ISSN: 2755-0133

Journal of Medical & Clinical Nursing

SCIENTIFIC Research and Community

Review Article

Open Access

Can Homeopathy Play a Role in the Treatment of Multimorbid Patients? A Prospective Outcome Study

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SUMMARY

Polypharmacy is one of the main problems in conventional treatment of multimorbid patients who have a combination of three or more concurrent complaints. They often receive a multitude of medicines with interactions that are difficult to overlook. In complementary medicine a holistic approach is one of the core-competences of homeopathy. Repeated single remedies or a staggered timing of different remedies can induce improvement in multimorbid patients without causing interactions. In a prospective homeopathic outcome study we followed 50 multimorbid patients over one year, aiming to answer the following questions: How many patients can be successfully treated and reach an subjective global improvement rating of 80% or more. And how do the estimated costs of conventional and homeopathic treatment compare, if conventional treatment can be reduced or phased out completely.

Results: Fourtythree patients (86%) completed the observation reaching an average improvement of 91% of their initial symptoms. Six patients dropped out, and one did not reach an improvement of 80%, and was therefore also counted as a treatment failure. The cost of homeopathic treatment is estimated to be only 41% of an analogue conventional therapy.

Conclusions: Homeopathy is able to cover a considerable part of the treatment of multimorbid patients, and it causes lower costs than conventional medicine.

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Received: June 03, 2026; **Accepted:** June 08, 2026; **Published:** June 17, 2026

Keywords: Homeopathy, Multimorbid Patients, Outcome Treatment Cost

Introduction

Homeopathy is claimed to influence disease using the effects of highly diluted substances, chosen according to the characteristic individual symptoms of the patient [1]. The method is controversial due to the fact that in these high dilutions the active substance is no longer traceable. In contrast studies have been published on the value of homeopathy in treating diseases such as psoriasis, allergic rhinitis, asthma, otitis, migraine, neuroses, depression, joint disease, insomnia, sinusitis, urinary tract infections and acne, to name a few [2].

In this study the homeopathic method of remedy determination was polarity-analysis (PA), a new procedure which demonstrated a significant difference between placebo and highly diluted homeopathic remedies in the Swiss double-blind trial on ADHD [3-4]. PA has also been evaluated by prospective outcome studies with acute and chronic illness [5]. The present work aimed at its evaluation in multimorbidity.

Practical Procedure

Since in conventional medicine separate medications are prescribed for each complaint, multimorbid patients often undergo polypharmacy, which can result in problematic interactions and undesirable side effects. Due to the possibility of dealing with all complaints by repeated administration of a single remedy, the treatment of multimorbidity is one of the core areas of expertise in homeopathy.

To determine a correct individual homeopathic remedy case taking is performed in two separate consultations. In a preparatory first setting the patient's history is taken and a physical examination is conducted with the aim of recording all complaints in a holistic manner. The conventional medical diagnoses must be clear before homeopathic treatment starts. Then the patients receive homeopathic questionnaires and are urged to carefully observe and report all their symptoms.

Around a week later, the patient brings the completed questionnaires to the clinic for remedy determination. First a case log is produced which protocols the following aspects of each complaint:

- Time of first occurrence
- Frequency of complaint
- Localisations, sensations and modalities (i.e. natural influences on symptom intensity)
- Intensity of each complaint on a scale from 1-10 (1 = minor, 10 = severe)

In the next step the characteristic symptoms of the patient are matched with the characteristic symptoms of a homeopathic remedy, using a computer software [6].

Then the patients are usually given a single dose of the best fitting remedy in the potency 200 C (i.e. 200 dilution steps of 1:100). Further doses of the remedy are given in increasing potency (M, XM, LM, CM) in defined intervals

At monthly check-ups the patients rate the actual intensity of each symptom and give an overall improvement on a scale of 0-10 (0 = no improvement, 10 = complete cure). The caselog-spreadsheet then generates a graphic of the patient's progress. If the healing process comes to a standstill the remaining symptoms are repertorised again to determine a follow-up remedy.

