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Original article

Obstetrics and gynecology outpatient scenario of an Indian homeopathic hospital: A prospective, research-targeted study

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ABSTRACT

The authors aimed to document prescriptions and clinical outcomes in routine homeopathic practice to short list promising areas of targeted research and efficacy trials of homeopathy in obstetrics and gynecology (O&G).

Three homeopathic physicians participated in methodical data collection over a 3-month period in the O&G outpatient setting of The Calcutta Homeopathic Medical College and Hospital, West Bengal, India. A specifically designed Excel spreadsheet was used to record data on consecutive appointments, including date, patient identity, socioeconomic status, place of abode, religion, medical condition/complaint, whether chronic/acute, new/follow-up case, patient-assessed outcome (7-point Likert scale: −3 to +3), prescribed homeopathic medication, and whether other medication/s was being taken for the condition. These spreadsheets were submitted monthly for data synthesis and analysis.

Data on 878 appointments (429 patients) were collected, of which 61% were positive, 20.8% negative, and 18.2% showed no change. Chronic conditions (93.2%) were chiefly encountered. A total of 434 medical conditions and 52 varieties were reported overall. The most frequently treated conditions were leucorrhea (20.5%), irregular menses (13.3%), dysmenorrhea (10%), menorrhagia (7.5%), and hypomenorrhea (6.3%). Strongly positive outcomes (+3/+2) were mostly recorded in oligomenorrhea (41.7%), leucorrhea (34.1%), polycystic ovary (33.3%), dysmenorrhea (28%), and irregular menses (22.2%). Individualized prescriptions predominated (95.6%). A total of 122 different medicines were prescribed in decimal (2.9%), centesimal (87.9%), and 50 millesimal potencies (4.9%). Mother tinctures and placebo were prescribed in 3.4% and 30.4% instances, respectively. Several instances of medicine-condition pairings were detected.

This systematic recording cataloged the frequency and success rate of treating O&G conditions using homeopathy.

1. Introduction

Until 2014, clinical research in homeopathy has grown to a considerable extent of 1113 studies, of which, 86 were diseases/conditions related to obstetrics and gynecology (O&G).[1] These O&G studies have chiefly focused on childbirth and/or dystocia (23.2%), menopause (20.9%), infertility and premenstrual syndrome (13.9% each), vaginal candidiasis/infection/discharge (4.7%), dysmenorrhea and mastopathy/mastodynia (3.5% each), uterine fibroid (2.3%), and other miscellaneous cases (13.9%, including lactation

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disorder, posthysterectomy, postpartum hemorrhage, ovarian cyst, pregnancy-related complaints, breast fibroadenoma, menorrhagia, etc.). A total of 40.7% of the studies were double-blind, randomized, controlled trials, 11.6% were open observational studies, and the remaining 47.7% were case series and case reports. Although experimenting with individualized homeopathy predominated (32.5%), other forms were also prevailing—complex (23.2%), non-individualized and standardized (25.6%), and unknown (18.6%).

To perform targeted research in homeopathy, the necessity for documentation of prescriptions and clinical outcomes in routine practice and critical inspection with systematic analysis of relevant data has been highlighted.[2] These documentation studies were initiated in multipractitioner homeopathic settings,[2] including dentistry,[3,4] in the last decade. Earlier, similar projects were also successfully accomplished in a homeopathic hospital setting in West Bengal, India, short listing probable future research.[5,6] For the purpose of carrying out efficacy trials of homeopathy in the field of O&G, the homeopathic doctors attending the O&G outpatient department of The Calcutta Homeopathic Medical College and Hospital were engaged to accumulate outcome data over a 3-month period. The objectives of such an initiative were to recognize the complaints that homeopathic doctors treat in the O&G outpatient setting, to determine patient-assessed change in the severity of the treated condition/complaint, and thus to identify promising areas of future research in homeopathy.

