

CLINICAL PAPER

Clinical verification in homeopathy and allergic conditions

Michel Van Wassenhoven*

LMHI Secretary for Research, European Committee for Homeopathy – Liga Medicorum Homeopathical Internationalis, Rue Taille Madame, 23 B-1450 Chastre, Belgium

Background: The literature on clinical research in allergic conditions treated with homeopathy includes a meta-analysis of randomised controlled trials (RCT) for hay fever with positive conclusions and two positive RCTs in asthma. Cohort surveys using validated Quality of Life questionnaires have shown improvement in asthma in children, general allergic conditions and skin diseases. Economic surveys have shown positive results in eczema, allergy, seasonal allergic rhinitis, asthma, food allergy and chronic allergic rhinitis.

Aims: This paper reports clinical verification of homeopathic symptoms in all patients and especially in various allergic conditions in my own primary care practice.

Results: For preventive treatments in hay fever patients, *Arsenicum album* was the most effective homeopathic medicine followed by *Nux vomica*, *Pulsatilla pratensis*, *Gelsemium*, *Sarsaparilla*, *Silicea* and *Natrum muriaticum*. For asthma patients, *Arsenicum iodatum* appeared most effective, followed by *Lachesis*, *Calcarea arsenicosa*, *Carbo vegetabilis* and *Silicea*. For eczema and urticaria, *Mezereum* was most effective, followed by *Lycopodium*, *Sepia*, *Arsenicum iodatum*, *Calcarea carbonica* and *Psorinum*.

Conclusions: The choice of homeopathic medicine depends on the presence of other associated symptoms and 'constitutional' features. Repertories should be updated by including results of such clinical verifications of homeopathic prescribing symptoms. *Homeopathy* (2013) 102, 54–58.

Keywords: Homeopathy; Primary care; Daily practice; Verification of homeopathic symptoms; Allergic conditions; Hay fever prevention; Evidence-based repertory; *Arsenicum album*

Introduction

Evidence-based medicine is concerned with evidence of efficacy of treatments for specific diagnoses. Evidence-based homeopathy is concerned with clinical verification of symptoms used in homeopathic practice within the framework of the concept of similarity.^{1,2} The organisation of such verification is not simple,^{3,4} homeopaths use different methodologies and strategies varying according to their training, expertise and clinical experience.

The clinical verification project presented here is based on my own practice and conducted in the framework of a specific homeopathic methodology, the Kentian approach. In this approach, after the classical anamnesis seeking the modalities of each symptom, special attention is given to the circumstances of appearance of the symptoms ('ailments from'), mental features, using strong characteristics (including dreams), and finally general features including food desires or aversions. I also give special consideration to the acuteness of the senses of each patient. The symptoms are then repertorised^{5,6} to match the characteristics of the patient and his personal disease(s) expression(s) with the rubrics of the repertory. These rubrics list possible homeopathic medicines corresponding to each symptom. The best medicine would match the total picture or all selected rubrics. In each rubric a value is given (denoted by the type face: plain, italic, bold or bold italic)

*Correspondence: Michel Van Wassenhoven, LMHI Secretary for Research, European Committee for Homeopathy – Liga Medicorum Homeopathical Internationalis, Rue Taille Madame, 23 B-1450 Chastre, Belgium.

E-mail: michelvw@homeopathy.be

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- 1 (plain type) for a medicine suggested by toxicology or clinical results or a single homeopathic pathogenetic trial (HPT, proving);
- 2 (*italic*) for a medicine confirmed by at least a second HPT;
- 3 (**bold**) for a medicine suggested by HPTs and verified by clinical cases;
- 4 (***bold italic***) for a medicine verified repeatedly and generally accepted for this symptom.

