

ORIGINAL PAPER

Audit of outcome in 455 consecutive patients treated with homeopathic medicines

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This paper reports an audit of clinical outcome in 455 consecutive patients (1100 consultations) presenting for private homeopathic treatment of a chronic illness in which conventional treatment had either: failed, reached a plateau in effect, or was contra-indicated by side effects, age or condition of the patient. Three hundred and four patients (66.8%) derived benefit from homeopathic treatment. One hundred and forty-eight patients (32.5%) were able to stop or maintain a substantial reduction in their conventional drugs. The 10 most frequent clinical conditions treated were eczema, anxiety, depression, osteoarthritis, asthma, back pain, chronic cough, chronic fatigue, headaches and essential hypertension. These 195 patients constitute 43% of the total, 151 of them (77%) were improved. The success rate of treatment is similar between age ranges. There was a difference in outcome between the sexes in adults: 296 females treated, success rate 71.3%; 159 males treated, success rate 58.5%. Two patients (0.4%) had prolonged aggravation of their presenting complaints apparently attributable to homeopathic treatment. *Homeopathy* (2005) 94, 215–221.

Keywords: Outcome audit; Reduction in conventional medication; Diagnoses; Private practice; Homeopathy

Introduction

Aims and objectives

To assess and explore if:

1. A positive response can be initiated in patients with a chronic illness by the integration of homeopathic treatment into their management.
2. The addition of homeopathic treatment enables patients to maintain a reduction in their conventional medication.

Setting

Patients are seen in a private practice established in June 1993. The consultation room is light and comfortable. Children are offered suitable toys and have enough space to play if they wish.

Appointments are made by telephone at a mutually convenient time. First appointments are 1 h, 15 min. The first review appointment is 45 min, subsequent review appointments are 30 min in duration. Review appointments generally begin at intervals of 6 weeks. The interval is increased as appropriate in patients who respond to treatment.

Patients are not screened to determine whether or not homeopathic treatment would be suitable prior to the first appointment; in the present state of knowledge it is not practical to predict which illnesses and which patients may benefit from homeopathic treatment. No patients were randomised into a group not receiving homeopathic treatment. No patient who is physically able to get to my consulting room is rejected. Home visits are not available.

The frequency of review consultations and length of follow-up varies with the nature and severity of the condition, and is tailored to the needs of each patient. Patients with destructive physical pathology are usually monitored for at least 2 years. Those with functional or episodic illness are usually monitored for 6 months after initial response and then as the patients feel necessary.

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Patients and methods

In the period from 1st January 2000 to 31st December 2004, 455 consecutive patients were treated with homeopathic medicines. Homeopathic treatment was integrated into their existing management plan. There were 296 females and 159 males. The age range of patients was from 1 month to 87 years old. The majority of patients are from Cumbria, rural Northumbria and the border counties of Scotland and are from a range of social and economic backgrounds who can easily afford or are willing to save for the cost of treatment. All patients had a clinical diagnosis established by their GP and/or hospital specialists.

Most of patients were already on an established medication regimen yet such conventional drug treatment had reached a plateau of response, and the patients were left with severe or significant continuing symptoms. The only patients not taking conventional medication at presentation were: those in whom treatment with conventional drugs had failed to promote any improvement; those in whom conventional drugs had caused unacceptable adverse effects; and women who were pregnant or breast feeding.

Examples of patients at the extreme end of the severity range of their conditions are: terminal cancer patients in severe pain despite high dose morphine and prednisolone; eczema not controlled by 50g Betnovate^R per week; depression unresponsive to 9 different anti-depressant drugs and electro-convulsive therapy; and rheumatoid patients on major anti-inflammatory drugs and disease-modifying anti-rheumatic drugs with continuing joint destruction.

Non-homeopathic management

I practice within my professional competence. Patients are encouraged to maintain contact with their GP and hospital specialist. Patients are referred back to their GP or to a relevant hospital consultant as required.

