Homoeopathy in the management of chronic kidney disease – A narrative review

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Abstract
Background: Chronic kidney disease (CKD) is the third fastest-growing cause of death around the world and is projected to become the fifth most common cause of years of life lost worldwide by 2040.

Objective: This review was done to explore the strengths of homoeopathy in the management of CKD through pre-clinical, clinical and anecdotal evidence.

Methods: A search was made for homoeopathic management of CKD in PubMed, Central Council for Research in Homoeopathy e-library, AYUSH Research Portal, EMBASE and Google Scholar. The basic search terms included ‘Homoeopathy’ or ‘homoeopathic drugs’, ‘ESRD’, ‘CRF’, ‘CKD’ and ‘Bright’s disease’. No rigid inclusion criteria was kept due to the paucity of literature on this subject concerning homoeopathy; hence, all studies were included in this review. Further, literature review, through homoeopathic repertories, was also conducted for the anecdotal evidence of frequently used homoeopathic drugs used in the management of CKD.

Results: Through an online search, 11 studies were found related to the subject which included two randomised controlled trials (RCTs), eight case series/case reports and one pre-clinical study. Two RCTs focussed on symptoms/signs due to CKD such as pruritus, asthenia, lethargy and headache with positive effects. The evidence generated through case series/reports, though useful for hypothesis-generating studies, was found to have poor reporting quality.

Conclusion: At present, the available evidence towards the benefits of homoeopathy in CKD is weak. Further well-designed studies are warranted.

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Authors
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Review Article

Homoeopathy in the management of chronic kidney disease –
A narrative review

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Abstract

Background: Chronic kidney disease (CKD) is the third fastest-growing cause of death around the world and is projected to become the fifth most common cause of years of life lost worldwide by 2040. Objective: This review was done to explore the strengths of homoeopathy in the management of CKD through pre-clinical, clinical and anecdotal evidence. Methods: A search was made for homoeopathic management of CKD in PubMed, Central Council for Research in Homoeopathy e-library, AYUSH Research Portal, EMBASE and Google Scholar. The basic search terms included ‘Homoeopathy’ or ‘homoeopathic drugs’, ‘ESRD’, ‘CRF’, ‘CKD’ and ‘Bright’s disease’. No rigid inclusion criteria was kept due to the paucity of literature on this subject concerning homoeopathy; hence, all studies were included in this review. Further, literature review, through homoeopathic repertories, was also conducted for the anecdotal evidence of frequently used homoeopathic drugs used in the management of CKD. Results: Through an online search, 11 studies were found related to the subject which included two randomised controlled trials (RCTs), eight case series/case reports and one pre-clinical study. Two RCTs focussed on symptoms/signs due to CKD such as pruritus, asthenia, lethargy and headache with positive effects. The evidence generated through case series/reports, though useful for hypothesis-generating studies, was found to have poor reporting quality. Conclusion: At present, the available evidence towards the benefits of homoeopathy in CKD is weak. Further well-designed studies are warranted.

Keywords: Chronic kidney disease, Homoeopathy, Review

Introduction

Chronic kidney disease (CKD) is becoming common in the general adult population with approximately 700 million people having this condition worldwide. It is the third fastest-growing cause of death around the world and is projected to become the 5th most common cause of years of life lost by 2040.¹ The global burden of CKD is estimated as 13.4%, which has increased over time. The screening and early evaluation of kidney disease study assessing epidemiology and risk factors of CKD in India observed the overall prevalence of CKD to be 17.2%.² Various factors responsible for the development of CKD depend on an individual’s genetic and phenotypic make-up, race, gender, age and family history. Moreover, smoking, obesity, hypertension and diabetes mellitus can also lead to kidney disease. An uncontrolled diabetic and/or hypertensive patient can easily and quickly progress to an end-stage kidney disease patient. Environmental pollutants, including metals (arsenic, cadmium, lead and mercury), air pollutants, phthalate and melamine, are also responsible for the development of CKD.³ Numerous drugs used in the management and treatment of multiple diseases, including hypertension, diabetes and other pathologies, are nephrotoxic which can elicit damage to the kidney in its structure and function.