In this approach to homeopathic prescribing one considers first the patient in his globality and only secondarily the diagnosis. In homeopathic practice allergy is a frequent presenting complaint accounting for almost 20% of consultation in some series.⁷

When comparable randomised controlled trials (RCTs) of homeopathy and conventional treatment are compared it appears that homeopathy has similar effects as matched conventional therapies and are generally of higher methodological quality.^{8,9} Considering allergies, more data is required,^{10–12} there is a positive meta-analysis of RCTs of homeopathy for hay fever¹³ and two positive RCTs in asthma.^{14–16} Cohort surveys using validated Quality of Life questionnaires and including almost 20,000 patients indicate improvement in asthma of children, general allergic conditions and skin diseases. Economic surveys including about 10,000 patients have yielded positive results for eczema, allergy, seasonal allergic rhinitis, asthma, food allergy and chronic allergic rhinitis. To date 46,000 patients have been included in homeopathic symptom clinical verification studies.¹⁷ Allergic conditions are certainly one of the greatest challenges for contemporary medicine; our previous work suggests that homeopathy may be a good therapeutic choice.¹⁸ This paper aims at providing an insight in daily practice, using the Likelihood Ratio method.

Framework

The analysis of data collected by applying information technology in daily practice opens the possibility of validating homeopathic prescribing symptoms. The author has collected data on repertory rubrics, homeopathic medicines prescribed, and clinical outcomes, for 16 years. The data were analysed using classical statistical methods method and likelihood ratios method. There is good correlation in the results given by these methods.¹⁹

I started using an electronic version of Kent's repertory and clinical files in 1982, and used this data collection program routinely in my practice from 1986 to August 2002. The database was exported to Microsoft 'Access' format allowing analysis of these 16 years practice. There is resistance to introducing information technology into daily practice. It takes time and may adversely affect the doctor patient relationship. Of course, the use of a computer must not be allowed to disturb the consultation. It is only a second step after observing, listening and examining the patient. But in my experience, many patients are pleased to participate in translating their symptoms into the framework of a repertory. This approach is a compromise

between real daily practice and the theoretical best set of standards for reporting homeopathic clinical data.

To be useful for the evaluation of practice, a few compulsory data fields are required and this does not take much time. Collection of administrative data is compulsory and can be done before the consultation. The diagnosis(es) is coded using the International Classification of Disease (ICD) diseases. Repertorisation is done using RADAR software with various versions of the Synthesis Repertory. I collect only one item of data systematically at each consultation: the answer to the question: "*What happened after the prescribed treatment?*" I rate this on a scale of –1 to +5:

5 = Very spectacular improvement in the total picture; symptoms have disappeared and the general state of health is completely improved; there is no need for further treatments.

4 = Spectacular disappearance of symptoms with improved general state of health.

3 = Disappearance of some symptoms, start of a general improvement.

2 = Good effect during the treatment but I am not convinced, it will improve the patient completely, other therapies are still needed.

1 = Some effect during the treatment which could be due to other factors (like placebo).

0 = No effect of the treatment.

–1 = Deterioration or aggravation during or after treatment.

Results

Overall the database includes 21,327 evaluable contacts with 3538 evaluable patients. All ages are represented in Figure 1, 79% of patients were women. First presenting complaint is described in Figure 2, nervous and respiratory complaints are the most frequent.

Global outcome

Mean outcomes in selected conditions using the seven point scale is presented in Figure 3.

Repertorisation

In total 80,625 symptoms were used in 4256 repertorisations: for 50.6% of patients only one repertorisation was

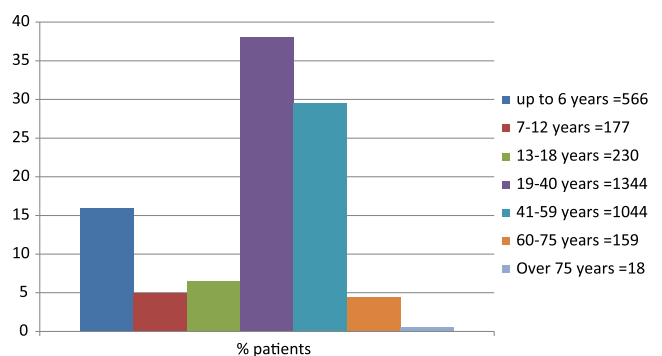


Figure 1 Age distribution of the 3538 patients by age in percentage.

