

## Homeopathic Treatments for Depression

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### Abstract

The paper presents the main facts from history of homeopathic medicinal approach, its fundamental assumptions and limitations and considers homeopathic substances with the potential to alleviate symptoms of major depression and anxiety comorbidities. Clinical aspects of homeopathic substances, such as their safety and efficacy, will be addressed using the available empirical data, and regulatory standards applicable to marketing and sale of these substances will be briefly addressed as well. The paper will also supply arguments in favor of and against the use of homeopathic substances to treat depression.

**Keywords:** Homeopathy; Depression; St. John's wort

### History and Therapeutic Principles of Homeopathy

The origination of homeopathic system of healing is attributed to the works of a German physician, Samuel Hahnemann, particularly his book titled *Organon of the Healing Art* [1]. According to historical data, Hahnemann was in the process of translating an English text into German language when he found out that Cinchona bark was an effective cure for malaria because it was bitter. Initially, he thought that this statement was preposterous; however, after self-administration of a small dose of Cinchona bark, he discovered that the symptoms he developed were remarkable close to those of malaria. Based upon this personal experience, Hahnemann put forward the so-called law of similars, according to which therapeutic benefits of substance depend on how closely its effects match the symptoms of a disease ("similia similibus curentur"). Hahnemann reportedly administered common remedies to healthy volunteers to generate further empirical evidence of his principle of similars [2].

Being the cardinal principle of homeopathy, the law of similars can nevertheless be perceived as absurd and nonsensical. Interestingly, a 16<sup>th</sup> century physician, Paracelsus, mentioned this principle in his writings and successfully applied it to his patients. Pharmacology's Arndt-Schultz law explaining the biphasic response of drugs may be a theoretical underpinning of the law of similars [3]. According to this law, the curve of the dose response reveals a reversal of physiological effects occurring at a certain dosage. Repeated experiments with different substances demonstrated that small doses of these substances elicit the reaction that is opposite to the one introduced by larger doses of the same substance.

Another tenet of homeopathy holds that remedies remain biologically active if they are diluted in a series (usually, 1:10 or 1:100 ratio) and shaken between each dilution [2]. Hahnemann himself is said to have claimed that in the process of shaking, or "potenziation" of a substance, "vital" or "spirit-like" nature of the substance was extracted. The limit of molecular dilution (the Avogadro's law) was not discovered until later years of Hahnemann's life, however when this discovery became widely known, homeopaths began to face the threat of having their system of healing pronounced unscientific. To this date, the principle of minimum doses and succussion (vigorous shaking) remains the most controversial aspect of homeopathy and not surprisingly the most common point of its criticism. Another legacy of Hahnemann's work is the principle of holism and the totality of symptoms. According to this principle, remedies are effective when they are selected on the total characteristic set of symptoms rather than just on the symptoms of a disease. This implies that the totality of symptoms and behaviors that a patient exhibits must be considered

prior to selecting the appropriate therapeutic agent. Jonas et al. [2] provided an illustrative example of how this principle might apply to homeopathic practice: A patient with cold whose main symptoms include irritation of the eyes along with thin and clear nasal discharge would most likely be treated with onion extracts because these extracts elicit a similar pattern of response. Another patient with cold, however, might be treated with the purple cone flower, especially if he or she has a yellow thick nasal discharge and has lost thirst. While both patients in the above example have the same medical diagnosis, they are treated with a different substance because the total set of symptoms that they exhibit is different. The principle of holism presents a significant challenge for empirical investigations of homeopathy effectiveness because objective evaluation of patient outcomes is complicated by the lack of uniform prescribing standards. To summarize the above points, homeopathy has no specific medicines for specific conditions and two patients with the same diagnosis may receive a different course of treatment [2].

Shortly after homeopathy was established, it spreaded across the globe, and its rapid advancement was in part due to the barbaric practices utilized by the contemporary medical practitioners (e.g., bloodletting). At the turn of the century, US counted twenty homeopathic colleges, including Hahnemann Medical College. The response of allopathic medicine to the rise of homeopathic system of treatment was rather harsh. American Medical Association was formed only a year after the establishment of American Institute of Homeopathy, and one of the objectives of AMA was to suppress the proliferation of quackery and placebos, included in which was homeopathy. Of interest, during the cholera epidemic of 1854, homeopathic-oriented hospitals had lower mortality rates compared to allopathic institutions [2]. This and other similar events may help understand how the knowledge accumulated by homeopaths was transferred to the allopathic care. Allopaths reportedly borrowed nitroglycerin from homeopaths, and the latter adopted such orthodox treatments as diphtheria antitoxin.

