

## Survey

# Attitudes towards and use of homoeoprophylaxis: findings of two international surveys

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## Abstract

**Background:** The use of homoeopathic remedies to prevent infectious diseases, homoeoprophylaxis (HP), was first described over 100 years ago. To date, no systematic studies have been performed to identify the attitudes that current practitioners hold about HP or current trends in the use of HP.

**Aims:** This study aimed to discover attitudes to HP amongst accredited homeopathic practitioners particularly with respect to overall acceptance, the context of use, and preferred remedies.

**Methodology:** Two international surveys were conducted in 2014. Responses were received from 1,124 homeopaths in 35 countries; 104 of whom responded to both surveys.

**Results:** A large proportion of respondents have positive attitudes to HP and currently use HP in their practice. However, responses also indicate that knowledge about HP is chequered. Confidence in the evidence base of HP also is variable.

**Conclusion:** Results indicate that HP is widely practiced, however, further research is needed to improve confidence in the evidence base of HP, and better programs are needed to ensure that education about HP is enhanced.

## Introduction

Homoeoprophylaxis (HP), or preventing a disease before its onset using homeopathy, is a controversial topic within contemporary homeopathy and public health. There are arguments for and against it on conceptual grounds. There is also contention about the quality of the evidence-base supporting the safety and effectiveness of HP.

A survey of 210 Australian homeopaths by Golden (2002) showed that 76% either used or intended to use HP, 19% were unsure, and 5% were opposed to any use of HP.<sup>1</sup> To further explore the situation with critical point of view we undertook an international survey of homeopaths to determine their attitudes

towards and use of HP. The first international survey was described in detail in 2014.<sup>2,3</sup> An updated summary of the findings of Survey 1 is presented here. The second international survey was designed to answer questions raised by the first survey and the full results are presented here. Both surveys were approved by the Ethics Committee of Federation University Australia.

## Materials and Methods

**First Survey:** An online questionnaire was made available from December 1<sup>st</sup> 2013 to April 30<sup>th</sup> 2014. Notice of the survey was distributed through homeopathic journals, professional associations, mailing lists of publishers and personal contacts with practitioners. In addition, emails were sent to more than 2800 accredited



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homeopaths in Australia, USA, Canada, New Zealand and the UK using addresses listed on professional association web sites, as shown in Table 1. The survey was anonymous though respondents could optionally identify themselves. Questions were related to the length of practice, association membership, attitudes to HP, current practice with HP, and familiarity with homeopathic texts etc. Ethics approval was accorded to extend the data collection until December 31<sup>st</sup> 2014. Additional usable responses were received from May 1<sup>st</sup> 2014 to December 31<sup>st</sup> 2014 and are included in the Results from Table 2 onwards where appropriate.

**Second Survey:** An online questionnaire was made available from September 1<sup>st</sup> 2014 to December 31<sup>st</sup> 2014. Notice of the survey was distributed through homeopathic journals, professional associations, research institutions, mailing lists of publishers and personal contacts with practitioners. In addition, emails were sent to more than 2366 accredited homeopaths in Australia, USA, Canada, New Zealand and the UK using addresses collected for Survey 1 and after removing known inactive addresses. Letters were posted to 32 professional associations seeking their support. The survey was

anonymous though respondents could optionally identify themselves. Questions covered basic demographics plus the use of Nosodes and Genus Epidemicus (GE) remedies, whether to use HP at any time or only during epidemics and if the latter when did an epidemic exist, confidence in the HP evidence base and homeopathic education. The second survey included additional questions aimed at clarifying phenomena noticed in the first survey. For example, a large proportion of respondents in the first survey indicated that HP should be only be used during epidemics. The second survey included a question to solicit beliefs about the declaration of epidemics.

Descriptive statistics was generated from the survey results. Duplicate records were removed wherever present and the only most complete record was used where practitioner didn't complete the whole survey. Table 1 depicts the number of emails sent to five countries calling for participation. A total of 5016 emails were sent and 1595 complete responses were received representing a 31.7% response rate. This is similar to the average response rate reported in a meta-study of published email surveys<sup>4</sup>.

Country	Accredited Homeopaths (estimated)	Emails Delivered	
		1 <sup>st</sup> Survey	2 <sup>nd</sup> Survey
Australia	566	252	247
USA	unknown	829	826
UK	unknown	1,126	865
Canada	382	293	282
NZ	168	150	146
<b>Total</b>		<b>2,650</b>	<b>2,366</b>

**Table 1:** Emails sent by country

After presenting a revised summary of results from the 1<sup>st</sup> Survey and details of responses

received, data from the 2<sup>nd</sup> Survey is grouped to show:



- A. Demographics;
- B. Attitudes of respondents;
- C. Use of homoeoprophylaxis;
- D. Education.

