

**Clinical Studies Concerning Homeopathic Treatment of Epidemics**

## Annex: Overview of Some Studies Concerning Homoeopathic Treatment of Epidemics

No	First Author	Indication; No. of Patients	Year of Publication	Language	Place of Publication
1	Kumta	Acute Viral (haemorrhagic) Conjunctivitis; 150 pat. under observation – 30 from private clinic and 120 from the slums	1977	Engl.	India
2	Rastogi	Encephalitis epidemica (japonica) (J.E.); preventive covering of 322.812 persons; 223 cases found with various symptoms of J.E.; 14 cases with sequelae of J.E.	1992	Engl.	India
3	Gaucher 1993	Cholera; No. of patients not reported	1993	Engl.	U.K.
4	Gaucher 1994	Cholera; 80 pat.	1994	Engl.	U.K.
5	Marino	Dengue; May 2001 prev.: 1.942 persons; 2007: 771 individuals included	2008	Engl.	Australia
6	Nunes	Dengue; 1st stage April/May 2007 prev.: 156.000 single doses administered; ther.: 129 symptomatic pat.; 2nd stage Nov./Dec. 2007 preventive: 60.000 single doses administered	2008	Engl.	Australia
7	Bracho	Leptospirosis epidemic control; preventive covering of 2,5 million persons	2010	Engl.	U.K.

No	First Author	Indication; No. of patients	Year of Publication	Language	Place of Publication
8	Rapid Action Epidemic Control Cell – Homoeopathy (RAECH)	Prevention of Epidemic fever; 6.602 persons from affected districts of Kerala: 1) Edappally Ward, Ernakulam District n = 1.184 (703 took Genus epidem. (GE)) 2) Thodupuzha municipally 2nd ward, Idukki District n = 1.045 (516 took GE) 3) Paravattam ward, Kollam District n = 368 (316 took GE) 4) Thiruvārppu ward, Kottayam District n = 1.198 (587 took GE) 5) Chembukadavu ward, Kozhikkodu District n = 636 (395 took GE) 6) Vallikunnu Panchayat 17th ward, Malappuram District n = 335 (284 took GE) 7) Kuttoor Gramapanchayat 1st ward, Pathanamthitta District n = 1.123 (464 took GE) 8) Vellarada ward, Trivandrum District n = 713 (278 took GE)	2011	Engl.	India

No.	First Author	Noteworthy	Study Design	Compared to
1	Kumta	origin of epidemic acute viral conjunctivitis 1975 unknown; epidemic had swept the population of Bombay and Poona from June to Sept. 1975 and spread to distant places like Delhi and Calcutta; extensive studies of Virus Research Centre, Poona, showed that epidemic was due to a strain of group EH 24/70 of Coxsackie	partial RCT, SIGN level 1; from 120 pat. from the slums 20 were selected at random and used as control group	placebo
2	Rastogi	preventive and therap. use of hom.; epidem. survey in Uttar Pradesh (U.P.) state confirmed evidence of J.E. virus infection in 86% of suspected cases; 223 Pat. acutely ill contacted by the research team and identified by structured clinical detection in remote Areas had not taken any other treatment at all	cohort study, SIGN level 2/ case series; epidemiological survey during wake/outbreak in rainy season /period of high mosquito prevalence (Sept. – Dec.) from 29th Oct. 1991 to 16th Nov. 1991; single dose of Belladonna 200 distributed as preventive covering 322.812 persons; 223 cases found with various symptoms of J.E. and 14 cases with sequelae of J.E. treated hom. (= 237 outpat.)	institutional report of Central Health Education Bureau (C.H.E.B.): U.P. 1989 J.E. cases – 1.574, deaths – 548 = in average 1 – 1,5 cases per village; in 237 outpat. comparison of symptoms after treatment to the symptoms prior to treatment

