Original Article

Prevalence of homoeopathic polar symptoms: A Follow-up pilot study conducted in Mumbai in 2017

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Abstract

Background: Prospective assessment of homoeopathic symptoms is different from eliciting symptoms in daily practice. In prognostic factor research, we apply symptom questionnaires with Likert scales to assess symptoms in different intensities. In former research, we tested a 5-point Likert scale, which rendered a rather high prevalence for some symptoms even the strongest intensity, not useful in daily practice. A longer, 7-point Likert scale might render more useful outcome. **Objective:** To study if a longer Likert scale perform better in homoeopathic prognostic factor research. **Methods:** A 7-point Likert scale questionnaire with 30 polar symptoms was tested on 300 patients. Responses to various domains of temperature, climate, diurnal, influence of sleep, eating and desires/aversions were elicited. The outcome was compared with the former 5-point Likert scale. **Results:** The mean prevalence of all symptoms in the highest intensity with the 7-point Likert scale is (much) lower than in the 5-point scale, and for some symptoms, more useful. For a few symptoms, the prevalence remained high, even in the highest intensity. **Conclusion:** A longer Likert scale performs better in homoeopathic prognostic factor research, but not for all symptoms. The filling out of this questionnaire by patients should be guided by homoeopathic practitioners who are properly trained in prospective assessment of homoeopathic symptoms.

Keywords: Heuristics, Homoeopathic symptom, Likert scale, Prognostic factor research, Polar symptoms, Repertory

Introduction

In the earlier paper published with the title, 'What is a homoeopathic symptom, in daily practice and research?' we discussed what makes symptoms useful homoeopathic symptoms.[1] The most important property of a homoeopathic symptom is that it distinguishes one patient from others and this can be translated statistically that the prevalence of the symptom in the whole population is low. This low prevalence of a symptom is automatically achieved in peculiar symptoms (aphorism 153 of Hahnemann's Organon),[2] but 'normal' symptoms also become peculiar if they are present in an abnormal intensity. In daily practice, doctors recognise by experience when a symptom is present in a peculiar degree. In prospective research, however, the symptom must be checked in every new patient. In that case, we also have to record the intensity of the symptom to be able to select the patients that have the symptom in a peculiar intensity. The intensity of the symptom is recorded in Likert scales that can have various lengths. In polar homoeopathic symptoms, symptoms with opposite values,[3] a symptom like 'aversion or desire for open air' is expressed in a 5-point Likert scale as 'strong aversion', 'moderate aversion', 'neutral', 'moderate desire' and 'strong desire'. This gives us three intensities for each pole: neutral, moderate and strong.

Comparing the prevalence of a specific symptom in populations responding well to different medicines provides Homoeopathy with a suitable scientific identity, because this difference can be expressed as Likelihood Ratio (LR), the core of Bayes' theorem (posterior odds = LR × prior odds). Bayes' theorem is the scientific algorithm explaining how we learn from

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experience.[4] Hitherto repertory entries were based on absolute occurrence of symptoms instead of prevalence. One of the consequences of this systematic mistake is that frequently prescribed medicines are over-represented in many repertory rubrics. If a symptom in the strongest degree has prevalence above 20%, it is not a good indication for specific medicines. The theoretical maximum LR of such symptoms is 5 (100/20), and in practice (considerably) lower because a prevalence of 100% in a population responding well to a specific medicine is rare. Symptoms with a prevalence below 10% are generally good homoeopathic symptoms, but if the prevalence is very low, <2%, there will be few cases unless we gather many cases, probably more than 8000. With a prevalence of 2%, a research sample of 8000 renders 160 patients with the symptom. These 160 patients with the symptom are divided over possibly more than 30 populations responding well to different medicines, rendering low numbers per medicine population. If the symptom prevalence is between 10% and 20%, the number of patients with the symptom is 5–10 times higher. In any case, the number of medicines that come up with higher prevalence of the symptom is variable. If that number of medicines is low, the symptom can be a good indication for those medicines.

