

ORIGINAL PAPER

Patients treated by homeopaths registered with the Society of Homeopaths: a pilot study

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Background: There is little information on the types of symptoms for which patients request homeopathic treatment from Society of Homeopaths (SoH) homeopaths in the UK.

Objectives: A preliminary study to gain information about characteristics of patients requesting treatment from SoH professional (non-medically qualified) homeopaths—including symptoms and general well-being.

Results: 37 homeopaths returned data on 482 patients covering 1419 consultations over a 2 year period. Patients were mostly female and predominantly aged 40–59.

Conclusions: As well as obtaining preliminary data about these patients, this study has also resulted in greater knowledge of audit and research methods in the profession. The results of this preliminary descriptive study will inform a future, larger prospective controlled observational study. *Homeopathy* (2007) 96, 87–89.

Keywords: audit; MYMOP; professional homeopaths; reasons for requesting treatment

Introduction

One thousand three hundred and fifty two homeopaths are registered with the Society of Homeopaths (SoH);[†] the SoH is the largest organisation registering professional homeopaths in the UK and is self-regulating. SoH homeopaths are non-medically qualified but have an extensive homeopathic training (minimum 4 years part time or 3 years full time). They generally describe themselves as 'professional homeopaths'. Although there have been audits of patients receiving treatment from medical homeopaths,^{1,2} little is known about the conditions/symptoms for which patients request homeopathic treatment from SoH homeopaths or other professional/non-medical ho-

meopaths. This is the first national study of SoH homeopaths and their patients.

The primary objective of this pilot study was to gain preliminary data on patients consulting SoH homeopaths—with a view to identifying patterns or themes as well as potential groups of patients or specific symptoms/disease categories that would warrant further research. We were particularly interested in the types of symptoms for which patients initially sought homeopathic treatment and how patients assessed any improvement in their symptoms and well-being at subsequent consultations. The secondary objective was to familiarise SoH homeopaths with an outcome measure that could be used for both audit and research; and to assess homeopaths' willingness to participate in audit/research.

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[†]Other UK organisations currently registering homeopaths include the Faculty of Homeopathy, the Alliance of Registered Homeopaths and the Homeopathic Medical Association.

Methods

Homeopaths were recruited to the pilot study through articles in the SoH newsletters, SoH conferences and SoH continuing professional development (CPD) groups. Homeopaths interested in the study

were sent information packs describing the study and explaining how to use the outcome measure. Homeopaths were also sent individual codes, so that they could return their data anonymously.

The outcome measure chosen was a patient generated outcome measure developed in general practice in the 1990s by Dr Charlotte Paterson: the Measure Yourself Medical Outcomes (the 2³ (MYMOP2)). This measure has been validated against SF36⁴ (one of the most widely used generic outcome measures in health services research). MYMOP2 asks patients to write down the two symptoms that bother them the most, which activity is limited by their primary symptom, and score how bad each symptom is on a 7-point Likert scale. Patients are also asked to score their general well-being on a 7-point Likert scale.

Homeopaths were asked to start recruiting new patients from December 2003 and to return the completed forms to the study team by December 2005.

Results

In total 140 information packs about the project were sent to SoH homeopaths. Thirty seven homeopaths returned completed MYMOP2 forms. Homeopaths who returned data worked in a variety of settings—private practice at home, private clinics, GP clinics, student teaching clinics, NHS specialist clinics, charities in hospitals and hospices.

The 37 homeopaths who returned information, returned MYMOP2 forms for 482 new patients covering 1419 consultations. Follow up information was available for 86% of patients.

Seventy nine percent of patients were female; 44% of patients were aged between 40 and 59. Patient's primary MYMOP2 symptoms (the symptom that they considered the most troublesome) were analysed. There was a wide variety of symptoms reported for the primary MYMOP2 symptom, with mental and emotional symptoms the most frequently reported category of symptoms (20.7%). Anxiety, depression, instability/mood swings and anger were the most frequently reported individual symptoms in the 'mental and emotional' category. The second largest reported category was female complaints (12.3%), followed by skin complaints (11.3%), fatigue (8.6%), joint and mobility problems (6.9%), respiratory complaints (6.1%) and complaints related to digestion (5.6%) (see Figure. 1).

Patients generally reported good self-assessed improvement particularly for the primary symptoms regardless of type. Comparing the initial MYMOP2 primary symptom score with the last reported MYMOP2 primary symptom score showed a mean improvement of 2.26. An improvement of 0.8 on the MYMOP2 scale indicates clinically significant improvement.⁵

Initial MYMOP2 profile scores (profile score is the average of symptoms 1 and 2, activity that they feel was affected by symptom 1 and general well-being) compared with the last reported MYMOP2 profile scores showed a mean improvement of 1.9.