Medication is continued at previous doses until a sustained response is noted. Conventional drugs, which it is within my competence to manage, are then either continued, gradually reduced or stopped as clinically appropriate. Certain drugs are always left to the original prescribing physician to manage: eg oral steroids, disease-modifying anti rheumatic drugs, major tranquillisers, lithium carbonate, mono amine oxidase inhibitors, cardiac anti-dysrhythmic agents, anti-epileptics. Drugs which are causing problems, such as significant adverse effects or harmful interactions, are corrected as indicated. Only one new prescription for a conventional drug was issued - antibiotics for a patient with pneumonia.

Method

Details recorded are patient's name, identifier, age, sex, main clinical diagnosis, other active clinical disorders, homeopathic medicine prescribed, other

treatment initiated, referral, conventional drug use, name of drug/drugs reduced, number of consultations and outcome by Glasgow Homeopathic Hospital Outcome Scale¹ (GHHOS) using Microsoft Excel software. An outcome is recorded for each active clinical disorder. Each patient begins with an outcome of Unknown, and this is changed to a GHHOS score of -4 to +4 as appropriate. An annual outcome audit was compiled for each year from 2000 to 2004. Those patients who had attended for homeopathic treatment in more than one calendar year were identified and the separate databases were compiled into one.

One final outcome per patient is recorded, compared with the first homeopathic appointment. While changes in outcome do occur with time, the outcome score for each patient represents the final known outcome in each patient.

The assessment of outcome from homeopathic treatment is measured clinically, by reported response, when possible by objective indices, by visual analogue scale and using the Glasgow Homeopathic Hospital Outcome Scale (GHHOS). The GHHOS was chosen as an outcome scale because it measures improvement/deterioration not only in presenting complaints but also energy level, mood and value of daily living.

Detailed notes in the patients own words (with detailed enquiry into each of the patients presenting complaints, energy level, mood and value of daily living) are made in clinical records; numerical pain and energy scales are used where appropriate; clinical measurement of, eg range of movement and number and size of inflamed joints and length of morning stiffness in rheumatoid arthritis, is vital, especially when a patient is managed over a period of years. The reported response from the mother is vital in infants and children under 3. The reported response of those close to the patient may be of value in assessing response in closed or reticent patients. The results of blood tests, X-rays, peak expiratory flow rates are used to confirm clinical impression and assess progress.

Visual analogue scales are used to assess response. All adults and children old enough to understand judge their own response on a visual analogue scale. For children too young to understand the mother completed the visual analogue scale. Thus the final GHHOS score recorded is derived from the visual analogue score recorded by the patient plus the clinician's assessment based on the clinical impression and the criteria listed above. 'Success' was defined as GHHOS score of ≥ 1 .

Results

Four hundred and fifty-five consecutive patients were treated with homeopathic medicines from 1st January 2000 to 31st December 2004. The patients had a total of 130 main clinical diagnoses and a total of 1100 consultations.

The most common diagnoses were eczema, anxiety, depression, osteoarthritis, asthma, back pain, chronic cough, chronic fatigue syndrome, chronic daily headaches, essential hypertension and rheumatoid arthritis. These 255 patients constitute 56% of the 455 total (Table 1). Four hundred and thirty-six of 455 patients (96%) were able to complete visual analogue scales. Nineteen patients were too young to understand and the scale was completed by a parent. Of the 455 patients, 304 patients (66.8%) derived a benefit to their main diagnosis from homeopathic treatment. The 455 patients had a total of 806 active clinical conditions and 625 (78%) of the active clinical conditions had a sustained improvement from homeopathic treatment. Overall outcome and outcomes by year are shown in Table 2.

Of the 304 patients who derived benefit from homeopathy

- 15 patients (3.3%) appeared to be completely cured (+4),
- 187 patients (41.1%) had a considerable improvement (+3),
- 77 patients (16.9%) had a clear improvement (+2),
- 25 patients (5.5%) had some improvement (+1).

