Homeopathy and Health Related Quality of Life: Questionnaire NEMS-07

Introduction

One of Homeopathy particularities, from its own inception, is a wholesome approach of patients as individuals. That is to say, a homeopathic treatment does not merely focus on the control of disease, but aims at introducing a more encompassing notion of care.

So, Samuel Hahnemann, its founder, sustained that the aim of Therapeutics, in general - but only achievable through Homeopathy - consists making the instruments of life free - the animated body, its activity, feelings and functions - in order to accomplish the "highest goals of existence". In order words, health would not be a goal by itself, but a means to the fullest as possible accomplishment of each individual’s life.

These 19th-century notions have been recently addressed by contemporary thought. They are expressed in the modern philosophies of the self, that focus on both the inalienable value of the individuality of each subject and his/her affirmation as an active agent, the singular and unique author of his/her own life. Both meanings are included in the classical notion of "subject" as the support of predicates and the agent of action.

On the other hand, literature shows a growing trend to understand health as a complex multifactorial process that cannot be accurately appraised by statistical measurements of isolated features. Treatments and health promotion procedures tend to be evaluated in the terms of quality of life (QOL). It must be emphasized that this trend converges with Homeopathy traditional tenets.

From the 1980s a number of instruments were devised in order to evaluate QOL in the health-care setting, which developed into the notion of health-related quality of life (HR-QOL). But new challenges appeared: on the one hand, it is not easy to define QOL/HRQOL, on the other, researchers do not agree on the best approaches as to how to evaluate it. A full discussion is beyond the scope of the present article, a short summary of the current situation will be presented.

Debate concerning the issues mentioned above, nevertheless, reached a significant consensus: any evaluation of QOL is essentially subjective. That is to say, objective measurements of QOL are useful but only up to a point, while self-perception is what truly inhere in the notion of QOL. Thus, methods favor interviews as tools, particularly, closed questionnaires, in order to facilitate analysis.

The construction of a closed questionnaire is highly complex, as it is shown by the extremely large number of suggested instruments. This may be due to the fact that the notion of QOL itself is not univocal. In the case of HRQOL questionnaires, researchers seem to be especially concerned with the specific features of medical specialties. This explains the growing frequency of specific questionnaires, devised for specific medical fields and even, specific diseases. Just to mention a few examples, Dermatology Life Quality Index - DLQI e EORTC-QLQ 30, by the European Organization for Research and Treatment of Cancer.

HR-QOL found receptivity too in Homeopathy. It would seem that this notion might be particularly useful, as Homeopathy has sustained since its inception that psychological and social well-being are as essential as physical health. Indeed, this is an actual perception and instruments for the evaluation of HRQOL began to be applied.

In general, such studies tend to evaluate Homeopathy in specific diseases, headache or childhood asthma, against a wider notion of health. "Our research was able to locate only one study that evaluated HR-QOL in patients subjected to homeopathic treatment with no reference to pathological categories."

Our team has long been concerned with the issue of the impact of medical interventions. In 1998 we began to contemplate the application of HR-QOL evaluation instruments and initially we tested a thoroughly validated questionnaire, SF-36. Actual use showed us that it was not devised as to measure some features we held as necessary in a homeopathic frame-work. Further research showed us the same was happening in other medical areas, and that an ever-growing number of instruments were being constructed; in 1998 there were about 450 of them.

A thorough study of a number of questionnaires, including different versions of Short Form (SF), Nottingham Health Profile (NHP), Euroqol EQ-5D and Sickness Impact Profile (SIP), regardless some features common to all, showed a lack of uniformity that made us more aware of the lack of a definitive model both concerning the notion of HR-QOL and the instruments to evaluate it.

One exception seemed to be WHOQOL, due to its wide scope and the fact of having been specifically designed to minimize the impact of unilateral interventions, such a medical treatment. This made it extremely attractive to us: if a homeopathic intervention would elicit a significant change on HR-QOL as measured by WHOQOL, it would undeniably prove its efficacy.

Yet, that project had to be abandoned owing to practical difficulties. The full version is too long - 100 items - which makes it very difficult to apply, especially in the regular homeopathic setting - private offices and teaching clinics. A consistent assay would demand field-work resources unavailable to most homeopathic research teams.
WHOQOL offers also a short version, but it shows the same problems as other questionnaires.

As mentioned above, Homeopathy put the individual at the center of its interest from its very inception, while prevalent scientific approaches tended to focus merely on the parts of an individual. This is the reason why research methods in general, and the epidemiological and statistical in particular, could not supply tools compatible to homeopathic principles. These principles may be summarized as: an analysis of the totality of symptoms, the evaluation of subjective health and prospective and retrospective follow-up of the individual as a subject.


