

ORIGINAL PAPER

Responses to homeopathic treatment in National Health Service general practice

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Objective: To assess homeopathic consultations in NHS general practice over a 12-month study period; to analyse the conditions treated homeopathically and assess the responses to homeopathy prescribed in a standard 10 min GP consultation.

Methods: Data on each homeopathic consultation over 12 months were recorded: including patient details; condition/diagnosis; response score; prescribed medicine; prescribing strategy; medical speciality category. Clinical response was scored using a modified version of the Glasgow Homeopathic Hospital Outcome Scale.

Results: Over the 12-month study period, a total of 5331 consultations were conducted within the general practice; 489 (9%) of these consultations were homeopathic. A wide variety of conditions were treated homeopathically, 78% of patients had a positive clinical response, 19% no response, 3% negative response. Analysis of the prescribing strategies demonstrated that 73% of the homeopathic prescriptions were issued using the 'problem-based' strategy. The remainder were 'patient-based' (19%), 'context-based' (4%) and 'combined' (4%) strategies.

Conclusions: This study illustrates the varied and successful application of homeopathy within the general practice setting. Response scores reveal the beneficial effects of homeopathic treatment. This study supports the use of homeopathy within NHS general practice, delivered in a 10 min consultation. *Homeopathy* (2006) 95, 9–14.

Keywords: homeopathy; general practice; effectiveness; consultation time; NHS; private practice

Introduction

The objective of this study was to assess the homeopathic activity of an individual general practitioner (GP) in an National Health Service (NHS) general practice setting. An data collection of this nature satisfies some of the key functions of research in homeopathic medicine as outlined by Swayne.¹ Auditing clinical activity enables a practitioner to identify needs, and to reflect upon and refine performance where possible. This results in improved patient care and increased practitioner satisfaction. It can also provide further supportive evidence of the wide application, effectiveness and validity of homeopathy.

Studies of homeopathic activity with various objectives and in a variety of settings have been reported. Clinical outcome studies have been performed in homeopathic hospital out-patient^{2,3} and community hospital⁴ clinics. The Glasgow Homeopathic Hospital Outcome Score (GHHOS), is frequently the most widely used scoring system,⁵ other standardized or specially designed scales have been used.^{2,6,7} Other outcome studies have been performed using visual analogue scales^{8,9} or the MYMOP approach,¹⁰ in the private practice and GP setting. There have been a number of continental European studies in which homeopathic activity has been audited by GPs, individually¹¹ and collectively.^{9,12–14} Outcomes and effectiveness were measured in a variety of ways. Doctor and patient questionnaires were generally used in these studies, rather than continuous extended data collection.

In UK general practice there have been a small number of studies in which homeopathic activity of

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individual practitioners have been audited. Downey's⁶ GP study recorded patient data and prescribing strategies; he measured outcome using his personally designed rating scale over 6 months. Pratt's⁷ study recorded patient data, prescribing patterns and rate of improvement of successful homeopathic cases, recorded on individual standardized case sheets in general practice over 30 years.

My study was conducted in the GP setting on all patients who received homeopathic treatment in standard 10 minute appointments over 12 months. Age, gender, clinical condition, prescribing strategy and prescription were also recorded. The response since the previous homeopathic consultation was measured using a modified version of the GHHOS scale. This was chosen as it has been used effectively in previous outcome studies.^{3,4,15} Other studies^{8,9} have used visual analogue scales but this method was not chosen for practical reasons. As time is precious, in the 10 minute consultation it was considered that it would be quicker to ask the patient a standard question sequence, as opposed to explaining and demonstrating the visual analogue system. The patients were not questioned on the effect their treatment had on daily living, part of the full GHHOS scale, for the same reason.

The data were entered on a specially designed computer spreadsheet, enabling it to be analysed from different perspectives. For instance allowing cross referencing of clinical conditions against medicines prescribed; analysis of individual medicines and the scope of conditions they were prescribed for; cases and medicines matched against patient demographics; outcomes of specific conditions treated with homeopathic medicine.

Materials and methods

This study was conducted over a 12 month period in a three-partner rural general practice in West Dorset during the calendar year 2002. Ten minute appointments are made by the patient through a receptionist, either in person or by telephone. The author is a full-time GP providing both conventional and homeopathic medical care within booked surgeries. He commenced his training in homeopathy in 1995 and qualified as a member of the Faculty of Homeopathy in 2000, completing Higher Specialist training in 2004. Patients treated homeopathically had made an appointment with the author; a small number of patients attended following recommendations from his GP partners within the practice. There were no referrals from outside the practice.

