Outcomes from homeopathic prescribing in medical practice: a prospective, research-targeted, pilot study.

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Abstract

BACKGROUND AND AIMS:

A base for targeted research and development in homeopathy can be founded on systematic collection and analysis of relevant clinical data obtained by doctors in routine practice. With these longer-term aims in mind, we conducted a pilot data collection study, in which 14 homeopathic physicians collected clinical and outcomes data over a 6-month period in their practice setting.

METHODS:

A specifically designed Excel spreadsheet enabled recording of consecutive clinical appointments under the following main headings: date, patient identity (anonymised), age and gender, medical condition/complaint treated, whether chronic or acute, new or follow-up case, patient-assessed outcome (7-point Likert scale: -3 to +3) compared with first appointment, homeopathic medicine/s prescribed, whether any other medication/s being taken for the condition. Spreadsheets were submitted monthly via email to the project co-ordinator for data synthesis and analysis.

RESULTS:

Practitioners typically submitted data regularly and punctually, and most data cells were completed as required, enabling substantial data analysis. The mean age of patients was 41.5 years. A total of 1,783 individual patient conditions were treated overall. Outcome from two or more homeopathic appointments per patient condition was obtained in 961 cases (75.9% positive, 4.6% negative, 14.7% no change; 4.8% outcome not recorded). Strongly positive outcomes (scores of +2 or +3) were achieved most notably in the frequently treated conditions of anxiety, depression, and irritable bowel syndrome.

CONCLUSIONS:

This multi-practitioner pilot study has indicated that systematic recording of clinical data in homeopathy is both feasible and capable of informing future research. A refined version of the spreadsheet can be employed in larger-scale research-targeted clinical data collection in the medical practice setting--particularly in primary care.