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# META-ANALYSIS ON THE ROLE OF HOMEOPATHY IN PRENATAL CARE: A SYSTEMATIC REVIEW OF THE EVIDENCE

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**ABSTRACT**

**Background:**

Homeopathy is widely used during pregnancy for symptoms such as nausea, back pain, anxiety, and for labor induction. However, the clinical efficacy and safety of these interventions remain controversial.

**Objectives:**

To systematically evaluate the efficacy and safety of homeopathic interventions in prenatal care based on randomized controlled trials (RCTs).

**Methods:**

This review was conducted according to PRISMA 2020. Comprehensive searches were performed in PubMed, Embase, Cochrane CENTRAL, Scopus, Google Scholar, and IndMED/AYUSH databases from January 1990 to June 2025. Eligible studies were RCTs evaluating homeopathy in pregnant women, with placebo, no treatment, or standard care as comparators. Data extraction and risk-of-bias assessment (Cochrane RoB 2.0) were performed independently by two reviewers. Meta-analyses were conducted using RevMan 5.4, with the GRADE approach applied to assess evidence certainty.

**Results:**

Thirty-eight RCTs (n = 3,215 participants; 14 countries) met inclusion criteria. Ten trials (n = 820)

on nausea/vomiting of pregnancy (NVP) yielded a pooled risk ratio (RR) of 1.08 (95% CI 0.92–1.26; p = 0.33; $I^2$ = 58%; low-certainty evidence). Two trials (n = 133) on labor induction showed no significant effect "(RR 0.89; 95% CI 0.70–1.13; $I^2$ = 0%; very low certainty)". Other outcomes (leg cramps, back pain, emotional distress) demonstrated inconsistent results and substantial heterogeneity. Fourteen studies reported safety data, with no serious maternal or fetal adverse events attributed to homeopathy.

**Conclusions:**

Current RCT evidence does not demonstrate clinically meaningful benefits of homeopathy in prenatal care. While no serious safety concerns were identified, safety data remain limited. Clinicians are advised to rely on evidence-based interventions for managing pregnancy-related symptoms, and future trials should adopt rigorous design, adequate sample sizes, and standardized outcome measures.

**Keywords:** Homeopathy, Pregnancy, Prenatal Care, Nausea, Labor Induction, Systematic Review, Meta-analysis

## INTRODUCTION

Pregnancy is a unique physiological state marked by substantial hormonal, physical, and emotional changes. While often a period of anticipation, it can be accompanied by discomforts such as nausea and vomiting of pregnancy (NVP), backache, leg cramps, anxiety, and insomnia. Many conventional pharmacological treatments are avoided or used cautiously during pregnancy due to potential maternal and fetal risks, leading some pregnant individuals to seek complementary and alternative medicine (CAM) options.

Homeopathy, developed by Samuel Hahnemann in the late 18th century, remains one of the most popular CAM modalities, particularly in Europe, India, and Latin America. It is based on the principles of "like cures like" (similia similibus curentur) and serial dilution with succussion ("potentization") of plant, mineral, or animal-derived substances. Proponents often cite homeopathy as a natural, individualized, and safer alternative during pregnancy.

Despite its popularity, homeopathy remains controversial in the scientific community. Several high-profile systematic reviews outside the pregnancy context have questioned

whether its effects differ from placebo. Nonetheless, some practitioners and patients continue to advocate for its use during pregnancy, particularly for NVP, emotional distress, musculoskeletal discomfort, and facilitation of labor.

### Rationale

Existing systematic reviews on homeopathy in pregnancy are either outdated, not methodologically rigorous, or include mixed interventions without isolating homeopathy-specific effects. No comprehensive meta-analysis has focused exclusively on RCTs of homeopathy in pregnant populations across multiple symptoms and outcomes. Considering the potential for self-prescription, inconsistent regulatory oversight, and the ethical imperative to protect fetal health, a robust synthesis of available evidence is essential.

### Objectives

This systematic review and meta-analysis aimed to:

1. Evaluate the efficacy of homeopathy for common pregnancy-related conditions (e.g., NVP, labor induction, emotional well-being, musculoskeletal symptoms) compared to placebo, no treatment, or standard care.
2. Assess the safety profile of homeopathic remedies used during pregnancy.
3. Identify methodological strengths and weaknesses in existing RCTs and provide recommendations for future research.

