

COMMENTARY

Beyond the Debate: Reframing Homeopathy in Integrative Oncology

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Homeopathy occupies a unique and often uncomfortable position within integrative oncology. For some clinicians, it represents a low-risk, patient-centered approach that appears to alleviate symptoms and improve well-being. For others, it remains a scientifically implausible intervention that challenges fundamental assumptions about dose, mechanism, and causality. As a result, discussions about homeopathy in cancer care frequently become polarized, oscillating between uncritical acceptance and outright dismissal.

This binary framing, however, may obscure a more clinically relevant question. Rather than asking whether homeopathy “works” in a global or definitive sense, a more constructive inquiry is whether there are specific, limited contexts in which homeopathy can be studied, used responsibly, and taught within the boundaries of evidence-informed supportive cancer care. Integrative oncology, by its very nature, has evolved as a field willing to explore such questions—particularly when patient demand is high, safety concerns are minimal, and conventional options for symptom management remain imperfect.

Over the past two decades, integrative oncology programs have expanded worldwide, embedding complementary therapies alongside standard cancer treatments with the aim of reducing symptom burden, improving quality of life, and supporting patients through the physical and emotional challenges of cancer. Within this landscape, homeopathy has continued to be used—especially in parts of Europe, India, and South America—primarily as a supportive modality rather than a disease-modifying intervention. Its persistence in clinical settings suggests that the conversation warrants greater nuance than the debate has traditionally allowed.¹

This perspective does not seek to resolve the longstanding controversy surrounding homeopathy, nor to advocate for its indiscriminate use in oncology. Instead, it aims to move the discussion beyond entrenched positions by examining what is currently known, where legitimate uncertainties remain, and how a pragmatic, safety-focused, and research-oriented approach might allow homeopathy to be evaluated—and, where appropriate, integrated—within contemporary supportive cancer care.

Why Homeopathy Persists in Oncology Settings

Despite ongoing scientific debate and skepticism within academic medicine, homeopathy continues to be used in oncology settings across Europe, India, South America, and, increasingly, within integrative oncology programs in North America.¹ Its persistence is not the result of a single factor, but rather the convergence of patient needs, clinical pragmatism, health care system structures, and an evolving understanding of supportive cancer care.

First, patient demand plays a central role. A cancer diagnosis often brings physical suffering along with fear, uncertainty, and loss of control. Even when conventional oncology treatments are optimally delivered, many patients continue to experience fatigue, pain, anxiety, sleep disturbance, cognitive complaints, and treatment-related toxicities that are incompletely addressed. In this context, patients frequently seek therapies that are perceived as gentle, individualized, and supportive rather than aggressive or invasive.¹ Homeopathy, with its emphasis on individualized assessment and symptom-based prescribing, aligns with these expectations and is often experienced by patients as attentive and empowering.

Second, homeopathy has become embedded within health care systems in ways that normalize its use. In countries such as Germany, France, Switzerland, Italy, India, and Brazil, homeopathy is legally recognized, taught in formal training programs, and—at times—integrated into public or semipublic health care services. In several European oncology centers, homeopathy is offered within supportive care or integrative medicine units, typically under medical supervision and explicitly as an adjunct to standard cancer treatment.¹ This institutional presence reduces barriers to use and frames homeopathy not only as an alternative ideology but also as one component of comprehensive supportive care.

Third, clinicians practicing integrative oncology often operate within a pragmatic clinical framework rather than a strictly mechanistic one. Faced with patients experiencing persistent symptoms, limited pharmacologic options, or intolerance to standard supportive medications, clinicians

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may consider interventions with low risk and potential benefit—even when the underlying mechanisms are incompletely understood. In this context, homeopathy is often viewed less as a disease-modifying therapy and more as a symptom-oriented supportive modality, similar in intent to mindfulness, acupuncture, or music therapy.