## Results

In the following Tables and Figures, results for both Surveys are shown where applicable. Figures of the 1<sup>st</sup> Survey have been updated with the 88 additional responses.

Heading	Details	Total	USA	UK	Australia	Canada	NZ	N'lands
<b>Responses</b>	Total useable responses	859	222	164	131	100	49	34
<b>Experience</b>	Average years in practice	14.3	16.5	14.6	13.5	11.7	13.2	12.9
<b>Attitude</b>	HP may be used to prevent infectious diseases	90.4%	94.1%	83.5%	94.7%	93.0%	95.9%	91.8%
	General protection	10.8%	10.5%	15.3%	4.0%	7.5%	8.5%	16.1%
	Disease specific protection	89.1%	89.5%	84.7%	96.0%	92.5%	91.5%	83.9%
	If disease-specific protection							
	Vaccination	1.2%	0.5%	1.7%	0.9%	0.0%	0.0%	0.0%
	Vaccination along with HP	29.7%	25.1%	33.9%	29.1%	27.9%	27.9%	11.5%
	HP	69.0%	71.6%	64.4%	70.1%	72.1%	72.1%	88.5%
HP only in epidemics	47.9%	47.3%	55.5%	32.1%	41.0%	49%	47.1%	
<b>Use of HP</b>	Currently use HP	62.6%	63.4%	48.7%	71.8%	78.1%	58.3%	56.3%
	Intend to use HP	11.2%	12.2%	13.8%	8.1%	6.3%	6.3%	12.5%
	Have used HP in the past	9.6%	6.8%	13.8%	12.1%	2.8%	12.5%	6.3%
	Unsure about future use	15.2%	16.1%	23.0%	7.3%	12.5%	20.8%	25.0%
	Used HP but never again	1.4%	1.5%	0.7%	0.9%	1.0%	2.1%	0.0%
<b>Other</b>	Has read Hahnemann's HP essay	41.1%	41.2%	34.9%	58.9%	45.8%	33.3%	40.6%
	HP based on Law Sim*	69.5%	69.1%	65.8%	85.5%	75.0%	70.8%	71.9%
	If read essay → Law Sim*	82.8%	67.6%	76.2%	93.3%	88.9%	71.4%	75.0%
	Not read essay → Law Sim*	68.5%	65.8%	60.6%	74.5%	67.3%	68.8%	63.2%

**Table 2:** Revised summary of results from 1<sup>st</sup> Survey. Note: percentages in this table exclude figures for no responses. \*Law. Sim. = the Law/Principle of Similars

Details	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey	
	Resp.	%	Resp.	%
<b>Full response</b>	820	72.2	369	80.4
<b>Partial but useable response</b>	39	3.4	0	0.0
<b>Left some details, but no "position" questions answered</b>	177	15.6	22	4.8
<b>Accessed the survey but did not answer questions</b>	100	8.8	68	14.8
<b>Total people accessing survey website</b>	<b>1,136</b>	<b>100.0</b>	<b>459</b>	<b>100.0</b>

**Table 3:** Responses to 1<sup>st</sup> and 2<sup>nd</sup> surveys

NOTES: A partial response was considered useable in the 1<sup>st</sup> Survey if at least one of the Questions or Rankings shown in Table 2 were answered; 1 malicious response was removed from the 2<sup>nd</sup> survey; 4 responses were removed from the 1<sup>st</sup> Survey responses as the respondents had already answered the same; 13 multiple responses were removed from the responses to the 2<sup>nd</sup> Survey.



## A. Demographics

The average years of homeopathic practice amongst respondents was 14.3 with a standard deviation of 10.0, depicted in Table 4.

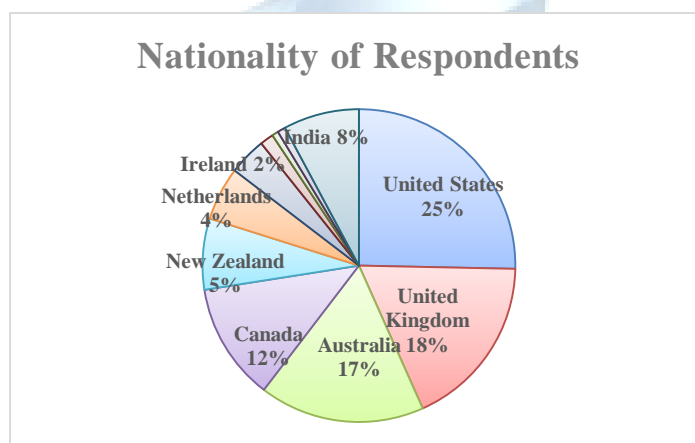
Years in practice	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey	
	Resp.	%	Resp.	%
0-2*	77	9.0	23	6.2
3-5	113	13.2	41	11.1
6-9	120	14.0	49	13.3
10-19	300	34.9	137	37.1
20-29	159	18.5	72	19.5
30+	90	10.5	47	12.7
<b>Total**</b>	<b>859</b>	<b>100.0</b>	<b>369</b>	<b>100.0</b>
<b>Average</b>	<b>14.3 years</b>		<b>15.4 years</b>	

**Table 4:** Years of homeopathic practice

\* - 0 years is shown because some persons become fully qualified but do not practice

\*\* - 2 respondents recorded typing errors

Persons who completed usable questionnaires were from 35 countries as summarised in Figure 1 and detailed in Table 5. Approximately 81% belonged to over 80 professional or other associations as shown in Table 6.