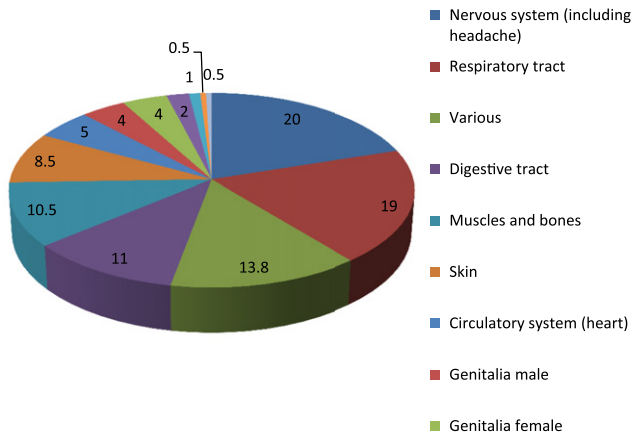


Figure 2 Main presenting complaint of the 3538 patients (percentage).

done, for 18.8% two repertorisations were needed, for 9.3% three repertorisations, 5.8% four repertorisations. For one patient 28 repertorisations were performed!

All observed symptoms are linked to different chapters of the repertory (see Figure 4). The predominance of Mind symptoms is typical for unitary homeopathy looking at the globality of the patient including also his Mind context and not only the clinical symptoms. It allows an easier choice of the personalised remedy.

Remedies used: The most frequently prescribed medicines for all conditions were: *Lycopodium*, *Nux vomica*, *Phosphorus*, *Pulsatilla*, *Natrum muriaticum*, *Sulphur*, *Psorinum*, *Arsenicum album*, *Calcarea carbonica*, *Sepia*, *Silicea*, *Causticum*.

Allergic conditions: 16.5% of the adults and 22% of children presented with allergic conditions (Figure 5), *Arsenicum album* was prescribed in 28% of the patients, *Natrum carbonicum* in 9%, *Natrum sulphuricum* in 8.5%, *Pulsatilla pratensis* in 8% followed by *Phosphorus*, *Alumina*, *Arsenicum sulphuratum flavum*, *Calcarea carbonica*, *Carbo vegetabilis*, *Silicea*, etc.

Considering only hay fever patients (confirmed by RAST tests), *Arsenicum album* was the medicine I most frequently rated effective, followed by *Nux vomica*, *Pulsatilla pratensis*, *Gelsemium*, *Sarsaparilla*, *Silicea* and *Natrum muriaticum* (Figure 6).

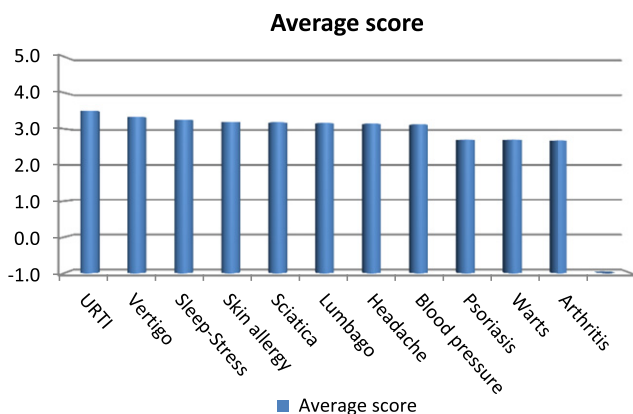


Figure 3 Mean change in symptom score by main diagnosis using the 7 point score (the best possible value is 5, the worst -1).

