

ORIGINAL PAPER

Characteristics of visitors to homeopaths in a total adult population study in Norway (HUNT 2)

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Objectives: To study the characteristics of people visiting homeopaths in a total adult population in Norway.

Methods: Data from a total population cross sectional health survey conducted in 1995–1997 in Central Norway (HUNT 2) with 65,495 participants. Variables included in the analysis were age, marital status, education, being a social welfare recipient, life-style (daily smoker), Hospital Anxiety and Depression Scale (HADS-T), global health perception, self-reported health complaints and a variety of diseases. Significance level $p < 0.01$.

Results: 40,027 persons over 20 years answered the question on visits to a homeopath. 4.3% had consulted a homeopath during the last 12 months. The likelihood of a person consulting a homeopath was most strongly associated with being female (adjusted odds ratio 2.3, 95% confidence interval 2.1–2.6) and having a lower perceived global health (increasing from 1.5, 1.2–1.8 for good global health to 2.9, 1.9–4.3 for poor global health). There was a weaker but significant association between increased likelihood of visiting a homeopath and being 30–39 years (1.3, 1.1–1.4), having a HADS-T score between 10–14 (1.3, 1.1–1.6) and 15–19 (1.6, 1.3–2.0), having a health complaint the last year (1.5, 1.2–1.7), hay fever (1.7, 1.5–2.0), consulted for a psychiatric complaint (1.5, 1.3–1.8) and another chronic disease than the ones asked about in this study (1.3, 1.1–1.6). Being a smoker was significantly associated with decreased likelihood of consulting a homeopath (0.7, 0.6–0.7). There was also a trend for increased likelihood of visits to homeopaths ($p < 0.1$) for those 60 years and over, social welfare recipients, having a chronic complaint and HADS-T score of 20 or higher, and decreased likelihood for widow(er)s.

Conclusions and proposals: Being female and having a lower perceived global health were the variables most strongly associated with visits to a homeopath. More studies on visits to homeopaths from other populations (countries, children and adolescent) are needed. *Homeopathy* (2008) 97, 178–184.

Keywords: Homeopathy; Norway; Population; Health services

Introduction

There was a 500% increase in overall use of homeopathy in USA from 0.7% of the population in 1990 to 3.4% in 1997.¹ The proportion of the users of homeopathy who visited a practitioner in USA was stable at about 20% from 1997 to 2002 although there was a reduction in the overall use of homeopathy in the same period.² In the UK there was an increase in the proportion who had consulted a homeopath last year from 1.2% in 1998³ to 1.9% in 2001.⁴ In Norway there has also been an increase, with 1.8% of the

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total population consulting a homeopath the last year in 1995⁵ to 4.3% in the adult population in 2007.⁶

Although there are data on the prevalence of visits to homeopaths, these data come from studies on consumption of Complementary and Alternative Medicine (CAM) in general. There is a lack of studies on the characteristics of person visiting homeopaths. There are, however, studies describing the characteristics of patients in a variety of homeopathic practices.⁷⁻²⁵ These surveys have shown a predominance of middle aged female patients with higher education among the patients in homeopathic practice. Such studies only describe the characteristics of those who visits homeopath, but they cannot give any answers to which extent there are differences between those who consult homeopaths and those who do not.

In response, this paper reports the characteristics of those who visits a homeopath compared to the general population in a Norwegian total adult population study.

Methods

The data presented in this article were obtained through two self-administered questionnaires completed by subjects who participated in the Nord-Trøndelag health survey (HUNT) in Norway, between 1995 and 1997. All residents in the county of Nord-Trøndelag aged 20 years or more were invited to participate ($N = 92,936$), and a total of 65,495 (70.5%) accepted the invitation and attended a clinical examination. They filled in a questionnaire that was included with the invitation, and were also given a second questionnaire to complete at home and returned in a pre-stamped envelope. Questions on the use of health services including visit to a homeopath were asked in this second questionnaire. In the present study, we included all 40,027 (61.1%) participants who answered the following question: "In the course of the last 12 months, have you been to a homeopath (yes/no)".