One hundred and twenty-nine patients (28%) had no effect from homeopathic treatment (0), and in 20 patients (4.4%) the effect is unknown as they did not return for review. Two patients (0.4%) had had a prolonged aggravation of their presenting complaints attributable to homeopathic treatment (-2).

The success rate of homeopathic treatment appears to be consistent across age groups (Table 3). The success of treatment is similar in children of either sex,

but there is a difference between the success rates in males and females in adults. Of the 296 females treated, 71.3% derived a sustained benefit from homeopathy; and of the 159 males treated, 58.5% derived a sustained benefit (Table 4).

Overall, 148 patients (32.5%) were able to stop or maintain a substantial reduction in their conventional drugs. Drug reduction success rates in conditions treated most frequently are shown in Table 5, the drugs most frequently stopped or substantially reduced are shown in Table 6 and the cost savings are shown in Table 7.

Forty-three patients with eczema were treated (9.4% of the 455 patients). Of these 43, 31 (72%) had an improvement and 29 (67%) were able to stop or maintain a substantial reduction in their conventional drugs. Of the 27 patients with depression, 22 (79%) had an improvement and 14 (52%) were able to stop or maintain a substantial reduction in their conventional drugs. Of the 23 patients with osteoarthritis, 17 (74%) had an improvement and 14 (52%) were able to stop or maintain a substantial reduction in their conventional drugs.

The 455 patients were treated with a total of 187 different single homeopathic medicines or sequences of homeopathic medicines. The most common medicines prescribed and outcome scores are shown in Table 8. *Natrum muriaticum* was prescribed to 47 patients (10.3% of the total) of whom 36 (76.5%) had an improvement. The other most commonly prescribed medicines were *Sulphur*, *Sepia*, *Calcarea carbonica*, *Phosphorus*, *Carcinosin*, *Nux vomica* and the Bowel Nosodes. The most common potencies used were 30cH (as drops in water as required) and the LM/Q 1 6 potencies (as drops in water daily).

Table 1 Outcome in disorders treated most frequently

Outcome GHOS	-4	-3	-2	1	0	1	2	3	4	Unknown	% success	Total
Eczema	0	0	0	0	12	4	4	22	1	0	72	43
Anxiety state	0	0	0	0	5	2	4	17	0	1	79	29
Depression	0	0	0	0	5	1	4	16	1	0	81	27
Osteoarthritis	0	0	0	0	5	1	5	11	0	1	74	23
Asthma	0	0	0	0	4	0	2	6	1	1	64	14
Back pain	0	0	0	0	7	0	4	2	0	0	43	13
Chronic cough	0	0	0	0	4	0	3	3	2	0	66	12
Chronic fatigue	0	0	0	0	6	2	1	2	1	0	50	12
Headaches	0	0	0	0	3	0	2	5	0	1	64	11
Essential Hypertension	0	0	0	0	0	1	5	5	0	0	100	11
Rheumatoid arthritis	0	0	0	0	5	0	1	2	0	2	30	10
Others	0	0	2	0	73	24	43	98	9	16	69	250
Grand total	0	0	2	0	129	25	77	187	15	20	66.8	455

Table 2 Overall outcome and outcome in each year

Outcome by year	2000	2001	2002	2003	2004	Total
Number of patients seen	115	115	96	74	89	455
Number of consultations	317	208	208	184	183	1100
% patients improved by homeopathy	84	61	63	66	66	66.8
% clinical conditions improved	92	77	77	72	73	78
% patients who stop or reduce conventional drugs	43	33	37	34	29	32.5