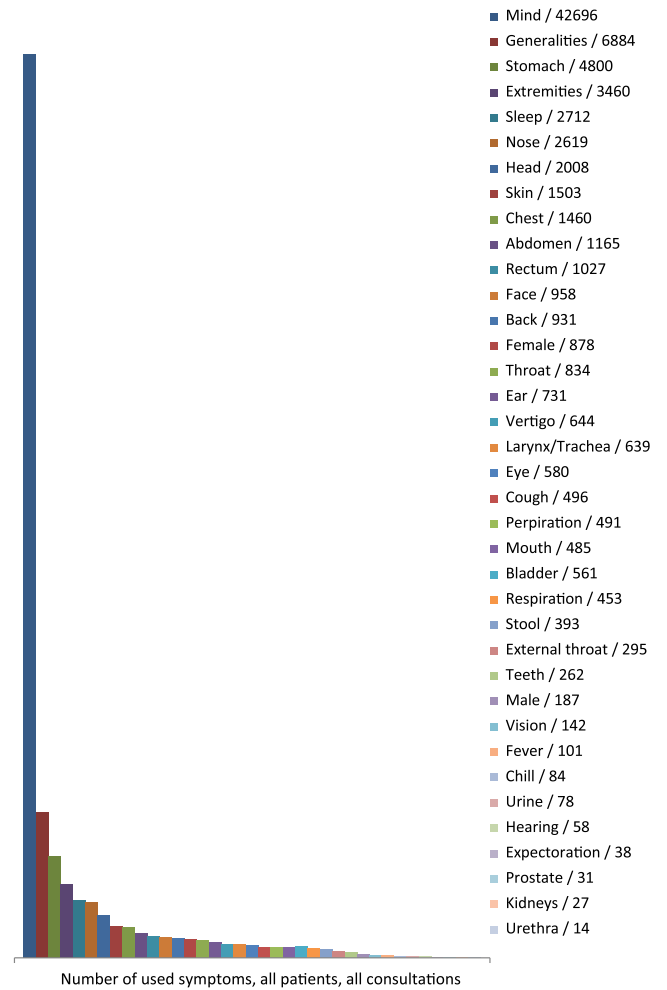


Figure 4 Numbers symptoms used by repertory chapters.

For asthma patients (confirmed by pneumologist), *Arsenicum iodatum* was the medicine I most frequently rated effective, followed by *Lachesis*, *Calcarea arsenicosa*, *Carbo vegetabilis* and *Silicea* (Figure 7). For eczema and urticarial eruptions (confirmed by dermatologist, excluding atopic eczema) *Mezereum* gave the best results followed by *Lycopodium*, *Sepia*, *Arsenicum iodatum*, *Calcarea carbonica* and *Psorinum* (Figure 8).

In this survey, *Arsenicum album* was the most prescribed homeopathic medicine for allergic conditions. Using

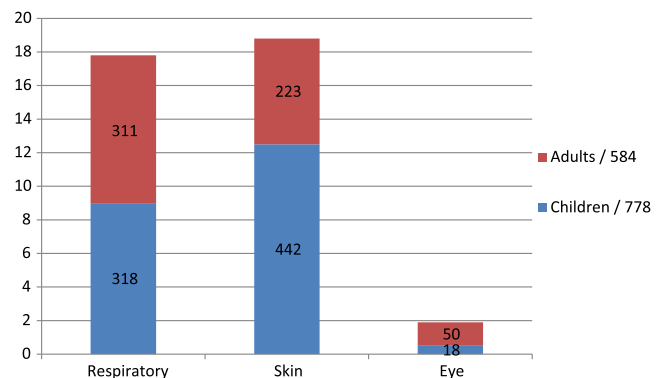


Figure 5 Percentages of type of allergic conditions in children and adults (numbers of patients for each condition).

