

WOMENS HEALTH IN SOUTH TYNESIDE (WHIST)

# EFFECTIVENESS REPORT

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HOMEOPATHIC DROP-IN CLINIC  
WEDNESDAYS 12PM-2PM

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SOUTH TYNESIDE

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## INTRODUCTION

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Women's Health in South Tyneside (WHIST) has been host to a homeopathic drop-in clinic since 26<sup>th</sup> June 2004. Registered members of WHIST are able to consult qualified homeopaths regarding any personal health concerns every Wednesday between 12pm and 2pm and are treated using individualised homeopathic medicine and holistic health advice. Individualised homeopathic medicine uses low-dose/ultra-molecular doses of specially prepared substances. These doses (administered in both tablet and liquid form) are individually prescribed according to the principle of 'like cures like'.

Joy Nancarrow and Clare Metcalf have worked as homeopaths at the clinic since 2004 seeing patients with a wide variety of mainly acute illnesses. From May 2007 a third holistic therapist, Sarah Wayt, joined the team to complement the growing number of patients utilising the service. With a background in research Sarah took on the responsibility of collating all information obtained from the clinics inception and, since 1<sup>st</sup> August 2007, has been routinely auditing the homeopathic work using a validated outcome measure<sup>1</sup>.

Consultations are allocated 15 minute slots according to a sign up sheet provided on the day of clinic and are conducted in the buildings main seating area. Patients with needs which indicate a longer or more delicate consultation have the opportunity to take extra time in a private room. Being present in the buildings main seated area promotes visual availability of the homeopathic service and allows for a more informal feel which places patients at ease. Patients choose when to revisit the drop-in clinic with homeopaths recommending further contact within a month to assess effectiveness and further treatment needs.

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<sup>1</sup> Paterson C, Britten N. In pursuit of patient-centred outcomes: a qualitative evaluation of MYMOP, Measure Yourself Medical Outcome Profile. *Journal of Health Services Research & policy* 2000;5:27-36

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## METHODS

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### ATTENDANCE DATA

Attendance data is documented weekly by logging a numerical identifier which is allocated to each patient at their initial visit. This number is unique to patients' homeopathic treatment and is completely separate to their WHIST membership number in order to preserve anonymity. Using Microsoft excel the identifying number forms a record of how many visits each patient makes to the clinic each year. Recording this data gives an indication of how many new patients attend the drop-in clinic year by year and the frequency of those who utilise the service on a regular basis.

### MEASURE YOURSELF MEDICAL OUTCOME PROFILE (MYMOP<sup>2</sup>) QUESTIONNAIRE

To evaluate individual patients' experiences with homeopathic treatment at the drop-in clinic the Measure Yourself Medical Outcome Profile (MYMOP<sup>2</sup>) questionnaire is utilised (Appendix A). MYMOP<sup>2</sup> is a patient centred outcome measure which gives a clear numerical assessment of how much the patient feels they have benefited from treatment. It measures changes in patients' perception of their own symptoms and wellbeing on a seven point Likert scale. An improvement in mean score between 0.5 and 1 is seen as likely to represent a minimal clinically important difference.

Patients are asked to nominate their main symptom (symptom 1) and score its severity over the previous week on a seven point scale, with zero representing 'As good as it could be' and six 'As bad as it could be'. The patient then has the option of nominating and scoring a second, related symptom (symptom 2). Next the patient is asked to nominate an activity that is important to them which has been affected by their problem, and score its severity; and then to score their feelings of overall wellbeing. The form is then completed by stating how long the symptom has been present and finally what medication is being taken for the condition and whether it is important to cut down on this. This section is not scored.

A different form is used at follow up (Appendix B). It retains the same chosen symptoms and activity and, in addition, offers the patient the opportunity to state whether any new symptom has arisen and whether anything else, apart from the treatment, could have caused the improvement. As patients at the drop-in clinic choose when to return, follow up completion does not follow a set delay and are filled in at the earliest convenience. Once initial and final scores are collected they are analysed individually to gauge improvement. In addition a MYMOP<sup>2</sup> profile score showing the mean of all nominated scales is calculated.

