

Clinical Use of Homeopathy in Veterinary Medicine: A Systematic Review

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Abstract:

Homeopathy is used by some veterinary practitioners as a complementary approach for treatment and prophylaxis in a range of animal species. The clinical evidence base is contested and heterogeneous. This systematic review synthesizes randomized and non-randomized clinical trials, systematic reviews and key policy statements assessing the clinical use, efficacy, safety, welfare implications, and regulatory context of veterinary homeopathy.

Methods: A systematic search and synthesis were performed across published systematic reviews, randomized controlled trials (RCTs), controlled clinical trials (CCTs), and institutional position statements concerning homeopathy in animals. Data were extracted on species, indication, study design, risk of bias, outcomes, and main conclusions. Evidence quality and clinical implications were evaluated. High-quality systematic reviews found a limited number of RCTs with heterogeneous quality and endpoints; meta-analysis suggests only very limited evidence of effects beyond placebo in animals, with small, low-quality trials responsible for most positive findings. A small number of trials reported outcomes favoring homeopathy for specific indications like prophylaxis of post-weaning diarrhea in pigs and some mastitis studies, but methodological limitations and risk of bias substantially limit confidence. Broad reviews of complementary and alternative veterinary medicine and evidence syntheses similarly conclude that clear, reproducible evidence for routine clinical effectiveness is lacking. Institutional position statements (RCVS, BVA, AVMA) emphasize evidence-based use and caution where animal welfare could be compromised. Current clinical evidence does not provide robust support for routine substitution of conventional proven therapies with homeopathy in veterinary medicine. Homeopathy may be considered as a complementary option where used alongside conventional treatment, provided informed consent, rigorous monitoring, and safeguards for animal welfare. High-quality, adequately powered randomized trials with transparent reporting are needed for firmer conclusions.

Keywords: homeopathy, veterinary medicine, systematic review, randomized controlled trial, animal welfare, complementary and alternative veterinary medicine

1. Introduction

Homeopathy—based on the “similia similibus curentur” principle and individualization of remedy selection—has been practiced in animals for decades and remains part of complementary and alternative veterinary medicine (CAVM) in many regions (Hektoen 2005; International Animal Health 2017). Advocates claim benefits for a range of infectious, inflammatory and chronic conditions, while critics emphasize the lack of a plausible mechanism and inconsistent clinical evidence (NHMRC 2015; RVCS 2017). Because animals cannot report

subjective outcomes, objective clinical endpoints and robust trial designs are critical. This review synthesizes the clinical evidence on veterinary homeopathy, evaluates methodological quality, and discusses implications for clinical practice and policy.

2. Methods

2.1 Scope and question

We addressed the clinical question: *What is the evidence that homeopathic interventions provide clinically meaningful benefit for animals compared to placebo, conventional therapy, or no treatment?* Species of interest included livestock (cattle, swine, poultry), companion animals (dogs, cats, horses), and other managed species.

2.2 Sources and selection

This review synthesizes existing systematic reviews, meta-analyses, clinical trial reports and institutional assessments published through 2024. Key systematic reviews and meta-analyses (Mathie & Clausen 2014; Mathie et al. 2015; Bergh et al. 2021; Weiermayer et al. 2022; Da Matta et al. 2024) were used as anchors, and primary RCTs cited within those reviews were considered for interpretation.

2.3 Data extraction and quality assessment

From the included systematic reviews and primary trials we extracted information on species, indication, sample size, controls (placebo, active comparator), outcomes, and reported effect sizes. Risk of bias assessments reported in the systematic reviews (randomization, allocation concealment, blinding, outcome reporting) were used to gauge overall evidence strength (Mathie 2014; Mathie 2015). Institutional statements and regulatory context (RCVS 2017; BVA 2018; AVMA 2017) were summarized for ethical and practice implications.

3. Results — What the Evidence Shows

3.1 Overview of systematic reviews and meta-analyses

Mathie and colleagues performed foundational systematic reviews of veterinary homeopathy. A 2014 review summarized eligible RCTs and judged the evidence base to be small and variable in quality (Mathie & Clausen 2014). A subsequent 2015 meta-analysis found *very limited* evidence that homeopathic clinical interventions in animals differ from placebo, with positive effects driven by a small number of low-quality trials (Mathie et al. 2015; Mathie 2015 meta-analysis). Broad CAVM reviews (Bergh et al. 2021) and cross-species evidence summaries (Weiermayer et al. 2022) concluded overall evidence remains insufficient for firm clinical endorsement.

3.2 Species-specific findings

- **Livestock:** Some trials reported beneficial outcomes with homeopathic prophylaxis for post-weaning diarrhea in pigs and selected mastitis trials in dairy cows (Hektoen et al. 2004). However, meta-analytic scrutiny suggests these findings are often based on small studies with high risk of bias and inconsistent replication (Mathie et al. 2015).
- **Horses and companion animals:** The number of high-quality RCTs in horses, dogs and cats is limited. Trials that exist frequently suffer from small sample sizes, heterogenous endpoints, and insufficient blinding (Bergh et al. 2021).