In former research (2016),[1] we tested a 5-point Likert scale for 70 polar homoeopathic symptoms at the CCRH Regional Research Institute (H), Mumbai, on 300 patients. It appeared that, for some symptoms, even the strongest intensity rendered a rather high prevalence of the symptom.[1] Such a high prevalence leads us away from our implicit use of less common homoeopathic symptoms in daily practice: a common symptom is not a useful symptom in homoeopathic practice. For research of such symptoms, we must have more cut-off values, such as 'very strong', 'strong', 'moderate' and 'neutral'. This results in a 4-point Likert scale for non-polar symptoms and a 7-point Likert scale for polar symptoms. A second questionnaire with 30 polar symptoms in a 7-point Likert scale was tested in 2017.

Methods

After analysing the outcome of the 2016 questionnaire with 70 polar symptoms, the number of symptoms was reduced to 30 symptoms used in daily homoeopathic practice.There were some strong correlations ($r \geq |0.50|$) found between symptoms related to weather and responses to weather and a few stronger correlations found between "cold aggravates" and "becoming cold aggravates" (r = 0.963) owing to which the reduction in number of polar symptoms was done. This was semantically obvious. There was also moderate correlation between many other symptoms. Few symptoms appeared to be unclear and so numbers of symptoms were also reduced to improve feasibility of the research. As a continuation of the previous study, this new questionnaire with a 7-point Likert scale was tested on the same lines on chronic cases attending the outpatient department from the period of 14th March 2017 to 31st March 2017 at the Regional Research Institute (H), Mumbai, under the Central Council for Research in Homoeopathy. With no human experimentation involved, the CTRI registration was not done. Ethical committee approval could not be sought. Verbal informed consent was obtained from the patients before the administration of the instrument. Responses to various domains of temperature, climate, diurnal, influence of sleep, eating and desires/aversions were elicited and incorporated by placing various intensities on a 7-point Likert scale, rendering a 4-point Likert scale for each pole such as 'neutral–worse–much worse–worse than in most people'. This questionnaire was tested on another 300 patients. The data were recorded in an Excel spreadsheet. The prevalence of symptoms at different cut-off values was analysed and compared with the outcome of the former 5-point Likert scale.

Results

The previously tested 2016 questionnaire with 5-point Likert scale rendered high prevalence of several symptoms even in a strong degree (degree 2 or − 2). The mean prevalence of all symptoms with different cut-off values is shown in Figure 1.

In the second test with the 7-point Likert scale, we see a low mean prevalence of symptoms in the strongest degree (3 or − 3) [Figure 2]. In Figure 1, we see predominance of negative values and in Figure 2 of positive values. This can be caused by statistical variation, but also by reducing the number of symptoms from 70 to 30.

We see that the mean prevalence of all symptoms in the highest degree is low. This offers us the possibility to select a small number of cases of a fairly common symptom (with high prevalence in lower cut-off values) in the highest intensity to discover what medicines are strongest related to that symptom.

In Table 1, we show a comparison between the outcome of the questionnaire 2016 (5-point Likert scale) and the questionnaire 2017 (7-point Likert scale) for some symptoms. These symptoms would be useless or possibly useless (perspiration much) because of the high prevalence with the questionnaire 2016. The questionnaire 2017 offers us the possibility to select only patients with the symptom in very high intensity, where this is a good symptom.