No.	First Author	Noteworthy	Study Design	Compared to
3	Gaucher 1993	previous project set up during Peruvian cholera epidem. March to April 1991 (Marquez Health Centre) showed pos. initial results; aid programme was continued in collaboration between Homéopathes sans Frontières (HSF), International Homoeopathic Medical League (LMHI Spain) and Academia Medico Homeopatica de Barcelona (AMHB); aid programme was carried out in area not yet receiving aid from international programme; analysis of results carried out in the University of Montpellier (France)	RCT, SIGN level 1 during epidemic; study design not described in detail; aid programme started March 1991 and „continued intermittently“ for 8 months until Nov. 1991	rehydration + placebo; results obtained in Peruvian hospitals
4	Gaucher 1994	Study from 1991 (No. 2) was pilot study with 20 documented cases – reporting of results in this paper; 45 of 80 pat. were culture positive for V. cholerae ; study carried out in bad conditions concerning documentation, different homoeopathic proceeding of doctors, problems in measuring results	parallel RCT, SIGN level 1; 2x40 pat. during Feb. 1992	placebo

No.	First Author	Noteworthy	Study Design	Compared to
5	Marino	2001 trial: confounding factors were not controlled for; 2007 trial: aborted prematurely due to national political intervention; outbreak was regarded as an epidemiological mosaic with different serotypes occurring; in 1985, homoeopathy was included among the therapeutic options offered at the outpatient facilities of Brazilian public health system	case series, SIGN level 3; 2 epidemiological campaigns/trials carried out 1) May 2001: 1.959 individuals took hom. remedy 2) from March 15th to 22nd 2007: 20.000 doses of homoeopathic complex administered; out of these 771 individuals included in study	2001: confirmed cases of Dengue in Cristo Rei and among several neighborhoods of São José do Rio Preto, before and after hom. intervention; 2007 controls inadequate due to premature abortion of study; ther.: clinical symptoms and duration of convalescence of pat. with dengue taking/not taking hom. complex as curative
6	Nunes	Campaign carried out by the Secretary of Health of the county of Macaé, Rio de Janeiro, Brazil; confounding factors were not controlled for; hom med. complemented vector control, epidem. surveillance, training of health workers and general population, clin. management of affected people	cohort study, SIGN level 2/ case series ; 2 epidemiological campaigns/trials carried out 1) April /May 2007 (April peak of epidemic) 2) Nov./Dec. 2007	incidence of disease compared to incidence in rest of the state of Rio de Janeiro 2007-2008

No.	First Author	Noteworthy	Study Design	Compared to
7	Bracho	<p>main objective = to protect about 2,3 million people exposed to an alarming epidemiological prognosis; history of Leptospirosis incidence in Cuba recorded by National Surveillance Program for zoonotic diseases of the Ministry of Public Health of Cuba (MPHC); all Health Assistance Institutions connected in a national network; homeoprophylaxis (HP) was administered by about 5.000 personnel of public health system of Cuba which included family doctors, nurses, social workers and paramedics; vaccination and chemoprophylaxis in high-risk groups continued leading to 0,6% coverage (15.000 persons); diagnosis and confirmation/differential diagnosis of possible Leptospirosis pat. by regional Provincial Centres for Hygiene and Epidemiology (PCHE) with own laboratory facilities; national weekly report generated by Trend Analysis Unit from the Vice-Minister of Epidemiology of the MPHC; forecast models used for estimation of possible trends of disease incidence; data on rainfall obtained from National Institute of Hydraulic Resources; population data provided by National Statistic Office of Cuba</p>	<p>cohort study, SIGN level 2+; very large scale epidemiological cohort study; intervention during an epidemic in a region affected by natural disasters in Oct./Nov. 2007 with extreme rainfalls; HP intervention starting Nov. 2007 in a dangerous epidemic situation in 3 provinces (Las Tunas, Holguín, Granma) of Cuba = Intervention Region (IR); 2.404.787 persons living in IR at beginning of study; HP started in week 45 of 2007, coverage at week 48 = over 70%, coverage at week 50 = 92%, representing 2.112.257 persons; 10 to 12 months later completion of HP-schedule after 3 high intensity hurricanes ('Gustav', 'Ike' and 'Paloma') in Aug. and Sept. 2008; application of HP completed with 96% of population in Sept. 2008 (2.308.562 persons)</p>	<p>historical trends; prediction basing on 2004-2007 data; 8.834.547 persons living in non-intervention regions/rest of country (RC)</p>