**Figure 1:** Respondent nationality

Ten Most Common Countries	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey	
	Resp.	%	Resp.	%
<b>United States</b>	221	25.7	86	23.3
<b>United Kingdom</b>	164	19.1	54	14.6
<b>Australia</b>	131	15.3	76	20.6
<b>Canada</b>	100	11.6	47	12.7
<b>India</b>	67	7.8	22	6.0
<b>New Zealand</b>	49	5.7	18	4.9
<b>Netherlands</b>	34	4.0	13	3.5
<b>Ireland (South Africa*)</b>	10	1.8	7*	1.9
<b>Germany</b>	8	0.9	5*	1.4
<b>Switzerland (UAE)*</b>	6	0.9	4	1.1
<b>Other (23 countries)**</b>	58	5.9	37	10.0
<b>No details</b>	11	1.3	0	0.0



<b>Total</b>	<b>859</b>	<b>100.0</b>	<b>369</b>	<b>100.0</b>
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**Table 5: Nationality of Respondents**

\* - South Africa and the UAE numbers for the 2<sup>nd</sup> Survey.

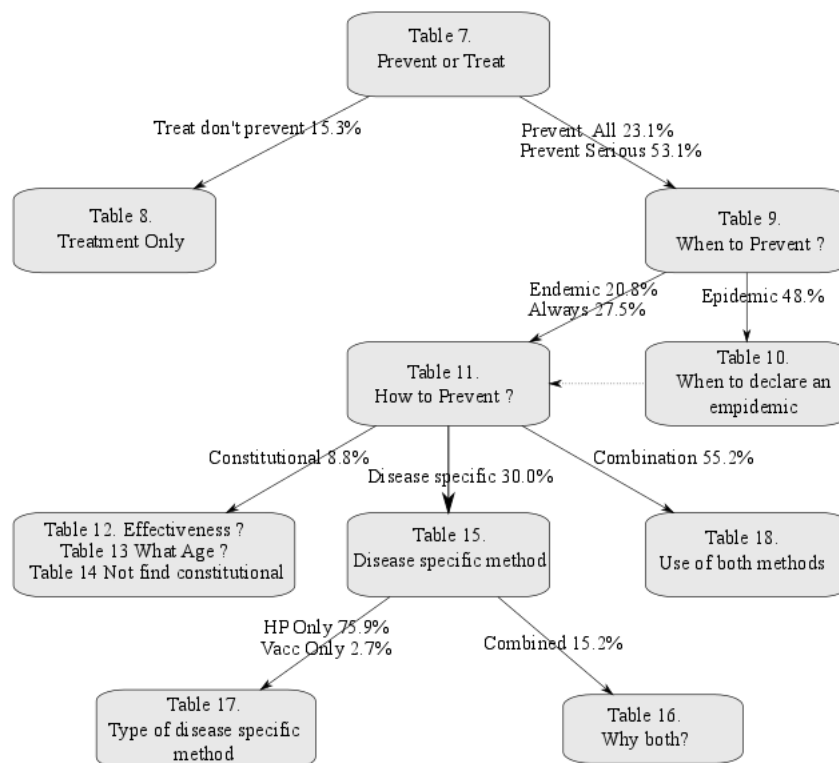
\*\* - 1<sup>st</sup> Survey Other countries included (4) Hungary, Romania, (3) Austria, Denmark, France, Norway, South Africa, (2) Belgium, Finland, Mexico, Spain, (1) Bahrain, Bangladesh, Bosnia And Herzegovina, Brazil, Colombia, Greece, Hong Kong, Italy, Poland, Singapore, Sweden, Thailand.

Response	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey	
	Resp.	%	Resp.	%
<b>Claimed to be a member of a professional association</b>	705	82.1	299	81.0
<b>Identified a recognised professional association</b>	579	67.4	293	79.4
<b>No association identified</b>	126	14.6	6	1.6

**Table 6:** Professional association membership

## B. Attitudes of Respondents

Figure 2 shows the relationship between the information contained in Tables 7 to Table 18.



