeopathic syrup containing seven remedies (Allium cepa 6X, Hepar Sulph 12X, Natrum muriaticum 6X, Hydrastis 6X, Sulphur 12X, Pulsatilla 6X, Phosphorus 12X) against placebo for cold symptoms in preschool children. Parents administered medication as needed over 3 days. While one-hour post-dose symptoms showed no significant difference between groups. Twice-daily assessments revealed the homeopathic group had greater improvements in sneezing, coughing, and overall cold scores. These improvements were noted at both the first and second evaluations compared to placebo.**[15]**

Voß HW's team studied the efficacy of homoeopathic syrup (containing Ipecacuanha, Cuprum sulphuricum, Coccus cacti, and Drosera,) versus the placebo group for treating pediatric cough. The trial involved 180 children aged 5 months to 12 years, with 89 receiving homeopathic treatment and 91 receiving a placebo over 7 days.

Using the Cough Assessment Score, the homeopathic group showed better improvement compared to the placebo group. Secondary outcomes also favoured homeopathic treatment, with comparable safety profiles in both groups ,6 adverse reactions in homeopathic group, 9 in placebo.**[16]**

Conclusion

This review indicates that certain homoeopathic interventions, particularly complex preparations and adjuvant treatments may have potential benefits in managing paediatric respiratory conditions.

The positive outcomes observed in some studies include reduced symptom severity, improved treatment satisfaction and decreased use of conventional medications. We can conclude that homoeopathy has the potential to contribute as a complementary approach in public health initiatives aimed at managing paediatric respiratory diseases.

Further studies should address the limitations identified, including larger sample sizes, standardised methodologies, longer follow-ups periods, and more focused on individualised homoeopathic medicines.

As interest in complementary medicine grows, ongoing research and open dialogue between practitioners of different medicinal systems are crucial for exploring its potential benefits and addressing its limitations and optimizing integrative approaches to improve respiratory care for children.

References

1. Hasan MM, Saha KK, Yunus RM, Alam K. Prevalence of acute respiratory infections among children in India: regional inequalities and risk factors. Matern Child Health J. 2022 Jul 18;26(7):1594-602. *[Crossref][PubMed][Google Scholar]*

2. Turyasiima M, Kiconco G, Egesa W, Twesigemukama S, Nduwimana M. Prevalence and outpatient clinical diagnostic approaches for common acute respiratory tract infections in children under five years of age: a cross-sectional study. Pediatr Health Med Ther. 2024 Jan;15:49-57. *[Crossref][PubMed][Google Scholar]*

3. Simoes EAF, Cherian T, Chow J, Shahid-Salles SA, Laxminarayan R, John TJ. Acute respiratory infections in children. 2006. . *[Crossref][PubMed][Google Scholar]*

4. Sarkar R, Sivarathinaswamy P, Thangaraj B, Natarajan K, Sindhu C, Swarna S, et al. Burden of childhood diseases and malnutrition in a semi-urban slum in southern India [Internet]. 2013 [cited 2025 Jun 17]. Available from: http://www. *biomedcentral.com/1471-2458/13/87 [Crossref][PubMed][Google Scholar]*

5. Fendrick AM, Monto AS, Nightengale B, Sarnes M. The economic burden of non–influenza-related viral respiratory tract infection in the United States. Arch Intern Med. 2003 Feb 24;163(4):487. *[Crossref][PubMed][Google Scholar]*

6. Bramley TJ, Lerner D, Sarnes M. Productivity losses related to the common cold. J Occup Environ Med. 2002 Sep;44(9):822-9. *[Crossref][PubMed][Google Scholar]*

7. McCormick F, Cvetanovich GL, Kim JM, Harris JD, Gupta AK, Abrams GD, et al. An assessment of the quality of rotator cuff randomized controlled trials: utilizing the Jadad score and CONSORT criteria. J Shoulder Elbow Surg. 2013 Sep;22(9):1180-5. *[Crossref][PubMed][Google Scholar]*

8. de Lange de Klerk ESM, Blommers J, Kuik DJ, Bezemer PD, Feenstra L. Effect of homoeopathic medicines on daily burden of symptoms in children with recurrent upper respiratory tract infections. BMJ. 1994 Nov 19;309(6965):1329-32. *[Crossref][PubMed][Google Scholar]*

9. White A, Slade P, Hunt C, Hart A, Ernst E. Individualised homeopathy as an adjunct in the treatment of childhood asthma: a randomised placebo-controlled trial. Thorax. 2003 Apr;58(4):317-21. *[Crossref][PubMed][Google Scholar]*

10. Steinsbekk A, Bentzen N, Fønnebø V, Lewith G. Self-treatment with one of three self-selected, ultramolecular homeopathic medicines for the prevention of upper respiratory tract infections in children: a double-blind randomized placebo-controlled trial. Br J Clin Pharmacol. 2005 Apr 9;59(4):447-55. *[Crossref][PubMed][Google Scholar]*

11. Steinsbekk A, Fønnebø V, Lewith G, Bentzen N. Homeopathic care for the prevention of upper respiratory tract infections in children: a pragmatic, randomized, controlled trial comparing individualized homeopathic care and waiting-list controls. Complement Ther Med. 2005 Dec;13(4):231-8. *[Crossref][PubMed][Google Scholar]*

12. Siqueira CM, Homsani F, da Veiga VF, Lyrio C, Mattos H, Passos SRL, et al. Homeopathic medicines for prevention of influenza and acute respiratory tract infections in children: blind, randomized, placebo-controlled clinical trial. Homeopathy. 2016 Feb;105(1):71-7. *[Crossref][PubMed][Google Scholar]*

13. Jong MC, Buskin SL, Ilyenko L, Kholodova I, Burkart J, Weber S, et al. Effectiveness, safety, and tolerability of a complex homeopathic medicinal product in the prevention of recurrent acute upper respiratory tract infections in children: a multicenter, open, comparative, randomized, controlled clinical trial. Multidiscip Respir Med. 2016;11(1). *[Crossref][PubMed][Google Scholar]*

14. van Haselen R, Thinesse-Mallwitz M, Maidannyk V, Buskin SL, Weber S, Keller T, et al. The effectiveness and safety of a homeopathic medicinal product in pediatric upper respiratory tract infections with fever: a randomized controlled trial. Glob Pediatr Health. 2016;3:2333794X16654851. *[Crossref][PubMed][Google Scholar]*

15. Jacobs J, Taylor JA. A randomized controlled trial of a homeopathic syrup in the treatment of cold symptoms in young children. Complement Ther Med. 2016 Dec;29:229-34. *[Crossref][PubMed][Google Scholar]*

16. Voß H, Michalsen A, Brünjes R. Efficacy and tolerability of a complex homeopathic drug in children suffering from dry cough: a double-blind, placebo-controlled, clinical trial. Drug Res. 2018 Aug 20;68(8):444-9. *[Crossref][PubMed][Google Scholar]*