Case Report of Gerard G
Exhaustion Accompanied by Somatic Symptoms
Mr. G. is a tall, 33-years old athletic engineer in geoinformatics, who is inclined to frequent headaches. Since two months he has in addition been plagued by chronic tiredness, dizziness and he feels befuddled. The symptoms are aggravated by hustle and bustle, stress and unpredicted events. After two hours of physical work, he is completely exhausted and needs a nap to be able to continue work. In addition, he suffers of pain in the right wrist and hip joint. His oldest complaint is a tendency to aphthae and recurrent tonsillitis, occuring after exposure to cold.

In summary he suffers from exhaustion, headaches, joint pains and ENT-infections, and he seems to be in an early stage of burnout. He marks the following symptoms in the questionnaires:
P = Polar symptoms, < = worse, > = better

Case log G. G.

G. G. 33 years old							
Diagnosis, Start of symptoms	**Frequency of complaints**	**Date of consultation DD/MM/ YYYY (right) Characteristic symptoms (below)**	**12.06.2009**	**02.07.2009**	**10.08.2009**	**14.09.2009**	**14.10.2009**
		Mean Symptom intensity	**6.8**	**2.0**	**1.0**	**0.5**	**1.0**
		Global Improvement	**0.0**	**7.0**	**8.5**	**8.8**	**9.0**
Exhaustion 2 months	Always	Sleepiness in daytime Befuddled Tiredness Seriousness (always)I Irritability - PII Sadness - PII < Anger > Movement - P (always)I > In open air - P (always)I	8	4	2	2	4
Headaches 12 months	Daily	Dizziness < Worries / anger < After midday meal (= < after eating) - P < Cold – PIV < Getting cold - P < Physical effort - P < Looking intensely - P < Shaking head - P > Closing eyes (=< light) - P > Wrapping up - P > Rubbing (massaging) - P	9	0	0	0	0
Joint pains 6 weeks	Daily	Wrist/hip joint right side Muscles tense/constricted Cracking in joints < Movement - P < Sitting - P < Cold weather - PIII > Warmth – PIV > Rubbing - P Aversion to open air - P	4	4	2	0	0
ENT infections 1999	Ca. 6 x per year	Sore throat Aphthae < Swallowing - P < WinterIII < Cold weather - PIII < Cold – PIV < Inhaling cold airIII < Movement - P < Physical effort - P < Talking - P	6	0	0	0	0

Comments on the Case Log
Italics: clarifications Added by the Patient During the Repertorisation.
I: These are normal traits of the patient, always present, not only during illness. They are not symptoms and may not be included in the repertorisation.
II: Polar mental symptoms are usually only used in the final selection of the remedy, not in repertorisation.
III: The symptoms < cold weather, < winter, < inhaling cold air correspond to the symptom < cold in general. Only the latter is

included in the repertorisation.
IV: In the repertory-software < cold and > warmth are covered by identical remedies. Only one of these symptoms may be used, otherwise the polarity difference would be artificially increased. The same is true for the symptoms < in open air and > in room.

With this wealth in symptoms only polar physical symptoms are used for the repertorisation. This patient notes down his aggravation from cold in many variations. We use only < cold, < getting cold and > wrapping up. The differentiation between symptoms and normal traits of the patient is especially important in complex cases, since otherwise the correct remedy can be missed (table 1).

Table 1: First Repertorisation G.G., [6].