**Figure 2:** Summary of links between “Attitude” Tables 7 to 18

Figure 3 charts the major responses to the question “should we prevent infectious diseases”. Table 7 shows detailed responses to the same question. The 27 “Other” responses have been reclassified where possible to one of the four main responses and have been added back to the Initial Responses to better understand the total response. Comments were made by 89 respondents. A classification of comments is shown in Table 7.1. This shows comments by both the 27 respondents who answered “Other” to the



question, as well as the 62 respondents who gave different answers (one respondent gave a multiple responses).

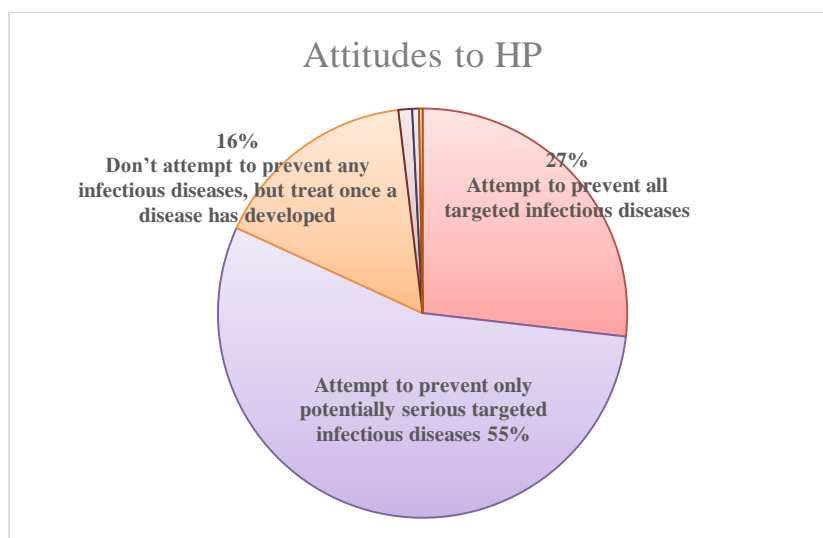


Figure 3: Attitudes to HP

Response	Initial Responses		"Other" Reclassified	
	Resp.	%	Resp.	%
Attempt to prevent all targeted infectious diseases	84	22.8	99	26.8
Attempt to prevent only potentially serious targeted infectious diseases	196	53.1	203	55.0
Don't attempt to prevent any infectious diseases, but treat once a disease has developed	57	15.4	60	16.3
Don't know	4	1.1	4	1.1
Other	27	7.3	2	0.5
No response	1	0.3	1	0.3
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>369</b>	<b>100.0</b>

Table 7: Position regarding the prevention of infectious diseases targeted by either a child's parents or by adult patients for themselves

Code	Response	"Other"	%	Not "Other"	%
1	Not clear regarding HP (Don't know)	2	7.4	4	6.3
2	Prevent if patient wants it	14	51.9	14	22.2
3	Prevent if no cure established	1	3.7	0	0.0
4	Prevent (only) during epidemic	3	11.1	9	14.3
5	Only treat (constitutional), don't prevent using HP	2	7.4	13	20.6
6	Also treat constitutionally	0	0.0	1	1.6
7	Use HP for travel prevention	0	0.0	4	6.3
8	Depends on availability of other medical support	0	0.0	1	1.6
9	Depends on the disease	3	11.1	5	7.9
10	Use vaccines.	0	0.0	1	1.6
11	Use established HP protocol	1	3.7	8	12.7
12	Answer not useable	0	0.0	3	4.8

13	Rely on general nutritional etc support	1	3.7	0	0.0
	<b>Total</b>	<b>27</b>	<b>100.0</b>	<b>63</b>	<b>100.0</b>

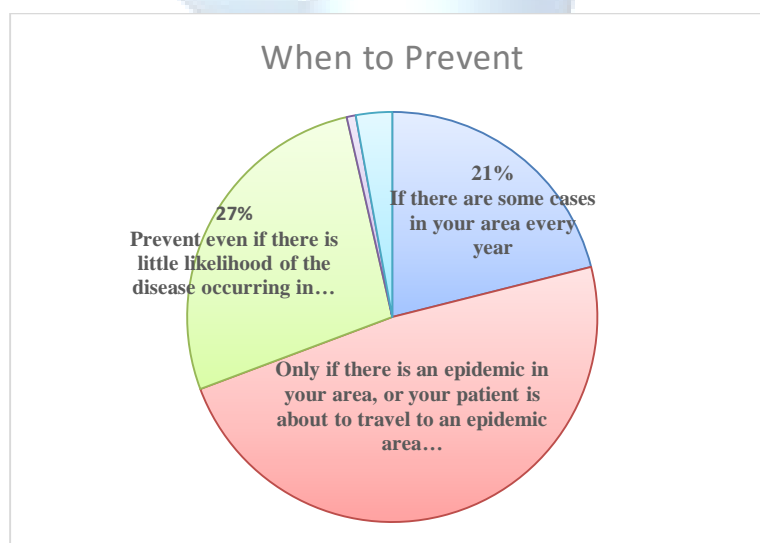
**Table 7.1:** Classification of comments regarding the prevention of targeted diseases

Responses to the question how practitioners who preferred treatment not prevention would respond to patients who asked for prevention are summarized in Table 8.