Table 3 Outcome by age

Age	0-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	Grand total
GHHOS										
0	12	11	10	19	23	23	19	12	0	128
1	3	1	2	1	4	6	4	4	0	25
2	3	8	7	6	7	12	21	11	2	77
3	14	15	14	16	34	40	40	10	4	187
4	3	3	2	2	1	1	1	1	1	15
-2	0	0	0	0	1	0	1	0	0	2
Unknown	2	2	1	2	6	3	2	2	0	20
% success	62	67.5	69	54	60.5	69	75	65	100	66.8
Grand total	37	40	36	46	76	85	88	40	7	455

Table 4 Outcome by sex

Outcome GHHOS	0	1	2	3	4	-2	Unknown	% success	Total
Male	58	10	26	54	3	0	8	58.5	159
Female	71	15	51	133	12	2	12	71.3	296
Grand total	129	25	77	187	15	2	20	66.8	455

Table 5 Reduction of conventional medication

Diagnosis	Number who stop or reduce drugs	Total with diagnosis	%
Eczema	29	43	67
Anxiety	1	29	3
Depression	14	27	52
Osteoarthritis	12	23	52
Asthma	9	14	64
Back pain	4	13	31
Headaches	7	11	64
Essential Hypertension	7	11	64
Rheumatoid arthritis	2	10	20
Others	63	274	23
Grand total	148	455	32.5

Table 6 Drugs stopped or substantially reduced

Drug reduced/stopped	Number of patients
Paracetamol	33
Hydrocortisone cream	22
Anti-depressants	14
Antibiotics	13
Atenolol	7
Salbutamol inhaler	7
Ibuprofen	6
Becloforte inhaler	5
Prednisolone	5
Others	36
Grand total	148

Three patients were referred back to GP for further investigation and 22 patients were referred for hospital specialist care: 2 to the Glasgow Homeopathic Hospital, 2 for hospice care, 7 to a cardiologist, 4 to an oncologist, 2 to a psychiatrist, and one referral each to eye surgeon, endocrinologist, gynaecologist, neurologist, rheumatologist and urologist, and one emergency hospital admission was arranged. Referrals to other therapists are made, when indicated, and include 11 to an osteopath, 1 for physiotherapy and 1 for counselling. Other non-homeopathic management: 47 patients with rheumatic disorders were advised to take

cod liver oil; 13 patients had fasting venous blood sent for food intolerance testing and were commenced on a relevant diet; one patient was also treated with an herbal remedy (Saw Palmetto); and 7 patients were advised a weight-reducing diet.

The length of treatment/follow up was a minimum of 6 months, average 11 months, 34 patients were treated for more than 2 consecutive years. The number of appointments per patient is in the range 1-33.

Discussion

Unknown and negative outcomes

Twenty patients (4%) attended once only and the effect of treatment is therefore unknown. Two patients had a significant worsening of their presenting complaints soon after beginning homeopathic treatment, greater than that previously experienced by the patient, and persisting for longer than previously experienced by them.

1. A 49 year old lady with a 33 year history of psoriasis, severe for the past 11 years with psoriatic arthritis and terrible itching for 1 year. She had had previous treatment with systemic steroids, cyclosporin and PUVA. I prescribed *Lachesis 30cH* 2 drops in water, single dose. The first night she slept very deeply and did not waken with itch for the first time in a year. Five days later she had a significant aggravation of her itch which had become stinging and an increase in number of patches of hot red psoriasis on the left side of her body, and she became more irritable. These symptoms persisted for 2 weeks. She was unwilling to continue treatment and sought treatment from another Homeopathic Physician.
2. An anxious 64 year old lady with passive/dependent personality traits and weeping varicose eczema and a varicose ulcer was treated with *Pulsatilla 30cH* 3