			Hep.	Nux-v.	Rhus.	Bry.	Phos.	Chin.	Cic.	Merc.	Staph.
Hits			14	14	14	14	14	14	14	14	14
Sums			37	42	40	37	36	33	23	27	23
Polarity Difference			**33**	**31**	**28**	**25**	**23**	**23**	**19**	**11**	**9**
121	< eating, after [worse]	P	2	5	4	4	4	3	1	1	1
90	< cold in general [worse]	P	4	4	4	2	2	2	3	1	2
78	< cold, when getting cold [worse]	P	3	4	4	3	3	2	2	2	1
70	< physical effort [worse]	P	2	3	4	4	2	3	1	2	1
85	< looking, eyes strained [worse]	P	1	1	1	1	3	1	3	1	2
71	< shaking head [worse]	P	3	4	1	3	2	1	1	2	2
80	< light (bright) [worse]	P	3	3	1	2	4	3	1	3	1
56	> warmly, from wrapping up [better]	P	4	3	4	1	1	2	3	2	2
74	> rubbing [better]	P	1	1	2	2	4	2	2	3	2
126	< movement [worse]	P	3	4	1	4	3	3	2	3	3
126	< sitting [worse]	P	1	1	4	1	1	2	1	1	1
86	air, aversion to open air	P	3	4	3	3	1	3	1	2	2
93	< swallowing [worse]	P	4	3	3	4	3	2	1	3	1
77	< talking, speaking [worse]	P	3	2	4	3	3	4	1	1	2
52	> eating, after [better]			1	2	1	3	2		1	
73	> cold in general [better]		1	1	1	1	1	1		1	1
74	> cold, when getting cold [better]			1	1	3	1	1		3/CI	1
6	> physical effort [better]										
5	> looking, at something close-up, strained vision [better]										
3	> shaking head [better]							1			
13	> light in general [better]										2
37	< warmly, from wrapping up [worse]			1	1	1	2	2		1	2
44	< rubbing [worse]						1			2	2
102	> movement [better]		1		4/CI	1	1	1	1	3	1
101	> sitting [better]		1	4/CI	1	4/CI	2	1	2	3/CI	2
76	air, desire for open air		1		1	1	1		1		1
47	> swallowing [better]			3	1		1	1		2	2
1	> talking, speaking [better]										

Key for Interpretation
The patient symptoms are the ones between the blue and the red line. The opposite symptoms below the red line are important to calculate the polarity difference. To do this, the software adds the grades of the polar patient symptoms of every remedy and subtracts from the result the grades of the opposite poles below. For example: Hep. 37 - 4 = 33.

The higher the polarity difference of a remedy, the better it corresponds to the patient's characteristic symptoms.
Contraindication (CI): The opposite pole is found at a high grade (3, 4 or 5), whereas the patient's symptom is found at a low grade (1 or 2). The high grade opposite pole is therefore a typical symptom of the remedy, the lowgrade patient's symptom just an incidental observation. Remedies with contraindications should not be prescribed. They are indicated by grey shading.

The repertorisation results in nine remedies that cover all relevant symptoms; fife of them have no contraindications: Hepar sulphuris (Hep.) has the highest polarity difference and is therefore first choice, phosphorus (phos.) or china (chin.) second.

Remedy and Progress

Mr. G. is given a dose of hepar sulphuris 200 C.

In the next few days, he is very tired and the sore throat recurs (i.e. an initial aggravation, a frequent phenomenon with homeopathy). Then all complaints continuously decrease in intensity. After one month, he reports an overall improvement of 70%. With further doses of hepar sulfuris (M, XM and LM) the improvement increases to over 90%. Then, after Mr. G. had to be treated with antibiotics for acute Lymes disease (borreliosis), his tiredness increases again.

In the case log he highlights the remaining symptoms:

- Sleepiness, tiredness
- Weather, cold: worse - P
- Sitting: worse - P
- Warmth (in general): better - P
- Aversion to movement - P
- Physical effort: worse - P
- Mental effort: worse – P
- Irritability - P

With such a small number of symptoms, it is best to use all polar ones (P) for the repertorisation, including irritability (table 2).

Table 2: Second Repertorisation, G.G. [6].

