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ORIGINAL PAPER

Homeopathic prescribing for chronic and acute periodontal conditions in 3 dental practices in the UK

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Introduction: **This investigation extends our previous dental data collection pilot study with the following main aims: to gain insight into the periodontal complaints that dentists in the UK treat using individualised homeopathic prescription; to record patient-assessed change in severity of treated complaint (acute or chronic); to determine periodontal pocket depth (PPD).**
Materials and methods: **Three dentists recorded data systematically at 249 homeopathic appointments in 51 patients over a period of 18 months. A spreadsheet enabled the data collection of the following records: date of appointment; anonymised patient identity; main periodontal problem treated; whether the condition was acute or chronic; patient-assessed clinical outcome on a 7-point Likert scale, ranging from −3 to +3, to compare the first and any subsequent appointments; whether any interventional dental surgery (IDS) had been carried out; clinician-assessed PPD measurements.**
Results: **At least one follow-up (FU) appointment was reported for each of 46 patients (22 chronic [6 with IDS, 16 without IDS]; 24 acute [10 with IDS, 14 without IDS]). In chronic cases, strongly positive outcomes (score of +2 or +3) were reported by 2 (33.3%) of 6 IDS patients and by 1 (6.3%) of 16 non-IDS patients. In acute cases, strongly positive outcomes were reported by 7 (70%) of 10 IDS patients and by 8 (57.2%) of 14 non-IDS patients (no statistically significant difference between sub-groups). The FU conditions most frequently treated with homeopathy were chronic periodontitis (19 patients) and acute periodontal abscess (11 patients). Analysis of PPD data was not feasible due to the small numbers of patients involved.**
Conclusion: **Limited insight has been gained into the periodontal complaints treated by homeopathy in the UK. Due to small sample size and equivocal results, the interpretation of the patient-reported outcomes data is unclear. Positive findings obtained in the acute treatment setting suggest that this may be a promising area for research in periodontal homeopathy.** *Homeopathy* (2013) **102**, 242–247.

Keywords: Periodontal disease; Individualised homeopathic prescription; Patient-reported outcomes; Periodontal pocket depth

Introduction

In clinical research, investigators are interested in whether interventions in complementary/alternative medicine (CAM) are at least as effective and safe as standard therapies. Conventional therapeutic strategies for limiting periodontal disease include local and non-specific systemic short-term measures, both of which are well documented.[1–7] However, clinical best practice guidelines

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contraindicate the long-term use of systemic antibiotics and localised antimicrobials as adjuncts in periodontal therapy, and there is little evidence to support their long-term effectiveness[8–10] or indeed that of routine scaling.[11]

The current peer-reviewed evidence for homeopathic research in human medicine comprises 156 randomised controlled trials (RCTs) in homeopathy: 41% have shown positive results, while only 7% have been negative; the others have been non-conclusive.[12] Four out of five systematic reviews have also returned broadly positive results.[12] Very little controlled dental homeopathic research has been conducted to date.

In periodontal research, the efficacy of any new treatment has to be interpreted against recognised best practice measures of care.[13] Periodontal therapeutic adjunctive treatments are either systemically or topically applied depending on the requirements of each individual case. Similar administration routes are applied in homeopathic prescribing, except that core values are based on “like cures like” and minimum dose according to each case presentation.[14]

The homeopathic treatment of dental conditions is sometimes carried out in association with interventional dental surgery (IDS), including routine scaling, and/or the use of conventional medications. As previously noted,[15] such interventions make it impossible to distinguish any treatment effects specific to the homeopathic medicine alone.

The present extension of our dental data collection pilot study[16] therefore focuses exclusively on periodontal homeopathy, since IDS in this context is relatively less frequent and the use of prescription drugs can be carefully monitored.

The objective of the current study is to identify any promising patterns of disease, clinical responses and/or homeopathic medicines, which may in turn help to target future research in periodontal homeopathy.

Specifically, the aims of the study are:

1. To gain insight into the periodontal complaints that dentists in the UK treat using homeopathy.
2. For follow-up (FU) cases, and with particular focus on whether patients received IDS: (a) to record patient-assessed change in severity of the treated complaint (acute or chronic); (b) to determine periodontal pocket depth (PPD) changes; (c) to note any change in patients’ use of conventional medication for their periodontal complaint since the start of any homeopathic intervention.

Methods

Three dental surgeons in England (PD, LG, CN) contributed independently to the study. Each dentist is qualified homeopathically to the standard of Diplomate Member of the Faculty of Homeopathy (DFHom). The 3 dentists collected data from consecutive homeopathy appointments of periodontal patients during the 18-month period, 1st February 2008 to 31st July 2009. Individualised homeopathic prescriptions were given for those periodontal conditions during the study period: as per normal homeopathic practice, prescriptions could be changed by the practitioner at appointments during the course of treatment. Conventional medical prescriptions were available as required and, if used, they were recorded. Because of the known association between smoking and periodontal disease,[17] smokers within the cohort of patients were also identified.

A spreadsheet, based on our pilot study,[16] enabled recording of all consecutive periodontal homeopathy appointments under the following column headings; cases of homeopathic prophylaxis or ‘immunisation’ were not recorded:

(1) Appointment date (day, month); (2) unique patient identity number; (3) age; (4) gender; (5) whether patient is a current smoker; (6) the main problem being treated (non-listed diagnoses or descriptions could be inserted by dentists as required); (7) whether problem is ‘acute’ or ‘chronic’; (8) whether, in relation to the previous 12 months, this is a new or a FU appointment for the same problem; (9) patient-assessed change in the treated problem at FU compared with the first homeopathic consultation, using 7-point outcome Likert scale (see below); (10) homeopathic medicine/s prescribed at this consultation; (11) whether any IDS today for this condition; (12) whether any conventional medication (i.e. prescription drugs, dietary advice, etc.) for this condition.

A periodontal problem was classified as chronic if it had been apparent for at least 3 months. An acute flare-up of a chronic condition was labelled in the spreadsheet as ‘chronic’ since this phase is merely an exacerbation of an underlying chronic inflammatory condition.

Likert scale

Patient-assessed clinical outcomes were ascertained and recorded as previously described.[16] Patients’ responses were transcribed by the dentist as follows: major deterioration = −3; moderate deterioration = −2; mild deterioration = −1; no change or unsure = 0; mild improvement = +1; moderate improvement = +2; major improvement = +3.

PPD and community periodontal index of treatment need (CPITN)

A standard 15 mm R198 probe (Swallow Dental Supplies Ltd., Silsden, West Yorkshire, UK) was used to measure PPD in each sextant of the mouth. The score was recorded to reflect the clinically worst measurement in each case. A CPITN sextant averaged score was applied to eliminate the differential between bacterially active and non-active periodontal pockets.[18] For the purposes of data presentation, the upper right molar sextant was selected as being representative of possible bacterially active periodontal pocketing due to patients’ potential lack of dexterity when attempting oral hygiene measures.

Research ethics

The Chair of the South Bedfordshire Research Ethics Committee (REC) advised that a study of this type did not require REC approval.

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