Reviewer's report

Title: Homeopathy for Allergic Rhinitis

Version: 1  Date: 6 March 2014

Reviewer: Stephen J O'Leary

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Review of Homeopathy for allergic rhinitis - Protocol

1. Is the study design appropriate?

Major issue - the definition of allergic rhinitis.

This is done entirely on nasal and eye symptoms. This raises several issues.
First, there is no requirement for nasal examination to exclude other diagnoses, such as a septal deviation, or nasal polyposis. Many of these symptoms may also be seen in sinusitis. Second, many of these symptoms can occur in non-allergic rhinitis and differentiation between allergic and non-allergic rhinitis can be very difficult, even when allergy tests are available. [Even a positive allergy test does not mean that one has allergic rhinitis.]

It is recognized that the literature may not have presented diagnostic criteria that allow for an accurate diagnosis of allergic rhinitis and that ³the best² that one may be able to do is to rely upon symptoms. That may be acceptable, if the review were to be called ³Review of Homeopathy for relief of symptoms consistent with a diagnosis of allergic rhinitis², and it is the opinion of this reviewer that this is probably the best approach. Even so, it is not clear from the protocol how the reviewers will deal with the situation where not all of the listed symptoms are accounted for. This should be clarified.

Some comments on the description of condition:
- it is stated that the quality of the trials available is poor. What hope is there for achieving an adequate require?
- In the same paragraph, the repeated use of ³this review² is a little ambiguous; the reader may be confused about whether the text refers to [10] or the proposed systematic review.
- Types of interventions: the reviewers will reclassify the homeopathy type according to ³standard definitions² [13,14] - these should be stated in the protocol.

2. Are sufficient details provided to allow replication of the work or comparison with related analyses: if not, what is missing?

Yes.
3. Is the planned statistical analysis appropriate?

Yes, except that there are very many proposed sub-groups analyses, even though there is expected to be very few studies eligible for analysis. This seems unrealistic. I would urge a rationalization of this list, or a qualification, such as suggesting that specific sub-group analysis amongst those listed will be performed if there is sufficient data available.

4. Is the writing acceptable?

Yes.