We would like to complain about an article you published, but we can’t find instructions or a form to do so. Ivan Oransky of *Retractation Watch* suggested that we write to you.

The article, which we have attached, was published in the *Journal of Oral and Maxillofacial Surgery* 77(9):1771–1775, 2019.

The most obvious problem is failure to disclose the author’s conflict of interest. The product is a described as a homeopathic recovery product made by StellaLife. The article does not disclose that the author holds the patent to the product and is a member of StellaLife's board of directors and that his wife is an officer of the company. I assume that he receives considerable compensation from StellaLife product sales, but even if he doesn’t, the patent ownership may be of considerable future value.

The study was poorly designed, It is a retrospective chart review that purports to compare the pain levels of patients before and after the introduction of an “Office Protocol ‘“ intended to reduce the use of postoperative narcotics. But pain levels and actual narcotic use were not measured.

The patients were divided into three groups, each representing a year of practice.

* The first group was exposed to the standard protocol that included ibuprofen, acetominophen (APAP), and a narcotic.
* The second and third groups were the patients seen in the second or third year who received ibuprofen,acetominophen, and the author’s homeopathic kit, but they could obtain the narcotic if needed.

The outcome variable was whether a narcotic prescription was filled.

Noting that the number of filled narcotic prescriptions decreased in years 2 and 3, the author concluded that the protocol was responsible for the drop and implied that the homeopathic ingredients in the StellaLife product contributed to the drop.

The patient records did not assess the extent of postoperative pain or whether the narcotics were actually taken. The author merely *assumed* that filling narcotic prescriptions would accurately reflect how much discomfort they experienced. That is not a valid assumption. The office controlled whether prescriptions were given. Although the products in the before-and-after protocols were described, the communications to patients were not. Were patients in the first year encouraged to use narcotics or to see whether the other drugs were sufficient before they filled their ßprescriptions. Were patients in years 2 and 3 given the same instruction? Were they told that the other medications would probably be sufficient given prescriptions or told to call for them if needed (which would cause the percentage who fill to fall). Either of these approaches might cause the number of filled prescriptions to drop.

The report says: "Patients who filled prescriptions were similar in age and gender from BOP to year 1 after introduction of the office protocol (P < .01), but those at OPY2 were slightly older on average and were more likely to be men (Table 3)."This sentence is not correct. The percentage of men filling prescriptions was about the same before and after the protocol was initiated. However the age difference between the OPY1 and OPY2 groups was significantly different (P<.01) and does not demonstrate adequate control for age and gender among the three groups.

The numbers in Table 1 are also suspicious. There was a modest decrease in opioid prescription-filling in year 2, but a sharp drop in year 3. The products alone could not possibly be responsible for such uneven numbers. But there is no attempt to explain why OPY1 and OPY2 are so different.

There is no scientifically plausible reason to suggest that homeopathically diluted products can contribute to pain control. If the Office Protocol controlled pain well, that certainly had more to do with the instructions given, and/or the use of NSAIDs or acetaminophen than the author’s homeopathic kit.

This article has further significance because StellaLife has posted it to its website to promote the use of its kit.

For all the above reasons, we hope you will retract the article.

Thank you for your kind consideration

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Quackwatch

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