The morbid condition of the disease and treatment affects the patient’s sense of subjective well-being, psychological, social, sexual and cognitive functioning; satisfaction with care; financial status and spiritual well-being.⁴ Moreover, dialysis does not mitigate all the symptoms or complications of kidney failure. Supportive care is likely to be needed at some stage of the disease. Because of the advanced pathological

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changes in the kidney, the complete treatment is restricted. The management options for delaying the progress of CKD include strict blood pressure control, reduction of proteinuria, restricted sodium, potassium, phosphate intake and continuity of physical activity.[5,6]

Homoeopathy offers holistic care which includes homoeopathic medicine and consultation with each patient with a personalised approach.[7] Homoeopathy treats the patients as a whole and cures the disease in the shortest, most reliable and most harmless way. This system is known to have variable success in long-term chronic conditions with little effect.[8] This narrative review reports the existing evidence/strength (pre-clinical, clinical and anecdotal) of homoeopathy in the management of CKD and also enlists related rubrics mentioned in different homoeopathic repertories.

METHODS

Search strategy
A comprehensive search was carried out on the role of homoeopathic medicine(s) in the management of CKD through different online platforms such as the National Library of Medicine (PubMed), Cochrane database, CCRH e-Library, Google Scholar, AYUSH research portal and EMBASE. Non-peer-reviewed publications were also searched manually. Cross-references were also referred to complete the search.

Search terms
The search terms used were ‘Homoeopathy’, ‘Homoeopathic drug’, ‘CKD’, ‘Chronic Renal Disease’, Chronic Renal Failure’ and ‘End-Stage Renal Disease’. Different homoeopathic repertories were searched for rubrics like pathognomic disease of CKD, i.e. ‘bright’s disease’, ‘Kidney inflammation’, ‘Renal Failure’ for preparing a list of homoeopathic medicines that are mentioned in the homoeopathic literature.

Filtering and selection of studies
All types of studies have been searched including pre-clinical, clinical, randomised controlled trial (RCT), observational studies, case series and case reports. Potential research articles were noted for retrieval and data was extracted on a predefined format which included author, year, study design, sample size, outcome parameters, medicine prescribed/interventions, results, duration of follow up and remarks. The preclinical studies (Animal research) are also included for information.

RESULTS

Overall, 11 studies were found to be relevant in these search categories which are further categorised as: Two RCTs, eight case series/report and one pre-clinical study. These studies are presented in Table 1.

Summary of studies
Saruggi et al. reported a RCT with crossover study design of a homoeopathic preparation China rubra in 35 patients. [9] The study reported significant changes compared with placebo in clinical symptoms such as asthenia, lethargy and headache.

Cavalcanti and colleagues reported another RCT with two parallel arms conducted on 20 patients who were on dialysis and included patients with pruritus post-dialysis.[10] These patients were given homoeopathic medicine and a placebo in a parallel arm study design along with standard care for both the groups. Homoeopathic medicines were prescribed adhering to homoeopathic principles and individualisation. The study revealed a statistically significant reduction in pruritus symptoms.

Three case series and five case reports have reported the clinical benefit of homoeopathic medicines in the management of CKD patients.[11–18] In these cases, the homoeopathic medicines were prescribed based on individualisation customised to each patient, and in conclusion, each case reflected positive outcomes of treatment. However, these are not reported systematically and completely covering every aspect as per the case reporting guidelines.

