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ORIGINAL PAPER

Patient compliance with homeopathic therapy

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The Homeopathic Clinic of the Campo di Marte Hospital, Lucca, Italy (the Homeopathic Reference Centre for Tuscany) registered a total of 1287 patients seen for the first time between September 1998 and 31 December 2004, of these 560 (43.5%) returned for a follow-up visit after a minimum interval of 2 months following the first consultation. In order to ascertain the reasons for patients not returning for follow-up consultations (drop-out) a telephone survey was carried out on every patient who had been seen during the period from 1 June 2002 to 31 May 2003, but had not returned for a follow-up visit.

73/104 eligible patients were contacted. 37/73 referred to the effectiveness of the treatment which led to an improvement in their state of health, naming this as the reason why they did not return for a follow-up visit. *Homeopathy* (2006) **95**, 206–214.

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Introduction

The evaluation of a patient's level of satisfaction with treatment is a very complex issue (linked to individual expectations, experiences undergone during the course of the illness, and to personal beliefs of what health means). Health facilities are particularly interested in this information as it influences compliance to treatment, determining whether or not the patient returns and wishes to maintain the therapeutic relationship with the doctor.[1] In non-conventional medicine—an area where for many reasons the use of public resources is controversial—researchers are also keen to evaluate the level of satisfaction also because knowledge of the level of patient satisfaction and the improvement of their condition is a fundamental reason for justifying an individual's choice of treatment.

In a clinical setting it is difficult to assess a complex idea such as the state of health or level of satisfaction through standardised questionnaires,[2] even more so in the case of homeopathic treatment, which is an individualised therapy based on the distinctive characteristics of each patient. The difficulty underlined by Wright[3] seems even greater: 'the problem is that standard measures for level of health and quality of life do not capture the individuality of the patient.' Despite attempts to develop questionnaires calibrated to specific or individualised characteristics (*PAS, Patient-Specific Symptom Distress Index*)[4,5] he only identifies a few examples where specific measures have been used in randomised clinical trials.

The term 'compliance' does not only describe a patient's obedience to the doctor's prescription, but more importantly other stages of the doctor–patient relationship, which lead to the acceptance of a treatment. Some authors[6] propose alternative terms such as concordance or co-operation, underlining that the doctor's efforts should focus not only on finding the best medication for a particular condition, but the best treatment for a particular individual with a certain lifestyle and preferences. The term concordance recognises the qualities of information exchange and collaboration that the therapeutic relationship must have.

It is estimated that only half of patients with chronic illnesses actually take their medicine in the prescribed doses, and that the most common cause of kidney transplant failure is due to the patient's failure to take immunosuppressive drugs. The authors conclude that treating a patient as a decision maker is a fundamental step towards a model of compliance.

In this survey we paid attention to the possible level of dissatisfaction, aiming to contact the patients who

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did not return for follow-up and thus presumably identifiable as dissatisfied. We sought to analyse the relationship between patient dissatisfaction and certain aspects of homeopathic therapy that might have been responsible for dissatisfaction or non-compliance with treatment.

We focussed the survey by excluding some general factors which influence acceptance of treatment (for example that homeopathy is not yet completely valued and integrated in the national health system, or that the choice of homeopathy may reflect a particular philosophy of life on the part of the patient). Homeopathy has an intrinsic difficulty of long-term acceptance, as it requires an active collaboration on the part of the patient. The resolution time may be prolonged, as it is not just a symptomatic treatment. According to some authors, this is one of its strong points as it establishes a doctor–patient therapeutic relationship which is more open and aware and better able to tolerate conflicts and difficulties. According to Carr-Hill, patient dissatisfaction stems above all from a lack of communication and information.

At follow-up visits the therapeutic effect was measured by change of the presenting symptom using a simplified version of the Glasgow Homeopathic Hospital outcome score[7] and visual analogue score.

Of the 1287 patients seen for the first time, 560 (43.5%) returned for a follow-up visit, after a minimum interval of 2 months. The frequency of return decreased in proportion to the interval (17.2% at 2 months, 9.2% at 6 months, 6.3% at 1 year, 4.0% at 2 years, 2.5% at 3 years, 0.9% at 4 and 5 years).