No.	First Author	Noteworthy	Study Design	Compared to
8	RAECH	<p>survey conceptualized and designed by members of the State Level Expert Group (SLEG) and the District Level Expert Group (DLEG) of RAECH under the guidance of High Power Committee (HPC) of RAECH; survey conducted by students of 5 medical colleges; data completion and support by district authorities; Ministry of Health, Kerala State, India, released rapid action forces to prevent transmission by vector control measures, clin. management of affected people and mass health education campaigns; Genus epidemicus offered to 185.216 pers. in Ernakulam (1.184 surveyed)  339.030 pers. in Idukki (1.045 surveyed)  147.004 pers. in Kollam (368 surveyed)  358.242 pers. in Kottayam (1.198 surveyed)  65.712 pers. in Kozhikkodu (636 surveyed)  114.801 pers. in Malappuram (335 surveyed)  196.324 pers. in Pathanamthitta (1.123 surveyed)  448.945 pers. in Thiruvananthapuram (Trivandrum) (713 surveyed);  no information on name of virus given</p>	<p>cohort study, SIGN level 2;  community based feedback evaluation study/epidemiological community-based door to door survey, carried out on 17th and 18th Dec. 2007, 2 months after the decline of the epidemic (wake/outbreak May to Sept. 2007, peak incidence July 2007; more than 100.000 people affected by the epidemic), conducted at 8 purposively selected wards</p>	<p>those 3.543 persons of the 6.602 persons included into the study who have not taken the Genus epidemicus</p>

No.	First Author	Blinding	Randomisation	Blinded Assignment of Pat. to Study Groups
1	Kumta	yes, pat.	yes, for selection of control group	not described
2	Rastogi	no	no	no
3	Gaucher 1993	yes, pat. and doctors	not described in detail	not described
4	Gaucher 1994	yes, pat. and doctors	not described in detail	yes
5	Marino	no	no	no
6	Nunes	no	no	no
7	Bracho	no	no	no
8	RAECH	no	no	no



No.	First Author	Drop Outs/Missing Data	Intention-to-Treat-Evaluation	Inclusion and Exclusion Criteria
1	Kumta	not described	no	not described
2	Rastogi	not described in detail; follow up of 39.250 persons; no follow up of 283.562 persons who received Belladonna 200 as preventive	no	persons living in U.P., irrespectable of age
3	Gaucher 1993	not described in detail	no	<p>inclusion criteria:</p> <ul style="list-style-type: none"> <li>• over 15 y. old</li> <li>• under 60 y. old</li> <li>• both sexes</li> <li>• clin. symptom. of cholera and severe or moderate dehydration</li> <li>• clin. symptom. compatible with one of the hom. med.;</li> </ul> <p>exclusion criteria:</p> <ul style="list-style-type: none"> <li>• sympt. of chronical illness</li> <li>• severe associated/ additional illness</li> <li>• mild dehydration</li> <li>• treatm. with antibiotics in the previous 48 hours</li> <li>• neg. stool culture</li> <li>• „inability to collect data“ (?)</li> <li>• desire of pat. to be excluded</li> <li>• pregnancy</li> <li>• clin. Symptom. incompatible with one of the hom. med</li> </ul>
4	Gaucher 1994	36 pat. out of 80	no	not described in detail

No.	First Author	Drop Outs/Missing Data	Intention-to-Treat-Evaluation	Inclusion and Exclusion Criteria
5	Marino	2001: not described; 2007: identification of 771 persons out of 20.000 who received hom. complex as preventive – 524 (68%) could be located; no follow up of 19.476 persons; out of these 40 of 140 that had dengue were treated with hom. complex	no	not described in detail prev.: population living in São José do Rio Preto; 2007 ther.: pat. of public outpat. clinics (Unidades Básicas des Saúde – UBS), pat. of programa SISP Ambulatorial (record of individuals), pat. of SINAN (Sistema de Informação de Agravos de Notificação – Information System of Aggravation of Reporting)
6	Nunes	not described	no	not described in detail prev.: population living in the county of Macaé, Rio de Janeiro; ther: symptomatic pat. of outpat. clinic Unidade Básica de Saúde, diagnosed through clinical evaluation
7	Bracho	not described	no	inclusion criterium: population of the provinces of Las Tunas, Holguín, Granma; exclusion criterium: younger than 1 year old, population of rest of country