At the time of attendance, homeopathic treatment was offered when appropriate, as an alternative to conventional treatment or in situations when conventional treatment had nothing to offer. If the patient chose homeopathic treatment, an FP10 prescription

was issued to take to a community pharmacy. Occasionally the prescription would be made up by the author from a small stock of homeopathic medicines kept in the surgery. The patient was given a patient information sheet, explaining the principles of homeopathy as well as instructions on how to take the medicine. Patients were encouraged to re-attend for case review as appropriate. Response to the homeopathic treatment at reattendance was assessed. Reviews were also conducted opportunistically at the time of a patient presenting with an unrelated problem.

A record was made of each consultation that involved the application of homeopathic method. This included consultations that resulted both in homeopathic prescription or solely homeopathic advice. Following each consultation the following information was recorded onto a dedicated Microsoft Excel spreadsheet:

- Date of consultation; patient identification number; age; gender.
- Consultation classified as: initial consultation; 'new patient' case; or a review 'follow-up' case.
- Clinical diagnosis, condition or description, eg 'never been well since'.
- Response scoring according to the patient's assessment of their symptoms since the previous consultation.

Response scoring was based on the GHHOS. At the start of each review consultation the patient was asked the following standard sequence of questions: 'Are you better, worse or exactly the same?' Then either 'Has there been a mild/moderate/major improvement?' or 'Has there been a mild/moderate/major deterioration?' If appropriate, the patient was then asked 'If there has been an improvement, would you call this a complete cure?' The patients who described an improvement in their condition that was 'mild', 'moderate' or 'major' were scored '+1', '+2' or '+3', respectively. The patients who described a deterioration in their condition that was 'mild', 'moderate' or 'major' were scored '-1', '-2' or '-3', respectively. The patients who described a complete cure were scored '+4'. The patients who did not experience any change—either improvement or deterioration—were scored '0'.

- Prescribed homeopathic medicine, potency and dosage regimen.
- Prescribing strategy using Swayne's classification:¹⁶
 - 'Problem-based' strategy which includes prescribing on presenting symptoms with modalities, materia medica, specific conditions, key-notes, organ and tissue affinities.
 - 'Patient-based' strategy which includes 'constitutional' and 'totality' prescribing; 'context based' which includes prescribing on the patient's past medical history, aetiological factors, family traits or social history.

- Medical speciality in which the medical condition or diagnosis was classified.

Previous studies have recorded prescribing strategies on different classifications:^{6,14} Swayne's classification was chosen because the distinction between strategies is more defined and relevant to everyday case presentation.

Results

Over 12 months a total of 489 consultations were concluded in which homeopathic treatment or advice was given. Of these 489 consultations, 252 were 'new patient' or 'first encounter' consultations. The 237 remaining consultations were reviews or 'follow-ups'. In the 12-month period, there were a total of 5331 consultations at the general practice. Thus 9% of all consultations were homeopathic, either entirely or opportunistically, at the time of a patient presenting with an unrelated problem.

The age of 'new patients' given homeopathic treatment or advice is shown in Table 1: 21% 0–9 years; 18% 30–39 years. Thirty-seven per cent of patients were in the 40–69 year age bands. There were many fewer attendances by patients in the 10–29 year age bands and over 70 years onwards. Seventy-two per cent of the 252 'new patient' cases were female; the majority of these were in the 30–69 year age bands. The greatest concentration was in the 30–39 year group in female patients; this equates to 15% of the 252 'new patients'. Twenty-eight per cent of 'new patient' cases were male, evenly spread across all decade age bands apart from the 0–9 year band; there were relatively more male patients in this latter band, equal to the number of females.

The conditions treated homeopathically were classified according to medical speciality (Table 2). The commonest specialties for homeopathic treatments were ear, nose and throat 20%, mental/psychological 12% and dermatological 12%. Those that could not be categorized in this way were grouped under the 'miscellaneous' heading. These comprised 23% of all 'new patient' presentations; the top seven conditions in this category were bruise, night cramp, worms, motion sickness, chilblains, 'never been well since' and 'tired

Table 1 Age of all 'new patients' attending that were given homeopathic treatment or advice

Ages	Male	Female	Total
0–9	31	21	52
10–19	7	12	19
20–29	1	15	16
30–39	6	39	45
40–49	5	27	32
50–59	4	25	29
60–69	7	25	32
70–79	8	8	16
80–89	2	9	11
	71	181	252

all the time'. Seventy-three per cent of homeopathic prescriptions were on a 'problem-based' strategy. Nineteen per cent of cases were treated using the 'patient-based' strategy. Four per cent of cases were treated using the 'context-based' strategy, 4% of cases with a combination of strategies and classified as 'combined' strategy. Ninety-two consultations did not result in a homeopathic prescription; homeopathic treatment was discontinued at review.