Material and methods

A telephone survey was carried out on every patient who had been seen between 1 June 2002 and 31 May 2003 and who had not returned for a follow-up visit. The interviews were carried out in 2004: 1 year after the last patient had first been seen.

At the end of the first visit the patient was invited to book the next appointment either by telephone or directly at reception. During the initial consultation the patients were informed of the privacy law 675/96, and consented to the use of their anonymised data for diagnosis, treatment, prevention and research.

The telephone survey involved a questionnaire based on three choices (treatment taken, not taken, only partially taken), with a final question enquiring about patient satisfaction with the homeopathic treatment, and if they would use it in future (Figure 1). The

I) Did you take the treatment prescribed for you?

1. Yes
2. No
3. Partially

II) If Yes (treatment was taken): why did you fail to return for a check-up? (choose one of the following reasons)

- ☐ The treatment was effective and therefore the check-up visit was deemed unnecessary, as treatment was no longer required
- ☐ The treatment was not effective and was suspended
- ☐ The medical consultation was not satisfactory
- ☐ Adverse reactions appeared
- ☐ Other reasons.

III) If No (treatment was not taken): why did you fail to take the treatment? (choose one of the following reasons)

- ☐ The consultation left a negative impression
- ☐ It was difficult to obtain the medicine from the chemist
- ☐ The symptoms disappeared before taking the medicine
- ☐ The treatment was interrupted for independent motives
- ☐ Other reasons.

IV) If Partially (treatment was interrupted): why was the treatment interrupted? (choose one of the following reasons)

- ☐ There was an improvement and treatment was discontinued
- ☐ There was no improvement and treatment was discontinued
- ☐ Other reasons

V) Would you use homeopathy in the future to treat your ailments?

1. Yes
2. No
3. Don't know

Fig. 1 The Questionnaire.

questionnaire was designed to be conducted by telephone in 10 min. Relatively little time was left for spontaneous comments, these were classified as 'other reasons'.

The hospital employee responsible for carrying out the telephone survey was not familiar with the work of the clinic and did not take part in the design of the questionnaire, but was acquainted with the general research aims. The employee contacted the patients in pre-arranged telephone times. The calls were conducted in two time bands (8.30–9.30 and 13.30–15.00). If the patient did not reply, a further three attempts were made before the patient was considered 'uncontactable'. For patients under 16, the interview was with a parent. The data were anonymised for analysis.

The sample was selected at random from patients seen consecutively but who had failed to return for at least a year. The sample was selected starting from the date of introduction and systematic use of the WinChip[8] (HMS Como, Archibel S.A.) computerised medical file system at the Homeopathic Clinic. Given the small size of the sample, a statistical analysis of the data was not applied.

Results

The Homeopathic Clinic of the Campo di Marte Hospital, Lucca, Italy registered a total of 1287 patients seen for the first time between September 1998 and 31 December 2004. The predominant pathologies were respiratory (26.8%), particularly allergic; dermatological problems (15.4%) (including atopic dermatitis); gastroenterological disorders (13.5%) and, less frequently, various other pathologies such as headache, alimentary problems, psychological and neurological disorders, etc.

From 1 June 2002 to 31 May 2003, 204 patients were seen and 100 (49%) returned for at least one follow-up visit. One hundred and four patients did not return for follow-up visits: all these were sought by telephone with 73 (70.2%) being contacted. The average age of patients interviewed by telephone was 33.6 years, and the male/female ratio was 1:2 (males 24/73, females 49/73). Many of the patients involved in the survey were children (22% aged 12 years or under). With regard to occupation, most of the interviewees were students 17/73 (23.3%) and white-collar workers 13/73 (17.8%). 47/73 patients had already received conventional pharmacological therapy and 49/73 had never taken homeopathic medicines before.

Table 1 shows demographic data on the patients contacted (respondents) compared to all patients registered with the clinic at 31 December 2003 ($n = 1074$), and those who did not return for follow-up ($n = 606/1074$), the patients seen in the year of the study ($n = 204$) and the group of patients who did not return in the year ($n = 104$). There are notable differences between the four groups.

The majority of patients consulted us for respiratory problems (mostly allergic, but including acute recurrent infections such as otitis and tonsillitis) followed by dermatological problems (12/73) disorders of the digestive system and psychological problems (10/73). We considered the main symptom presented by the patient; in four patients anxiety–depression syndromes were present as concomitant disorders. Almost all of the cases were considered to be chronic (Table 2).