			Ars.	Nux-v.	Lyc.	Lach.	Sep.	Calc.	Nat-m.	Phos.	Zinc.	Ign.
Hits			7	7	7	7	7	7	7	7	7	7
Sums			22	25	24	18	20	16	17	14	12	19
Polarity Difference			**19**	**18**	**15**	**15**	**12**	**11**	**10**	**10**	**10**	**9**
88	< weather / air, cold [worse]	P	4	4	3	3	3	3	2	3	1	3
126	< sitting [worse]	P	2	1	4	3	4	2	1	1	2	1
90	> warmth, in general [better]	P	4	4	1	2	2	1	1	2	1	3
68	movement, aversion to	P	4	4	3	2	2	1	3	2	2	3
70	< physical effort [worse]	P	4	3	5	1	2	3	3	2	3	1
65	< mental effort [worse]	P	2	5	5	5	4	4	4	1	1	4
64	irritability (anger, aggression)	P	2	4	3	2	3	2	3	3	2	4
44	> weather / air, cold [better]			1	3	2	2	1	1	1		1
101	> sitting [better]		1	4/CI				2	2	2	1	1
73	< warmth, in general [worse]			1	2	1	1	1	2	1		1
58	movement, desire for		2	1	1		1	1				1
6	> physical effort [better]						4/CI		1			3/CI
3	> mental effort [better]											
37	mildness				3				1		1	3

Ten remedies cover everything, seven of which have no contraindications. First Joice is arsenicum album (Ars.) with a polarity difference of 19, second are lycopodium (Lyc.) or Lachesis (Lach.).

Remedy and Progress

Mr. G. is now given arsenicum album 200 C.

One month later all symptoms have disappeared. He rates his improvement at 100%. To be on the safe side, arsenicum album is administered for three further months in the potencies M, XM and LM. There has been no relapse since this time. Figure 1 shows the progress of this patient graphically. Period of observation: 8 years.

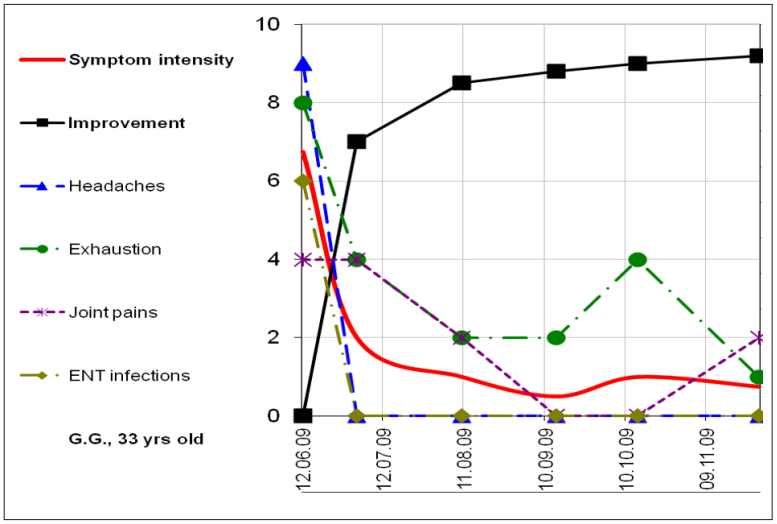


Figure 1: Progress Check Graphic, G. G.

Evaluation of Homeopathy for Multimorbid Patients: A Prospective Outcome Study Over 12 Months

Procedure

To evaluate the effectiveness of homeopathy in multimorbidity we treated 50 patients according to the procedure described above and followed them prospectively over one year. Follow-up controls were performed in monthly intervals. Before treatment start and at each follow-up the patients had to rate the intensity of each symptom on a scale from 0 (absent) to 10 (maximal intensity). In addition, they gave a rating of their healing progress on a scale from 0 to 10 (10=complete healing). The ratings were protocolled in the case log, and printed out as a graphic progress check (figure 1). Successful treatment was defined as an global improvement of 80% or more after 12 months.