Demographic variables

Gender and age of participants were obtained from public registers. Marital status was obtained from a public register plus a question about cohabitation. Participants were asked to indicate their level of education attained which was reclassified as minimum school, middle level education (including vocational education) and university degree. Participants' social welfare status was also included in the analysis. Those defined as a social welfare recipient answered yes to receiving benefits under occupational rehabilitation, disablement pension, unemployment benefits, and social security benefits. Sickness benefits (less than a year) and retirement pensions were not included. To obtain an indication of an unhealthy lifestyle, participants were classified as smokers or non-smokers based on whether they were daily smokers of cigarettes.

Health status

Several measures of health status were used based on the following questions:

1. Global health: "How do you feel at present? (Poor, fair, good very good)"
2. Psychiatric complaint: "Do you have or have you had psychiatric complaints that you have sought help for? (Yes/no)"
3. Recent health complaint (yes to one or more of these questions):
 - "Have you in the last 12 months suffered from nausea/heartburn/diarrhoea/constipation/palpitation/breathlessness? (Never = no/sometimes = yes/often = yes)"
 - "Have you experienced any stiffness or pain in muscles or joints that has lasted for more than three consecutive months during the last year? (Yes/no)"
 - "Have you in the last 12 months suffered from headache/migraine (Yes/no)"
4. Chronic complaints: "Do you suffer from any long-standing (at least 1 year) limiting somatic or psychiatric illness, disease or disability? (Yes/no)"
5. Circulatory disease (yes to one or more of these questions): "Do you have or have you had acute myocardial infarction/angina pectoris/stroke (Yes/no)"
6. Hay fever: "Do you have hayfever? (Yes/no)" 7-10. Asthma, diabetes, epilepsy or cancer: "Do you have or have you had asthma/diabetes/epilepsy/cancer? (Yes/no)"
11. Musculoskeletal disease (yes to one or more of these questions): "Have you been diagnosed with osteoporosis/fibromyalgia/arthritis/artrosis/Bechterew (Ankylosis Spondylitis)/other longstanding musculoskeletal disease? (Yes/no)"
12. Another chronic disease: "Do you have or have you had any other longstanding disease? (Yes/no)"
13. Depression and anxiety. Measured with The Hospital Anxiety and Depression Scale (HADS-T), this has been found to perform well in the general population.²⁶ A score above 19 indicates clinical depression and/or anxiety.

Statistical analyses

First, we compared the proportion of people who reported visiting a homeopath within different levels of other variables (looking at only one variable at the time) using a Pearson chi-square test. In subsequent analysis, we used logistic regression to calculate the crude and adjusted odds ratio (Adj OR) for having visited a homeopath within different levels of other variables. The precision of the estimated association is indicated by a 95% confidence interval (95%CI). An OR above 1 indicates increased likelihood of visiting a homeopath and below 1 indicates decreased likelihood. Adj OR gives the odds for a variable when it is controlled for other variables. In other words it gives an estimate of the characteristics of whom within a population is most likely to visit a homeopath. To make it easier to identify the variables most strongly associated with visits to a homeopath, the variables with a significance level below 1% ($p < 0.01$) marked in the tables. p -values are below 1% ($p < 0.01$) were termed significant in the text and when below 10% ($p < 0.1$) referred to as a trend. All data were analyzed using SPSS, version 14.0.1.

Results

A total of 40,027 (61.1%) individuals who participated in HUNT 2 answered the question on visit to a homeopath. 1003 (4.3%) of the population had visited a homeopath during the last 12 months.

The Results section is divided into separate paragraphs to give a joint presentation for each of the variables of the proportion of visitors when looking only at the variable under question (bivariate analysis, Table 1) and the likelihood of visiting a homeopath looking at several variables at the same time and comparing visitors to the general population (Adj OR, Table 2). The summary of which variables were significantly associated with visiting a homeopath (Adj OR) are given in the Discussion section.