In the post-WWII period, doctors began to dominate healthcare

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market, including the market of homeopathic products and services, and in the ensuing decades the growth of scientific medicine contributed to the decline in demand for homeopathy. Beginning with 1970s, however, social criticism of conventional medicine revealed such important issues as its cost, iatrogenic diseases, and lack of humanity, and taken together these factors facilitated reintroduction of homeopathy to healthcare market [4].

Presently, there are significant differences in the demographic characteristics of the clients seen by allopaths and homeopaths. Jonas et al. noted that patients seen by homeopathic physicians tend to be more affluent and younger than the patients seen by allopathic (or conventional) physicians. It is also estimated that conventional medical doctors spend significantly less time with their patients than homeopathic physicians (12 vs. 30 minutes). Taken together, these differences may account for the substantial proportion of variability in patient outcomes which complicates head-to-head comparisons of efficacy of homeopathic versus allopathic approach even further [2].

### Regulatory Standards Applicable to Homeopathic Medicines

In the majority of developed countries, medicines are regulated on the basis of their safety, efficacy, and quality; however, there are certain loopholes (such as the ones in the UK and US) that allow suppliers of complementary medicines to avoid regulatory requirements by avoiding the overt medicinal claims on the label. The nucleus of the US pharmacy law, Federal Food Drug and Cosmetic Act of 1938, allowed marketing of homeopathic medicines. Herbal and homeopathic medicines are generally regarded as dietary supplements, and are therefore relieved from the burden of meeting the stringent regulatory requirements imposed on products classified as “drugs”. Dietary supplements are sold over-the counter and they must carry a warning informing the consumer that FDA had not evaluated their safety and efficacy and that these products are not intended to diagnose, treat, or prevent any disease. Placement of a medicinal claim on the label of a dietary supplement in the US will result in the regulatory classification of an entire product as a drug, which entails serious responsibility for the marketed product that dietary supplement manufacturers and distributors do not want to accept [5]. Most dietary supplements are considered safe for use given the dilution standards (certain remedies have been diluted in a ratio of 1:10 or 1:100 several times). US Homeopathic Pharmacopeia serves as a gold standard for homeopathic manufacturing practices.

### Research Limitations and Criticism of Homeopathy

Given the individualized approach of homeopathic practitioners to diagnosis and prescribing, as well as the principle of minimal dose, the reasonable question to ask is whether homeopathic remedy is more effective than placebo. The answer to this question is seriously complicated by an obvious shortage of randomized controlled studies of homeopathic products and the overall low quality of research in homeopathy. Selective inclusion of only high-quality studies into analysis tends to demonstrate positive results. Jonas et al. cited an author of a meta-analytic review who stated that he would be ready to accept the notion of homeopathy as being effective if the mechanism of action were to be more plausible. As Jonas et al. stated, even the best systematic reviews cannot disentangle components of bias present in small trials, and the true effectiveness of homeopathic remedies may be obscured by the fact that heterogeneous studies are pooled together for the purpose of conducting a meta-analysis [2].

Critics of homeopathic approach have argued that there is no plausible theory explaining how homeopathy could work, along with lacking empirical evidence that homeopathy is effective [6]. The dilutions that Hahnemann and modern homeopaths employ in treatment are very extreme: An alcohol tincture of the original substance, for instance, could be diluted in a ratio of 1:100 and then vigorously shaken, the resulting solution is diluted and shaken again, and the process is repeated several times. As a result of the repeated dilutions, the remedy is statistically unlikely to contain the molecules of the original substance, as it could be easily inferred from the atomic weights and Avogadro's number. Sehon and Stanley argued that homeopathic remedies are to the best of current knowledge of chemistry indistinguishable from the water in which they are diluted, and different remedies are therefore chemically indistinguishable from one another [6].

Another point of criticism of Hahnemann's system is the law of similars, and specifically, the fact that it had never been applied to regular medicines. Homeopaths typically respond to this question by referring to medical vaccines and emphasizing that in large quantities both substances cause a disease, while minute quantities elicit a positive effect. Sehon and Stanley, however, claimed that this analogy is not very apt and raises further questions, such as, “Why do vaccines become ineffective after extreme dilution?”, as well as “Why is it that vaccines have only preventive power, and homeopathic remedies are ascribed curative potential?” [6].

