

ORIGINAL PAPER

# Prevalence and likelihood ratio of symptoms in patients with good therapeutic response to *Lycopodium clavatum*. A retrospective study



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**Background:** Assessment of the likelihood ratio (LR) of symptoms has been proposed as a rational means for detecting indicators to homeopathic medicines.

**Aims:** To investigate the prevalence and LR of symptoms commonly attributed to the homeopathic medicine *Lycopodium clavatum* (Lyc). Secondly, to answer the question if experienced homeopaths could intuitively infer which the main symptoms of this medicine are.

**Methods:** The presence of 35 selected symptoms, prescribed medicines and therapeutic response were assessed retrospectively. The symptoms' prevalence in the Lyc responding population and the LR of the symptoms compared to their prevalence in the remainder of the population were calculated.

**Results:** Two hundred and two Lyc and 550 non Lyc cases (total 752) were included for analysis. Twenty-two symptoms were confirmed as pertaining to Lyc's semiology (prevalence %; LR): contemptuous (3.3; 6.7), urinary stones history (2.7; 5.4), egotism (5.6; 3.6), dictatorial (33.3; 3.4), haughty (8.7; 3.3), sleeps on abdomen (3.3; 3.3), intolerance to clothing in abdomen (12.0; 3.1), reproaches (4.0; 3.0), helplessness (24.0; 2.7), fear of failure (10.7; 2.6), irritability on waking in the morning (16.7; 2.5), constipation alternating with diarrhea (8.7; 2.5), intolerant to contradiction (59.3; 2.3), want of self confidence (30.0; 2.4), abdominal distension after eating (23.3; 2.1); ailments from anticipation (32.0; 1.9), irritability before menses (23.3; 1.8), conscientious (26.0; 1.6), desire of sweets (52.0; 1.6), desire of chocolate (16.7; 1.6), lack of vital heat (41.3; 1.3), and flatterer (1.3; ∞). Surveyed homeopaths' intuitive inferences correlated well with symptoms' prevalence but not with their LR.

**Conclusions:** *Lycopodium's* main symptoms are well known by homeopaths, but their knowledge correlates well with the symptoms' prevalence and not with their LR. Retrospective assessment of prevalence and LR of symptoms in good responders might be a means for better selection of symptoms for prospective studies. *Homeopathy* (2016) 105, 78–83.

**Keywords:** Homeopathy; *Lycopodium clavatum*; Likelihood ratio; Prevalence; Symptoms; Materia medica

## Introduction

Prescription of homeopathic medicines in clinical practice relies on the detection of indicative symptoms and signs in the patients. But knowledge about which symptoms are more significant indicators for medicines'

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prescription has grown over time in a mostly unorganized and uncontrolled fashion, turning it into a huge amount of information of sometimes questionable reliability. Just as an example, the 2013 version of the Complete Repertory lists 19,210 entries (including main rubrics and sub-rubrics) for the homeopathic medicine *Lycopodium clavatum* (Lyc), while Kent's repertory accounts for 'only' 6805.<sup>1,2</sup> There is an inevitable tendency to distrust this data as inaccurate as a simple question arises: could a homeopathic drug's picture describe thousands or tens of thousands of different pathogenetic effects, symptoms, and individual characteristics? According to a joke, homeopaths know that half the data in the materia medica and the repertories is right and half is wrong, but don't know which the right and which wrong halves are.

A few years ago the idea that introducing modern epidemiological concepts into the study of homeopathic semiology might contribute to override the aforementioned problem was developed,<sup>3-5</sup> leading to a prospective statistical analysis of six repertory rubrics.<sup>6</sup>

The rationale behind this attempt is quite simple. If a symptom is to be considered as being characteristic of a given medicine, its prevalence should be higher among patients responding to it than in the remainder of the patients. That is to say, its likelihood ratio (LR) should be >1. If the symptom's prevalence is similar or lesser than 1 in the target medicine than in the rest of the patients, it doesn't point to its prescription. The LR of a symptom related to a medicine is calculated as follows:  $LR = \text{prevalence of the symptom in the population responding to the target medicine} / \text{prevalence of the symptom in the rest of patients}$ . In the present study these epidemiological tools were used, but retrospectively, answering the question if homeopaths know the indicative symptoms of a very commonly used medicine, Lyc, well enough. Preliminary data were published elsewhere.<sup>7</sup>

## Materials and methods

### Selection of symptoms

On a first step of this research, 110 homeopaths known to be experienced (47 from Argentina and 63 from other countries) were invited by e-mail to answer the following question: "According to your judgment and experience, which do you think are the 10 most prominent and characteristic symptoms and signs of *Lycopodium clavatum*, considering their frequency and strength so as to suggest its prescription?" This survey was not intended to be mandatory for the selection of symptoms to be assessed, but only exploratory of homeopaths' opinions and in order to make a better choice, which fell ultimately on researchers' experience.

### Setting. Patients' records assessment. Inclusion/exclusion criteria

On the second step, all the patients' records at the Outpatients Clinics of the Department of Homeopathy, School of Health Sciences, Maimonides University, were assessed once by one of three experienced homeo-

paths, two of whom were teachers at the Department of Homeopathy and the third was a tutor at the Medical School of Medicine of the same University. All the examiners were mostly unaware of the aims and methods of the present study. At the homeopathic outpatient clinics, the patients are seen by an experienced homeopathy teacher with the assistance of students at the post-graduate medical course of homeopathy.

Only patients with 2 or more visits, chronic ailments, between 18 and 65 years old and only one prescribed homeopathic medicine were included. The reason to exclude acute cases, children and older adults, was to obtain a more homogeneous and comparable sample of patients, while it did not seem appropriate to compare the LR of symptoms between medicines mostly used in acute and chronic cases, and between children and older patients.

The following information was extracted from the patients' records: first visit age, sex, date of consultation, main complaint (classified according to World Health Organization's International Classification of Diseases 10, ICD-10), prescribed medicine, and presence of symptoms under scrutiny; second visit date and presence of positive changes attributable to treatment, with 3 possible answers: *yes, no, in doubt/can't say*. In order to be conservative, only patients with a *yes* for an answer were considered to be respondents to the medicine. Patients with *no* or *in doubt/can't say* as answers were considered not to be respondents to the medicine.

The data was collected into an Epi Info 7 database (<http://www.cdc.gov/epiinfo/>).

### Statistical analysis

A comparison was held between 2 groups: patients responding well to *Lycopodium* and the remainder of the patients. As proposed by Rutten, among the latter were included patients not responding to Lyc and patients prescribed with any other medicine.<sup>6</sup> For each of the assessed symptoms, the following were calculated: prevalence and 95% confidence interval (CI) for each group; LR and 95% CI between groups. Correlations between surveyed homeopaths' suggestions with prevalence and LR of symptoms were also calculated. Calculations were done with the aid of MS Excel<sup>®</sup> and Vassar Stats statistical computation website (<http://vassarstats.net/>).

## Results

### Selection of symptoms

A total of 25 homeopaths fulfilled the requirement, suggesting 34 symptoms as characteristic of Lyc. From these, 24 were selected and 10 were discarded for being too general, difficult to assess, known to be not regularly assessed in our setting or considered to be rarely seen in our clinical practice. Additional 11 symptoms were arbitrarily added by researchers according to their clinical experience (Table 4).

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