The study Aimed at Answering the Following Questions:

- What diagnoses occur frequently in multimorbid patients?
- How high is the proportion of patients successfully treated (improvement > 80%)?
- What are the improvement rates per month?
- Which treatments are unsuccessful and why?
- What is the spectrum of remedies used?
- What is the average number of different remedies a patient needs over one year?
- How much time is required by the treating physician?
- What is the cost comparison between homeopathy and conventional medicine?

Eligibility and Exclusion Criteria

For Participation the Patients had to Meet the Following Eligibility Criteria:

- Minimum age 20, no upper age limit
- Three or more diagnoses or symptom complexes
- Potentially curable symptoms
- Willingness to gradually reduce or phase out their conventional medical treatment
- Acceptance of monthly checkups over the course of one year

Patients were not accepted for participation if they met any of these exclusion criteria:

- Life-threatening illnesses, coronary heart disease, malignant tumours
- Illness requiring substitution treatment (diabetes mellitus/ hypothyroidism), and anticoagulation or antihypertensive treatment
- Irreversible organ damage

Determination of Time Required, Estimate of Costs

The time required for a homeopathic treatment can be determined from the patient history, since this is the basis for calculating the treatment cost. The time required for a conventional medical treatment was estimated to be one hour for the initial consultation followed by 8 checkups of 20 minutes each. The costs for the homeopathic and the conventional doctors time could be calculated using Tarmed, the Swiss tariff of medical treatment [7]. The medication costs for a homeopathic treatment of 12 months duration consist of three doses each of the potency 200C and M, and two doses each of the potencies XM, LM and CM. The prices are given in the Swiss specialty list [8]. For the calculation of the potential costs of conventional medical treatment, the symptoms shown by each patient were assigned a medical diagnosis. Then the current therapy recommendations from the standard work Current Medical Diagnosis and Treatment were looked up, and on this basis the required conventional medication was chosen from the Swiss Medicines Compendium ("Medicine Compendium of Switzerland") [9-10]. The costs of each medication can then be calculated based on the average daily dose. For periodic complaints such as recurrent sinusitis, the total annual costs were calculated according to the frequency of illness and the duration of the individual episodes, which was then converted to average costs per day and per year (example in table 3). Laboratory tests and imaging techniques, which constitute significant additional costs in conventional medicine and maybe a little less in homeopathy were not included in the calculation. Physiotherapy, which is necessary to the same extent in both groups, was also excluded.

Table 3: Examples of Cost Estimates for Conventional Treatment

Diagnosis	Treatment	Dose	Cost/Day in Euro
Paraplegia	(Physiotherapy)		
Depression	Deanxit	2 x 1 Tabl/Day	0.61
Colon irritabile	Duspatalin	2 x 1 Tabl/Day	1.36
Raynaud Syndr.	Adalat retard	2 x 1 Tabl/Day	0.83
Total			2.80*

*) The calculation is based on the prices given in the Arzneimittelkompendium der Schweiz (Medicine Compendium of Switzerland 2010) with an exchange rate of 1.0 Euro = 1.20 CHF.

Results

Biometric Data of Participants are Shown in Table 4.

Table 4: Biometric Data of Participants

Female	39	78%
Male	11	22%
Average Age	47.4 years	Range 24-73
Average Number of Diagnosis per Patient	5.7	Range 3-12

Diagnoses

Table 5 shows the most frequent diagnoses in our patients. This constitutes a representative selection of illnesses that are frequently encountered in general medical practice. In line with the exclusion criteria the following illnesses are not found: Hypertension and coronary heart disease, illnesses requiring anticoagulation, diabetes mellitus, hypothyroidism and malignant tumours.