Response	Resp.	%
Refer them to a colleague who will provide them with disease prevention	10	17.5
Try to change their mind, but if not possible then provide prevention	11	19.3
Try to convince them that it is better to treat than prevent the disease, and don't provide prevention	14	24.6
Don't know	1	1.8
Other	15	26.3
No response	6	10.5
<b>Total</b>	<b>57</b>	<b>100.0</b>

**Table 8:** IF YOU SELECTED "Don't attempt to prevent any infectious diseases but treat", what would you do if a patient asked you to provide protection against a particular disease?

Of the 15 respondents who replied "Other", 6 said that they would use HP at times, and 1 said he or she would refer to a colleague to obtain HP. Responses to the question of when to attempt prevention has been summarized in Figure 4 and detailed in Table 9.



**Figure 4:** When to attempt prevention

Response	Resp.	%
If there are some cases in your area every year	59	21.1
Only if there is an epidemic in your area, or your patient is about to travel to an epidemic area	135	48.2
Prevent even if there is little likelihood of the disease occurring in your area	76	27.1

Don't know	2	0.7
No response	8	2.9
<b>Total</b>	<b>280</b>	<b>100.0</b>

**Table 9:** IF YOU SELECTED "Attempt to prevent" some or all targeted infectious diseases, would you attempt to prevent

Response	Resp.	%
Government declared epidemic	19	12.5
If an epidemic is declared	10	6.6
Cases in the community/many people infected	44	28.9
Only after seeing/treating 10 or more people with disease	2	1.3
After seeing 2 or more patients	9	5.9
If advised by other practitioners	12	7.9
Likelihood of exposure	12	7.9
If asked by patient	16	10.5
Depends on the seriousness of the disease	7	4.6
If travelling	11	7.2
If patient is weak or susceptible	2	1.3
Constitutional medicine is enough	1	0.7
Other	4	2.6
Not sure	3	2.0
<b>Total</b>	<b>152</b>	<b>100.0</b>

**Table 10:** IF YOU SELECTED "Only if there is an epidemic in your area", how would you decide when to begin to prescribe the preventative remedy?

Note: There were 24 multiple responses from 128 respondents.

Respondents who said they would attempt to prevent infectious diseases (280 respondents in Table 7) were asked to state what method of infectious disease prevention they would use. Table 11 classifies these 280 responses. However, 79 of the 89 other respondents also answered this question. So both groups of responses are classified in Table 11, yielding a total of all responses.

	Prevent Resp.	%	Don't prevent	Don't know /Other	All Resp.	%
Constitutional prevention	15	5.4	15	3	33	8.9
Disease-specific prevention	88	31.4	15	8	111	30.1
Some combination of constitutional and disease-specific prevention	167	59.6	16	20	203	55.0
Other	6	2.1	0	1	7	1.9
Don't know	2	0.7	1	0	3	0.8
No response	2	0.7	10	0	12	3.3
<b>Total</b>	<b>280</b>	<b>100.0</b>	<b>57</b>	<b>32</b>	<b>369</b>	<b>100.0</b>

**Table 11:** If you did decide to prevent targeted infectious diseases, would you use

Tables 12, 13 and 14 show responses from practitioners who selected "constitutional prevention". Tables 15, 16 and 17 show responses from practitioners who selected "disease-specific prevention". Tables 18 and 18.1 show responses from practitioners who answered "some combination of constitutional and disease-specific prevention".

Response	Resp.	%
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<b>Constitutional prevention is at least as effective as disease-specific prevention</b>	23	69.7
<b>Don't know</b>	3	9.1
<b>It doesn't matter</b>	1	3.0
<b>Other</b>	2	6.1
<b>No response</b>	4	12.1
<b>Total</b>	<b>33</b>	<b>100.0</b>

**Table 12:** IF YOU SELECTED “Constitutional prevention”, do you believe that

<b>Response</b>	<b>Resp.</b>	<b>%</b>
<b>Less than 6 months of age</b>	7	21.2
<b>Greater than 12 months of age</b>	3	9.1
<b>At any age</b>	13	39.4
<b>It's a case-by-case decision</b>	8	24.2
<b>Don't know</b>	1	3.0
<b>No response</b>	1	3.0
<b>Total</b>	<b>33</b>	<b>100.0</b>

**Table 13:** IF YOU SELECTED “Constitutional prevention” at what age do you believe that you can, in general, determine the constitution of an infant requiring protection against a targeted infectious disease