Presently, there are two general kinds of questionnaires: generic and specific. The former address QOL in general and do not give particular emphasis to specific health features. The latter are very similar to the former, but focus on specific features of health. They are advantageous as they are designed to detect the impact of specific health-care actions, while the generic are devised as to minimize the impact of unilateral interventions.

While Homeopathy is presently acknowledged as a medical specialty in many countries, it actually is closer to general practice, seen from a different perspective. This is the reason why none of the general kinds of questionnaires is consistent with what it aims to evaluate. Generic questionnaires include features beyond the sphere of action of Medicine, and are designed as to minimize unilateral interventions, as is the case of a medical treatment. Specific questionnaires focus on particular features of specific diseases and do not supply an approach to general practice.

Facing such an impasse, we realized the construction of an instrument fit to Homeopathy was needed, including quantitative and qualitative evaluation and grounded on interdisciplinary sources, encompassing Medicine, Collective Health and Social Sciences.

In order to construct a questionnaire, we draw liberally from three kinds of sources:

a) Literature concerning the theoretical framework: notion of QOL; methodological foundations of quantitative-qualitative research.

b) Literature concerning instruments: other questionnaires; studies on the validation of questionnaires.

c) Conceptual foundations: An instrument proper to Homeopathy ought to address the problem of the subjective features linked to health, disease and care. These are growingly employed as the ground of controlled clinical trials and in models to include non-quantifiable features into analysis. In this sense, vitality - defined as the efficiency of the set of functions of an individual organism - may represent the theoretical basis of medical approaches that take qualitative and subjective features into account." (Table 1)

3. Final Remarks

The sixth version of this questionnaire has already been presented; later on it was revised and subjected to a trial evaluation. Results of internal validation analysis were significant and are the object of another paper. This analysis seems to show that questionnaire NEMS-07 may be applied - as it is presently being done in some centers - with a reasonable probability of obtaining consistent data.

Nevertheless, our team is currently discussing further features, in order to make this instrument as profitable as possible. Besides rediscussing dominions, we are constructing models of external validation as well as conducting complementary qualitative research in order to add innovative features in this kind of quantitative instrument.
Questionnaire NEMS-07* (Table 2)

DATE, NAME, ADDRESS, PHONE NUMBER DATE OF BIRTH, OCCUPATION and EDUCATION LEVEL

PLEASE, MARK AN X IN THE BOX CORRESPONDING TO YOUR ANSWER.

1. How do you deal with frustration, when things do not happen how you want?  
   Very bad | Bad | Regular | Good | Very good

2. How is your ability to remember things that happened a long time ago?  
   Very bad | Bad | Regular | Good | Very good

3. How is your ability to remember things that have just happened?  
   Very bad | Bad | Regular | Good | Very good

4. How is your ability to concentrate?  
   Very bad | Bad | Regular | Good | Very good

5. How is your ability to work/learn?  
   Very bad | Bad | Regular | Good | Very good

6. Are you happy with your job/studies?  
   Very unhappy | Unhappy | Regular | Much | Very much

7. How do you rate your relationship with your family, from an emotional point of view?  
   Very bad | Bad | Regular | Good | Very good

8. How do you feel about your partner?  
   Very bad | Bad | Regular | Good | Very good

9. How do you feel about your friends/mates?  
   Very bad | Bad | Regular | Good | Very good

10. How are your expectations for the future?  
    Very bad | Bad | Regular | Good | Very good

11. How is your mood?  
    Very bad | Bad | Regular | Good | Very good

12. How is your state of mind?  
    Very low | Low | Regular | High | Very high

13. Is your mood stable?  
    Very poorly | Poorly | Regular | Much | Very much

14. How do you enjoy your free time?  
    Not at all | Rarely | Regular | Much | Very much

15. How is your ability to relax?  
    Very bad | Bad | Regular | Good | Very good

17. How does it take you to recover from a symptom?  
    Very bad | Bad | Regular | Good | Very good

18. How is your ability to deal with stress?  
    Very bad | Bad | Regular | Good | Very good

19. How much do disease physically bother you?  
    Very much | Much | Regular | Not too much | Almost nothing

20. How are you presently affected by your symptoms?  
    Very bad | Bad | Regular | Good | Very good

21. How do you feel about your work?  
    Very bad | Bad | Regular | Good | Very good

22. How do you rate your health as a whole?  
    Very poor | Poorly | Regular | Much | Very much

23. How do you rate your health as a whole?  
    Very bad | Bad | Regular | Good | Very good

24. How do you relate to stress?  
    Very bad | Bad | Regular | Good | Very good

25. How much do disease physically bother you?  
    Very bad | Bad | Regular | Good | Very good

26. How do you deal with stress?  
    Very bad | Bad | Regular | Good | Very good

27. How do you deal with stress?  
    Very bad | Bad | Regular | Good | Very good

*This questionnaire has not been validated in English speakers. It is translated only for communication purposes.