No.	First Author	Drop Outs/Missing Data (n)	Intention-to-Treat-Evaluation	Inclusion and Exclusion Criteria
8	RAECH	<p>3)Edappally Ward, Ernakulam District n = 1 of 1.184 surveyed; n = 2 of 703 who received HGE</p> <p>4)Thodupuzha municipally 2nd ward, Idukki District n = 5 of 1.045 surveyed; n = 0 of 516 who received HGE</p> <p>5)Paravattam ward, Kollam District n = 2 of 368 surveyed; n = 3 of 316 who received HGE</p> <p>6)Thiruvvarppu ward, Kottayam District n = 1 of 1.198 surveyed; n = 0 of 587 who received HGE</p> <p>7)Chembukadavu ward, Kozhikkode District n = 6 of 636 surveyed; n = 0 of 395 who received HGE</p> <p>8)Vallikunnu Panchayat 17th ward, Malappuram District n = 1 of 335 surveyed; n = 3 of 284 who received HGE</p> <p>9)Kuttoor Gramapanchayat 1st ward, Pathanamthitta District n = 1 of 1.123 surveyed; n = 0 of 464 who received HGE</p> <p>10)Vellarada ward, Trivandrum District n = 4 of 713 surveyed; n = 0 of 278 who received HGE</p>	no	not described in detail persons living in 8 purposively selected wards in 8 districts of Kerala, irrespectable of age and gender; selection of wards not described

No.	First Author	Sample Size Estimation	Origin of Patients	Individual Study Period
1	Kumta	not described	pat. from private clinic of Dr. Kumta and from slum hutments of Poona	yes
2	Rastogi	not described	prev.: covering of 12% of the inhabitants of 96 villages in 4 districts districts (Gorakhpur, Deoria, Maharajganj, Bastl) of U.P.; therap.: 223 outpatients acutely ill with J.E. in remote areas of U.P.; 14 cases with sequelae of J.E. discharged from different Hospitals and Primary Health Centres (P.H.Cs) in U.P. , India	prev.: single dose of Belladonna 200; ther.: not described in detail
3	Gaucher 1993	not described	pat. of Hospital Nacional Daniel A. Carrion, Lima (Callao), Peru	not described in detail
4	Gaucher 1994	not described	80 pat. in a state of dehydration requiring parenteral treatment from Lima (Peru)	not described
5	Marino	not described	May 2001: 1.959 (40,2% of 4.850) city residents of Cristo Rei area, the most highly affected neighborhood of São José do Rio Preto, São Paulo, Brazil; 2007 prev.: population living in São José do Rio Preto; ther.: pat. of public outpat. clinics (Unidades Básicas des Saúde – UBS), pat. of programa SISP Ambulatorial (record of individuals), pat. of SINAN (Sistema de Informação de Agravos de Notificação – Information System of Aggravation of Reporting)	no
6	Nunes	not described	1st stage April/May 2007: 156.000 persons (out of estimated 180.000 inhabitants/population of Macaé, Rio de Janeiro, Brazil); 129 symptomatic pat. treated in outpat. clinic Unidade Básica de Saúde; 2nd stage Nov./Dec. 2007: 60.000 persons (out of estimated 180.000 inhabitants/population of Macaé)	no
7	Bracho	not described	population of the provinces Las Tunas, Holguín, Granma (eastern region of Cuba)	no