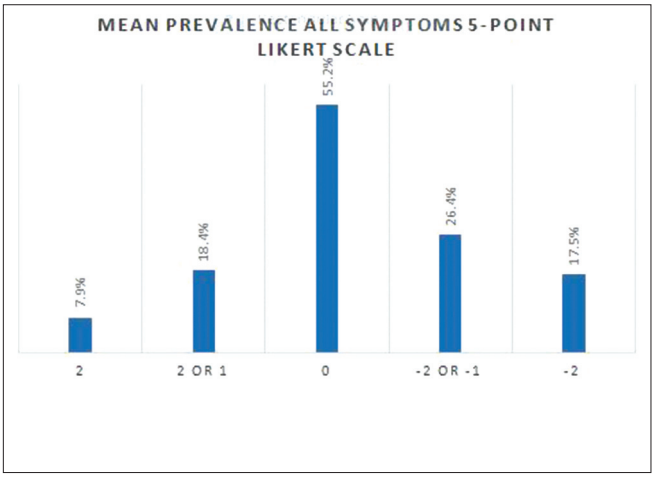

Figure 1: Mean prevalence of all symptoms on 5-point Likert Scale at different cut-off values. Cut-off value 1 refers to patients that have the symptom in a moderate or strong degree

Table 1: A comparison of the outcome of the questionnaire 2016 (5-point Likert scale) and the questionnaire 2017 (7-point Likert scale)

	Open air, desire (%)	Perspiration much (%)	Night< (%)	Desire sweets (%)
Questionnaire 2016				
High cut-off value, strong	45.0	18.7	26.7	29.0
Low cut-off value, moderate or strong	67.7	31.0	37.3	45.3
Questionnaire 2017				
Very strong	1.7	2.0	2.3	1.7
Strong or very strong	35.0	13.7	16.0	17.3
Moderate, strong or very strong	89.0	30.0	30.0	46.7

Table 2: Examples of very low prevalence's in the strongest intensity

	Desire vegetables (%)	Desire fish (%)
Questionnaire 2016		
High cut-off value, strong	28.7	23.0
Low cut-off value, moderate or strong	59.7	39.3
Questionnaire 2017		
Very strong	0.3	0.0
Strong or very strong	31.0	20.7
Moderate, strong or very strong	72.3	46.7

The longer Likert scale appeared not to work well for a few symptoms [Table 2]. The symptom 'desire vegetables' and 'desire fish' turned out to have very low prevalence in the strongest intensity, 0.3% for 'desire vegetables' and 0.0% for desire fish. The other cut-off values rendered too high prevalence. To overcome this problem, patients could be guided in filling in the questionnaire ['Discussion' section].

Discussion

In prospective research the symptom has to be checked in every new patient and in addition the symptoms in various intensities are also to be recorded. The Likert scales are taken as a tool to record a symptom in various intensities. This study has been a continuation of the previous study[1] which has concluded that with 5 point likert scale, a few symptoms even in moderate intensity precipitated higher prevalence in the general population. Consequently a need of longer Likert scales (more cut-off values) i.e., 7 point Likert scale was warranted (Table 3). Moreover, some strong correlations ($r \geq |0.50|$) between symptoms related to weather and responses to weather were observed. Moderate correlation (r between 0.30 and 0.50) between many other symptoms were also noted which was semantically obvious. Hence, in the next version, the number of questions in the questionnaire were narrowed down from 70 to 30, not only because of the confusion it caused in doctors and patients, but also because the principal component analysis showed that a few symptoms were related to various other questions in this questionnaire.[1] This follow-up study validates the longer Likert scales (more cut-off values), i.e., 7 point Likert scale to ferret out the prevalence of symptoms in populations.

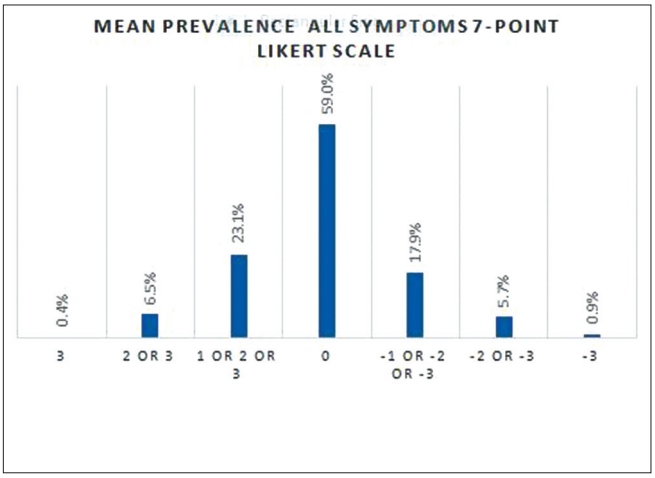

Figure 2: Mean prevalence of all symptoms on 7-point Likert Scale at different cut-off values. Cut-off value 1 refers to patients that have the symptom in moderate, strong or very strong degree