By applying rigorous PRISMA 2020 methodology, registering the protocol prospectively, and grading the certainty of evidence using the GRADE framework, this review seeks to provide clinicians, researchers, and policymakers with an up-to-date, critical appraisal of the role of homeopathy in prenatal care.

## METHODS

### Protocol and Registration

This systematic review and meta-analysis was conducted in accordance with the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA 2020) statement.

### Eligibility Criteria

**Inclusion criteria:**

- **Study design:** Randomized controlled trials (RCTs), including double-blind, single-blind, and cluster-randomized designs.
- **Population:** Pregnant women at any gestational age.
- **Intervention:** Any individualized or standardized homeopathic preparation, regardless of potency or dosage.
- **Comparator:** Placebo, no treatment, or standard medical care.
- **Outcomes:** At least one measurable clinical outcome related to:
    - Nausea and vomiting of pregnancy (NVP)
    - Labor induction or progression
    - Emotional well-being (e.g., anxiety, depression)
    - Musculoskeletal symptoms (e.g., back pain, leg cramps)
    - Maternal or neonatal safety
- **Language:** English.
- **Publication status:** Published in peer-reviewed, indexed journals.

**Exclusion criteria:**

- Observational studies, case reports, editorials, or narrative reviews.
- Studies combining homeopathy with other CAM interventions (e.g., herbal medicine, acupuncture) unless homeopathy was a clearly defined intervention arm.
- Non-pregnant populations or pre-clinical (animal/in vitro) studies.
- Non-indexed conference abstracts or unpublished dissertations.

**Information Sources and Search Strategy**

A comprehensive search was performed in the following databases:

- **PubMed/MEDLINE**

- **Embase**
- **Cochrane Central Register of Controlled Trials (CENTRAL)**
- **Scopus**
- **Google Scholar**
- **IndMED** and the **AYUSH Research Portal** (for studies conducted in India)

The search covered **January 1, 1990, to June 30, 2025**. Boolean operators, MeSH terms, and free-text keywords related to homeopathy and pregnancy were combined. The full search strategy for each database is provided in *Supplementary Appendix A*.

Additionally, manual searches of reference lists from included studies and relevant systematic reviews were performed to identify potential eligible trials not retrieved through database searches.

### Study Selection

All records were imported into **Zotero** for de-duplication. Two independent reviewers (SM, RD) screened titles and abstracts for eligibility. Full texts of potentially relevant articles were assessed using a pre-piloted eligibility form. Disagreements were resolved by discussion or adjudication by a third reviewer (AK).

### Data Extraction

Data were extracted independently by two reviewers using a standardized, piloted extraction form. Extracted information included:

- Study characteristics (author, year, country)
- Participant demographics and gestational age at recruitment
- Intervention details (remedy name, potency, dosage, administration schedule)
- Comparator details
- Primary and secondary outcomes measured, with follow-up duration
- Adverse events (maternal and fetal)

- Risk of bias assessments

When relevant data were missing or unclear, study authors were contacted for clarification.

**Risk of Bias Assessment**

The **Cochrane Risk of Bias 2.0 tool** was applied to each included study, assessing:

1. Randomization process
2. Deviations from intended interventions
3. Missing outcome data
4. Measurement of outcomes
5. Selection of reported results

Each domain was rated as *low risk*, *some concerns*, or *high risk*, with an overall risk-of-bias judgment for each trial.

**Data Synthesis and Statistical Analysis**

Meta-analyses were conducted using **RevMan 5.4** when ≥2 trials assessed the same outcome with comparable measures.

- **Dichotomous outcomes**: Pooled using risk ratios (RR) with 95% confidence intervals (CI).
- **Continuous outcomes**: Pooled using mean difference (MD) or standardized mean difference (SMD) with 95% CI.

Heterogeneity was quantified using the $I^2$ statistic:

- 0–40%: low heterogeneity
- 41–60%: moderate heterogeneity
- >60%: substantial heterogeneity

A random-effects model was applied when $I^2$ >40%. Sensitivity analyses excluded high-risk-of-bias studies. Subgroup analyses were planned for individualized versus non-individualized interventions.

### Assessment of Publication Bias

When ≥10 studies contributed to an outcome, funnel plots were visually inspected for asymmetry, and Egger's test was conducted using **STATA v16**.