Thirty six patients (49%) completed treatment, of these 29/36, (81%) said that treatment was effective and for this reason they had not returned for a follow-up visit; 3/36 patients deemed the treatment ineffective. Another four patients did not come to follow-up visits for various other reasons. No adverse effects were reported. Among the patients who did not take the homeopathic treatment prescribed (11/73) two patients reported a negative impression concerning homeopathy, and in two cases the symptoms disappeared before the medicine was taken. The remaining seven patients gave various other reasons: fear of side effects (1), self-prescribing of homeopathic remedies (2), reasons separate from the treatment (3), resorting to pharmacological treatment. 26/73 patients did not take treatment completely, interrupting it due to lack of improvement (five patients), or because of an improvement in their symptoms (eight patients), for various other reasons (13 patients). Eighty one percent of patients (59/73) replied that they would use homeopathy in the future; 19% (14/73) of the patients replied 'No' or 'Don't know' to this question (see Table 3).

Respondents' comments are summarised in Table 4. It appears that there were instances of dissatisfaction related to the consultation or the homeopathic treatment itself.

Two patients reported dissatisfaction with the homeopathic consultation: or long waiting times to be seen (one patient) or a lack of information about the treatment (one patient). In other cases (three patients) the problem was the perseverance or commitment asked of them by a therapy that requires repeated administration (we usually prescribe LM dilutions once or twice daily for at least 1 month).

Four percent (3/73) respondents expected a quick result. 9.5% (7/73) of respondents did not return for reasons unrelated to treatment (family commitments or difficulty in taking time off work). In two cases (2.7%) a preference for self-prescribing and personal management of the homeopathic treatment was expressed. Two patients did not take the homeopathic treatment for fear of side effects, one was a pregnant woman and the other a person who developed a general fear of medicines after an anaphylactic shock caused by antibiotics.

5/73 patients (6.8%) came to the Clinic with iatrogenic pathologies, (one postoperative lymphoedema; one premature ejaculation after psychiatric treatment; one constipation following martial therapy; one

Table 1 Characteristics of the survey sample compared to all patients seen and all patients who did not return for follow-up between September 1998 and 31 December 2003

General characteristics	*All patients seen in period of survey* (204/1074, 19%)	*All patients* ($n = 1074$)	*Respondents* ($n = 73$)	*Patients lost to follow-up in survey period (respondents+non-respondents)* (104/204, 51%)	*All patients lost to follow-up* (606/1074, 56%)
Gender					
Male	36.3%	33.4%	33%	35.5%	34.3%
Female	63.7%	66.6%	67%	60.5%	65.7%
Average age (aa+m)	33	31.7	33.6	34.2	31.2
Occupation (most commonly seen)					
Student	22%	24.7%	23.2%	22.1%	21.4%
Office worker	16.1%	21.3%	17.8%	21.1%	17.7%
Housewife	7.8%	7.6%	9.5%	8.6%	6.5%
Unemployed	2.4%	1.6%	2.7%	2.8%	1.2%
Retired	6.3%	9.3%	5.4%	4.8%	5.4%
Previous treatment for presenting pathology					
Conventional therapy	63.7%	68.3%	64.3%	60.5%	67.2%
No homeopathic treatment	66.1%	70.6%	67.1%	69.2%	74.2%
Commonly encountered pathologies					
Respiratory disorders	30.3%	25.8%	35.6%	27.8%	25%
Dermatological problems	17.1%	15.3%	16.4%	17.3%	16.4%
Psychological problems	14.2%	13.4%	13.6%	14.4%	13.8%
Disorders of the digestive system	16.6%	13.6%	13.6%	17.3%	12.6%

disorder arising from hormone therapy in breast cancer: one anxiety about effects of medicine and remedies in pregnancy).

Discussion

The respondents were mostly women (67%) both patients seen (63.7%) and all patients (respondents and non-respondents) lost to follow-up (60.5%) in the year of study. This might be explained by the greater availability of female patients at the times of day the interviews took place. However, a study to compare methodology and differences between telephone and postal interviews about the level of satisfaction and the patients' view of hospital treatment,[9] did not find statistically significant differences concerning demographic data, age and sex between respondents and non-respondents in the two methodologies. If anything, a difference concerning marital status was noted, since unmarried individuals living alone were more difficult to contact by telephone.