<b>Response</b>	<b>Constit. Resp.</b>	<b>%</b>	<b>Total giving Resp.</b>	<b>% a</b>
<b>Advise the parents to see a different practitioner</b>	4	12.1	8	3.3
<b>Use disease-specific prevention</b>	16	48.5	163	68.2
<b>Other</b>	6	18.2	14	5.9
<b>Tell the parents to wait until the child was older</b>	1	3.0	2	0.8
<b>No response</b>	6	18.2	52	21.8
<b>Total</b>	<b>33</b>	<b>100.0</b>	<b>239</b>	<b>100.0</b>

**Table 14:** IF YOU SELECTED “Constitutional prevention”, and could not with confidence determine the constitution of an infant requiring prevention against a targeted infectious disease, would you

<b>Comments</b>	<b>Resp.</b>	<b>%</b>
<b>Only use HP</b>	84	75.7
<b>Only use vaccination</b>	3	2.7
<b>Use a combination of vaccination and HP</b>	17	15.3
<b>No response</b>	7	6.3
<b>Total</b>	<b>111</b>	<b>100.0</b>

**Table 15:** IF YOU SELECTED “Disease-specific prevention”, would you

<b>Comments</b>	<b>Resp.</b>	<b>%</b>
<b>Parents' choice</b>	5	29.4
<b>Depends on evidence</b>	3	17.6
<b>Severity of disease and vaccine adverse events</b>	3	17.6
<b>I use both</b>	3	17.6



Other	3	17.6
<b>Total</b>	<b>17</b>	<b>100.0</b>

**Table 16:** IF YOU SELECTED “Use a combination of vaccination and HP”, describe how you would decide whether to use vaccination or HP to prevent a targeted infectious disease

Response	Resp.	%
Only for short-term prevention	55	17.5
Only for long-term prevention	4	1.3
For both short-term and long-term prevention if required	199	63.4
Don't know	8	2.5
No response	48	15.3
<b>Total</b>	<b>314</b>	<b>100.0</b>

**Table 17:** IF YOU SELECTED “Disease-specific prevention”, would you use HP

Response	Resp.	%
You believe that using both the constitutional and HP remedies is necessary to provide adequate prevention against targeted diseases	80	39.4
You don't believe the constitutional remedy is essential for effective prevention, but that it is always beneficial to give constitutional treatment if possible	98	48.3
Other	24	11.8
No response	1	0.5
<b>Total</b>	<b>203</b>	<b>100</b>

**Table 18:** IF YOU SELECTED “Some combination of constitutional and disease-specific prevention”, are you selecting constitutional prevention because

Table 18.1 shows comments from the 24 respondents who answered “Other”, as well as from 15 other respondents

Comments	Other*	%	Not Other**	%	Total	%
Assessment of individual need	8	25.8	6	30.0	14	27.5
It raises general level of health	4	12.9	2	10.0	6	11.8
Use HP if patient wants it	1	3.2	2	10.0	3	5.9
Constitutional remedy is the best preventative	3	9.7	1	5.0	4	7.8
HP for overseas protection	1	3.2	0	0.0	1	2.0
Response not clear	2	6.5	1	5.0	3	5.9
Will use either or both if indicated	12	38.7	8	40.0	20	39.2
<b>Total</b>	<b>31</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>	<b>51</b>	<b>100.0</b>

**Table 18.1:** IF YOU SELECTED “Some combination of constitutional and disease-specific prevention”, are you selecting constitutional prevention because: - comment

\* Includes 7 multiple responses

\*\* Included 5 multiple responses

### C. Use of Homoeoprophylaxis

Figure 5 summarises the pattern of use of HP amongst respondents. Table 19 provides additional detail.