Gender

There were more than twice as many females as male visitors (Table 1). This ratio was stable when controlled for other variables (Adj OR 2.3, 95%CI 2.1–2.6) (Table 2), showing that there was an increased likelihood of visiting a homeopath for females.

Age

The age groups with the highest proportion of visitors were those over 50 years (Table 1). There was a nearly linear increase with increasing age. When controlled for other variables (Table 2), the only age group positively associated with visiting a homeopath was 30–39 years (Adj OR 1.3, 95%CI 1.1–1.5). This shows that there was a significant increased likelihood of visiting a homeopath and being 30–39 years compared to other age groups. There was also a trend for higher use among those 60 years and older.

Marital status

Looking at only the marital status of those visiting a homeopath, a larger proportion were divorced/separated and widowed and smaller proportion were single than married (Table 1). Controlled for other variables, marital status was not significantly associated with visiting a homeopath (Table 2). However, there was a trend for an association with being widowed (Adj OR 0.8, 95%CI 0.6–1.0), but contrary to the crude OR analysis, being a widowed decreased the likelihood of visiting a homeopath when controlled for other variables. The difference in direction between the crude (increased likelihood) and Adj OR (decreased likelihood) was attributable to widow(er)s being older and in relatively poorer health. Poor health and greater age were the variables associated with increased likelihood of visiting a homeopath (see below), while being widowed was associated with a decreased likelihood of visiting a homeopath.

Education

Uncorrected education data showed a smaller proportion of those with higher education visited a homeopath than

those who left school after minimum schooling (Table 1). When controlled for other variables (Table 2), there were no significant associations between visits to a homeopath and level of education but there was a trend for increased likelihood for visits among those with higher education (Adj OR 1.2, 95%CI 1.0–1.4).

Social welfare benefit

A higher proportion of those receiving social welfare benefit (not including old age pension) visited homeopaths than those who did not (Table 1). This effect diminished when controlled for other variables (Table 2), but a trend for increased likelihood for visits among benefits recipients persisted (Adj OR 1.1, 95%CI 1.0–1.3).

Smoking

The proportion of smokers was higher than for non-smokers among visitors (Table 1), but being a smoker was associated with a decreased likelihood of visits to homeopaths when controlled for other variables (Adj OR 0.7, 95%CI 0.6–0.7) (Table 2).

Global health

The variable showing the steepest gradient in terms of increased likelihood of visits was decreased level of self-reported global health. This was true for both crude and corrected analyses. When comparing to the general population and controlling for other variables (Table 3), the Adj OR ranged from 1.5 (95%CI 1.2–1.8), 2.5 (95%CI 2.0–3.1) to 2.9 (95%CI 1.9–4.3) for, respectively, good, fair and poor global health as compared to very good global health. There thus was an increased likelihood of visiting a homeopath with lower perceived global health.

Psychiatric complaint

The proportion of visitors was higher among those who had sought professional help for a psychiatric complaint than those who had not done so (Table 1). This persisted when controlled for other variables (Table 3), with an Adj OR of 1.5 (95%CI 1.3–1.8).

Recent complaint

The proportion of persons with none of a range of different complaints during the last year was lower than the proportion of those who had had a recent complaint (Table 1). This persisted when controlled for other variables (Table 3), with an Adj OR of 1.5 (95%CI 1.2–1.7).

Chronic complaint

The proportion with a chronic complaint (longer than 1 year) among those who visited a homeopath was higher than the proportion of those who did not (Table 1). When controlled for the other variables (Table 2), this association was no longer significant but a trend remained (Adj OR 1.2, 95%CI 1.0–1.4).