Housewives and unemployed people are somewhat over-presented among our respondents. This may also relate to timing of the interviews. One of the limitations of this study is that statistical tests were not used for the comparison of groups, due to the small sample size contacted, so we cannot determine whether the observed differences are significant.

Failure to return could be interpreted as due to non-compliance with therapy, or a consequence of the disappearance of the patient's presenting symptoms with treatment.

In the sample contacted the percentage who had previous conventional treatment is slightly higher in comparison with the total number of patients lost in that year (the respondents and the non-respondents). This could signify that the study sample included patients relatively more in sympathy with pharmacological therapies than homeopathy. The percentage of patients who had not received previous homeopathic treatment among the respondents is slightly lower than in all patients lost in the year.

Respiratory disorders are common among respondents (35.6%) compared to the other groups; this could be due in part to the fact that respiratory disorders were particularly common in the year of the study (30.3%) compared to a 25.8% incidence of these conditions among the total patient population. Treatment response for respiratory disorders was generally good: there are relatively few negative or 'no change' results in the evaluation of therapy which is performed on all patients. (see Table 5). These results are consistent with the hypothesis that many of the

Table 2 Presenting pathologies at the Homeopathic Clinic in the group of patients contacted (respondents) ($N = 73$)

Diagnostic group	*N*	%	*Symptoms—diseases*	*N*
Psychological problems	10	13.7	Psychomotor agitation	1
			Panic attacks	3
			Anxiety–depression syndrome	6
Dermatological conditions	12	16.4	Acne	1
			Alopecia	2
			Allergic dermatitis	1
			Atopic eczema	3
			Idiopathic dermatitis	2
			Pruritus	1
			Psoriasis	2
Respiratory disorders	26	35.6	Allergic asthma	4
			Bronchial asthma	3
			Recurrent respiratory infections	6
			Recurrent otitis	5
			Allergic rhinoconjunctivitis	5
			Recurrent tonsillitis	3
Reproductive system pathologies	7	9.6	Amenorrhoea	1
			Dysmenorrhoea	1
			Premature ejaculation	1
			Endometriosis	1
			Genital infections	1
			Prostate hypertrophy	1
			Menopause-linked disorders	1
Neoplastic pathologies	1	—	Breast cancer	1
Digestive system disorders	10	13.7	Colitis	2
			Gall stone colic	1
			Hypercholesterolaemia	1
			Other digestive disorders	1
			Obesity	3
			Constipation	1
			Stomatitis	1
Locomotory apparatus problems	4	5.5	Rheumatoid arthritis	1
			Fibromyalgia	1
			Postoperative lymphoedema oedema	1
			Lumbar pain	1
Other	3	4.1	Headache	1
			Hypothyroidism	1
			Asthenia	1

Table 3 Answers from the 73 patients contacted

Questions	*Answers*	*N*	%
Did you take the treatment prescribed for you?	Yes	36	49
	No	11	15
	Partially	26	36
Yes ($n = 36$)	The treatment was effective, follow-up unnecessary	29	39.7
	The treatment was not effective and was suspended	3	4.1
	The medical consultation was not satisfactory	0	—
	Adverse reactions	0	—
	Other reasons	4	5.5
No ($n = 11$)	The consultation left a negative impression	2	2.7
	It was difficult to obtain the medicine from pharmacy	0	—
	The symptoms disappeared before taking the medicine	2	2.7
	Treatment interrupted for unrelated reasons	3	4.1
	Other reasons	4	5.4
Partially ($n = 26$)	Treatment discontinued due to improvement	8	11
	Treatment discontinued due to no improvement	5	6.8
	Other reasons	13	17.8
Would you turn to homeopathy in the future to treat your ailments?	Yes	59	81
	No	1	1
	Don't know	13	18