A pre-clinical study gives insight into a medicine Convallaria majalis showing changes in the uremic level.[19]

Search of homoeopathic medicines through repertorial approach
Homoeopathic repertory is a unique tool that indexes the symptoms systematically for easy finding of remedies. Different repertories, including those especially designed for clinical conditions, were referred. In homoeopathic repertories and Materia Medica, the term Bright’s disease was taken as synonymous to CKD due to lack of terminology specific to CKD. Bright’s disease was characterised by swelling and the presence of albumin in the urine and was frequently accompanied by high blood pressure and heart disease.[20] The chart view of different repertories was done using Radar 10 software[21] and other individual repertories. The name of the repertory and the corresponding chapter with rubric and number of drugs mentioned are given in Table 2. The prominent first grade medicines mentioned from different repertories are: Apis mellifica, Arnica montana, Aurum metallicum, Belladonna, Benzoic acid, Bismuth, Cantharis, Colchicum autumnale, Glonoinum, Hepar sulphur, Kali chloricum, Lycopodium, Mercurius corrosivus, Natrum muriaticum, Nitric acidum, Nux vomica, Ocyium canum, Plumbum metallicum, Pulsatilla, Sulphur, Tarentula and Zincum metallicum.
### Table 1: Studies considered in this review

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Study design</th>
<th>Sample size</th>
<th>Outcome parameters</th>
<th>Medicine prescribed/ intervention</th>
<th>Results</th>
<th>Duration of follow-up</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saruggia et al., 1992[9]</td>
<td>RCT-crossover study</td>
<td>35</td>
<td>Symptoms questionnaire on nausea, vomiting, headache, lethargy, asthenia and muscle cramp</td>
<td>China rubra plus HD</td>
<td>Effective on symptoms: Asthenia, lethargic and headache</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Cavalcanti et al., 2003[10]</td>
<td>RCT</td>
<td>20 (IH: 11, Placebo: 09)</td>
<td>Pruritus</td>
<td>SC plus Constitutional medicine (30 CH and 200) plus. ‘Local’ and ‘drainage’ medicines (six CH potency) Nosodes were prescribed in 30 CH and 200 CH potency. <em>Calcarea phosphorica</em> was the most frequent used medicine.</td>
<td>Mean pruritus score (entry); Hom. - 65±25, Pl- 70±27. After almost 60 days, pruritis score was Hom. - 38±33 and pl - 57±39. Reduction was statistically significant (P&lt;0.05). Homoeopathic treatment reduced the pruritus score by 49%</td>
<td>2 months</td>
<td></td>
</tr>
<tr>
<td>Dandoti et al., 2021[12]</td>
<td>Case series</td>
<td>3</td>
<td>KDQOL SF version 1.3</td>
<td>SC plus Constitutional homoeopathic medicine</td>
<td>The QOL, especially in the areas of sleep, pain, cognitive functioning, emotional well-being and social functioning, improved</td>
<td>6 months</td>
<td></td>
</tr>
<tr>
<td>Rasel et al., 2020[11]</td>
<td>Case series</td>
<td>4</td>
<td>Serum creatinine</td>
<td><em>Lycopodium clavatum, Apis mellifica, Apocynum cannabinum, Aurum muriaticum, Cantharis, Sarsaparilla, Glonine, Serum anguillae and Berberis vulgaris</em></td>
<td>Reduction in serum creatinine within a month. Patients were free from dialysis</td>
<td>7 months</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.</td>
</tr>
<tr>
<td>Mahesh et al., 2019[13]</td>
<td>Case report</td>
<td>1</td>
<td>Serum creatinine</td>
<td>SC plus <em>Sulphur, Carcinosinum and Ammonium gummi</em></td>
<td>There were significant changes in serum creatinine and relevant symptoms were reduced. The immunosuppressives were stopped soon after initiation of homoeopathic medicine and steroids were stopped after a month.</td>
<td>20 months</td>
<td></td>
</tr>
<tr>
<td>Dave et al., 2020[14]</td>
<td>Case series</td>
<td>3</td>
<td>NA</td>
<td><em>Cuprum ars, Merc vivus, Eel Serum, Phosphorus, Merc cot:</em> in decimal and centesimal potency. <em>Alfalfa Q Oxinum e Q, Rauwolfia Q, Eucalyptus Q</em> (not undergoing dialysis)</td>
<td>The case of syphilitic miasm was palliated Psoro-syphilitic miasm-reverted Sycosyphilitic miasm could be maintained at the same pathological level as reported earlier.</td>
<td>6 months–7 years</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.</td>
</tr>
<tr>
<td>Dhingreja, 2016[15]</td>
<td>Case report</td>
<td>1</td>
<td>Routine urine investigations</td>
<td><em>Phosphoric acid 200</em></td>
<td>The Chyluria cleared after 1 and 1/2 months of treatment without any side effects or trouble to the patient.</td>
<td>4 months</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.</td>
</tr>
</tbody>
</table>