Over the 12 month study period 79 different homeopathic medicines were prescribed. This does not take into account the differing potencies of individual medicines; for example Sulphur 6c, 12c, 30c counted as one medicine. Table 3 shows the number of prescriptions for the top 12 homeopathic medicines prescribed.

The clinical response identified at each review homeopathic consultation, according to the modified GHHOS showed 78% of 237 cases had a positive response. Improvement was classified as complete cure, major, moderate or minor improvement; 14%, 31%, 23% and 10%, respectively. Nineteen per cent of follow-up patients perceived no change in their symptoms; 3% described their condition as having deteriorated since their last appointment (see Figure 1).

Table 2 Conditions treated homeopathically over 12 months, categorized according to medical speciality. Only 'new patient' presentations listed

Speciality	No.	% of total
Miscellaneous	58	23.02
Ear, nose and throat	50	19.84
Psychological	30	11.90
Dermatology	30	11.90
Obs and gynae	19	7.54
Gastrointestinal	16	6.35
Central nervous	14	5.56
Locomotor	12	4.76
Respiratory	12	4.76
Genito-urinary	9	3.57
Cardiovascular	1	0.40
Ophthalmology	1	0.40
Total	252	100

Table 3 Top 12 homeopathic medicines prescribed over 12 months

Rank	Remedy	No. of prescriptions
1	Pulsatilla	29
2	Arnica	23
3	Lycopodium	20
4	Belladonna	15
5 =	Carcinosin	13
5 =	Merc sol	13
5 =	Nat Mur	13
5 =	Sepia	13
5 =	Sulphur	13
10	Cuprum met	12
11 =	Cocculus	11
11 =	Rhus Tox	11

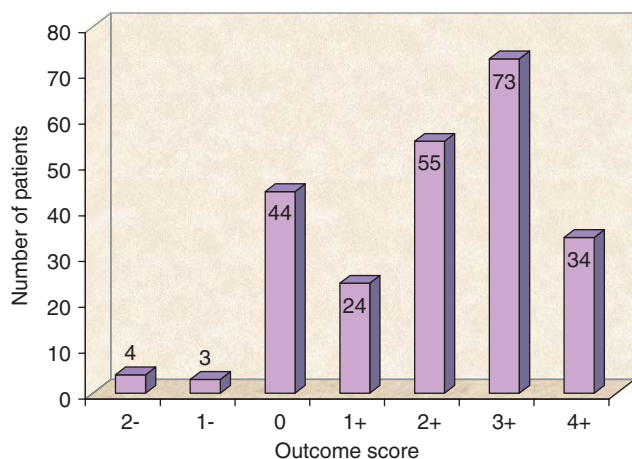


Figure 1. Clinical responses to homeopathic treatment. The responses measured using a modified version of the Glasgow Homeopathic Hospital Outcome Score (GHHOS) scale.

Discussion

Homeopathic consultation rate

Over the 12 month recording period 9% of consultations at the practice resulted in a homeopathic prescription. This is similar to previous clinical audits.^{6,11} This is a significant proportion of the 5331 consultations performed in the practice over the year, and demonstrates that homeopathy can be a useful tool in the GP setting. There are a number of reasons for this; many conditions and presentations in general practice are difficult to treat conventionally. Homeopathy is applicable and effective in many such situations. This is particularly noticeable in the 'miscellaneous' conditions; bruising, muscles cramp, restless legs and chilblains are all examples of conditions that are difficult to treat conventionally.

Patient demographics

Many studies of homeopathy in general practice have collected demographic data.^{11-13,15} This study demonstrates a similar pattern. Seventy-two per cent of the 'new patient' consultations were for female patients. The largest decade group of patients attending are women aged 30-39 years (15.4%). Women may be exposed to homeopathy at this age as it corresponds to the age at which they attended for maternity care; they may have also been exposed to homeopathy if their children's illnesses had been managed homeopathically. There was also a high attendance rate for the under-10 year olds. Many of these consultations were for viral conditions. The age distribution graph is similar to that of Steinsbekk,¹² with the peak age bands at 0-9 years and 30-39 years. His results also show a peak of female presentations in the 30-39 year band.

Conditions treated homeopathically

The study demonstrates the variety of conditions treated homeopathically. The largest group after 'miscellaneous' was ear, nose and throat, chiefly viral respiratory tract infections. Antibiotics are not indicated in viral conditions; homeopathy is a valid alternative for treatment of these conditions.