The second test with the 7-point Likert scale yielded a low mean prevalence of symptoms in the strongest degree (3 or -3). A few symptoms would be possibly useless (perspiration much) due of the high prevalence with the questionnaire 2016 where the questionnaire 2017 precipitated these to be more useful with low prevalence. A few symptoms such as 'desire vegetables' and 'desire fish' depicted very low prevalence in the strongest intensity, i.e., 0.3% and 0.00%, respectively, which possibly indicates a guidance in filling in the questionnaire.

Precipitation of some symptoms with very low prevalence in the highest cut-off value is not as big a problem. On encountering only high prevalence for a particular symptom, one can choose to select the cut-off value that comes closest to the optimal, provided such prevalence is available at one of the cut-off values.

Using a longer Likert scale can be a solution for improving the relevance of a symptom in prospective Prognostic Factor Research (PFR), but this is not the only factor that influences the outcome of a questionnaire. The formulation of the questions and the guidance in filling in the questionnaire also influence outcome. This requires creativity of the homoeopathic doctor assisting in filling in the questionnaire and also depends on his/her being familiar with cultural influences.

Table 3: Homoeopathic questionnaire for general symptoms

Homoeopathic Questionnaire for general symptoms Please circle how you feel or how you are influenced by all factors below. So if you feel better, mark this as follows: © Lex Rutten. 2017						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
Most important are changes caused by your illness. "Better/Worse than in most people" means: "Better/Worse than in most comparable people (age, profession, etcetera)"						
Desire/aversion open air						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
5	100	162	29	4	0	0
1.67%	33.33%	54%	9.67%	1.33%	0%	0%
Influence of cold in general						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	9	56	140	45	36	14
0%	3%	18.67%	46.67%	15%	12%	4.67%
Influence of wet weather						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
1	6	56	185	26	18	8
0.33%	2%	18.67%	61.67%	8.67%	6%	2.67%
Perspiration						
More than in most people	**Much more**	**More**	**Neutral**	**Less**	**Much less**	**Less than in most people**
3	2	1	0	−1	−2	−3
6	35	49	161	45	1	3
2%	11.67%	16.33%	53.67%	15%	0.33%	1%
Complaints in morning						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	0	1	190	76	24	9
0%	0%	0.33%	63.33%	25.33%	8%	3%
Complaints in afternoon						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	0	15	240	37	7	1
0%	0%	5	80%	12.33%	2.33%	0.33%
Complaints in evening						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	0	7	234	48	9	2
0%	0%	2.33%	78%	16%	3%	0.67%
Complaints during night						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	0	5	189	58	41	7
0%	0%	1.67%	63%	19.33%	13.67%	2.33%

Contd...

Table 3: Contd....

Homoeopathic Questionnaire for general symptoms
Please circle how you feel or how you are influenced by all factors below. So if you feel better, mark this as follows: © Lex Rutten. 2017

Influence of sleep

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	1	8	195	53	37	6
0%	0.33%	2.67%	65%	17.67%	12.33%	2%

On waking

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	1	1	180	76	38	4
0%	0.33%	0.33%	60%	25.33%	12.67%	1.33%

Influence of walking

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	0	25	99	97	59	20
0%	0%	8.33%	33%	32.33%	19.67%	6.67%

Influence of standing

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	5	3	185	78	25	4
0%	1.67%	0.33%	61.67%	26%	8.33%	1.33%

Influence of sitting

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	2	30	178	76	14	0
0%	0.67%	10%	59.33%	25.33%	4.67%	0%

Influence of lying

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	9	55	199	25	12	0
0%	3%	18.33%	66.33%	8.33%	4%	0%

Influence of uncovering

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
2	3	11	216	51	13	4
0.67%	1%	3.67%	72%	17%	4.33%	1.33%

Influence of riding in a car

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	0	1	218	49	30	2
0%	0%	0.33%	72.67%	16.33%%	10%	0.67%

Influence of noise

Better than in most people	Much better	Better	Neutral	Worse	Much worse	Worse than in most people
3	2	1	0	−1	−2	−3
0	2	14	161	84	36	3
0%	0.67%	4.67%	53.67%	28%	12%	1%

Contd...