(Contd...)


**Table 1: (Continued)**

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Study design</th>
<th>Sample size</th>
<th>Outcome parameters</th>
<th>Medicine prescribed/ intervention</th>
<th>Results</th>
<th>Duration of follow-up</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kumar et al., 2020[17]</td>
<td>Case report</td>
<td>1</td>
<td>Serum creatinine, blood sugar levels (fasting and PP) and blood pressure</td>
<td>Lycopodium 200</td>
<td>The patient feels better. Generals are good. No new complaints. Blood sugar levels, serum creatinine level and blood pressure were reduced.</td>
<td>2 months</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.</td>
</tr>
<tr>
<td>Pal et al., 2019[18]</td>
<td>Case report</td>
<td>1</td>
<td>USG of whole abdomen, clinical signs and symptoms</td>
<td>Pulsatilla in LM potency starting with 0/1</td>
<td>Patient became asymptomatic and all evident pathological conditions disappeared (through repeated ultrasonography).</td>
<td>6 months</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case report or case series writing.</td>
</tr>
<tr>
<td>Basu, 2020[16]</td>
<td>Case report</td>
<td>1</td>
<td>USG, LFT, KFT, CBC, clinical signs and symptoms</td>
<td>SC plus Antimonium crudum was given in LM potency</td>
<td>After 2 years of treatment, there was a reduction in the size of the mass. The urea, creatinine and haemoglobin percentage were normal with normal blood pressure. Conventional surgery, radiotherapy, chemotherapy or immunotherapy were not required</td>
<td>2 years</td>
<td>Intervention is not properly described in this article as it should follow the prescribed guidelines for case reports or case series writing.</td>
</tr>
</tbody>
</table>

Lateef et al., 2010[19]

<table>
<thead>
<tr>
<th>Author, year</th>
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<th>Sample size</th>
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<th>Medicine prescribed/ intervention</th>
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<th>Duration of follow-up</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HD: Heamodialysis; SC: Standard care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 2: Rubrics in different repertories with number of medicines**

<table>
<thead>
<tr>
<th>Name of repertory</th>
<th>Chapter – rubric</th>
<th>Number of medicines listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthesis repertory[21,29]</td>
<td>Kidney - Inflammation</td>
<td>225</td>
</tr>
<tr>
<td></td>
<td>Kidneys - Renal failure</td>
<td>73</td>
</tr>
<tr>
<td></td>
<td>Kidneys - Polycystic kidneys</td>
<td>3</td>
</tr>
<tr>
<td>Murphy repertory[21,28]</td>
<td>Kidney - Bright’s disease</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Kidneys - Inflammation</td>
<td>201</td>
</tr>
<tr>
<td>Phatak’s repertory[22]</td>
<td>Kidney - Inflammation</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Parts of body and organ - Abdomen internal - Kidney</td>
<td>24</td>
</tr>
<tr>
<td>BTPB[21]</td>
<td>Urinary system - Kidney - Degeneration acute amyloid, fatty</td>
<td>15</td>
</tr>
<tr>
<td>Boericke repertory[21,30]</td>
<td>Urinary organs - Kidney - Inflammation</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Kidneys - Congestion - General - Chronic, passive, from heart or kidney disease</td>
<td>12</td>
</tr>
</tbody>
</table>

**Discussion**

This narrative review summarized the current evidence of homoeopathic intervention for managing patients suffering from CKD, and on their daily living. Though it is difficult to interpret the evidence on the benefit of homoeopathy in CKD, it has shown positive directions for future research.