In a recent qualitative study conducted in an integrative oncology day hospital in France, patients described homeopathic consultations as attentive, holistic, and clearly complementary to conventional cancer treatments, emphasizing listening, clinical examination, trust, and clear explanations about their cancer and its treatment.²

Importantly, homeopathy's favorable safety profile contributes to its continued use. Highly diluted remedies have not been shown to interact with chemotherapy, radiation therapy, immunotherapy, or targeted agents, and serious adverse events are rarely reported.^{1,2} For clinicians concerned about harm reduction and therapeutic burden, this safety profile lowers the threshold for cautious, supervised use—particularly when patient expectations are already present.

Finally, the persistence of homeopathy reflects a broader shift in oncology toward patient-centered care. Modern oncology increasingly recognizes that outcomes extend beyond tumor response and survival to include quality of life, function, emotional well-being, and the patient's subjective experience of illness. Homeopathy's continued presence may therefore be less about resolving scientific controversy and more about addressing unmet needs within contemporary cancer care.

What the Evidence Shows and Where It Falls Short

The scientific evidence surrounding homeopathy in oncology is heterogeneous, contested, and frequently misunderstood. Much of the polarization stems not from a complete absence of data but from how different forms of evidence are interpreted, weighed, and contextualized within modern oncology research. When examined carefully, the literature reveals neither unequivocal efficacy nor grounds for outright dismissal, but rather a nuanced pattern of findings that varies by outcome, study design, and clinical context.

Preclinical research represents the earliest—and most controversial—tier of evidence. Several *in vitro* and animal studies have reported that selected homeopathic preparations, including ultra-diluted or homeopathically prepared agents, can influence cancer cell behavior such as proliferation and apoptosis, raising mechanistic questions that remain unresolved and challenging to reproduce consistently.^{3,4} While such studies cannot be directly extrapolated to clinical care, they complicate the assertion that observed clinical effects must be exclusively placebo-driven. At the same time, variability in reproducibility and incomplete mechanistic frameworks underscore the need for cautious interpretation.^{3,4}

Clinical research provides a clearer, though still incomplete, picture. Randomized controlled trials evaluating homeopathy (or homeopathically prepared products) as an adjunct to standard oncology care have primarily focused on symptom management rather than disease control. Across multiple studies, signals of benefit have been reported in selected treatment-related toxicities and quality-of-life outcomes, including radiation-induced dermatitis, chemotherapy-associated stomatitis, postoperative recovery, and menopausal symptoms in

breast cancer survivors.^{5–9} In several domains, statistically significant improvements have been observed versus placebo or usual care comparators, though effect sizes vary and replication remains limited.^{5–9}

A frequently cited and highly debated example in the oncology homeopathy literature is the Frass et al. trial in advanced nonsmall cell lung cancer, which was designed as a prospective, randomized, placebo-controlled, double-blind, three-arm, multicenter study of individualized homeopathy as an add-on to the conventional cancer therapy.¹⁰ As authors of this column, we consider it important to acknowledge this trial's design explicitly because very few oncology studies of homeopathy have been conducted at this level of methodological rigor, and the trial's subsequent editorial trajectory has become part of the public record. We note this case not to draw clinical conclusions from a single study, but to illustrate—within a commentary format—how contested evidence can evolve through post-publication processes.¹⁰

Following publication in 2020, *The Oncologist* issued an Expression of Concern (October 2022) after it “received a request from the Commission for Research Integrity of the Austrian Agency for Research Integrity (OeAWI) to retract the article.” After an investigation conducted by the journal, at the request of the Medical University of Vienna, a Correction was made (September 2024).¹¹ In that 2024 Correction notice, the journal reported that the editors had reviewed additional details supplied by the authors and concluded that “[t]hese omissions do not affect the results of this study,” thereby affirming—in the journal's own wording—that the clarified issues did not alter the study's reported findings.

The Oncologist later retracted the article in 2025, stating that “concerns have continued to be raised” and that, “in light of this continued uncertainty... the journal no longer has confidence in the results and conclusions... and has decided to retract.”¹² Given the journal's earlier Correction indicating that the reported omissions did not affect the results, this subsequent retraction may appear difficult to reconcile from an external, reader-facing perspective. The retraction notice also recorded that many coauthors disagreed with the decision.