No.	First Author	Sample Size Estimation	Origin of Patients	Individual Study Period
8	RAECH	not described	<p>6.602 persons/members of all households in 8 purposively selected wards where epidemic had occurred and GE was administered efficiently, one from each affected district of Kerala:</p> <ol style="list-style-type: none"> <li>1) Edappally Ward, Ernakulam District n = 1.184 (1 missed)</li> <li>2) Thodupuzha municipally 2nd ward, Idukki District n = 1.045 (5 missed)</li> <li>3) Paravattam ward, Kollam District n = 368 (2 missed)</li> <li>4) Thiruvappu ward, Kottayam District n = 1.198 (1 missed)</li> <li>5) Chembukadavu ward, Kozhikkode District n = 636 (6 missed)</li> <li>6) Vallikunnu Panchayat 17th ward, Malappuram District n = 335 (1 missed)</li> <li>7) Kuttoor Gramapanchayat 1st ward, Pathanamthitta District n = 1.123 (1 missed)</li> <li>8) Vellarada ward, Trivandrum District n = 713 (4 missed)</li> </ol>	not described in detail

No.	First Author	Hom. Competence of Therapist	Kind of Hom. Remedy Choice	Remedies and Potencies Used
1	Kumta	Dr. Kumta = licentiate of the court of examiners in homeopathy (L.C.E.H.), Bombay; resarch project carried out under the auspices of Medico-Homoeopathic Research Institute, Poona	individual treatment, not described in detail	indicated remedies given in 30th potency: Kali bi. 70% (= genus epidemicus) Arg. nit. 20% Ars. alb. 5% Sulphur 5%
2	Rastogi	team of research workers of Central Council for Research in Homoeopathy (CCRH), New Delhi	repertorisation by Kent's method, signs and symptoms verified from various authoritative books; prev.: medicine selected on basis of totality of symptoms observed in 32 pat. of J.E. admitted in indoor wards of the Civil Hosp. and B.H.D. Medical College = Belladonna = Genus epidemicus; ther.: symptomatic treatment on the basis of totality of symptoms	prev.: single dose of Belladonna 200, ther.: symptomatic treatment of 223 cases with acute symptoms = Bell. 200 (68,6%), Rhus tox. 200 (15,7%), Bryonia 200 (11,6%), Puls. 200 (4%), Gels. 200 (3,6%); symptomatic treatment of 14 prolonged cases with sequelae
3	Gaucher 1993	Homéopathes sans Frontières in cooperation with LMHI Spain and Academia Medico Homeopatica de Barcelona (AMHB)	not described in detail	hom. treatment was administered in combin. with rehydration; 8 hom. med. at disposal of the doctors: Ars. alb., Camph. China, Cupr., Ip., Phos. ac., Phos., Verat. alb.

No.	First Author	Hom. Competence of Therapist	Kind of Hom. Remedy Choice	Remedies and Potencies Used
4	Gaucher 1994	Homéopathes sans Frontières (France) in cooperation with Academia Medico Homeopatica de Barcelona (AMHB) and homoeopathic doctors (Suisse); doctors heterogenous in hom. knowledge and proceeding, partially without experience	not described in detail	8 hom. med. at disposal of the doctors; potencies not described
5	Marino	not described in detail	May 2001: Genus epidemicus (GE) chosen from symptoms of pat. residing in the same neighborhood between March and April 2001 with confirmed diagnosis of dengue; 2007: hom. complex according to Genus epidemicus (GE) 1) Eup. per. represents the prototype of classic dengue 2) Phos. represents affinity for the liver 3) Crotal. horr. represents dengue shock syndrome	May 2001: Eupat. per. 30cH; 2007: hom. complex containing Phos. 30cH, Crotal. horr. 30 cH, Eup. per. 30 cH
6	Nunes	not described	hom. complex according to Genus epidemicus (GE) 1) Eup. per. represents the prototype of classic dengue 2) Phos. represents affinity for the liver 3) Crotal. horr. represents dengue shock syndrome	hom. complex containing Phos. 30cH, Crotal. horr. 30 cH, Eup. per. 30 cH