Sehon and Stanley also pointed out the weakness in homeopathic research, specifically, its failure to mention confounding factors influencing patients' recovery. Aside from utilization of a homeopathic remedy, patients have a tendency to improve regardless of the treatment administered. Additionally, practitioners' memory can be biased toward retrieval of positive outcomes, whereas the negative outcomes may be suppressed. Further, the issue of selective reporting influencing research in many scientifically sound disciplines remains a problem when homeopathic studies are presented. Lastly, the positive effect of a homeopathic remedy could exemplify a placebo effect. The emergence of placebo hypothesis of homeopathy effectiveness is explained by the high cost of homeopathic visits since it is known that placebo effect is greater when people are told that the medication they are given is more expensive [6].

### Empirical Data on Homeopathy Effectiveness

The first meta-analysis of homeopathic randomized controlled trials was published by Kleijnen in 1991, and the general conclusion the author reached was that only a fraction of studies was satisfactory. When satisfactory studies were separated from the array of low-quality studies, the results were, to many people's surprise, positive and spoke to the greater effectiveness of homeopathy compared to placebo [7,8]. A similar meta-analytic review was conducted in 1997 by Linde and this time a conclusion had been reached that homeopathic treatment outcomes were not placebo effects; the authors acknowledged though that the quality of studies reviewed was dubious [8].

A remarkable example demonstrating homeopathic remedy utility was reported by a clinical psychologist in private practice, Dr. Masi [9] reported that use of certain flower tinctures (approved by the US Homeopathic Pharmacopeia) heals emotional disturbances, such as despondency, despair, and fear, and described two cases of major depression in which flower remedies produced a substantial improvement. One of Masi's patients presented with profound sadness and emptiness. She further reported anhedonia, decreased

energy and libido, insomnia, and weight gain. The patient specified that although the symptoms were present for the most of her adult life, they became particularly salient in the last five years. It has also come to Masi's attention that his patient was having a difficult time completing the daily tasks and meeting the important personal goals, which contributed to his bouts of depression. Based on this clinical presentation, Masi was able to diagnose major depressive disorder which was substantiated by a high score obtained on Beck Depression Inventory. The patient reported to have been prescribed sertraline and venlafaxine, however, at the time of homeopathic appointment, she was not utilizing any allopathic remedies. Homeopathic treatment prescribed by Dr. Masi included mustard to ameliorate the depression per se, gentian to alleviate the discouragement from setbacks, pine- to resolve guilt feelings, and olive for the loss of stamina. Additionally, elm was administered to reduce the exhaustion brought about by the daily routine and hornbeam to increase the overall energy level. Twelve weeks following her initial appointment, the patient's BDI score was down to 11, and she reported a marked improvement in her condition. Masi noted that the flower remedies used in Edward Bach's treatment approach do not contain the molecular substance of flowers. The remedies are prepared by picking fresh flowers, placing them in a clear bowl of water, and leaving them in sunlight for a few hours; brandy is subsequently added to the water in a 1:1 ratio. In explaining the potential mechanism of action, Masi wrote that flower remedies contain small amounts of plant's energy which enables them to neutralize the negative emotional, cognitive, and behavioral states [9].

According to Ullman, homeopathy has rather successful past in treating mental disorders. In fact, before making his famous homeopathic discoveries, Dr. Hahnemann advocated for humane treatment rather than confinement and punishment in mental healthcare system. In 1874, the Middletown Asylum for the Insane in New York became the first public institution utilizing homeopathic principles in the treatment of mental disorders. Shortly after its debut, similar centers emerged in seven others states, and in all instances, treatment was administered under the supervision of a homeopathic physician [10].

## The Influence of Homeopathy on other Therapeutic Systems

Homeopathic conceptualization of health and mental health, in particular, is related to the stance of mind-body interconnectedness. Because some psychological symptoms stem from physiological processes and vice versa, homeopathy has traditionally emphasized holistic approach to care. Evidence of this approach can be derived from the analysis of homeopathic prescriptions, all of which contain mention of both physical and psychological characteristics of a patient. Ullman asserted that homeopathic principles have influenced many psychotherapy practices, namely the method of paradoxical intention which essentially represents Hahnemann's principle of similar [10].

## Homeopathic Substances with the Potential to Treat Depression

In describing traditional homeopathic remedies for depression, Ullman mentioned such substances as Arnica Montana (mountain daisy), Kali phosphoricum (phosphate of potassium), Sepia (cuttlefish), and Natrum muriaticum (salt). Arnica Montana is considered for depression and anxiety caused by financial loss or a business failure, Kali phosphoricum is prescribed to individuals who are in need of strengthening their motivation, determination, or courage, Sepia

is indicated for people who feel chronically fatigued and socially withdrawn, and Natrum muriaticum is given to individuals who have difficulty demonstrating their emotions in public but become overwhelmed by feelings of sadness and disappointment when alone.

