

The primary objective of the study is to establish the feasibility of the n-of-1 design in studying individualized homeopathic treatment in a cancer patient experiencing fatigue as a result of their chemotherapy treatment. We will track the following:

1. the ability of the participant to stay with the study and to fill out all of the questionnaires. The time it takes to recruit a single eligible patient and number of screens to find this patient,
2. clinical effect size via changes in scores according to the Multi-dimensional Fatigue Inventory (MFI) and the EORTC-QLQ-C30 based on use or not of the homeopathic agent to establish potential benefit or lack thereof in one individual.

Discussion: This pilot study is a critical step in order to determine whether future n-of-1 trials of individualized homeopathy are feasible in individuals undergoing chemotherapy. Ultimately, homeopathy may be an effective treatment for fatigue with minimal potential to interact with chemotherapy and affect anti-cancer activity and potential for cure.

A research tool for homeopathic practice

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Clinical outcomes studies are designed to evaluate the effects and/or efficacy of a treatment or modality. Clinical research is mostly carried out by trained academics and is perceived to be beyond the scope or capability of the general homeopathic practitioner.

I believe that rigor in homeopathic practice is just as important as in clinical trials. Homeopathic educators present and publish mostly their best cases. The realities of practice are often very different from the perceived brilliance of their teachers.

COMPASS is a software program with a tremendous number of in-built audit tools designed by homeopaths to help homeopathic practitioners examine and evaluate many aspects of their work – not just the effects of individual prescriptions.

Computers are brilliantly placed to help homeopaths keep track of the myriad details of each case and to calculate certain aspects of carefully entered data.

COMPASS helps homeopaths in practice evaluate the results of their work. It provides a way for homeopathic practitioners to conduct a variety of outcomes research without getting a degree in statistics or research proper.

Session Goals

- To inspire educators to include outcomes research instruction into their teaching programs – especially their clinical training.

- To discuss how practitioners in general practice can evaluate the results of their work on a regular basis to describe some of the many benefits of this practice.
- To illustrate the numerous audit features and explain their purposes and values.
- To generate discussion around this area of grass roots homeopathic clinical research.
- To solicit feedback regarding possible improvements.
- To seek collaboration with others doing similar research.

Epidemiology of anxiety disorders and drug prescription in a primary care setting shows high potential for homeopathy

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Introduction: Anxiety disorders (AD) have become the most prevalent psychiatric disorders in the general population and the number of cases coming to the primary care physician is increasing in recent years. This study aims to determine the clinical-epidemiological profile of these patients and to know the true of their management in the Primary Care setting as well as the impact of the different treatments on their short-term evolution.

Materials and methods: Epidemiological survey completed by 15 investigators in the Primary Care setting who had declared to be familiarized with homeopathic drugs, with a total of 110 recruited patients followed in three scheduled visits during 60 days of follow-up. The following data were collected from patients: clinical-epidemiological data, history of AD, information on pharmacological and adjuvant treatments, assessment of the level of anxiety (Hamilton-HAM anxiety scale), the anxiety status perceived by the patient (Visual Analogue Scale - VAS) and evolution of the general state of well-being (using the Clinical Global Impression Scale - CGIC).

Results: The mean age of the population studied was 42.5 years (n = 108) and 70% were female. Thirty seven percent (37%) of patients presented a first-degree family history of AD. The most frequent AD were, generalized anxiety disorder (32.7%) and panic disorder (30%). Psychological comorbidity in AD fluctuates from the initial 19% to 38.9% in the bimonthly assessment, being the most frequent association the generalized anxiety disorder with the panic disorder. The use of combination treatments was predominant over monotherapy and the most frequent combination (27.3%) was selective serotonin reuptake