Improvement was particularly high for mental and emotional complaints, female complaints, immune system symptoms (allergies, repeated infections), fatigue and joint problems, respiratory complaints and skin complaints.

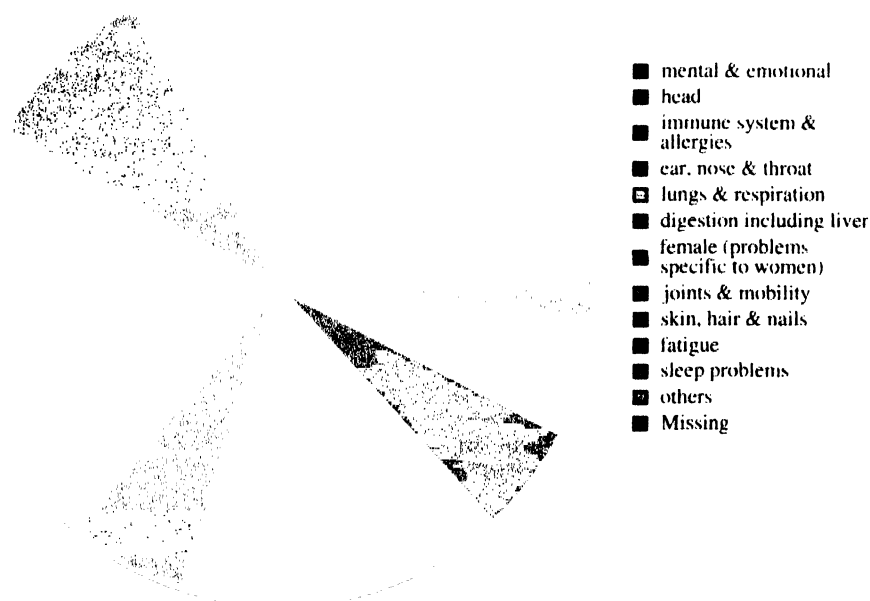


Figure 1 MYMOP2 Primary symptom category.

Discussion

Some homeopaths were using MYMOP before this pilot study, but it was unknown to many SoH homeopaths. This pilot study enabled many homeopaths to become more familiar and confident with basic audit methods. As a result of this pilot study, many SoH homeopaths are now familiar with the MYMOP2 outcome measure and some now use it routinely in their practices. Many new projects require audit and many use MYMOP2 as their main auditing tool. We have developed a MYMOP tool kit including a spreadsheet and template report for homeopaths to download from the SoH website. This toolkit was designed to facilitate the collection and presentation of results using MYMOP.

Feedback was collected throughout the process, resulting in the development of a collation sheet to enable recording of MYMOP scores within patient files. The sheets were found to be useful in providing an 'at a glance' indication of progress.

The most commonly reported difficulty was finding time to fit it into everyday practice, although this improved with experience. Another limitation commonly reported was that ratings are for the *last week*—thus limiting its use for periodic complaints such as migraine, or pre menstrual syndrome. For the purposes of this pilot, homeopaths were instructed to ask patients how they have felt since their last visit.

Although there was a wide mix of primary symptoms reported by patients, anxiety and depression were the most primarily presenting symptoms. Perhaps this highlights a future fruitful vein for homeopathy research.

This was an uncontrolled study and participants were self-selected; there were no checks on whether homeopaths returned all MYMOP forms for consecutive patients. Despite the apparent improvement overall in MYMOP2 primary symptom scores and MYMOP2 profile scores reported by patients, due to the uncontrolled design of this pilot study we cannot draw any firm conclusions regarding the improvement that patients gain from homeopathic treatment with SoH homeopaths.

The Faculty of Homeopathy, (the UK organisation of medically qualified homeopaths) conducted a similar but shorter pilot study⁶ in 2005, though using a different outcome measure. This pilot study recruited

14 homeopaths and found that patients reported a high mean improvement in the scores of symptoms anxiety, catarrh, colic, cystitis, depression, eczema, irritable bowel syndrome and premenstrual syndrome subsequent to homeopathic treatment.

Conclusion

This pilot study will inform the design of a future more rigorously controlled prospective observational study of patients seeking homeopathic treatment with SoH homeopaths. This study will have the aim of informing future research into the clinical effectiveness of homeopathic treatment, identifying both patient needs, and potentially fruitful lines for future research into the comparative effectiveness of homeopathic treatment.

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