Table 7 Conventional drug cost savings

Drug reduced or stopped	Use/month/ patient	Saving/m / patient (£)	Saving/year / patient (£)	No. of patients	Savings/ year (£) total
Paracetamol 500 mg	60	2.82	33.84	33	1116.72
Hydrocortisone Cream	60 g	1.32	15.84	22	348.48
Anti-depressants (eg fluoxetine)	30	7.61	91.32	14	1278.48
Antibiotics e.g. Amoxicillin 250 mg	4 courses per year	1.25	5	13	65
Atenolol 50 mg	28	0.85	10.20	7	71.40
Salbutamol inhaler	2	3.80	45.60	7	319.20
Ibuprofen 400 mg	84	2.46	29.52	6	177.12
Becloforte inhaler	120 doses	23.10	277.20	5	1363
Prednisolone 5 mg E/C	28 tab, 3 times/year	0.43	1.29	5	6.45
Others (miscellaneous)	28	5	60	36	2160
Grand total	—	48.64	569.81	148	5905.85

Table 8 Homeopathic medicines prescribed and outcome

Outcome GHHOS	0	1	2	3	4	≥ 2	Unknown	% success	Total
Natrum muriaticum	10	2	9	24	1	0	1	76.5	47
Sulphur	10	2	6	3	2	0	2	52	25
Sepia	8	2	4	8	0	0	2	58.3	24
Bowel Nosode	6	0	2	10	2	0	2	58.3	24
Calcarea carbonica	10	3	1	6	1	0	0	52	21
Phosphorus	3	0	3	9	1	0	2	55.5	18
Carcinosin	4	1	2	4	1	0	0	66.6	12
Nux vomica	5	1	3	0	0	0	1	40	10
Sequence of remedies	21	5	14	16	0	1	4	56	62
Miscellaneous single remedies	51	9	32	107	7	1	6	72.7	213
Grand total	129	25	77	187	15	2	20	66.8	455

doses dry, 12h apart. She developed a generalised itchy eczematous rash 3 days later and became highly fearful, despondent, indecisive and weepy and phoned me daily for the next 2 weeks. She arrived without an appointment 10 days later and was advised again to restart Betnovate and hydrocortisone creams and *Baryta carbonica 200cH* single dose was prescribed. She did not return for further review.

Twenty two patients were referred for specialist investigation or further treatment. Seven patients referred to a cardiologist: 3 patients had developed chest pain suggestive of angina pectoris; 2 patients with established angina but increasing symptoms referred for appropriate conventional drug treatment, and 2 patients in whom a heart murmur was heard that had not been previously noted.

Diagnosis, clinical vigilance and non-homeopathic management

All patients attend with a diagnosis already established. This does not remove the responsibility of confirming, correcting or modifying the diagnosis. It is a reflection of the high standard of local medical care that in only 3 patients the initial diagnosis had to be modified and the patients referred back to their GPs for further investigation. Few allopathic drug regimes required modification because of previously unnoticed side effects or harmful drug interactions. Continued clinical vigilance is required to detect or suspect: unidentified current problems, the development of new problems, or to advise relevant other treatment for deteriorating conditions. One patient, being treated for chronic daily headaches, presented with new symptoms and signs leading to a clinical diagnosis of early lobar pneumonia. She was prescribed a course of antibiotics and a homeopathic medicine and the pneumonia cleared rapidly.

Homeopathy alone vs homeopathy plus another strategy

In the 13 patients referred to other therapists (11 to an osteopath and one each for physiotherapy and counselling) the positive effects of homeopathic treatment had already been established, yet the added benefit of these other therapies may have contributed to the overall final positive outcome. Similar effects might be expected from other non-homeopathic mostly dietary management.

Comparison of the results between those patients who had homeopathic treatment only and those who had homeopathy plus another non-homeopathic management strategy initiated is interesting. In 375 patients (73% of the 455 total) homeopathy was the only additional treatment, of these 245 patients (65.3%) reported benefit. In 80 patients (17% of the total) new non-homeopathic management was initiated in addition to homeopathic treatment, 59 patients (73.8%) reported improvement. Comparison by outcome score between these two groups is shown in Table 9.