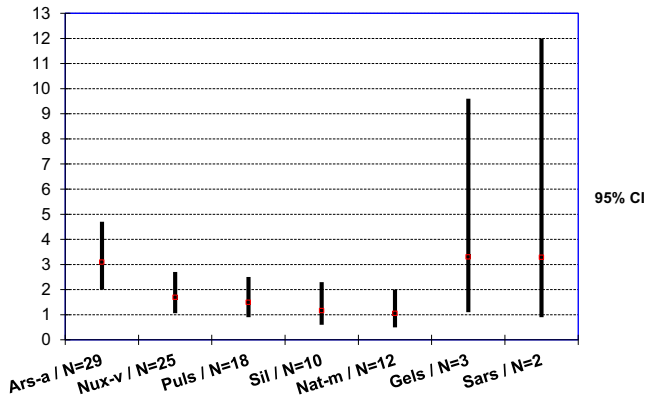


Figure 6 LR+ scores for patients presenting with symptoms of Annual Hay fever (mean values, 95% CI and number of patients concerned). A positive link between effectiveness of a remedy and a patient presenting a symptom yields a value >1. The CI is heavily dependent on the number of patients included. For *Arsenicum album* the results are statistically significant.

likelihood ratio (LR)⁴ it is possible to define the specificity of the link between a symptom and a medicine. All patient files in the clinical database are considered and comparison made between the positive clinical results after prescription of *Arsenicum album* suggested by a repertorisation including a particular symptom (or without this symptom) and the pool of all negative clinical results (all medicines) with the same symptom whatever the result (or without this symptom). From these values it is possible to calculate a LR+ (positive specificity for a symptom linked to the prescription of the medicine) and a LR- (negative specificity for the same symptom linked to the medicine). For LR+, the specificity of the link between a symptom and a medicine is greater as the value deviates more from zero. For LR-, the specificity of the link between a symptom and a medicine is greater as the value approximates to zero.

For *Arsenicum album* the most specific symptoms are 'restlessness internal' followed 'hay fever', 'anguish', 'conscientious about trifles', 'desire for company — aggravated alone' and 'anxiety' (Figure 9). If the 3 first

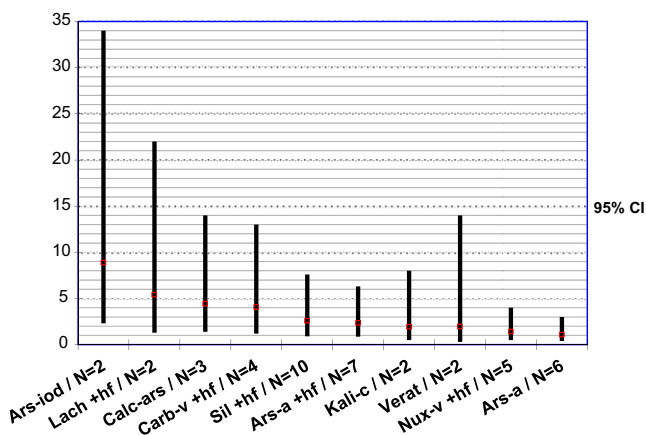


Figure 7 LR+ scores for patients presenting with Asthmatic Respiration with or without Hay fever '+hf' (mean values, confidence interval 95% and number of patients concerned). A positive link between effectiveness of a remedy and a patient presenting a symptom yields a value >1. The CI is heavily dependent on the number of patients included.

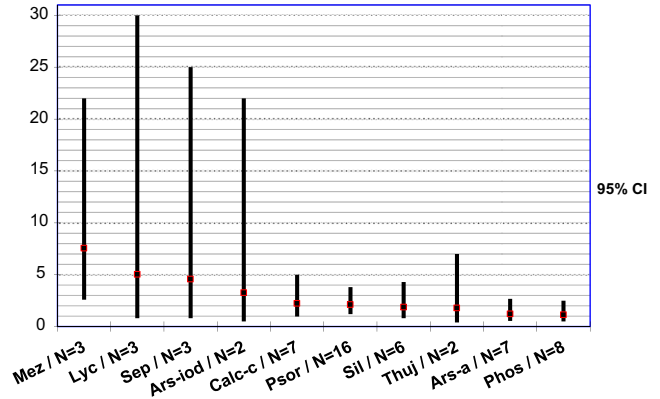


Figure 8 LR+ scores for patients presenting with the symptoms eczema or urticaria (mean values, 95% CI and number of patients concerned). A positive link between effectiveness of a remedy and a patient presenting a symptom yields a value >1. The CI is heavily dependent on the number of patients included.

symptoms are presented together (globality) in a single patient, we can really expect treatment efficiency due to the obtained LR+ values for each of these symptoms. The link between the presence of these three symptoms and remedy efficiency is high.