No.	First Author	Hom. Competence of Therapist	Kind of Hom. Remedy Choice	Remedies and Potencies Used
7	Bracho	from 15 authors 3 are listed with relation to homoeopathy: Rolando Fernández, Homoeopathy Department, Finlay Inst, Cuba; Esperanza Gilling, Provincial Centre for Homoeopathy, Holguín, Cuba; Richard Leyva, Provincial Centre for Homoeopathy, Granma, Cuba	homeoprophylaxis (HP) with isopathy/nosode made of Leptospira bacterium	2007: nosoLEP 200C 2008: nosoLEP 10MC nosoLEP = hom. formule prepared from dilution of 4 circulating strains of Leptospirosis; developed and produced at Finlay Institute, Cuba; registered product fully regulated by National Regulatory Agency; monitored by National Centre for Pharmacology Surveillance
8	RAECH	Rapid Action Epidemic Control Cell, Homoeopathy (RAECH, established 2004, under the Directorate of Homoeopathy, Ministry of Health, Kerala State, India), coalescing hom. educational institutions, organizations of general practitioners, medical officers in homoeopathy with the health care delivery institutions under the Dept. of Homoeopathy	Genus epidemicus (GE)determined in a prestructured case format, unique for each area; Repertorization done at district level and at state level using hom. software followed by expert discussions	remedies and potencies not reported



No.	First Author	Dosage	Reproducibility	Ethical Aspects
1	Kumta	one pill three times a day until pat. became symptomless	basically yes	placebo used only for pat. from the slums
2	Rastogi	prev.: single dose; ther.: 200-potencies, repetition not described in detail	basically yes	co-ordination and co-operation given by District Magistrates of Deoria, Maharajganj and Gorakhpur; participation of study participants on a voluntary basis
3	Gaucher 1993	7cH; continuous readministration up to every 5 or 10 min. especially at start of treatment	basically yes	offer of alleviation of the cholera epidemic was officially accepted by Peruvian Ministry of Health; donators of rehydration solution, of hom. medicaments, of air tickets and supporting organisations listed at the end of the report
4	Gaucher 1994	not described	no, missing information regarding pat. and ther.	supported by Unidad Departamentada de Educacion Sanitaria (UDES)
5	Marino	May 2001 prev.: single dose March 2007 prev.: single dose of 2 drops per os; 2007 ther.: 3 daily doses of hom. complex for one week	basically yes	hom. prev. implemented by Municipal Secretary of Health and Hygiene (SMSh), indicated in Ruling MS/GM No 971 from May 3rd 2006 by the national Ministry of Health for the national public health system (Sistema Único de Saúde - SUS)
6	Nunes	prev.: single dose of 2 drops per os ther.: 5 drops per os, 3 times a day for one week	basically yes	„Homoeopathy Campaign against Dengue“ carried out by the Municipal Secretary of Health of the county of Macaé, Rio de Janeiro; hom. med. distributed free-of-charge; adherence by the population was spontaneous and voluntary; educational information on campaigns was distributed among population

No.	First Author	Dosage	Reproducibility	Ethical Aspects
7	Bracho	2 orals doses (5 drops (250-300 µL nosoLEP 200C) sublingually) starting in week 45 of 2007 with an interval of 7 to 9 days between doses; 10 to 12 months later (2008) completion of schedule with another 2 oral doses 7 to 9 days apart (nosolep 10MC)	yes	intervention was approved by National Regulatory Agency and both National and Provincial Public Health Authorities; information was widely spreadover the IR; informed consent of every participant; inclusion was absolutely voluntary and free
8	RAECH	prev.: GE twice daily for 5 days according to defined dosage schedule; administration of GE not described	yes	Carried out by Department of Homoeopathy, Govt. Of Kerala; active participation of Panchayat and Village officers; distibution of GE depending on the receptiveness from public