Medhurst put together common clusters of symptoms experienced by depressed individuals and homeopathic solutions for each of the separate clusters. His article identified the following substances as being useful in treating depression: Arsenicum album, Aurum metallicum, Graphites, Ignatia, Lycopodium, Natrum mur, Nux vomica, Phosphoricum acid, Phosphorus, Platina, Pulsatilla, and Sepia [11].

Arsenicum album is prescribed to people who are restless, irritable, obsessively neat, as well as individuals who are excessively tearful and contemplate suicide. Aurum metallicum is reserved for individuals who are overwhelmed with feelings of worthlessness, guilt, or betrayal. People who respond well to Graphites often have thoughts of death especially in the evening; they may also have anxiety in the morning and experience bouts of crying. Ignatia is indicated for treatment of depression that is related to the loss of a significant other, as well as shock or disappointment. Nux vomica is most helpful for individuals who suppress their grief and are unable to openly express it. These patients may be irritable and argumentative; however, they rarely attempt suicide. Additionally, they tolerate noise, strong odors, and bright light very poorly. Depression that is accompanied by involuntary laughing would best be treated with phosphorous. Pulsatilla can alleviate adolescent depression that is accompanied by hormonal imbalance, and sepia is expected to help individuals who are depressed and fatigued and patients with a marked disinterest in people and activities that used to be meaningful.

## St. John's Wort

St. John's Wort, also known as *Hypericum perforatum*, is a popular herbal remedy available in capsules and teas. It is a perennial plant whose buds and flowers have been used for medicinal purposes for thousands of years: The data pertaining to its efficacy in depression goes back to the writings of Hippocrates. Products currently marketed as St. John's Wort contain above-ground parts of the plant that are cut and gathered at the beginning of the flowering season. At least 10 ingredients found in hypericum are thought to contribute to the pharmacological properties of the plant: Hypericin, pseudohypericin, hyperforin, flavonoids, and procyanidies [12]. Although, the manufacturing practices of St. John's Wort were standardized on hypericin concentration, it is currently hypothesized that other constituents of the plant, including hyperforin and procyanides contribute to antidepressant effects. In discussing the efficacy of St. John's Wort ingredients, Rivas-Vazquez referred to a study in which a 100 mg daily dose of imipramine was found to have a therapeutic effect equal to a 1050 mg-dose of hypericum extract containing hyperforin, hypericin, and pseudohypericin. Rivas-Vazquez asserted that hypericum extracts have a favorable side effect profile making them more tolerable than commonly prescribed antidepressants. The author added, however, that anecdotal evidence of adverse reactions in response to hypericum should deter consumers and prescribers from concluding the supplement's absolute safety. A meta-analysis of 27 randomized trials involving over a thousand of patients confirmed that extracts of St. John's Wort are effective against mild to moderate depression. More specifically, St. John's Wort was proven to be superior to placebo and at least as effective as conventional antidepressants. Mechanisms of St. John's Wort actions are not fully understood, and suggestions had been put forward that the supplement



inhibits reuptake of monoamine oxidase and serotonin and reduces cytokine expression [12].

## Current Studies

An interesting study of homeopathic remedies for depression is currently underway. Adler et al. [13] published their proposal for an empirical investigation of efficacy of a wide range of products prepared according to the classic tenets of homeopathy (principle of similars and minimal dose). They indicated that they plan on testing the null hypothesis about the effectiveness of homeopathic product being equal to that of placebo, as well as the null hypothesis about the lack of difference between various homeopathic remedies. The study is going to be a randomized controlled trial, and the sample size will be 228 patients with moderate depression (the diagnosis will be supported by HAM-D score, only those patients whose score is between 17 and 24 will be included). The substances that the authors of a study intend to utilize are *agaricus muscarius*, *alumimna*, *ammonium carbonicum*, *anacardium orientale*, *antimonium crudum*, *arsenicum album*, *aurum foliatum*, *baryta carbonica*, *carbo animalis*, *causticum*, *cocculus indica*, *colocynthis*, *conium maculatum*, *digitalis*, *graphites*, *hepar sulphuris calcareum*, *ignatia amara*, *iodium*, *kalium carbonicum*, *lycopodium clavatum*, *magnesia carbonica*, *manganum*, *mercurius solubilis*, *mezereum*, *nitri acidum*, *nux vomica*, *phosphorus*, *pulsatilla pratensis*, *sepia*, and others. The results of this study may help confirm or disprove that the above homeopathic agents are useful in treating depressive symptoms.