The second most frequently diagnostic group was the mental/psychological conditions and in this group anxiety was the most frequent reason for homeopathic treatment. There is reluctance both among doctors and their patients to consider prescriptions of tranquillisers and hypnotics for these conditions. For reasons including fear of dependence, withdrawal syndrome, rebound insomnia and peripheral adverse effects. Homeopathy offers an effective alternative. Homeopathy also offers treatment for conditions such as grief, shock, fear and panic, which conventional practitioners will often not prescribe treatment or can only suppress with beta-blockers or benzodiazepines. Another reason for the high attendance for mental/psychological conditions is that homeopathic treatment develops and enhances doctor consulting skills. Perhaps the homeopathic approach enables the GP to be more receptive to these problems, as well as being able to offer a valid and effective alternative to conventional medicines.

The conditions in which homeopathy was used in this study corresponds with previous studies of homeopathy in general practice.¹¹⁻¹⁴ The range of complaints also corresponds to those for which people self-medicate^{17,18}

Prescribing strategies

Most prescriptions were issued on a 'problem-based' strategy 73% (292). Prescriptions on 'patient-based' and 'context-based' strategies were also possible within the 10 min consultation partly because I was already familiar with the patient, their family dynamics and traits, domestic and social setting, having provided care for them for 15 years.

Some prescriptions were based on a combination of strategies. This is described as a 'pluralist' approach in prescribing as described, for instance by Colin.¹¹ The 'pluralist' approach is a reasonable option in the 10 min GP setting for practical reasons; the constraints on time make the 'classical' homeopathic approach difficult.

In 92 consultations no prescription was issued, these were recorded as 'no prescribing strategy'. The reason was either the patient had responded sufficiently and no further treatment was needed or doctor decided further homeopathic treatment was not appropriate. There were also situations in which conventional treatment had become more appropriate; at that point the patient was treated conventionally or referred for a specialist secondary care opinion.

Medicines prescribed

Over the 12 months a total of 79 different homeopathic medicines were prescribed. This did not take into account the different potencies of individual medicines prescribed. The top 10 medicines accounted for 33% of prescriptions. The range of medicines prescribed was similar to those in other general practice studies.^{7,13}

These results contrast with the study of remedies prescribed at Glasgow Homeopathic Hospital¹⁹ in which polychrest medicines were more strongly represented. It is notable that *Natrum muriaticum* was only the seventh most prescribed medicine in this study, whereas in the Glasgow study it was the most commonly prescribed. This reflects the different case presentation and management in the hospital setting compared to the 'problem-based' cases treated in general practice.

Responses to homeopathic treatment

This study demonstrated a variety of responses to homeopathic treatment. It was pleasing to see that 78% of the patients noted at least some improvement in their condition, 31% of patients reviewed noted a major improvement, and 14% a complete cure. However, with such a study, circumspection regarding the results is required. Despite asking the sequence of questions described in the Methods section, the patient's assessment of his or her condition (and hence score) may be influenced by various factors, including many patients' eagerness to please the doctor. Nevertheless, previous studies in general practice and hospital out-patient clinics have found similar outcomes; Steinsbekk and Fønnebo¹² 71%; Van Wassenhoven and Ives¹⁴ 89%; Slade¹⁰ 80%; Richardson³ 76%; Clover² 79%; Sevar⁸ 61%; Downey⁶ 80%.

The other notable point is that 19% of the patients experienced no change following homeopathic treatment. Reasons for this could be an 'obstacle to cure', incorrect prescription or faulty medicine taken by the patient. Another reason may be that the case was not 'opened' fully at the time of the first consultation. This might be due to the patients' reluctance to fully reveal their history at that time; this may not occur until they fully trust the practitioner and are comfortable with the homeopathic method. When this is the case, the doctor is not being presented with the full picture upon which the prescription is to be based. Seven patients experienced a mild or moderate deterioration following the homeopathic treatment. Possible explanations include homeopathic aggravation, incorrect prescribing, a continuing precipitating cause or the natural evolution of the illness.

Despite these reservations concerning the results, the method of assessing outcome and recording, the positive responses support the claim that there is a place for homeopathic treatment in NHS general practice.

All the consultations in this study were undertaken in routine GP appointments. Critics of homeopathy claim that one explanation for the successful response to homeopathic treatment is extended consultation time. They suggest that patients feel better having had the opportunity to talk at length about their condition and concerns. This study does not support such a claim as all the consultations took place in a standard GP 10 min appointment.

Conclusion

The study demonstrates that a wide variety of conditions are treatable with homeopathy in primary care. This includes conditions that are treatable conventionally as well as those in which there is limited or no conventional treatment.

The treatment responses demonstrate the beneficial effects of homeopathic treatment as judged by patients. The study also demonstrates a working model for future systematic clinical data collection in the GP and/or private practice setting. A large-scale study of this or similar design would provide the means of accruing combined and individual-practice clinical data that would help to gain insight into the use and effectiveness of the homeopathic method.

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