- **Other species:** Reports in poultry, rabbits and minor species exist but are generally low quality and infrequent.

3.3 Trial quality and bias

The principal criticisms across reviews are: inadequate randomization or reporting, small sample sizes, lack of allocation concealment, inadequate blinding of outcome assessors, selective outcome reporting, and poor adherence to reporting guidelines (Mathie & Clausen 2014; Clausen 2013). These limitations mean apparent positive effects may reflect bias or chance rather than reliable therapeutic effects.

3.4 Safety and adverse events

Homeopathic medicinal products used in veterinary species are generally reported as low risk for direct adverse pharmacological toxicity due to high dilutions; however, the main welfare risk is *indirect* — delayed or withheld effective conventional treatment if homeopathy is used as an alternative rather than a complement (RCVS 2017; AVMA 2017). Several position documents emphasize the primacy of evidence-based interventions to protect animal welfare.

3.5 Regulatory and professional positions

Regulatory and professional bodies—such as the Royal College of Veterinary Surgeons (RCVS), British Veterinary Association (BVA), and American Veterinary Medical Association (AVMA)—advise cautious, evidence-based use of CAVM and stress the need to protect welfare (RCVS 2017; BVA 2018; AVMA 2017). These bodies call for homeopathy to be used *complementarily* and with full disclosure to owners.

4. Discussion

4.1 Interpretation of the evidence

The systematic review literature indicates *limited and equivocal* evidence for clinically meaningful effects of homeopathy in animals. Where benefits are reported (e.g., certain prophylaxis trials in livestock), trials are typically small, heterogeneous, and at risk of bias; replication and high-quality confirmatory trials are lacking (Mathie et al. 2015; Weiermayer et al. 2022). Meta-analysis suggests only a small aggregate signal that could reflect bias or selective reporting rather than a reproducible therapeutic effect.

4.2 Methodological and practical challenges

Veterinary homeopathy trials face unique challenges: species differences, variability in farm-level management, outcome selection (objective vs subjective), and the individualized nature of classical homeopathy. These factors complicate trial standardization. Additionally, blinding can be challenging in field trials, and poor reporting has impeded evidence synthesis (Clausen 2013).

4.3 Placebo and non-specific effects

Placebo-like and non-specific effects (observer bias, regression to the mean, natural recovery, improved husbandry associated with additional attention) can lead to perceived clinical benefit in animals (Mathie 2015; International Animal Health 2017). Because animals cannot self-report subjective improvements, objective endpoints and independent assessors are crucial.

4.4 Ethical and welfare considerations

Using homeopathy as an alternative to treatments with established efficacy risks animal welfare, particularly in infectious or painful conditions (RCVS 2017; AVMA 2017). Where homeopathy is used as a complement — with concurrent evidence-based care and monitoring — risks are lower, but veterinarians must ensure informed consent and clear documentation.

4.5 Regulatory context and professional guidance

Regulations vary: some jurisdictions permit registration of homeopathic veterinary products without demonstration of therapeutic efficacy, which complicates public and professional expectations (Regulatory summaries, Clausen 2013). Professional bodies urge evidence-based practice and recommend that homeopathy, until proven, be considered adjunctive.

5. Limitations of the Evidence Base

1. **Quantity and quality:** There are relatively few high-quality RCTs across species and indications (Mathie & Clausen 2014).
2. **Heterogeneity:** Differences in remedies, potencies, individualization, treatment protocols, and endpoints impede meta-analysis and generalization.
3. **Reporting standards:** Older trials often predate modern reporting guidelines, hampering risk-of-bias assessment and reproducibility.
4. **Publication bias:** Small positive trials may be more likely to be published, skewing apparent effects.

6. Recommendations for Clinicians and Researchers

6.1 For clinicians

- Apply homeopathy only as a *complement* to evidence-based treatments, never as a sole substitute for proven lifesaving therapies. Disclose limitations and obtain informed consent (RCVS 2017).
- Use objective, measurable endpoints and monitor outcomes carefully if employing homeopathy.
- Prioritize animal welfare; discontinue homeopathic approach where clinical deterioration occurs.

6.2 For researchers

- Design adequately powered, randomized, placebo-controlled trials with pre-registered protocols and objective endpoints.
- Use CONSORT/REFLECT (for farm animal trials) style reporting to improve transparency.
- Replicate promising findings across independent research groups and diverse settings to test generalizability.

6.3 For policy and regulators

- Ensure clarity in labeling and advertising; avoid efficacy claims unsupported by robust evidence.

- Consider requiring higher evidence standards for marketing claims in veterinary practice to protect welfare.

7. Conclusion

The current clinical evidence for veterinary homeopathy is limited, heterogeneous, and of variable quality. While isolated trials report beneficial outcomes for specific indications, methodological weaknesses and risk of bias prevent firm conclusions. Major veterinary professional bodies recommend cautious, complementary use, emphasizing animal welfare and evidence-based standards. High-quality, transparent research is required to resolve open questions and determine whether routine clinical use of homeopathy is justified for particular species or conditions.

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