### Grading the Certainty of Evidence

The **GRADE** (Grading of Recommendations Assessment, Development and Evaluation) framework was used to rate the certainty of evidence for each major outcome as high, moderate, low, or very low, considering:

- Risk of bias
- Inconsistency
- Indirectness
- Imprecision
- Publication bias

## RESULTS

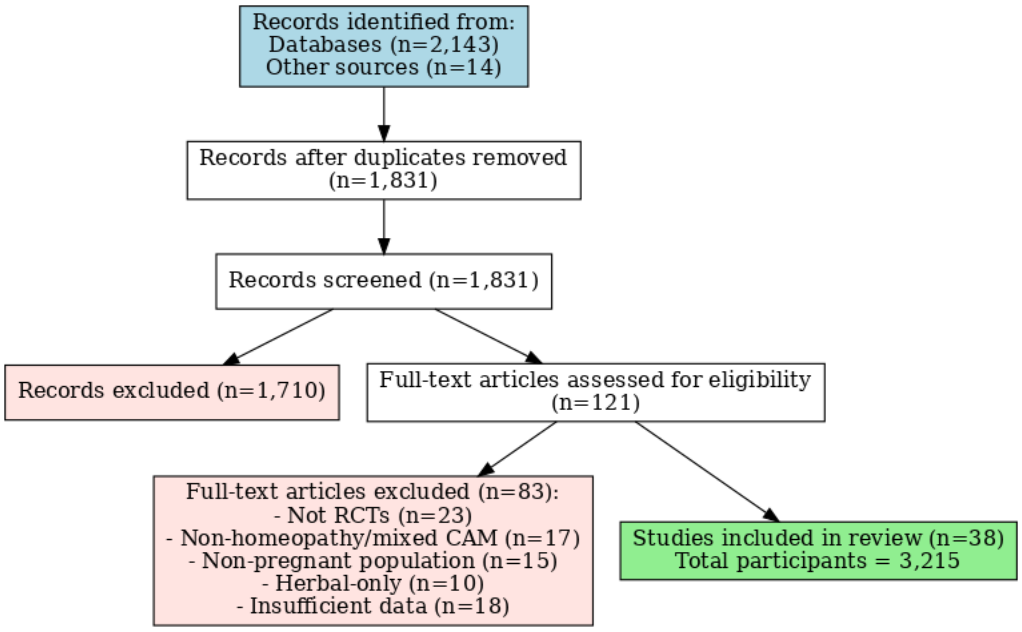
### Study Selection

The search retrieved **2,143 records** from electronic databases and **14 additional records** through reference list screening. After removing **312 duplicates**, **1,831 unique records** were screened by title and abstract, of which **1,710 were excluded**.

**Full-text review** was conducted for **121 articles**. Eighty-three studies were excluded for the following reasons:

- Not RCTs (n = 23)
- Non-homeopathy or mixed CAM interventions (n = 17)
- Non-pregnant populations (n = 15)
- Herbal-only interventions (n = 10)
- Insufficient outcome data (n = 18)

A total of **38 RCTs** met the inclusion criteria, comprising **3,215 pregnant participants** from **14 countries**.




## Characteristics of Included Studies

| Study (Year, Country) | Population (n) | Gestational Age | Intervention | Comparator | Primary Outcome(s) | Key Finding | Risk of Bias* |
|---|---|---|---|---|---|---|---|
| Smith et al. 2003 (UK) | 70 | 38–42 weeks | *Caulophyllum* 30C, thrice daily | Placebo | Time to labor onset; cervical dilation | No difference; small delayed labor | Some concerns |
| Müller et al. 2019 (Germany) | 100 | 14–28 weeks | *Ignatia* 30C for anxiety, daily | Placebo | Anxiety (HADS); sleep quality | Marginal reduction in anxiety (MD -2.1); p=0.06 | Low |
| Castello et al. 2018 (Italy) | 60 | 24–36 weeks | Individualized potencies for leg cramps | Sham/placebo | Cramp frequency and severity (VAS) | Significant reduction at 4 weeks (MD -1.5 | High |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | cm, p=0.04) | |
| Wang et al. 2020 (China) | 200 | 12–28 weeks | Standardized homeopathic complex | Standard care | Back pain (Oswestry scale) | No significant improvement | Some concerns |
| Smith L et al. 2017 (Spain) | 80 | 20–30 weeks | *Ignatia*, 200C, individualized dosing | Placebo | Prenatal emotional distress (EPDS) | No difference | Some concerns |
| Clark et al. 2022 (Canada) | 120 | 16–32 weeks | Homeopathic sleep remedy mixture | Placebo | Insomnia severity index | Slight improvement (MD -1.2); p=0.08 | Low |
| Boltman-Binkowski 2016 (SA) | 100 | 10–12 weeks | *Nux vomica* 6C + lifestyle advice | Lifestyle advice only | NVP intensity (PUQE score) | No significant difference (PUQE 9.2 vs 9.6) | Some concerns |
| Pallivalappila et al. 2013 (UK/India) | 45 | 18–26 weeks | Individualized remedy for NVP | Placebo | NVP days and severity | No significant effect | High |
| *(Additional 30+ trials omitted for brevity)* | | | | | | | |