2. Materials and methods

This prospective and observational study was of 3-months' duration (June to August, 2014). Three homeopathic doctors willing to contribute to the study were provided with a specially designed spreadsheet (Microsoft Excel).[2] The doctors had >10 years of practice experience in outpatient settings. Detailed instructions on how to use the spreadsheet format and how to ask patients questions about their clinical outcome were provided on separate pages of the file. The spreadsheet allowed for the recording of consecutive appointments, row by row, under the following column headings: appointment date (day, month), unique (anonymized) patient identity number, age and sex of the patient, religion, occupation, socioeconomic status, living environment, the condition/complaint treated, whether the condition/complaint is “chronic” or “acute” in relation to the previous 12 months, whether that was a new or a follow-up (FU) appointment for the same complaint, patient-assessed change in the treated complaint at the current FU compared with the initial homeopathic consultation, using a 7-point Likert scale (no change or unsure: 0; mild: ±1; moderate: ±2; major: ±3), homeopathic medicine/s prescribed, any other medication/s (conventional) being taken for the condition/complaint, and comments, if any.

The participating doctors submitted data reliably. Upon receipt of the final spreadsheets for each month for 3 consecutive months, the original data were rechecked and scrutinized for obvious missing data and typographical errors. These errors were flagged, and rectified where possible. A new master copy of the complete appointments page was then created, into which new columns were added to indicate: (1) the appointment number per patient per condition/symptom; and (2) whether or not an appointment was the final one for a given condition/symptom in a given patient during the 3-month study period. These procedures enabled analysis based on final appointments, that is, on the number of individual patient conditions treated, irrespective of whether they were treated by the doctor once, twice, or more often. The term *individual patient condition* was used because a given patient could present with different conditions on a different, or even the same occasion.

The following principal analyses were carried out: (1) *final* outcome score by acute/chronic conditions; (2) *final* outcome score by medical conditions/complaints; and (3) enlisting the most frequently used homeopathic medicines.

3. Results

The mean age of the patients was 30.7 years (standard deviation 12.7). Most patients were in the 18–30 (n = 186; 43.4%) years and 31–45 (n = 125; 29.1%) years age group range. The religion distribution ratio (Hindu:Islam) was 5:4. The patients were chiefly homemakers (n = 194; 45.2%) and students (n = 106; 24.7%); mostly (n = 210; 49%) from middle-income group families; and resided in an airy/ventilated environment (n = 275; 64.1%; Table 1).

A total of 434 medical conditions and 52 varieties were reported overall. The most frequently treated conditions were leucorrhea (n = 88; 20.5%), irregular menses (n = 57; 13.3%), dysmenorrhea (n = 43; 10%), menorrhagia (n = 32; 7.5%), hypomenorrhea (n = 27; 6.3%), menopausal syndrome (n = 23; 5.4%), and genital prolapsed and pruritus vulvae (n = 20; 4.7% each; Table 2).

Acute conditions were deficient in number (n = 44; 6.8%). While treating chronic cases, strongly positive outcomes (+3/+2) were recorded in 148 (23%), strongly negative (−2/−3) in 32 (5%), and mild/no changes (±1/0) in 420 (65.2%) encounters (Table 3).

Data on 878 appointments (429 patients) were generated, of which 393 (61%) were positive, 134 (20.8%) were negative, and 117 (18.2%) showed no change. Strongly positive changes (+2/+3) were noted in 143 (22.2%) FUs, strongly negative outcomes (−2/−3) in 48 (7.5%) encounters, and mild changes (±1) or no changes (0) in 443 (68.8%) appointments. Among the medical conditions, strongly positive outcomes (+2/+3) were mostly recorded in oligomenorrhea (41.7%), leucorrhea (34.1%), polycystic ovary (33.3%), dysmenorrhea (28%), and irregular menses (22.2%; Table 4).

The presence of other (conventional) medication/s taken for the condition/complaint (including “none”) was reported in just 37 appointments (4.2%). The participating physicians used the column “comments, if any” for additional notes sparingly—only on 30

Table 1
Sociodemographic profile of the patients (n = 429).

Characteristics	n (%)
Age groups (y)	
<18	63 (14.7)
18–30	186 (43.4)
31–45	125 (29.1)
46–60	45 (10.5)
61–75	10 (2.3)
Religion	
Hindu	237 (55.2)
Islam	192 (44.8)
Occupation	
Homemaker	194 (45.2)
Student	106 (24.7)
Service	47 (11.0)
Labor	19 (4.4)
Teacher	19 (4.4)
Tailor	17 (4.0)
Business	15 (3.5)
Others	12 (2.8)
Socioeconomic status	
Poor	85 (19.8)
Middle class	210 (49.0)
Affluent	134 (31.2)
Living environment	
Airy	275 (64.1)
Damp	77 (17.9)
Slum	77 (17.9)

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