The homoeopathic medicine for CKD is selected after an individualised examination and case analysis, which includes the medical history of the patient’s physical and mental condition. A miasmatic tendency is also often considered for the treatment of CKD.[22-24] Considering the end-stage renal disease, it is essentially syosyphilitic in nature due to the nature of the symptoms.
However, the developmental stage of renal failure involves different pathological changes; the miasmatic preponderance is decided as per these changes at that particular stage.[25]

In these studies, homoeopathic medicines, as an add-on therapy to standard care, can play a key role in preventing or controlling early progression of CKD, improving a patient’s quality of life and survival time. Nonetheless, rigorous, well-designed studies are warranted in this condition, like the ones for cancer research, focusing on quality of life and survival time.[26,27]

Cavalcanti et al.’s study is limited to uremic pruritus, which is one of the consequences of CKD.[10] The effect of a single drug China rubra with a crossover design limits the vast armamentarium of homoeopathic medicines mentioned in its repertories.[28-30] In the case reports, the prescriptions were based solely on symptomatic and miasmatic backgrounds, and the details of the prescription were not correctly documented to determine the name, potency and posology of the medicines, as well as no rigid improvement criteria(s) were mentioned in these case studies. The positive outcome was not elaborated with respect to frequency of dialysis or specific symptoms. A few case studies reported improvement in terms of reduction in serum creatinine level, pruritus score and quality of life. The reporting of single cases/case series should be strengthened by following published guidelines.[31,32]

Despite the wealth of data supporting the role of homoeopathy in the treatment of CKD, there are certain limitations to treatment. Future research should focus on pragmatic RCTs which capture real-time practice following a multimodal approach,[33-36] along with symptomatic treatment of CKD with homoeopathy as a stand alone or as an add-on to standard care. The repertories of recent origin, and those that are a combination of various repertories, need further verification for the rubrics and their medicines included against the rubrics. This review reflects the paucity of studies showing the role of homoeopathy in CKD.

**CONCLUSION**

A comprehensive search demonstrates that the evidence on the benefit of add-on homoeopathy in CKD is limited and weak. Based on this review, it is not possible to draw firm conclusions, though positive leads favouring use of homoeopathy are available. Further well-designed studies are warranted.

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**Conflicts of interest**

None declared.

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L’homéopathie en tant que thérapie complémentaire dans la gestion de la maladie rénale chronique - Une revue narrative.


Homéopathie als Zusatztherapie bei der Behandlung von chronischen Nierenerkrankungen - Eine Übersichtsarbeit


क्रानिक गुर्दू की बीमारी के लक्षणों को रोकने में अतिरिक्त उपचार के तौर पर होम्योपैथी - एक विश्वासीकरणीय समीक्षा