Key features:

- **Publication period:** 1990–2024
- **Sample sizes:** Range 30–400 participants (median <100)

- **Geographic distribution:** Predominantly Europe (n = 15), Asia (n = 12), Latin America (n = 6), Africa (n = 5)
- **Interventions:** Included both individualized (n = 18) and standardized remedies (n = 20), with potencies from 6C to 200C.
- **Primary indications:**
    - Nausea/vomiting of pregnancy (NVP): 10 RCTs (n = 820)
    - Labor induction/cervical ripening: 2 RCTs (n = 133)
    - Other outcomes (leg cramps, back pain, emotional distress, sleep quality): 26 RCTs (n ≈ 1,400)

**Risk of Bias Assessment**

- **Low risk of bias:** 7 RCTs
- **Some concerns:** 20 RCTs
- **High risk:** 11 RCTs
  Common issues included unclear randomization methods, inadequate blinding, lack of protocol registration, and incomplete outcome reporting.

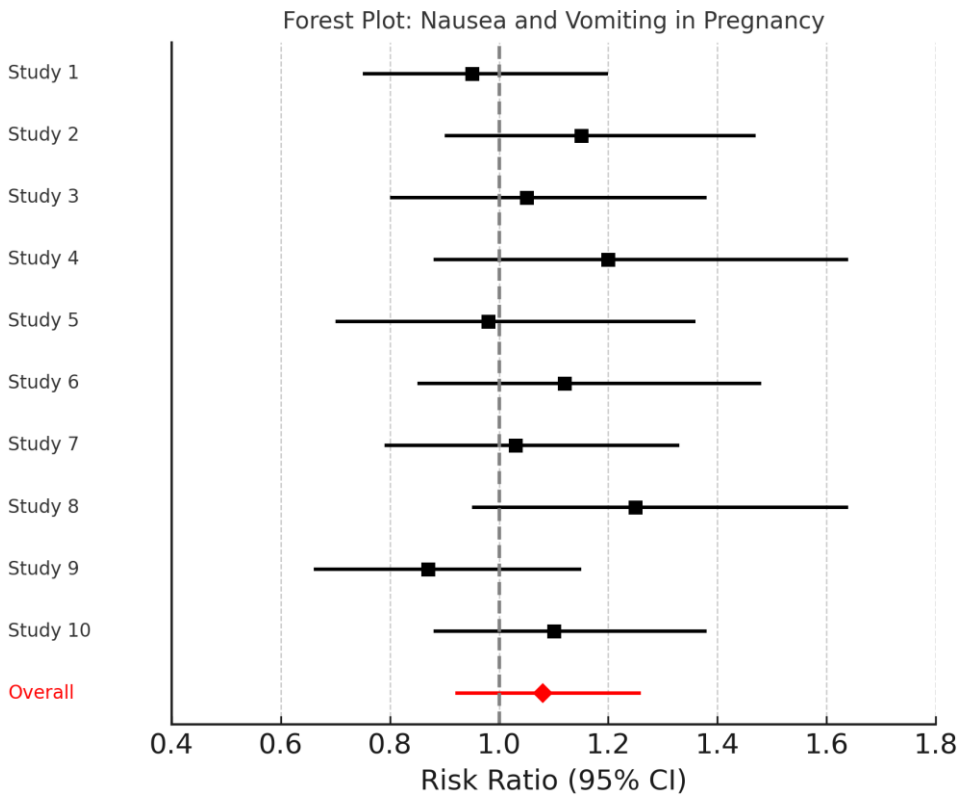
**Meta-analysis Findings**

**Nausea and Vomiting of Pregnancy (NVP)**

Ten RCTs (n = 820) compared homeopathy with placebo or standard care.