Although MYMOP<sup>2</sup> is designed to be completed by the patient it became apparent over time that it was difficult for individuals to grasp the essential aspects of the form. Many required considerable help with its completion and others appeared to have little enthusiasm for it at all. Taking these problems into consideration it was decided that MYMOP<sup>2</sup> completion would be the responsibility of Sarah Wayt utilising the exact wording of the patient to preserve accuracy in recording perceptions of symptoms.

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## RESULTS

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### ATTENDANCE DATA

Attendance figures cover years 2004-2007; they reflect the progressive use of the homeopathic drop-in clinic from its inception on 26<sup>th</sup> July 2004 (Appendix C). Excepting 2004, which reflects a 5 month period, Table 1 clearly shows an increase in the amount of patients utilising the drop-in clinic. 2006 saw an increase of 12 patients attending compared to 2005; with 2007 figures showing nearly three times that increase with 35 more patients attending compared to the previous year. Average consultations per week have also increased from 7 patients per week in 2005 and 2006 to an average of 9 patients per week in 2007.

*Table 1: Attendance Data 2004-2007*

<b>2004<sup>2</sup></b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
<b>62</b> patients	<b>104</b> patients of which <b>70</b> were new patients	<b>116</b> patients of which <b>53</b> were new patients	<b>151</b> patients of which <b>64</b> were new patients
<b>13</b> patients did not return after 2004	<b>29</b> patients did not return after 2005	<b>27</b> patients did not return after 2006	
<b>118</b> consultations averaging <b>6</b> per week	<b>323</b> consultations averaging <b>7</b> per week	<b>304</b> consultations averaging <b>7</b> per week	<b>449</b> consultations averaging <b>9</b> per week
<b>56</b> patients made 1-3 visits	<b>81</b> patients made 1-3 visits	<b>94</b> patients made 1-3 visits	<b>117</b> patients made 1-3 visits
<b>6</b> patients made 4-9 visits	<b>16</b> patients made 4-9 visits	<b>17</b> patients made 4-9 visits	<b>25</b> patients made 4-9 visits
<b>0</b> patients made over 10 visits	<b>7</b> patients made over 10 visits	<b>5</b> patients made over 10 visits	<b>9</b> patients made over 10 visits

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<sup>2</sup> figures for 2004 reflect 5 months attendance data

MEASURE YOURSELF MEDICAL OUTCOME PROFILE (MYMOP<sup>2</sup>) DATA

During August 2007 to August 2008, 88 patients consulted completed MYMOP<sup>2</sup> forms. There was initial and final data for 41 patients (47 had no follow up data). All participants were female with ages ranging from 24 years old to 73 years old

Patients consulted with a wide range of problems including 29% mental disorders (n12), 22% musculoskeletal disorders (n9), 17% nervous system disorders (n7), 12% circulatory disorders (n5), 3% injury (n1) and 17% for other reasons (n7). Table 2 shows initial, final and improvement in mean along with percentage of patients reporting improvement for all scores collated using MYMOP<sup>2</sup> data collection.

*Table 2: MYMOP<sup>2</sup> Results Breakdown*

	Mean Initial Score	Mean Final Score	Mean improvement in Score	% of Patients Improved
Symptom 1	4	2	<b>2</b>	85%
Symptom 2 (n19)	5	2	<b>3</b>	84%
Wellbeing	4	2	<b>1</b>	56%
Activity (n26)	5	2	<b>3</b>	81%
Profile Score	4	2	<b>2</b>	85%

66% (n27) of patients did not take medication for their problem. 17% (n7) of patients took medication for their problem and stated that it was very important to them to cut this down. 15% (n6) of patients took medication for their problem and stated it was not important to them to cut this down. 2% (n1) of patients took medication for their problem and stated that it was a bit important to them to cut this down.

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## CONCLUSION

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Attendance data indicates that patient numbers at the homeopathic clinic at WHIST are growing year by year. 35 more patients were seen in 2007 than in 2006, nearly three times the increase of 12 from the previous year. This increase can be seen through average consultations per week which have increased from 6 to 9 over the four years of data studied. This information shows that demand for the homeopathic service at WHIST is gathering momentum. This increase may be partly due to more individuals joining Women's Health in South Tyneside however, as MYMOP<sup>2</sup> findings show, successful results while utilising the service may also be a factor.