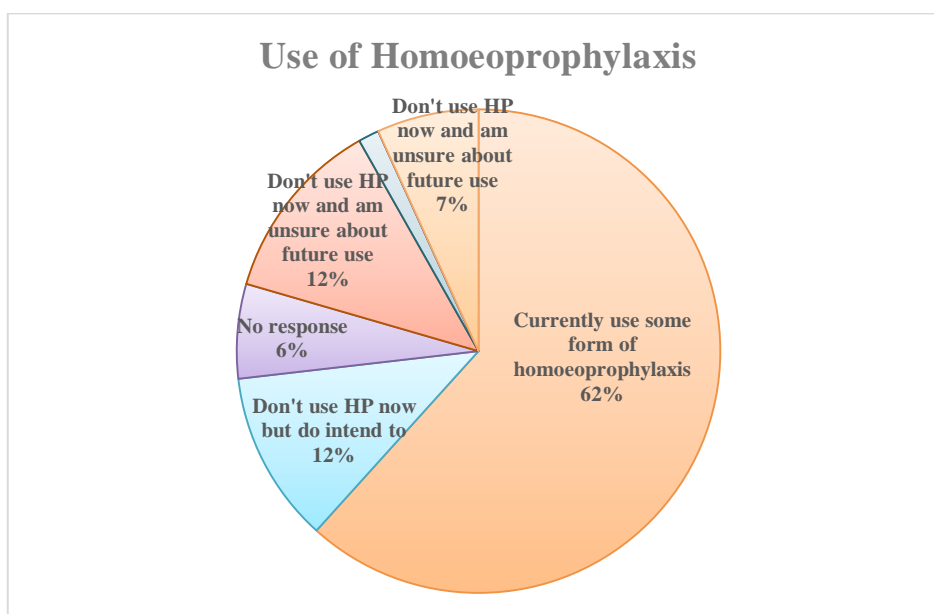


Figure 5: Use of Homoeoprophylaxis

Responses	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey	
	Resp.	%	Resp.	%
<b>Details</b>				
Currently use some form of HP	502	58.4	250	67.8
Don't use HP now but do intend to	89	10.4	51	13.8
Don't use HP now but have used it in the past	77	9.0	0	0.0
Don't use HP now and am unsure about future use	122	14.2	28	7.6
Have used HP in the past but have no intention to use in the future	11	1.3	6	1.6
Never have and never will use HP	-	-	9	2.4
No response	58	6.8	25	6.8
<b>Total</b>	<b>859</b>	<b>100</b>	<b>369</b>	<b>100.0</b>

Table 19: Use of Homoeoprophylaxis

Note: The percentage figures for Survey 1 shown in Table 19 differ from comparable figures in Table 2 which are calculated excluding numbers for "no response" which are shown in this Table.

Table 20 identifies whether respondents who provide HP would use Nosodes or GE remedies or both.

Response	Resp.	%	Read Essay	% to Response
Only use genus epidemicus remedies	29	7.9	13	8.4
Only use Nosodes	11	3.0	3	1.9
Use either genus epidemicus remedies or Nosodes	271	73.4	127	81.9
Other	17	4.6	5	3.2
Don't know	11	3.0	2	1.3
I do not and will not provide HP	17	4.6	5	3.2
No response	13	3.5	0	0.0
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>155</b>	<b>100.0</b>



**Table 20:** If you were to provide homoeoprophylaxis, what type of HP remedy would you use?

Table 21 shows comments describing how a respondent would choose between GE remedies or nosodes

Comments	Resp.	%
Use whatever is available	17	6.6
Whichever is most indicated	69	26.7
Prefers GE, but would use Nosode if necessary	43	16.7
Prefers Nosodes. Possibly GE if needed	36	14.0
Prefers constitutional then HP	4	1.6
Base on symptoms in the community/patient	28	10.9
Would use a variety of preventative strategies	2	0.8
Need good information to select the GE remedy	3	1.2
Would rely on advice/established protocols	31	12.0
Answer not relevant/useable	5	1.9
Use both/ a complex of Nosodes and GE	12	4.7
Patients choice	2	0.8
I don't know	4	1.6
Other	2	0.8
<b>Total</b>	<b>258</b>	<b>100.0</b>

**Table 21:** If you stated in Q3 that you would “provide homoeoprophylaxis”, please explain how you would make your choice to use GE remedies or Nosodes or both

In Table 22 respondents grade their confidence in the evidence base of HP (safety and effectiveness) between 1 and 10 where 1 means no confidence and 10 means completely confident. A grading of 0 was to be used where respondents did not know how to grade their confidence.

Ranking	Safety		Effectiveness	
	Resp.	%	Resp.	%
1	8	2.2	10	2.7
2	1	0.3	4	1.1
3	5	1.4	10	2.7
4	3	0.8	4	1.1
5	16	4.3	34	9.2
6	13	3.5	23	6.2
7	18	4.9	43	11.7
8	53	14.4	83	22.5
9	58	15.7	47	12.7
10	145	39.3	52	14.1
0 (Unsure)	21	5.7	25	6.8
No response	28	7.6	34	9.2
<b>Total</b>	<b>369</b>	<b>100.0</b>	<b>369</b>	<b>100.0</b>

**Table 22:** Grade confidence in the evidence available to homeopaths describing the safety and effectiveness of HP Grade 1=lowest; 10=highest. Use 0 if you don't know.



## D. Education

Table 23 indicates that just over 40% of respondents had read Hahnemann's essay on scarlet fever – the first where he discussed HP.<sup>5</sup> Respondents who read the Essay were more likely to use HP (61.9%) than not (54.8%), and were more likely to feel that they were well trained (34.6%) than not (26.1%).