Table 5: Most Frequent Diagnoses

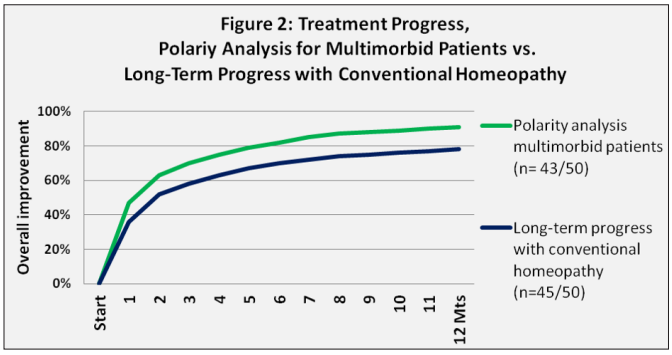
Asthma, hay fever, eczema
Soft-tissue rheumatism, chronic arthritis, fibromyalgia
Dysmenorrhea, menopausal complaints
Recurrent respiratory infections
Cardiac dysrhythmia
Heartburn, irritable bowel
Headache, migraine
Depression, anxiety, exhaustion
Sleep disorders
Recurent urinary tract infections

Proportion of Patients Successfully Treated with Homeopathy

43 of 50 patients (86%) achieved an average improvement of 91% after 12 months. Six patients did not complete the observation, and one patient with chronic sleep- disorder, anxiety and polyarthritis only achieved an improvement of 55% (see below). She was also counted as a treatment failure.

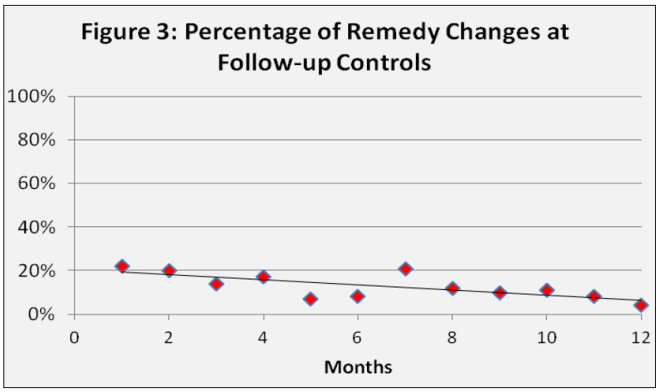
Treatment Progress: Rate of Improvement Per Month (Figure 2)

Homeopathic treatment is characterized by initial substantial improvements (47% after one month, 63% after two months), followed by successively smaller increments, asymptotically approaching 100% (green line in figure 2). A comparison can be made with the results of an earlier long-term observation with younger patients (average age at start of the study 11.8 years) suffering from uncomplicated chronic illness, who were treated with conventional homeopathy, but without polarity analysis and questionnaires (blue line in figure 2) [11].



Average Number of Remedies Used Per Patient, Percentage of Remedy Changes

The patients received on average 2.4 different remedies within one year of treatment. The average number of remedy-changes was 13% per follow-up consultation. Remedy changes became rarer towards the end of the observation period (figure 3).



Remedy List

The Remedies used and the Frequency of their use are Shown in table 6.

Table 6: List of Successful Remedies

Nux vom.	14	Pulsatilla	3	Bryonia	1
Silicea	8	Aconite	2	Conium	1
Lycopodium	7	Arnica	2	Crocus	1
Natrium mur.	7	Aurum	2	Helleborus	1
Hepar sulph.	6	Belladonna	2	Kalium carb.	1
Rhus tox.	6	Camphora	2	Magnesium mur.	1
Sepia	6	Causticum	2	Mercurius sol.	1
Arsenicum alb.	5	Ignatia	2	Rhododendron	1
Graphites	5	Laurocerasus	2	Ruta	1
Sulphur	5	Nitricum ac.	2	Sabina	1
Alumina	3	Ammonium mur.	1	Senega	1
Calcium carb.	3	Asarum	1	Staphisagria	1
Phosphorus	3	Barium carb.	1	Veratrum alb.	1

Unsuccessful Treatment

Five patients stopped treatment due to inadequate response or lack of progress. A sixth patient with an improvement of 75% stopped treatment on his own initiative because he could not manage the monthly checkups. The diagnoses of the patients who dropped out and the reasons for doing so are shown in table 7.