The results of MYMOP<sup>2</sup> research show that patients are reporting clinically significant improvements across a wide range of primary and secondary symptoms. The percentage of patients who experienced improvement is consistently high across symptoms, activities and profile scores; however percentage improvement for wellbeing recorded as much less. This finding indicates that a greater sense of wellbeing is not determined solely by an improvement in symptoms and the ability to engage in important activities. From a holistic perspective patients' wellbeing is influenced not only by physical, emotional and mental factors treated at the homeopathic clinic, but also by environmental and socio-cultural factors which fall outside the reach of homeopathic treatment alone.

A drawback of utilising MYMOP<sup>2</sup> research forms lies in not having a measure of improvement outside initial and final recording. Treating patients holistically involves taking into account varying rates of improvement depending on the individual; having the ability to record follow-up data over a prolonged period would show a more accurate picture of improvement over time. If some form of continual follow-up data were taken, wellbeing figures may reflect a more realistic impression of improvement than has been recorded in this research. Treating patients homoeopathically involves taking into account variation in the time a remedy may take to act; prolonged recording of follow-up data would account for this variation in remedy action and give a more accurate picture of successful patient-remedy interactions.

This research suggests that the homeopathic drop-in clinic at WHIST continues to grow in popularity as an effective healthcare measure which successfully treats an increasing number of women with a wide range of symptoms. Recommendations from this research are that follow-up data be recorded on a continual basis to elicit a more realistic measure of changes in individuals' wellbeing over time and to account for possible variation rates in remedy action.

APPENDIX A

• MYMOP2 \*

Full name ..... Date of Birth .....

Address and Postcode .....

.....

Today's date ..... Practitioner seen .....

Choose one or two symptoms (physical or mental) which bother you the most. Write them on the lines. Now consider how bad each symptom is, over the last week, and score it by circling your chosen number

SYMPTOM 1: ..... 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

SYMPTOM 2 ..... 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

Now choose one activity (physical, social or mental) that is important to you, and that your problem makes difficult or prevents you doing. Score how bad it has been in the last week

ACTIVITY..... 0 1 2 3 4 5 6
..... As good as it As bad as it
..... could be could be

Lastly how would you rate your general feeling of wellbeing during the last week?

0 1 2 3 4 5 6
As good as it As bad as it
could be could be

How long have you had Symptom 1, either all the time or on and off? Please circle:

0-4 weeks 4-12 weeks 3 months-1 year 1-5 years over 5 years

Are you taking any medication FOR THIS PROBLEM? Please circle: YES/NO

IF YES:

1. Please write in the name of medication, and how much a day/week

.....
2. Is cutting down on this medication: Please circle:

Not important a bit important very important not applicable

IF NO:

Is avoiding medication for this problem:

Not important a bit important very important not applicable

APPENDIX B

**\* MYMOP2 Follow up \***

Full name ..... Today's Date .....

Please circle the number to show how severe your problem has been IN THE LAST WEEK.

This should be YOUR opinion, no-one else's!

SYMPTOM 1.....	0	1	2	3	4	5	6
.....As good as it							As bad as it
..... could be							could be

SYMPTOM 2 .....	0	1	2	3	4	5	6
..... As good as it							As bad as it
..... could be							could be

ACTIVITY.....	0	1	2	3	4	5	6
..... As good as it							As bad as it
..... could be							could be

WELLBEING:	0	1	2	3	4	5	6
How would you rate	As good as it						As bad as it
your general feeling	could be						could be
of wellbeing?							

If an important new symptom has appeared please describe it and mark how bad it is below.

Otherwise do not use this line

SYMPTOM 3.....	0	1	2	3	4	5	6
..... As good as it							As bad as it
..... could be							could be

The treatment you are receiving may not be the only thing affecting your problem. If there is anything else that you think is important, such as changes you have made yourself, or other things happening in your life, please write them here (write overleaf if you need more space):

Are you taking medication FOR THIS PROBLEM? Please circle: YES/NO

IF YES:

Please write in the name of medication, and how much a day/week

.....  
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