Table 3: Contd....

Homoeopathic Questionnaire for general symptoms
Please circle how you feel or how you are influenced by all factors below. So if you feel better, mark this as follows: © Lex Rutten. 2017

Sensitivity of smell						
More than in most people	**Much increased**	**Increased**	**Neutral**	**Diminished**	**Much diminished**	**Less than in most people**
3	2	1	0	−1	−2	−3
5	12	108	159	12	2	2
1.67%	4%	36%	53%	4%	0.67%	0.67%
Sensitivity to light						
More than in most people	**Much increased**	**Increased**	**Neutral**	**Diminished**	**Much diminished**	**Less than in most people**
3	2	1	0	−1	−2	−3
2	6	27	261	4	0	0
0.67%	2%	9%	87%	1.33%	0%	0%
Thirst						
More than in most people	**Much more**	**More**	**Neutral**	**Less**	**Much less**	**Less than in most people**
3	2	1	0	−1	−2	−3
4	32	77	145	38	4	0
1.33%	10.67%	25.67%	48.33%	12.66%	1.33%	0%
Hunger						
More than in most people	**Much more**	**More**	**Neutral**	**Less**	**Much less**	**Less than in most people**
3	2	1	0	−1	−2	−3
2	12	36	216	33	1	0
0.67%	4%	0%	72%	11%	0.33%	0%
Food: Sweets						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
5	47	88	134	22	3	1
1.67%	15.67%	29.33%	44.67%	7.33%	1%	0.33%
Food: Spices						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
1	36	83	165	12	3	0
0.33%	12%	27.67%	55%	4%	1%	0%
Food: Salt						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
2	3	33	258	4	0	0
0.67%	1%	11%	86%	1.33%	0%	0%
Food: Meat						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
0	25	75	188	11	1	0
0%	8.33%	25%	62.67%	3.66%	0.33%	0%

Contd...

Table 3: Contd....

Homoeopathic Questionnaire for general symptoms Please circle how you feel or how you are influenced by all factors below. So if you feel better, mark this as follows: © Lex Rutten. 2017						
Food: Fish						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
0	62	78	146	9	5	0
0%	20.67%	26%	48.67%	3%	1.67%	0%
Food: Vegetables						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
1	92	124	75	6	2	0
0.33%	30.67%	41.33%	25%	2%	0.67%	0%
Food: Milk products						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
0	46	66	120	35	25	8
0%	15.33%	22%	40%	11.67%	8.33%	2.67%
Food: Eggs						
Desire stronger than most people	**Strong desire**	**Desire**	**Neutral**	**Aversion**	**Strong aversion**	**Aversion stronger than most people**
3	2	1	0	−1	−2	−3
0	22	91	170	12	5	0
0%	7.33%	30.33%	56.67%	4%	1.67%	0%
Influence of cold drinks						
Better than in most people	**Much better**	**Better**	**Neutral**	**Worse**	**Much worse**	**Worse than in most people**
3	2	1	0	−1	−2	−3
0	2	11	255	7	17	8
0%	0.67	3.67%	85%	2.33%	5.67%	2.67%

It appeared that symptoms such as 'desire vegetables' and 'desire fish' require attention of the group of doctors assisting in this research. How can we obtain a cut-off value for these symptoms that render prevalence between 2% and 10%? If you know how much vegetables the average person in a comparable group of people eats, you can ask for the amount of intake. Or ask the patient to place himself in a group of 10–50 people (search for example, such as class or work) and ask if his is the one with the strongest desire.