A compilation of recent clinical trials with homeopathic products published by Medhurst [14] contains mention of a study in which a product called *Nervoheel N* was compared to lorazepam in a sample of individuals with such diagnoses as mild depression, anxiety, and insomnia. Participants were assessed at baseline and reassessed two and four weeks after the start of the trial. Statistical analysis of the results showed that both groups achieved positive outcomes, however, people in *Nervoheel N* group reported higher subjective satisfaction than the group treated with lorazepam.

In their review of effectiveness of homeopathic products for treating depression, Pilkington et al. found that all available recent studies were of low methodological quality, had small sample sizes, or were uncontrolled. In one of the studies they reviewed, homeopathic treatment was as effective as diazepam in individuals with chronic anxiety and depression comorbidity. Another study Pilkington et al. reviewed showed a 58% response rate to homeopathic treatment; however, differences in remedies and treatment duration were noted as the potential confounding variables. A general conclusion reached by authors of this review was that lacking high-quality studies of homeopathic interventions make it impossible to determine whether these interventions have any efficacy in regard to depression [15].

## Safety Considerations

Vermani et al. called for a thorough investigation of client's self-medicating history (e.g., use of natural supplements) by prescribing clinicians noting the potential of various supplements to produce adverse reactions and interactions with other drugs. Vermani et al. acknowledged that certain natural supplements have clinical utility in the treatment of mental illness: *St. John's Wort*, for instance, was found to be an effective remedy for mild depression, *Kava Kava* for short-term treatment of anxiety, and *Ginkgo* for cognitive impairment. The authors cautioned, however, against blind acceptance of safety of these products and urged clinicians to examine the evidence of risks posed by their use [16].

Some evidence suggests that *St. John's Wort* whose efficacy was established in a number of studies can both inhibit and induce CYP system, which makes it challenging to predict which drugs it will interact with in a significant way. There is a general consensus that long-term use of *St. John's Wort* inhibits P450, 2C19, and 2D6 systems, and consequently, the supplement may alter blood levels of certain medication (e.g., anticoagulants, oral contraceptives, antiviral agents, digoxin, and SSRIs).

Another concern revolving around *St. John's Wort* use is the serotonin syndrome when it is co-administered with common antidepressants. There are case reports of patients on *St. John's Wort* becoming groggy, weak, and lethargic shortly after taking a single small dose of paroxetine. These case reports suggest that the interactions between this herb and common antidepressants may be underestimated. The adverse events observed in patients taking *St. John's Wort* are generally fewer and less frequent compared to conventional antidepressant pharmacotherapy. Nevertheless, possible adverse reactions photo dermatitis, delayed hypersensitivity, GI distress, dizziness, dry mouth, sedation, and restlessness. Use of *St. John's Wort* is contraindicated in pregnant and breastfeeding women, as well as in patients with pheochromocytoma.

## Cultural Variables Affecting Use of Homeopathy

Asian Americans are a heterogeneous ethnic group comprising 5% of the US population, and Asian Indians are the third largest Asian subgroup living in the US. Use of complementary medicinal approaches is higher for Asian Indian subgroup than for the American society taken as a whole, and the extent of complementary approaches use varies as a function of gender, age, education, income, insurance status, health behaviors, and acculturation. Female Asian Indians, based on the results of the survey by Misra et al. [17], were significantly more likely than males to utilize dietary supplements, homeopathy, naturopathy, and adhere to the vegetarian diet. Additionally, female users of complementary medicine were younger, less spiritual, used less tobacco, had less access to health care (due to insurance issues), were less proficient in English, and had completed fewer years of formal education than their male counterparts. Acculturation was found to have ambiguous effects on complementary and alternative medicine use: Lack of English proficiency was associated with greater use of this type of medicine; however, prolonged periods of residence in the US were predictive of dietary and herbal supplements use, perhaps reflecting the enhanced ability to read and understand the label. Misra et al. concluded that the specific predictors of utilization of complementary and alternative approaches to treatments should be included into a clinical algorithm as prompts to ask the patient about nonconventional treatment methods utilized by him or her [17].