Discussion

Considering outcomes associated with a homeopathic medicine (LR+ or LR-) allows verification and refinement of the degree applied to the medicine in each repertory rubric. In the new generation of computerised repertories (Radar Opus®) clinical results will be automatically considered to improve own future prescriptions.

Using a database collected over 16 years of practice, restricts personal perceptions or time-limited personal beliefs. The use of only clear-cut features reduces the risk of false interpretation of prescription results. Using mathematical models (likelihood ratio), no subjective selection is needed in the database; all clinical files are considered without restriction. Of course results depend on the prevalence of a symptom in the population studied and on the number of prescriptions of the chosen medicine. The results compare, for a given symptom, all results (positive

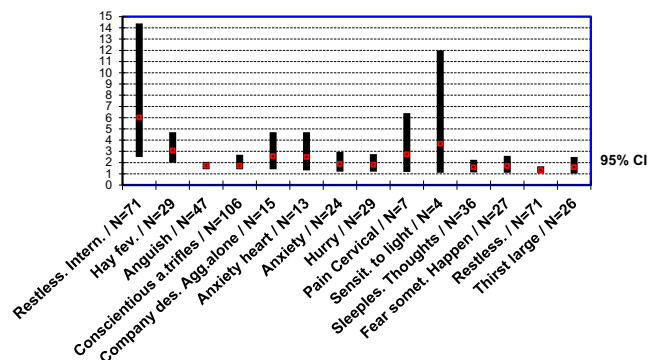


Figure 9 LR+ scores for symptoms linked to the homeopathic medicine *Arsenicum album* and number of patients concerned. A positive link yields a value >1. The CI is heavily dependent on the number of patients included.

or negative) and all medicines in the database, opening a new perspective for another way to correlate symptoms with homeopathic medicines.

We can hope that in the future an 'Evidence-based repertory' will collate results obtained from multiple homeopathic prescribers. The format would be similar to the classical repertories (chapters – symptoms – medicines) but for each medicine in a rubric two values would be given: a positive specificity value (LR+) and the negative specificity (LR–). This approach would be complementary to the classical approach but the probability of finding the best medicine for a specific patient would be increased.

Comparing these results with previous publications, for instance there is similarity between my prescribing and that reported by Colin paper in his treatment of respiratory allergies.²⁰ However there are discrepancies when one compares with Goossens *et al.*²¹ *Arsenicum album* was only prescribed in 2% of the patients, the most prescribed remedies being *Sulphur* (13%) and *Pulsatilla* (8%). However that paper only considered acute treatment of hay fever. *Arsenicum album* is the most prescribed remedy for hay fever in the present survey because most of the treatments are preventive treatments and outcomes observed over a longer time period.

The weakness of this method is that no external comparison group is involved. Clinical effectiveness is considered using changes between a first and the following consultations. Although the observed effects could be due to multiple factors, these factors are the same for all considered patients and the link between the observed symptoms, prescribed medicine and obtained results is therefore relevant.

Conclusions and suggestions

The symptoms of *Arsenicum album* verified in this project are found in the HPTs, as such it supported the validity of the 'law of similar' and the 'globality rule' in homeopathy. An international data-bank of clinical cases is being set up.²² Computerised daily practice gives us the opportunity to open the black box, to be confronted with the real world of homeopathy. Such approach can be useful to improve the homeopathic practice and to validate different homeopathic concepts, methodologies and strategies.

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