Homoeopathy is an art, interpreting symptoms in the context of every individual patient. However, the systematic mistake of the repertory, using absolute occurrence of symptoms instead of prevalence, should be corrected.

This is a pre-requisite step with a purpose to mend a serious systematic mistake of the repertory (absolute occurrence instead of prevalence) and to present Homoeopathy as a method with an underlying algorithm (Bayes' theorem) and to mend a serious systematic mistake of the repertory (absolute occurrence instead of prevalence) this is a pre-requisite step.

Indeed, symptoms in PFR should be collected with care and thorough knowledge and guidance in filling of the questionnaire. We can achieve a tremendous improvement of our repertory, but this is just a beginning of achieving our own scientific identity.

Looking at these two pilot studies in the same centre, we see that testing the questionnaires is essential for useful prognostic factor research. Assessing clinical symptoms in prognostic factor research is pre-requisite for correcting structural shortcomings of the repertory,[5] and apart from the usual consultation, it requires new skills. As Bayesian methods can help in expressing the relationship between symptoms and expected results from medicines[6] and opens the possibility of investigating Homoeopathy in clinical practise,[7] this is a baby step towards achieving it. Every doctor involved in this research should acquire experience and evaluation of this experience before the actual research starts.

Conclusion

The peculiarity of a homoeopathic symptom is indicated by its low prevalence which can be achieved using longer Likert scales and more cut-off values in our questionnaire. The longer Likert scale gives a choice to the patients/physicians to choose its intensity/gradation of symptoms revealing their true occurrences and unveiling their fallacious prevalence. The exercise also essentially has to be assisted with guidance in filling of the questionnaire.

Research always elicits new questions, but remaining ignorant by avoiding research is not an option. By testing the questionnaires being used in PFR, we can detect and improve problems that otherwise would have invalidated our research. PFR is new-fangled and we can foresee it to building a strong scientific footing for Homoeopathy, if we do it judiciously. The presented research shows how we can improve stepwise.

The assessment of the prevalence of symptoms provides Homoeopathy with a strong scientific rationale, but only after assessment of a considerable number of symptoms, we can make a new repertory that could be tested, e.g., in replications of old randomised controlled trials.

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Nil.

Conflicts of interest

None declared.

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होम्योपैथिक ध्रुवीय लक्षणों की प्रचुरताः वर्ष 2017 में मुंबई में आयोजित एक पुनर्निरीक्षण मार्गदर्शी अध्ययन

पृष्ठभूमिः होम्योपैथिक लक्षणों का संभावित आंकलन प्रतिदिन के अभ्यास में परिलक्षित होने वाले लक्षणों से पृथक होता है। भविष्यसूचक घटक अनुसंधान में, हम विभिन्न तीव्रता वाले लक्षणों का आंकलन करने के लिए लाइकर्ट पैमानों के साथ लक्षण प्रश्नोत्तरी को लागू करते हैं। पूर्ववर्ती अनुसंधान में, हमने 5 बिंदु वाले एक लाइकर्ट स्केल का परीक्षण किया था, जिसने कुछ लक्षणों के लिए अपेक्षाकृत अधिक प्रबलता और अत्यधिक तीव्रता का प्रदर्शन किया था, जिनका उपयोग नित्य अभ्यास में नहीं किया जाता। यह परिकल्पना की गई कि एक लंबा, 7 बिंदु का लाइकर्ट स्केल होम्योपैथिक भविष्यसूचक घटक अनुसंधान में अधिक उपयोगी परिणाम ला सकता है। **पद्धतिः** 30 ध्रुवीय लक्षणों वाले एक 7 बिंदुओं का लाइकर्ट स्केल प्रश्नोत्तरी का परीक्षण 300 रोगियों पर किया गया। तापमान, जलवायु, दिनचर, नींद का प्रभाव, खानपान, इच्छाओं/वितृष्णाओं के विभिन्न क्षेत्रों के विरूद्ध प्रतिक्रियाओं को प्रकाश में लाया गया। परिणाम की तुलना पूर्ववर्ती 5 बिंदुओं वाले लाइकर्ट स्केल के साथ की गई। **परिणामः** सबसे अधिक तीव्रता वाले सभी लक्षणों की मध्य प्रबलता 5 बिंदुओं वाले लाइकर्ट स्केल की तुलना में 7 बिंदु वाले लाइकर्ट स्केल में बहुत कम होती है, और इनमें से कुछ लक्षणों का प्रयोग नियमित रूप से भी किया जाता है। फिर भी, कुछ लक्षणों के लिए यह प्रबलता सबसे अधिक तीव्रता वाले श्रेणी में भी अधिक रही। **निष्कर्षः** अधिक लंबा लाइकर्ट स्केल, होम्योपैथिक भविष्यसूचक घटक अनुसंधान में बेहतर प्रदर्शन करता है, परन्तु सभी लक्षणों के लिए नहीं करता। रोगियों द्वारा इस प्रश्नोत्तरी को होम्योपैथी चिकित्सकों के मार्गदशन में ही भरा जाना चाहिए, जो होम्योपैथिक लक्षणों के संभावित आंकलन में उचित प्रकार से प्रशिक्षित होते हैं।