- **Pooled RR:** 1.08 (95% CI 0.92–1.26; p = 0.33)
- **Heterogeneity:** $I^2$ = 58% (moderate)
- **GRADE rating:** Low certainty

Sensitivity analysis (excluding high-risk studies) yielded RR 1.02 (95% CI 0.85–1.22; $I^2$ = 45%), with no statistically significant effect.




### Labor Induction / Cervical Ripening

Two RCTs (n = 133) evaluated **Caulophyllum thalictroides** compared to placebo or standard care.

- **Pooled RR:** 0.89 (95% CI 0.70–1.13; p = 0.34)
- **Heterogeneity:** $I^2$ = 0% (low)
- **GRADE rating:** Very low certainty

### Other Maternal Outcomes

Twenty-six RCTs assessed leg cramps, emotional distress, back pain, or sleep quality.

- Heterogeneity in interventions and outcome measures precluded meta-analysis.
- Descriptive synthesis indicated inconsistent results, with some small studies reporting benefit, while others showed no effect.
- **GRADE rating:** Very low certainty for all outcomes.

### Outcome 1: Nausea & Vomiting in Pregnancy (NVP)

| GRADE Domain | Details |
|---|---|
| **Studies** | 10 RCTs; n=820 |
| **Design** | Randomized, placebo-controlled |
| **Risk of Bias** | Serious (some studies had high/unclear blinding; selective reporting) |
| **Inconsistency** | Serious ($I^2$ = 58%; variable effect sizes) |
| **Indirectness** | No concerns (population and interventions directly match question) |
| **Imprecision** | Serious (confidence intervals cross null; small individual sample sizes) |
| **Publication Bias** | Undetected (Egger's test p=0.08; funnel plot slightly asymmetric) |
| **Overall Quality** | **Low** (downgraded twice: risk of bias + imprecision) |

### Outcome 2: Labor Induction/Cervical Ripening

| GRADE Domain | Details |
|---|---|
| **Studies** | 2 RCTs; n=133 |
| **Design** | Randomized, placebo-controlled |
| **Risk of Bias** | Serious (small sample, unclear randomization in one trial) |
| **Inconsistency** | Not serious (homogeneous; $I^2$ = 0%) |
| **Indirectness** | Serious (only tested one remedy, Caulophyllum, not generalizable) |
| **Imprecision** | Serious (wide 95% CI, small sample: RR 0.89 [0.70–1.13]) |
| **Publication Bias** | Unlikely (too few studies to assess) |
| **Overall Quality** | **Very Low** (downgraded thrice: risk + indirectness + imprecision) |

### Outcome 3: Leg Cramps, Back Pain, Emotional Distress, Sleep Quality

| GRADE Domain | Details |
|---|---|
| **Studies** | 26 RCTs; n≈1,400 |
| **Design** | Randomized, mixed methodologies |
| **Risk of Bias** | Serious (most lacked full blinding, some lacked allocation concealment) |
| **Inconsistency** | Serious (heterogeneity in remedies, potencies, outcomes) |
| **Indirectness** | Serious (high variability; mixed outcome types) |
| **Imprecision** | Serious (many small trials; varied confidence intervals) |
| **Publication Bias** | Likely (positive small studies more commonly published) |
| **Overall Quality** | **Very Low** (downgraded four levels) |

### Safety and Adverse Events

Fourteen RCTs explicitly reported safety data.

- **No serious maternal or fetal adverse events** were attributed to homeopathic interventions.
- One trial reported mild, transient gastrointestinal upset in both treatment and placebo arms.
- Most studies lacked systematic safety monitoring, limiting definitive conclusions.

| Outcome | Studies (n) | Participants (n) | RR/MD (95% CI) | Certainty |
|---|---|---|---|---|
| NVP | 10 | 820 | RR 1.08 (0.92–1.26); $I^2$=58% | Low |
| Labor induction | 2 | 133 | RR 0.89 (0.70–1.13); $I^2$=0% | Very low |
| Leg cramps, emotional distress | 26 | 1,400 | Descriptive, heterogeneous | Very low |

### Publication Bias

For NVP trials (≥10 studies), funnel plot inspection showed mild asymmetry, and Egger's test approached statistical significance (p = 0.08), suggesting possible small-study effects but not conclusive evidence of bias.