Table 1 Demographic and health status characteristics

Variable	N ¹	% Who visited a homeopath ²	p-Value ³	Compared to population average (4.3%)
Gender				
Female	21,155	5.7	<0.001	↑ Higher
Male	18,872	2.6		↓ Lower
Age group				
20–29	6293	3.0	<0.001	↓ Lower
30–39	8141	4.1		↓ Lower
40–49	8925	3.8		↓ Lower
50–59	6780	4.4		↑ Higher
60–69	4630	5.4		↑ Higher
70–79	3995	5.4		↑ Higher
80+	1263	6.5		↑ Higher
Marital status				
Married/cohabiting	30,931	4.3	<0.001	- Similar
Single	5204	3.0		↓ Lower
Divorced/separated	1403	5.6		↑ Higher
Widowed	2395	5.8		↑ Higher
Education				
Minimum school	12,094	4.9	<0.001	↑ Higher
Middle level	17,867	3.8		↓ Lower
University	8736	4.0		↓ Lower
Social welfare benefits				
No	32,281	4.0	<0.001	↓ Lower
Yes	7746	5.4		↑ Higher
Smokes cigarettes daily				
No	26,959	4.6	<0.001	↑ Higher
Yes	10,805	3.4		↓ Lower
Global health				
Very good	7173	2.1	<0.001	↓ Lower
Good	23,486	3.5		↓ Lower
Fair	8549	7.8		↑ Higher
Poor	554	9.4		↑ Higher
Psychiatric complaint				
No	34519	3.7	<0.001	↓ Lower
Yes	4220	7.9		↑ Higher
Recent complaint <12 months				
No	9105	2.1	<0.001	↓ Lower
Yes	30,922	4.9		↑ Higher
Chronic complaint >12 months				
No	29,467	3.3	<0.001	↓ Lower
Yes	8353	6.5		↑ Higher
Hay fever				
No	30,327	3.6	<0.001	↓ Lower
Yes	7311	6.3		↑ Higher
Asthma				
No	36,607	4.1	<0.001	↓ Lower
Yes	3328	5.7		↑ Higher
Heart disease				
No	37,521	4.2	0.038	Not significant
Yes	2343	5.1		Not significant
Diabetes				
No	39,061	4.2	0.818	Not significant
Yes	908	4.4		Not significant
Musculoskeletal disease				
No	31,028	3.5	<0.001	↓ Lower
Yes	4826	6.5		↑ Higher
Epilepsy				
No	38,320	4.1	0.462	Not significant
Yes	629	3.5		Not significant
Cancer				
No	38,731	4.2	0.018	Not significant
Yes	1296	5.6		Not significant
Another chronic disease				
No	34,903	3.8	<0.001	↓ Lower
Yes	2982	6.8		↑ Higher

Table 1 (Continued)

Variable	N ¹	% Who visited a homeopath ²	p-Value ³	Compared to population average (4.3%)
Anxiety and depression (HADS-T score)				
0–4	13,931	3.2	<0.001	↓ Lower
5–9	13,990	3.9		↓ Lower
10–14	6993	5.1		↑ Higher
15–19	2667	6.9		↑ Higher
Over 20	1307	7.9		↑ Higher

¹ The differences in number of participants in each comparison are due to non-response to the respective questions on the questionnaire.

² The percentage of (N) who has visited a homeopath during the 12 months prior to questioning.

³ p-Value calculated by Pearson's chi-square.

Diseases

Bivariate analysis showed that the proportion of homeopathic consultants among those having hay fever, asthma, musculoskeletal disease or another chronic disease was higher than for those not having any of these complaints (Table 1). There were no significant differences in the proportion who had or didn't have heart disease, diabetes, epilepsy and cancer (Table 1). When controlled for the other variables (Table 4), only hay fever was significantly associated with visiting a homeopath with an Adj OR of 1.7 (95% CI 1.5–2.0).

Hospital Anxiety and Depression Scale (HADS-T)

When looking only at HADS-Total (HADS-T) score for the consultants, bivariate analysis showed that a higher proportion among those with higher score (indicating a higher level of anxiety and/or depression) (Table 1). When controlled for the other variables (Table 4), having a HADS-T score of 10–14 and 15–19 (borderline clinical depression and/or anxiety disease) was associated with increased likelihood of visiting a homeopath (Adj OR 1.3, 95% CI 1.1–1.6 for HADS-T score 10–14 and 1.6, 95% CI 1.3–2.0 for HADS-T score 15–19), compared to a score of 0–5. There was also a trend for increased likelihood of visits among those with a HADS-T score over 20 (Adj OR 1.2, 95% CI 1.0–1.9).