Prévalence des symptômes polaires homéopathiques: étude pilote de suivi menée à Mumbai en 2017

Contexte: L'évaluation prospective des symptômes homéopathiques est différente de l'apparition de symptômes dans la pratique quotidienne. Dans la recherche sur les facteurs pronostiques, nous appliquons des questionnaires sur les symptômes avec des échelles de Likert pour évaluer les symptômes à différentes intensités. Dans une recherche antérieure, nous avons testé une échelle de Likert en 5 points, qui rendait une prévalence assez élevée et une forte intensité pour certains symptômes qui ne sont pas utilisés dans la pratique quotidienne. On a émis l'hypothèse qu'une échelle de Likert plus longue en 7 points pourrait être un résultat plus utile dans la recherche sur les facteurs pronostiques homéopathiques. **Méthodes:** Un questionnaire à l'échelle de Likert en 7 points avec 30 symptômes polaires a été testé sur 300 patients. Des réponses à divers domaines de température, climat, diurne, influence du sommeil, alimentation et désirs / aversions ont été suscitées. Le résultat a été comparé à l'ancienne échelle de Likert en 5 points. **Résultats:** La prévalence moyenne de tous les symptômes à l'intensité la plus élevée est beaucoup plus faible sur l'échelle de Likert en 7 points que sur l'échelle en 5 points, et certains de ces symptômes sont même utilisés en routine. Cependant, pour quelques symptômes, la prévalence est restée élevée, même dans le grade d'intensité le plus élevé. **Conclusion:** Une échelle de Likert plus longue fonctionne mieux dans la recherche sur les facteurs pronostiques homéopathiques, mais pas pour tous les symptômes. Le remplissage de ce questionnaire par les patients doit être guidé par des homéopathes dûment formés à l'évaluation prospective des symptômes homéopathiques.

Prevalencia de síntomas polares homoeopáticos: Un estudio piloto de seguimiento realizado en Mumbai en 2017

Fondo: La evaluación prospectiva de los síntomas homoeopáticos es diferente de la provocación de síntomas en la práctica diaria. En la investigación de factores pronóstico, aplicamos cuestionarios de síntomas con escalas Likert para evaluar los síntomas en diferentes intensidades. En investigaciones anteriores, probamos una escala Likert de 5 puntos, que hizo una prevalencia bastante alta e intensidad fuerte para algunos síntomas que no se utilizan en la práctica diaria. Se había presentado la hipótesis de que una escala Likert más larga de 7 puntos podría ser un resultado más útil en la investigación de factores de pronóstico homoeopático. **Métodos:** Se probó un cuestionario a escala Likert de 7 puntos con 30 síntomas polares en 300 pacientes.Se dieron respuestas a diversos dominios de la temperatura, el clima, el diurno, la influencia del sueño, la alimentación y los deseos/aversiones. El resultado se comparó con la antigua escala Likert de 5 puntos **Resultados:** La prevalencia media de todos los síntomas en la intensidad más alta es mucho menor en la escala Likert de 7 puntos que en la escala de 5 puntos, y algunos de estos síntomas, incluso se utilizan en la rutina. Sin embargo, para algunos síntomas, la prevalencia se mantuvo alta, incluso en el grado de mayor intensidad. **Conclusión:** Una escala Likert más larga funciona mejor en la investigación de factores de pronóstico homoeopático, pero no para todos los síntomas.El llenado de este cuestionario por parte de los pacientes debe guiarse por profesionales homoeopáticos debidamente capacitados en la evaluación prospectiva de los síntomas homoeopáticos.