Observational studies further contribute to the evidence base, particularly from integrative oncology settings in Europe. Prospective cohorts and retrospective analyses have reported improvements in patient-reported outcomes such as quality of life and fatigue among patients receiving homeopathy alongside standard cancer treatment.^{13,14} Some reports have suggested longer-than-expected survival in selected populations, though such findings are inherently limited by confounding, selection bias, and the absence of randomization.¹⁴

Taken together, the available data support a restrained but defensible conclusion: Homeopathy in oncology demonstrates its strongest signal as a supportive modality for symptom management and quality-of-life improvement in selected contexts, while evidence for disease modification or survival benefit remains preliminary, contested, and vulnerable to methodological and publication challenges.

From Controversy to Clinical Pragmatism

Beyond theoretical debates, homeopathy continues to occupy a pragmatic role in many integrative oncology

settings—not because it has resolved all scientific questions, but because it addresses clinical needs that remain insufficiently met by conventional care alone. In daily oncology practice, patients frequently experience persistent symptoms despite guideline-based supportive interventions. It is within this therapeutic gap that homeopathy is most often applied.

Importantly, in contemporary integrative oncology programs, homeopathy is rarely positioned as an alternative cancer treatment. Instead, it is typically introduced as a supportive, adjunctive modality, aimed at symptom relief and quality-of-life enhancement, while patients continue to receive standard oncologic therapies.^{1,2,15} This distinction—supportive rather than substitutive—is central to its responsible use and to its acceptance in regulated health systems.

Clinical recommendations from the International Homeopathic Society of Supportive Care in Oncology emphasize this limited and adjunctive role, focusing on symptom-oriented indications, safety, and interdisciplinary collaboration.¹⁵

Safety Considerations in Oncology Care

In oncology, safety is a threshold requirement. From this perspective, homeopathy occupies a distinctive position: Across controlled trials and systematic reviews of homeopathic medicines for adverse effects of cancer treatments, serious adverse events and clinically apparent interactions with conventional cancer therapy have not been reported as attributable to the homeopathic interventions studied.^{16,17}

Even though homeopathy appears to be safe, ethical safeguards are just as important: It should never delay, replace, or undermine evidence-based oncologic care.

Closing Reflections: Beyond the Debate

The question facing integrative oncology is not whether homeopathy is controversial, but whether continued polarization serves patients, clinicians, or science. After decades of structured use within oncology settings worldwide, homeopathy persists not because it has resolved all scientific disputes but because it continues to be used in response to unmet supportive care needs.

Persistence should not be mistaken for proof. The evidence base remains limited, indication-specific, and methodologically heterogeneous. At the same time, categorical dismissal risks overlooking low-risk interventions that may offer meaningful symptomatic relief for selected patients.

Integrative oncology has matured by learning to hold complexity: Valuing patient experience while demanding evidence, remaining open without being uncritical, and prioritizing safety above ideology. Homeopathy now sits at this crossroads. Whether it remains marginal or evolves into a narrowly defined, evidence-informed supportive tool will depend on thoughtful research, transparent communication, and continued willingness to move beyond entrenched positions.

Future Directions

Interestingly, the newly published *Comprehensive Integrative Oncology* textbook now includes a dedicated chapter on homeopathy in cancer care,¹⁷ reflecting the field's growing recognition of homeopathy's potential role in patient-centered cancer care. This inclusion in a major oncology

resource signals an important step toward mainstream acceptance, embedding homeopathy within the broader integrative oncology curriculum and practice. By formally acknowledging homeopathy alongside other evidence-informed therapies, the integrative oncology community is moving beyond debate toward a collaborative, patient-tailored model of care. Such developments reinforce a future in which homeopathy, used judiciously and guided by emerging evidence, can become a respected component of supportive cancer care.

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