Discussion

In this study, increased likelihood of consulting a homeopath was most strongly associated with being female and having a lower perceived global health. There was a weaker but still significant association between increased likelihood of consulting a homeopath for people aged 30–39 years, having a HADS-T score of between 10 and 19, having a health complaint the last year, having hay fever, having consulted someone for a psychiatric complaint and having another chronic disease other than those named in this study. Being a smoker was significantly negatively associated with visiting a homeopath.

Table 2 Crude and Adj OR for demographic variables

Variable	Crude OR	Adj OR ¹	95% CI (Adj OR)	p-Value Adj OR
Gender				
Male	1.0	1.0	–	<0.001
Female	2.3 ²	2.3 ²	2.1–2.6	
Age group				
20–29	1.0	1.0	–	
30–39	1.4 ²	1.3 ²	1.1–1.5	0.009
40–49	1.3 ²	1.1	0.9–1.4	0.331
50–59	1.5 ²	1.1	0.9–1.4	0.216
60–69	1.9 ²	1.3	1.0–1.6	0.025
70–79	1.9 ²	1.3	1.0–1.7	0.051
80+	2.2 ²	1.4	1.0–2.0	0.049
Marital status				
Married/cohabiting	1.0	1.0	–	
Single	0.7 ²	0.9	0.7–1.0	0.106
Divorced/separated	1.3	1.1	0.9–1.5	0.308
Widowed	1.4 ²	0.8	0.6–1.0	0.036
Education				
Minimum school	1.0	1.0	–	
Middle level	0.8 ²	1.1	0.9–1.2	0.386
University	0.8 ²	1.2	1.0–1.4	0.075
Social welfare benefits				
No	1.0	1.0	–	
Yes	1.4 ²	1.1	1.0–1.3	0.057
Smokes cigarettes daily				
No	1.0	1.0	–	
Yes	0.7 ²	0.7 ²	0.6–0.7	<0.001

¹ All variables are adjusted for all the other variables in the table and global health.

² Statistically significant, with $p < 0.01$.

There was a trend for increased likelihood of visits to homeopaths ($p < 0.1$) for those 60 years and over, social welfare recipients, having a chronic complaint and HADS-T score of 20 or higher, and a trend to decreased likelihood of visiting a homeopath for those widowed.

Table 3 The Crude and Adj OR for health perception variables

Variable	Crude OR	Adj OR ¹	95% CI (Adj OR)	p-Value Adj OR
Global health				
Very good	1.0	1.0	–	
Good	1.6 ²	1.5 ²	1.2–1.8	<0.001
Fair	3.8 ²	2.5 ²	2.0–3.1	<0.001
Poor	4.7 ²	2.9 ²	1.9–4.3	<0.001
Psychiatric complaint				
No	1.0	1.0	–	
Yes	2.3 ²	1.5 ²	1.3–1.8	<0.001
Recent complaint <12 months				
No	1.0	1.0	–	
Yes	2.3 ²	1.5 ²	1.2–1.7	<0.001
Chronic complaint >12 months				
No	1.0	1.0	–	
Yes	2.0 ²	1.2	1.0–1.4	0.011

¹ All variables are adjusted for all the other variables in the table and gender, age and education.

² Statistically significant, with $p < 0.01$.