Prävalenz homöopathischer Polarsymptome: Eine Pilotstudie im Mumbai im Jahr 2017

Hintergrund: Die prospektive Beurteilung homöopathischer Symptome unterscheidet sich von der Auslösung von Symptomen in der täglichen Praxis.In der prognostischen Faktorforschung wenden wir Symptomfragebögen mit Likert-Skalen an, um Symptome in verschiedenen Intensitäten zu bewerten.In früheren Forschungen haben wir eine 5-Punkte-Likert-Skala getestet, die eine ziemlich hohe Prävalenz und starke Intensität für einige Symptome, die nicht in der täglichen Praxis verwendet werden, machte.Es wurde angenommen, dass eine längere, 7-Punkte-Likert-Skala ein nützlicheres Ergebnis in der homöopathischen prognostischen Faktorforschung sein könnte. **Methoden:** Ein 7-Punkte-Fragebogen der Likert-Skala mit 30 polaren Symptomen wurde an 300 Patienten getestet.Es wurden Reaktionen auf verschiedene Bereiche Temperatur, Klima, Tagestemperatur, Einfluss des Schlafes, Essen und Wünsche/Abneigungen ausgelöst.Das Ergebnis wurde mit der früheren 5-Punkte-Likert-Skala verglichen **Ergebnisse:** Die mittlere Prävalenz aller Symptome in der höchsten Intensität ist in der 7-Punkt-Likert-Skala viel niedriger als in der 5-Punkte-Skala, und einige dieser Symptome werden sogar in der Routine verwendet.Bei einigen Symptomen blieb die Prävalenz jedoch hoch, selbst in der höchsten Intensitätsstufe. **Schlussfolgerung:** Eine längere Likert-Skala schneidet in der homöopathischen prognostischen Faktorforschung besser ab, aber nicht für alle Symptome.Das Ausfüllen dieses Fragebogens durch die Patienten sollte von homöopathischen Praktikern geleitet werden, die in der prospektiven Beurteilung homöopathischer Symptome gut ausgebildet sind.

同性病性极性症状的流行：2017年孟买的后续试点研究

背景: 对同源症状的预计评估不同于在日常实践中引起症状。在预测因素研究中，我们应用症状问卷，以评估不同强度的症状。在以前的研究中, 我们测试了一个5点利开特式量表, 这对于一些在日常实践中未使用的症状，具有相当高的流行率和强烈的强度。据假设，在同源性预测因子研究中，更长的7点利维特尺度可能是更有用的结果。方法: 对300名患者进行了7点利开特式量表问卷调查，该问卷具有30种极性症状。对温度、气候、日间、睡眠影响、饮食和欲望/厌恶等各个领域的反应被引起。将结果与以前的5分进行比较利开特式量表 结果: 在最高强度下的所有症状平均患病率在 7 点中比在 5 点尺度中低得多，其中一些症状甚至用于常规。 然而，对于一些症状，患病率仍然很高，即使在最高强度等级。 结论: 更长的利开特式量表在同种疗法的预后因素研究中表现更好，但并非对所有症状都如此。患者填写本问卷时，应由同源病医生指导，这些从业者在对同源症状的预期评估方面受过适当培训。