Table 4 Reasons for dissatisfaction and satisfaction in 73 patients interviewed

	No patients	*Reasons*	
Dissatisfied patients 26/73 (35.6%)	1	Insufficient information	Problems relating to communication with the doctor
	3	Expected positive result sooner	
	2	Dissatisfied with the consultation	
	3	Difficulty with the constant repetition of the remedy	Problems relating to use of the remedy
	2	High costs	
	2	Self-prescription	
	2	Fear of side effects	
	3	Preferred pharmocological treatment	
	8	Ineffective	Treatment ineffective
	7	Circumstances independent from the treatment	Various problems independent from the therapy itself
	3	Spontaneous disappearance of symptoms	Improvement not related to the therapy
Satisfied patients 37/73 (50.6%)	1	Treatment effective but took a long time	Treatment effective
	28	Treatment effective	
	8	Improvement therefore interruption	

Table 5 Failure of homeopathic therapy in patients presenting most frequently seen pathologies (September 1998–December 2004)

Pathologies of patients seen (from total archive of 1287 patients)	*Patients seen/totals*	*Evaluation: no improvement* (0)	*Evaluation: slight worsening* (−1)
Gastrointestinal problems (176/1287) (13.5%)	80/176 (45.4%)	5/80 (6.25%)	
Eating disorders (38/1287) (2.9%)	13/38 (34.2%)	5/13 (38%)	
Psychological problems (173/1287) (13.4%)	76/173 (43.9%)	6/76 (7.89%)	2/76 (2.6%)
Dermatological conditions (199/1287) (15.4%)	81/199 (40.7%)	8/81 (9.8%)	
Gynaecological problems (93/1287) (7.2%)	44/93 (47.3%)	8/44 (18.1%)	
Respiratory problems (346/1287) (26.8%)	176/346 (50.8%)	7/176 (3.9%)	

0, No improvement, 8.7%; 1, slight worsening, 0.3%.
* Note that this data covers a different period than that of the survey, hence the higher total number of patients.

respondents suffer from pathologies associated with positive results.

37/73 patients contacted (Table 4) – almost half of those lost to follow-up – referred to the effectiveness of the treatment with an improvement in their state of health, and for this reason did not return for the follow-up visit. This data is in line with those of Güthlin et al[10] who evaluated the benefits of homeopathy and acupuncture and patient satisfaction using a standardised quality of life questionnaire (MOS SF 36): half of the patients did not continue homeopathic therapy because they had improved, in spite of the severity and chronicity of the pathologies covered by the study.

Three patients (4%) did not take or interrupted the treatment due to the disappearance or spontaneous improvement of the symptoms. In one case an obese patient lost weight by following a diet, thus no longer requiring the remedy prescribed for her. Another case was that of a laryngospasm in an infant whose treatment was stopped for lack of episodes of laryngeal spasm, and a third patient with constipation as a result of martial therapy, saw her disturbance disappear simply by suspending the intake of iron.

The severance of the relationship with the Homeopathic Clinic was due to the failure of the therapy in 8/73 (10%) respondents, who reported no improvement or ineffectiveness of the treatment, which consequently was not followed through. To these patients must be added those (18/73) who had expressed dissatisfaction, thus in total 26/73 (35.6%) had unsatisfactory outcomes. Nonetheless, 12 of these said they would use homeopathy again. Taking into consideration the interviewees' desire to please the interviewer, we should ask ourselves whether non-compliance to homeopathic treatment can be more accurately inferred from the patients who, not having achieved the expected result, would be disinclined to turn to homeopathic therapy in future (14/73) (19.1%).

The patient's expectations must be taken into account given that interviews conducted in the clinic[11] to ascertain the motives which led patients to request homeopathic treatment showed that almost half the people interviewed declared a specific interest in homeopathic medicine, with the other half citing a general dissatisfaction with conventional therapy or problems resulting from pharmacological treatment. Twenty five percent of interviewees were motivated by the desire to integrate homeopathic therapy with conventional medicine; 8.5% by the wish to treat or reduce the side effects of pharmacological therapy, or were unable to take medication due to intolerance or

allergy (5%); 11% considered conventional therapy unable to treat their disorders; only 14% of interviewees demonstrated a positive choice for non-conventional medicine. Nineteen percent considered homeopathy more effective or safer for treatment of their personal ailments; and 17% were motivated by a general interest in homeopathy or natural medicine.

Patients seeking homeopathic treatment in the public as opposed to private sector are less motivated by the need for treatment in line with their lifestyle or philosophy, than a search for an alternative therapeutic method after failure or dissatisfaction with previous treatment. This different predisposition is an important factor which certainly influences compliance and satisfaction towards homeopathic therapy in the public health service.