Table 9 Outcome of homeopathy alone vs homeopathy plus another strategy

Outcome GHHOS	0	1	2	3	4	-2	Unknown	% success	Total
Homeopathy alone	109	16	61	155	13	2	19	65.3	375
Homeopathy plus other intervention	20	9	16	32	2	0	1	73.8	80
Grand total	129	25	77	187	15	2	20	66.8	455

Statistical analysis of the outcomes of the two groups shows no significant difference ($P > 0.05$, χ^2 test).

Age and gender

A closer look at the outcome by age reveals some interesting results. The decade 31-40 has lowest percentage improvement of 54.3% and the decade 81-90 has the highest percentage improvement of 100%. A comparison of outcomes of age ranges 0-50 with 51-90 (235 and 220 patients respectively) is statistically significant: χ^2 ($P < 0.05$).

Males had 58% improvement rate in both age ranges. The females had 64% improvement rate in the 0-50 age range (148 patients) and a 78% improvement rate in the 51-90 age range (also 148 patients). The age of females (0-50 age range compared with the 51-90 age range) has a statistically significant effect on outcome ($P < 0.05$).

There is a difference in outcome in males and females in this study (see Table 3). A sustained benefit from homeopathic treatment was reported by 211 of the 296 females treated (71.3%) compared to 93 of the 159 males (58.5%). This difference is statistically significant ($P < 0.01$, χ^2 test). After puberty the process of homeopathic consultation appears to be more comfortable for women than for men. It is possible that social factors influence the way in which men and women feel able to discuss or reveal their emotions. The gender and clinical skill of the homeopathic physician may also play a part. Results of outcome studies from other authors in different countries/cultures may clarify the gender anomaly.

Conventional drugs

Allopathic drugs (even powerful ones like morphine, systemic steroids, methotrexate, lithium carbonate) do not appear to prevent the action of homeopathic medicines. The continued use of essential allopathic drugs may require special consideration in selection of potency, frequency and size of dose of homeopathic medicine in order to initiate, enhance and maintain the action of the homeopathic medicine.

The 'Anxiety' group

There is an apparent anomaly in the 29 patients with anxiety as their major presenting complaint. Twenty three of these patients (79%) had a positive outcome from the addition of homeopathic treatment to their management plan yet only one patient (3%) was able to stop or maintain a substantial reduction in conventional drugs, but in fact only 2 of these 29 patients were taking conventional psychotropic drugs

at presentation. One of these patients only attended once and the outcome is unknown. The other patient was taking Diazepam 25 mg per day yet still had severe anxiety/panic attacks at presentation. He was able to reduce, stop and stay off diazepam throughout the 5 years of treatment.

Cost savings in conventional drugs

Savings in conventional drug costs have become apparent during this study in which 148 patients (32.5%) were able to stop or maintain a substantial reduction in their conventional drugs. Calculations of drug cost savings were done using the basic NHS costs of drugs as listed in the British National Formulary of March 2003 and are shown in Table 7.

The cost of the generic term of the drug was used in 107 (72%) of the 148 patients. An average monthly consumption of each drug per patient was assessed. In 5 patients a proprietary drug (Becloforte inhaler) was used, their inhaler use fell from 120 doses per month to an occasional 2 doses when wheezy (one inhaler per year). Reduction of this forms the highest single cost saving (£277.20/patient/year, total £1363/year). In the miscellaneous group (36 of the 148 patients, 24%) an estimated £5/patient/month was saved.

In this study the calculated drug cost savings are approximately £5900 per year or £39.90/patient/year.

Comparison of results with other studies

The results of this study compare favourably with a previous study by this author² and other studies of outcome in homeopathic treatment of out-patients^{3,4}; and with previous studies in asthma,⁵ depression and anxiety,⁶ eczema⁷ and arthritis.⁸

Conclusion

The results of this study suggest that a positive response can be initiated in patients with a chronic illness by the integration of homeopathic treatment into their management; and that this may enable patients to maintain a reduction in their conventional medication.

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