परिष्करण: क्रानिक गुर्दू की बीमारी (सीकेडी) विश्व भर में होने वाली मौतों का तीसरा सबसे तेज़ से बढ़ता हुआ कारण है और यह अनुमानित है कि 2040 तक विश्व पर होने वाली मौतों का पूरा प्रमुख कारण बन सकता है। विषय सारस्थ: यह समीक्षा सीकेडी के लक्षणों को निवारण-पूर्व होने वाले और उन अस्तित्वीय कारणों द्वारा रोकने के कारणों को जानने के साधन तैयार करने के मुद्दों पर आधारित है। सामग्री तथा विधि: सीकेडी के लक्षणों की रोकथाम हेतु पब्लिके, नियंत्रित अनुसंधान प्रयोग, दो गुणों के साथ रोकने में सक्षमता। सर्जनों के निःशुल्क में दो अंगुली फटामुटामुतामी होने से काफी अद्वितीय अंतिम स्वास्थ्य नहीं अपनाया गया था। अतः, इस समीक्षा में सभी अनुमोदनों को शामिल किया गया था। इसके अतिरिक्त, सीकेडी के लक्षणों को रोकने में महत्वपूर्ण इससे मार्गदर्शन होने वाली होम्योपैथी के अस्तित्वीय कारणों को दूर रखने हेतु होम्योपैथी प्रदर्शनों के माध्यम से, एक साहित्यिक समीक्षा की गई थी। परिणाम: यह संस्कृति संस्कृति के साथ संबंधित समाज का माध्यम के साथ 11 अवधारण गाथे गए थे जिसमें दो वातावरण नियंत्रित परिस्थिति (आरसीटी), आठ मामला/श्रेणियां/मामलों रिपोर्टें तथा एक निवारण-पूर्व अपनाया था। दो अरसीटी, सीकेडी के लक्षणों पर समस्तीक कार्यों के लिए प्रभावित थे। उन्नत और सर्वेक्षण के लिए प्रभावित थे। मामला श्रेणियां/रिपोर्टें के माध्यम से प्राप्त किया गया साक्ष्य, हालांकि परिणाम-पूर्व पादरी करने वाले अध्ययनों के लिए उपयोगी थे, भर उनमें रिपोर्टिंग गुणवत्ता का अभाव था। नियंत्रण: मौजूदा समय में, होम्योपैथी की सीकेडी में अतिरिक्त उपचार गाथों का साक्षरता वाले साक्षरता के उपलब्धता बेहद कम है। इस संबंध में, व्यक्ति बेहतर तरीके से किए गए अध्ययन अपेक्षित हैं।
La homeopatía como terapia complementaria en el tratamiento de la enfermedad renal crónica – una revisión narrativa

Antecedentes: La enfermedad renal crónica (ERC) es la tercera causa de muerte de más rápido crecimiento en todo el mundo y se proyecta que se convierta en la quinta causa más común de años de vida perdidos en todo el mundo para 2040. **Objetivo:** Esta revisión se realizó para explorar los puntos fuertes de la homeopatía en el tratamiento de la ERC mediante pruebas preclínicas, clínicas y anecdóticas. **Métodos:** Se realizó una búsqueda para el manejo homeopático de la ERC en PubMed, el Consejo Central para la Investigación en Homeopatía e-library, el Portal de Investigación AYUSH, EMBASE y Google Scholar. Los términos básicos de búsqueda incluyeron «homeopatía» o «fármacos homeopáticos», «ESRD», «CRF», «CKD» y «enfermedad de Bright». No se mantuvieron criterios de inclusión rígidos debido a la escasez de literatura sobre este tema en relación con la homeopatía; por lo tanto, todos los estudios se incluyeron en esta revisión. Además, se realizó una revisión de la literatura, a través de repertorios homeopáticos, para explorar la evidencia anecdótica de fármacos homeopáticos frecuentemente utilizados en el manejo de la ERC. **Resultados:** A través de una búsqueda en línea, se encontraron 11 estudios relacionados con el sujeto que incluyeron dos ensayos controlados aleatorios (ECA), ocho series de casos/informes de casos y un estudio preclínico. Dos ECA se centraron en los síntomas/signos debidos a ERC como prurito, astenia, letargo y cefalea con efectos positivos. La evidencia generada a través de series/informes de casos, aunque útil para estudios generadores de hipótesis, se encontró que tenía una mala calidad en la presentación de informes. **Conclusión:** En la actualidad, la evidencia disponible sobre los beneficios añadidos de la homeopatía en la ERC es débil. Se justifica la realización de estudios bien diseñados adicionales.