Failure was not necessarily ascertained by the reply 'treatment was not effective' or 'I didn't have any signs of improvement' but rather inferred from the last question: 'Would you use homeopathy again to treat your ailments?' In other words, the replies that express an ineffectiveness of the treatment could contain 'false negatives', as probably the direct question 'Would you use homeopathy again to treat your ailments?' includes false positives. This confirms the difficulties in interpretation of the questionnaire, linked to the innumerable variables that influence the way in which the patients elaborate information to provide answers, and which are responsible for the cognitive bias of the subjects.[12]

It seems that telephone surveys might limit the time stress factor (the decision whether or not to answer being the patient's once they had been contacted: the patient can also control the amount of time necessary for the interview). Compared to the psychological involvement of a patient filling in a questionnaire face to face, the telephonic distance influenced the setting relatively little. The questions were put in such a way as to require simple yet detailed responses (often a response follows unconscious and automatic mechanisms, rather than well thought out and carefully considered wording). The reasons for the study were explained, and the importance of answering was highlighted that the person could express opinions about the therapy they had received, and actively participating in decisions concerning healthcare. Advantages of the telephone methodology included a higher response rate. Calls required less personnel time, and cost; and direct interviewer-patient interaction appears to render patients less willing to express dissatisfaction. In addition, the greater use of proxies with the telephone method may produce bias in the results.[9]

When analysing the data we asked ourselves:

(I) If there are pathologies or conditions amongst those regularly observed that can be considered 'non-responders' to homeopathic treatment.
(II) What are the users' expectations that can be met by adapting clinical practice.

With regard to the first point we observed that out of the 14 patients (19%) who were disinclined to use homeopathic treatment in the future and whom we considered dissatisfied and effectively 'lost', six (approx. 40%) had psychological disorders as the main pathology or concomitant (such as anxiety-depression syndrome or panic attacks); 4/14 (28%) suffered from dermatological pathologies (alopecia, atopic eczema, psoriasis) of multifactorial aetiology. Perhaps in these cases the factors of variability and conditioning linked to the patient (bias) were important for the patients'

Table 6 Characteristics of patients (14/73) with non-compliance to homeopathic treatment

Age	*Sex*	*Occupation*	*I Pathology*	*II Pathology*	*Treatment taken*	*Reason*
47	F	Office worker	Stomatitis		Yes	
44	F	Self-employed	Panic attacks		Part.	Preferred pharmacological treatment
43	F	Office worker	Breast cancer	Hormone therapy disorders	No	
37	M	Self-employed	Psoriasis		Yes	
34	F	Police officer	Overweight	Anxiety-depressive syndrome	Part.	No improvement, discontinued
10	M	Student	Atopic eczema		Part.	
27	M	Manual worker	Panic attacks		Part.	
43	F	Office worker	Panic attacks		Part.	expected a positive result sooner
3	M		Atopic eczema		Part.	
30	F	Self-employed	Genital infections	Anxiety-depressive syndrome	No	Dissatisfaction with the consultation
29	M	Student	Premature ejaculation	Following psychiatric treatment	No	
34	F	Office worker	Dysmenorrhoea		No	Self-prescribed
37	F	Housewife	Alopecia		Part.	Anaphylactic shock, allergy to antibiotics
38	F	Housewife	Allergic asthma		Yes	High costs

compliance to the therapy. One noteworthy piece of information concerns the general nature of the pathologies (Table 4) in the 73 respondents: psychological disorders were present in 14/73 patients, (in 10 patients as the main diagnosis and as a concomitant in four others) and therefore in 19% of respondents. Tables 5 and 6 summarise treatment failures in all patients and the characteristics of non-compliers in this survey, showing similar findings.

Of the 560 patients monitored during follow-up, 34.4% reported (60–80%) improvement of the symptom presented at the initial consultation. Complete resolution was recorded in 17.6% of cases, and no improvement or slight worsening respectively in 8.7% (49/560) and 0.3% (2/560) of cases (Table 7). The two patients reporting a slight worsening of symptoms were both suffering from anxiety–depression syndromes.