## Characteristics of Consumers and Practitioners Who Utilize Homeopathic Products

Depression and anxiety comorbidities are thought to be among the top conditions treated by modern homeopaths, thus surveys of the practicing homeopathic physicians and nonphysician experts might shed more light on the observed clinical outcomes with depressed individuals. Boylan [18], however, noted a substantial flaw with this approach. In his article, he pointed out that roughly 60% of homeopathic practitioners utilize multimodal interventions to achieve optimal outcomes. Therefore, homeopathic treatment of depression is not restricted to the use of homeopathic supplements, it could also incorporate psycho education and counseling, both of which are variables that could substantially impact patient outcomes. Although

Boylan based his conclusions on a sample of Australian practitioners, it is likely that their US counterparts utilize multimodal interventions as well [18].

Some psychologists have already ventured into the fields of alternative medicine and have become fully educated in one or more disciplines. White [19] reported her personal experience with integration of various treatment modalities; she wrote that her office features, in addition to a required state license to practice psychology, certificates in oriental medicine and homeopathy. She added that besides a psychotherapy room, her patients could take advantage of acupuncture treatment rooms and a complete herbal apothecary. White noted that psychologists who are not interested in obtaining formal training in alternative systems of treatment can nevertheless incorporate selected components of homeopathy, ayurveda, and other approaches into their practice. White also urged psychology students, practitioners, and educators to investigate complementary and alternative medicine in an unbiased manner [19].

Wahlstrom et al. attempted to investigate utilization of complementary and alternative medicine (CAM) approaches by patients with mental illness. They based their understanding of CAM on Cochrane definition of this branch of medicine, according to which CAM consists of a broad domain of health resources (all health systems, modalities, and practices) other than those intrinsic to the politically dominant health systems of a particular society or culture given the historical period. Homeopathy has traditionally been included in CAM. Wahlstrom et al. [20] found that 35.4% of people with mental disorders reported using some form of CAM in the 12 months preceding their participation in a survey. Demographic variables that was commonly associated with use of CAM included female gender, high education, being married, being employed and living in a household with income that was above average. Participants with comorbid anxiety and depression had used CAM most frequently; according to Wahlstrom et al. however, only a small proportion of patients with anxiety and depression symptoms reported using St. John's Wort [20].

## Summary and Conclusions

Review of the available literature addressing the potential of homeopathic remedies to treat depression yielded inconclusive findings. Certain homeopathic products, especially *Hypericum perforatum* and its variations, appear to be superior to placebo in mild to moderate depression, with limited body of evidence pointing to the possible equivalence of therapeutic outcomes achieved on conventional antidepressant therapy and these products. Rigorous investigation of the effectiveness of other homeopathic products in depression is still pending, with at least one carefully designed research proposal published in 2011. The remaining evidence pertaining to therapeutic potential of homeopathic products other than St. John's Wort is unfortunately limited to case reports and studies of low methodological quality.

Despite the limitations of current research, consumers are not deterred from self-medicating various symptoms with homeopathic products that can be easily obtained as over-the-counter drugs. There are strong predictors of patients' likelihood to use homeopathic remedies, including but not limited to ethnicity (Asian Americans are more likely to use these OTC products) and the nature of symptoms. Depression and anxiety constitute the top psychiatric concerns for which patients are likely to seek therapy that, in their opinion, appears to be safe and devoid of side effects. Even if prescribers are skeptical about therapeutic potential of homeopathic drugs, they should be

aware of self-medicating tendencies of their clients in order to assist clients in benefiting from OTC therapy. More specifically, prescribing healthcare providers should be aware of the side effect profile of substances that consumers might consider for their depression, such as St. John's Wort. Although homeopathic compounding guidelines typically specify the dilution ratio to satisfy the principle of minimal dose, minute quantities of homeopathic ingredients could nevertheless impact subtle physiological processes resulting in alterations of body's potential to metabolize other drugs, some of which could be Rx only products. Careful review of patient's history, including self-medicating attempts, should point out to the prescriber the areas about which a client could be misinformed. It is essential that prescribers educated their clients about the potential of OTC drugs, whether they are homeopathic compounds or not, to interfere with other forms of pharmacotherapy.

Considering the quality of attempts to investigate homeopathic medicine, it is not likely that conventional prescribers will reconsider their opinions about this treatment approach in the nearest future. Rigorous studies, randomized controlled trials, in particular, are essentially nonexistent when it comes to homeopathic products. Absence of clear scientific evidence of therapeutic potential of these products significantly limits their use by licensed prescribers and certain categories of consumers. More studies of homeopathic remedies are needed to firmly establish the credibility of these nonconventional treatments.

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