No.	First Author	Endpoints	Reporting of Side Effects	Result
1	Kumta	duration of symptoms until total recovery	not described	pat. with hom. recovered within 24 to 72 hours; 85% of pat. with placebo recovered on 5th day
2	Rastogi	not described in detail: prevention of J.E. cases/spread of J.E.; reducing death rate and avoiding sequelae; improvement of sequelae	prev.: mild symptoms in 14 persons for 3 to 4 days; ther.: not reported	no deaths reported; prev.: follow up of 39.250 persons = no signs or symptoms of J.E.; ther.: with Bell. relief (not described in detail) in 149 out of 223 acutely ill pat.; 14 cases with sequelae improvement in almost all the symptoms – out of these 4 cases with total recovery
3	Gaucher 1993	criteria for clin. Progress: <ul style="list-style-type: none"> <li>• state of consciousness</li> <li>• cramps</li> <li>• abdominal pain</li> <li>• hypotonia of eyeballs and muc. Membranes</li> <li>• arterial pressure, pulse</li> <li>• respiration frequency</li> <li>• diuresis</li> <li>• vomiting, diarrhoea</li> <li>• weight, skin turgor</li> <li>• temperature</li> <li>• stool culture;</li> </ul> quant. analysis of the volume required for rehydration	not described	evident clin. improvement (not described in detail) in pat. treated with hom. regarding evacuation, vomiting and cramps; no quantitative difference in vol. of liquid required for rehydration between study groups
4	Gaucher 1994	weight, degree of dehydration, duration of hospitalisation, volume required for rehydration, evolution of the clinical symptoms	not described	no difference verum vs. Placebo; statistical analysis not described in detail

No.	First Author	Endpoints	Reporting of Side Effects	Result
5	Marino	number of cases with laboratorial diagnosis,;number of cases with clinical-epidemical diagnosis; duration of convalescence	not described	2001: confirmed Dengue cases decreased by 81,5% after hom. prev. intervention; less decrease in neighborhoods without hom. intervention (p<0,0001)
6	Nunes	number of cases incidence of dengue/100.000 inhabitants	not described	1st stage April/May 2007 ther.: complete remssion earlier (average = 5 d.) compared to pat. without hom. (average = 8,6 d.); 2nd stage Nov./Dec. 2007 prev.: milder and shorter course of those who fell ill after prev.; prev.: incidence of disease Jan. to March 2008 fell 93% (after campaign in 2007) by comparison to 2007, whereas in the rest of the state of Rio de Janeiro there was an increase of 128%
7	Bracho	incidence of Leptospirosis		significant decrease (p<0,05) in the intervention regions at weeks 50-52 of both 2007 and 2008 compared to corresponding historic medians (Wilcoxon signed rank test); no such modifications in non-intervention regions; observation independent from rainfall; risk for infection remained 2007/2008 at a high level

No.	First Author	Endpoints	Reporting of Side Effects	Result
8	RAECH	<p>efficacy of the Homoeopathic GE;  prevention of occurrence of epidemic  reduction of severity of symptoms  (jointpains, weakness, dryness of the skin,  duration of post epidemic symptoms,  duration of treatment, work/study days lost,  amount of money spent, completely cured)  improving outcome  protection rate = percentage of people not affected by the epidemic fever among those who have taken HGE  protective effect = 1-Odds Ratio</p>	not described	<p>prev.: overall percentage of protection = 76,2%/protective effect (1-Odds ratio) = 54%</p> <ol style="list-style-type: none"> <li>1) Edappally Ward, Ernakulam District 94,9%/69%</li> <li>2) Thodupuzha municipally 2nd ward, Idukki District 67,6%/43%</li> <li>3) Paravattam ward, Kollam District 63,6%/86%</li> <li>4) Thiruvvarppu ward, Kottayam District 90,5%/51%</li> <li>5) Chembukadavu ward, Kozhikkode District 28,9%/43%</li> <li>6) Vallikunnu Panchayat 17th ward, Malappuram District 95,8%/87%</li> <li>7) Kuttoor Gramapanchayat 1st ward, Pathanamthitta District 80,6%/37%</li> <li>8) Vellarada ward, Trivandrum District 68,7%/95%</li> </ol> <p>Calculated odds ratios are statistically significant in all the wards (p value= &lt;0,00)  ther.: curative action mentioned without further reporting</p>