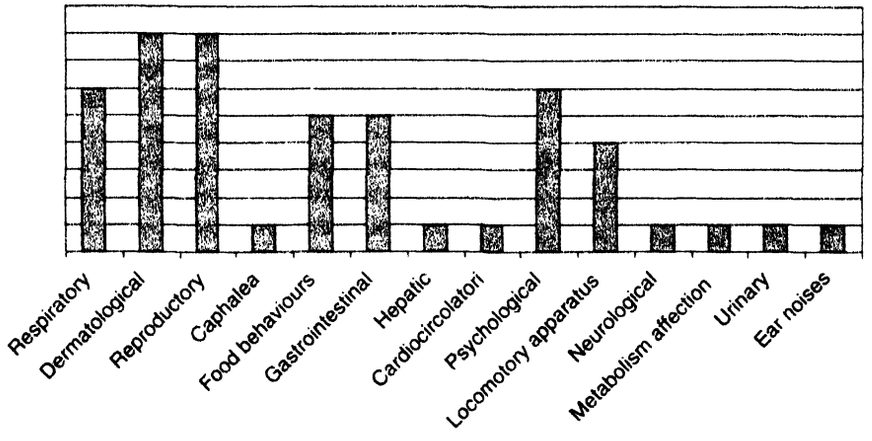
Figure 2 illustrates the distribution by pathology of the 49/560 (8.7%) patients with no reported improvement. The majority of the symptoms presented by these patients were dermatological or gynaecological (16.4% respectively), followed by respiratory and psychological (12.3%) and gastrointestinal problems and eating disorders (10.2%).

This information should be compared to that in Table 5, relating to the failure of the therapy in patients who were seen again at follow-up visits. The percentage of patients who were effectively followed up is 45–50% (34.2% for eating disorders to 50.8% for respiratory complaints,). The highest percentages of failure (no improvement) in patients who did not drop out relate to eating disorders (bulimia, anorexia,

Table 7 Evaluation of therapy effectiveness according to the Glasgow Homeopathic Outcome Scale of the total 560 patients monitored in follow-up visits (from September 1998 to December 2004)

Slight worsening = (–1)	2 (0.3%)
No improvement = (0)	49 (8.7%)
20–30% improvement = (1) slight	86 (15.3%)
40–50% improvement = (2) good	131 (23.3%)
60–80% improvement = (3) important	193 (34.4%)
80–100% improvement = (4) resolution	99 (17.6%)

Pathologies of patients reporting no improvement with homeopathic therapy (49/560)



KEY

Pathology	Number of patients with evaluation 0 for pathology/ Total of patients with evaluation 0	
1. respiratory	6/49	12.3%
2. dermatological	8/49	16.4%
3. gynaecological	8/49	16.4%
4. headache	1/49	2.0%
5. eating disorders	5/49	10.25%
6. gastrointestinal	5/49	10.25%
7. hepatic	1/49	2.0%
8. cardio-circulatory	1/49	2.0%
9. psychological	6/49	12.3%
10.osteo-articular	4/49	8.1%
11.neurological	1/49	2.0%
12.dismetabolic	1/49	2.0%
13.urological	1/49	2.0%
17.ear noises	1/49	2.0%

Fig. 2 Distribution by pathology of the total of patients monitored.

obesity 38%) all of which require an integrated therapeutic approach (psychological support, diets, etc.); psychological problems (7.8%) probably for the same reason; skin complaints (9.8%), in particular vitiligo, psoriasis and alopecia; gynaecological disorders (no improvement in 18%). The pathologies which seem to have the least number of failures (3.9%) were those relating to respiratory complaints. There seems to be a correlation between ineffectiveness of homeopathic treatment and disorders where the psychological component is important. In our experience it is difficult to treat patients presenting symptoms of a psychological nature with homeopathy, particularly when the complaint has no clear cause, is not reactive and where there is no adequate support system for the patient. We observed that even homeopathy (which is orientated towards the patient's individual requirements, requires participation in the process of treatment) the process of communication may be weakened in a time-dependent setting, thus influencing the patient's tolerance of the treatment.

In our opinion patients with negative compliance who drop out of homeopathic treatment should be distinguished from those who express dissatisfaction but would be willing to reconsider homeopathic treatment (in our sample 19.1% against 35.6%).

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