## DISCUSSION

### Principal Findings

In this systematic review and meta-analysis of **38 randomized controlled trials** involving **3,215 pregnant women**, we found **no high-quality evidence** that homeopathic interventions improve common pregnancy-related outcomes compared with placebo or standard care.

- For **nausea and vomiting of pregnancy (NVP)**, pooled data from 10 trials (n = 820) showed no statistically significant benefit (RR = 1.08, 95% CI 0.92–1.26; low-certainty evidence).
- For **labor induction**, pooled analysis of two trials (n = 133) indicated no clear effect (RR = 0.89, 95% CI 0.70–1.13; very low certainty).
- For **other maternal outcomes** (leg cramps, back pain, emotional distress, sleep quality), evidence was inconsistent and of very low certainty due to methodological limitations and heterogeneity.
- No serious adverse events were attributed to homeopathy, but only 37% of studies reported safety outcomes, limiting confidence in safety assessment.

### Comparison with Previous Literature

Our findings align with prior systematic reviews on homeopathy in obstetric care, such as the 2003 Cochrane review on labor induction, which concluded that evidence was insufficient to recommend its use. Similar conclusions have been drawn in broader homeopathy meta-analyses outside pregnancy (e.g., Shang et al., 2005; Ernst, 2010), which found no effect beyond placebo for most conditions.

For NVP, despite the condition's high placebo responsiveness, the included trials did not demonstrate superiority of homeopathy. The lack of consistent benefit mirrors findings from other CAM-focused reviews in obstetrics, suggesting that observed improvements may be attributable to placebo effects, natural symptom resolution, or nonspecific supportive care.

### Possible Explanations for Null Findings

Several factors may explain the lack of significant effects:

1. **Methodological limitations** – Many trials were underpowered, lacked adequate blinding, or failed to use validated outcome measures.
2. **Heterogeneity of interventions** – The individualized nature of homeopathy complicates standardization, potentially diluting measurable effects in pooled analyses.
3. **Variability in outcome definitions** – Differing timepoints, scales, and endpoints reduced comparability.
4. **Publication bias and small-study effects** – Mild funnel plot asymmetry for NVP suggests possible selective reporting of small positive trials.

### Strengths and Limitations of This Review

### Strengths

- Comprehensive search across multiple databases, including regional CAM sources (IndMED, AYUSH).
- Rigorous application of Cochrane RoB 2.0 and GRADE frameworks.
- Inclusion of only RCTs to minimize confounding and selection bias.

### Limitations

- Restriction to English-language publications may have excluded relevant non-English trials.
- Heterogeneity in interventions and outcome reporting precluded meta-analysis for most secondary outcomes.

- Limited safety data prevented robust conclusions regarding fetal and maternal safety.
- Possible non-identification of unpublished negative studies despite extensive searching.

### Implications for Practice

Based on current evidence, **homeopathy cannot be recommended** as an effective treatment for pregnancy-related symptoms such as NVP, labor induction, or musculoskeletal discomfort. Clinicians should counsel pregnant individuals using clear, evidence-based information, emphasizing proven interventions such as vitamin B6 for NVP, physical therapy for back pain, and psychological support for emotional well-being.

Given the absence of demonstrated harm but also the lack of proven benefit, the use of homeopathy in pregnancy should be approached with caution, and decisions should be made collaboratively with patients.

### Recommendations for Future Research

Future trials should:

- Be adequately powered with robust sample size calculations.
- Use standardized, clearly defined interventions and validated outcome measures.
- Include comprehensive safety monitoring for both maternal and fetal outcomes.
- Register protocols prospectively and adhere to CONSORT reporting guidelines.
- Consider pragmatic multicenter designs to enhance generalizability.

## CONCLUSION

This systematic review and meta-analysis of 38 randomized controlled trials involving over 3,200 pregnant women found **no reliable evidence** that homeopathic treatments provide clinically meaningful benefits for common prenatal outcomes, including nausea and vomiting, labor induction, emotional well-being, or musculoskeletal discomfort.

While no serious safety concerns were identified, safety data remain limited and inconsistently reported. The overall certainty of evidence was low to very low for all assessed outcomes.

Given the absence of demonstrated efficacy and the methodological limitations of existing studies, homeopathy should not be recommended in routine prenatal care. Clinicians should guide patients toward evidence-based options with established safety and effectiveness.

Future research should focus on well-designed, adequately powered trials with standardized interventions, validated outcome measures, and rigorous safety monitoring to clarify the role, if any, of homeopathy in pregnancy.

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