Table 7: Dropout Patients

	Diagnoses	Reasons for dropping out
1	Depression, dysmenorrhea, migraine	Inadequate response
2	Depression, vertigo, polyarthritis	Lack of preparation for casetaking
3	M. Bechterew, migraine, dymenorrhoea	Inadequate response, pregnancy
4	Polyposis nasi, asthma, headache	Inadequate response
5	Arthritis, depression, dysmenorrhea	Poor observation of symptoms
6	Lumbalgia, chronic rhinitis, migraine	Poor compliance

One additional patient did not reach an improvement of 80%, and was therefore also counted as a treatment failure. The patients who dropped out do not obviously differ from those who were successfully treated, except for the patient who returned unprepared for the second consultation.

Doctor Time and Medication Costs

The average time required for the first homeopathic consultation was 20 minutes, whereas the comprehensive second consultation took about 67 minutes. In 12 months of treatment, the average doctor time for homeopathic treatment was 260 minutes (range 230 - 285 minutes). This represents only a small deviation from the estimated time required for conventional medical treatment (220 minutes).

The medication costs for treatment with single doses administered on a monthly basis in increasing potencies (200 C, M, XM, LM, CM in two and a half passes) amounted to € 105 per year. The estimated costs for conventional medical treatment of the same complaints over the same period amount about to € 1121 (table 8).

Table 8: Comparison of Costs - Homeopathy vs. Conventional Medicine

Homeopathy	
Average physician time per year: approximately 260 minutes	533 Euro
Medication per year (1 dose per month)	105 Euro
Total	638 Euro (41%)
Estimated Cost of Conventional Medicine*	
Average physician time per year: approximately 220 minutes	451 Euro
Medication per year	1121 Euro
Total	1572 Euro (100%)
* Costs of Laboratoy tests, imaging procedures and physiotherapy not included.	

Discussion

Based on the assumption that highly diluted medicines do not contain any molecule of the initial solution homeopathy is still considered by many as an ineffective method. In contrast the experience of homeopathic physicians frequently shows that patients profit from their treatment, provided that the remedy selection is precise. Usually, placebo effects that are assumed to be the reason for homeopathic cures do not last longer than a few weeks. In our study we could show that a carefully designed and monitored treatment can be successful over a long time, and leads to disappearance of many symptoms. The asymptotic approach of the improvement curve toward the 100% cure level as shown in figure 2 is characteristic for an intervention in any biological system.

Despite these observations there is so far no conclusive explanation for the mechanism of action of homeopathic remedies. Nevertheless, it is to emphasize that an unknown mechanism of action is not equal to a placebo effect or no effect at all. The trend in basic homeopathic research hints toward a physical or energetic mode of action [12-16]. More research is required to elucidate the phenomenon of homeopathy.

Conclusion

The prospective outcome study over 12 months demonstrates that multimorbid patients can profit from homeopathic treatment. The calculation of the costs of homeopathic treatment shows that they amount to only 41% of estimated conventional medical costs. This value matches the results of the Swiss study for the evaluation of complementary medicine (Swiss Program for the Evaluation of Complementary Medicine, PEK) [17].

Ethics

This work did not require any additional diagnostic or therapeutic measures beyond the routine treatment of chronic patients. It is part of the quality management of the clinic and is therefore not subject to a grant by an ethic commission. Nevertheless, all patients were informed and consented to the collection of their treatment data. They were allowed to stop treatment at any point of the observation period, and the patient who's data are used in this publication agreed to their publication.

Conflict of interest statement

There were no Conflicts of Interest and no Sponsoring by any Institution.

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