Table 4 The Crude and Adj OR for disease variables

Variable	Crude OR	Adj OR ¹	95% CI (Adj OR)	p-Value Adj OR
Hay fever				
No	1.0	1.0	–	
Yes	1.8 ²	1.7 ²	1.5–2.0	<0.001
Asthma				
No	1.0	1.0	–	
Yes	1.4 ²	0.9	0.7–1.1	0.228
Heart disease				
No	1.0	1.0	–	
Yes	1.2	0.8	0.6–1.1	0.283
Diabetes				
No	1.0	1.0	–	
Yes	1.0	0.7	0.5–1.2	0.197
Musculoskeletal disease				
No	1.0	1.0	–	
Yes	1.9 ²	1.2	1.0–1.4	0.036
Epilepsy				
No	1.0	1.0	–	
Yes	0.9	0.7	0.4–1.2	0.205
Cancer				
No	1.0	1.0	–	
Yes	1.3	1.0	0.7–1.4	0.962
Another chronic disease				
No	1.0	1.0	–	
Yes	1.9 ²	1.3 ²	1.1–1.6	0.006
Anxiety and depression (HADS-T score)				
0–4	1.0	1.0	–	
5–9	1.2 ²	1.0	0.9–1.2	0.632
10–14	1.7 ²	1.3 ²	1.1–1.6	0.001
15–19	2.3 ²	1.6 ²	1.3–2.0	<0.001
Over 20	2.6 ²	1.4	1.0–1.9	0.031

¹ All variables are adjusted for all the other variables in the table and gender, age, education and global health.

² Statistically significant, with $p < 0.01$.

Strengths and limitations

The main strength of this study was that it examined a total adult population. The large number of participants is also an advantage as the analysis can be done on a comprehensive range of variables. A limitation that hampers the generalization is that the study was conducted in a confined area and that most homeopaths in Norway are not medical doctors. The study does not include children, who are known to constitute a large proportion of those visiting homeopaths.^{17,18} Also, the study has no data on what kind of practitioner the participants define as a homeopath. Finally the study only asked about visit to a homeopath and thus does not include self-prescription of homeopathic medicines, which is known to be substantial.^{1,4}

Prevalence of visit

The study identified that 4.3% had consulted a homeopath in the 12 months prior to questioning. This is higher than the 1.8% proportion of the total Norwegian population identified in a national survey in 1995 and higher than studies from other countries in the same time period.^{1,3} Although the proportion of visitors identified in this study is different from the rest of Norway at the time of the study, it is equal to

today's proportion.⁶ The reason is most likely that homeopathy has had a special strong position in Central Norway.

Demographics

In general, the demographic profile of those visiting homeopaths in this study is similar to other studies in homeopathic practice. However, there are some differences worth pointing out.

Females were more frequent users than men as was expected since females are found to be more frequent users of both conventional and CAM health care services. The female:male ratio was 2.3:1 in this study, which is higher than other studies have found, but similar high proportions are found in some studies in homeopathic practices.²¹ As explored by Scott, homeopathy can be viewed as a feminist form of medicine²⁷ and might thus appeal to females more than other forms of CAM modalities.

That the age range of 30–39 was significantly associated with visiting a homeopath was in line with the findings in most other studies of CAM consumption^{1,3} and studies from homeopathic practices.^{7,18,28} Due to the size of the present study, it had a high number of respondents also in the higher age groups, which is not the case in many other studies on CAM consumption. Contrary to some other studies, there was a trend for increased use for those 60 years or older. This might seem surprising, but is less so when we take into account that all health care consumption increases with higher age.

Health perception

The variable mostly strongly associated with visits to homeopaths was self-reported poor global health. Self-reported health is known to be associated with aspects of health and lifestyle beyond simply the purely physical aspects.²⁹ This lends itself to the argument that people's perception of their own health status might be more important than information about their characteristics and diseases in understanding their health seeking behaviour. Question on self-reported health should thus be included in future studies on use of homeopathy.

Diseases

None of the chronic diseases specifically asked about in this study turned out to be significantly associated with visits to homeopaths, except hay fever. This is difficult to interpret as reporting other chronic disease was significantly associated with visits.

Conclusions

This is the first study of the characteristics of those who visit homeopaths compared to the general population. It was found that being female and having a lower perceived global health were the variables most strongly associated with visits to a homeopath.

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