	1 <sup>st</sup> Survey		2 <sup>nd</sup> Survey		Use HP		Well trained		49
	Resp.	%	Resp.	%	Resp.	%	Resp.	%	
Yes	353	41.1	155	42.0	96	61.9	41	21.5	
No	447	52.0	147	39.8	63	42.9	30	20.4	
I'm not sure	0	0.0	54	14.6	26	48.2	12	22.2	
No response	59	6.9	13	3.5					
<b>Total</b>	<b>859</b>	<b>100.0</b>	<b>369</b>	<b>100.0</b>					

**Table23:** Have you read Hahnemann's Essay, The Cure and Prevention of Scarlet Fever?

Tables 24 and 24.1 show responses and comments regarding Hahnemann's statement that prevention was better than cure.

Response	Resp.	%
He was correct	220	59.6
He was incorrect	4	1.1
He didn't really mean that	9	2.4
Don't know/didn't read the essay	103	27.9
Other	17	4.6
No response	16	4.3
<b>Total</b>	<b>369</b>	<b>100.0</b>

**Table 24:** Do you believe, when Hahnemann said that prevention was superior to treatment in his essay "The Cure and Prevention of Scarlet Fever", that

Response	Other	%	Not Other	%
Prevention not a good idea	1	6.3	0	0.0
Cannot extend experience with Belladonna and Scarlet Fever to other diseases	1	6.3	3	8.1
Hahnemann said many different things	1	6.3	1	2.7
Correct for more serious diseases	2	12.5	4	10.8
Prevention is better than treatment	1	6.3	7	18.9
Have not read the essay (recently)	4	25.0	3	8.1
By prevention he didn't mean HP	1	6.3	1	2.7
Correct to prevent but not necessarily using HP	2	12.5	3	8.1
Prevent only when disease present	1	6.3	2	5.4
Case by case decision	1	6.3	4	10.8
Hahnemann was correct	0	0.0	4	10.8
Other	1	6.3	5	13.5



<b>Total</b>	<b>16</b>	<b>100.0</b>	<b>37</b>	<b>100.0</b>
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**Table 24.1:** Do you believe, when Hahnemann said that prevention was superior to treatment in his essay “The Cure and Prevention of Scarlet Fever”, that - comment

Tables 25, 25.1 and 25.2 show respondents attitudes towards their education in HP.

<b>Response</b>	<b>Resp.</b>	<b>%</b>
<b>Yes</b>	123	33.3
<b>No</b>	211	57.2
<b>Don't know</b>	14	3.8
<b>No Response</b>	21	5.7
<b>Total</b>	<b>369</b>	<b>100.0</b>

**Table 25:** Do you believe that you received adequate instruction regarding HP during your homeopathic training

<b>Responses</b>	<b>Resp.</b>	<b>%</b>
<b>Caused conflict and controversy</b>	6	5.7
<b>I was poorly trained</b>	15	14.2
<b>Not confident in training recommendations</b>	5	4.7
<b>I don't know what HP is</b>	1	0.9
<b>Training was adequate</b>	6	5.7
<b>Can always learn more</b>	15	14.2
<b>I have learnt more after initial training</b>	34	32.1
<b>Received no training on HP</b>	16	15.1
<b>Other</b>	8	7.5
<b>Total</b>	<b>106</b>	<b>100.0</b>

**Table 25.1:** Do you believe that you received adequate instruction regarding HP during your homeopathic training - comment

<b>Responses</b>	<b>Resp.</b>	<b>%</b>
<b>Very little or no discussion about HP</b>	101	53.7
<b>Had to do own study/research</b>	20	10.6
<b>Published results means it should be taught</b>	2	1.1
<b>Should never stop own learning</b>	2	1.1
<b>Reliable evidence about HP efficacy needed</b>	5	2.7
<b>Poor quality/inadequate training</b>	12	6.4
<b>We need (better) training in HP</b>	23	12.2
<b>My training was very comprehensive</b>	2	1.1
<b>My school was against HP</b>	6	3.2
<b>Not legal/too risky so training not needed</b>	4	2.1
<b>Other</b>	11	5.9
<b>Total</b>	<b>188</b>	<b>100.0</b>

**Table 25.2:** IF YOU SELECTED “No”, please say why you made that selection, and make any other comments you wish about homeopathic education and HP



In Table 26, comments made by respondents at the end of the survey are classified and counted.

Responses	Resp.	%
<b>We need an international consensus position for HP</b>	27	15.2
<b>International consensus is not helpful/possible</b>	9	5.1
<b>HP is not appropriate</b>	3	1.7
<b>Not enough confidence to practice HP</b>	2	1.1
<b>Good to have HP as an immunisation option</b>	46	25.8
<b>Short term/epidemic HP is appropriate</b>	10	5.6
<b>Better HP training is needed</b>	7	3.9
<b>Fight for what is right</b>	2	1.1
<b>More research into HP needed</b>	26	14.6
<b>We need to publish positive results</b>	9	5.1
<b>Constitutional medicine is best</b>	5	2.8
<b>Don't call it homeopathic immunisation</b>	3	1.7
<b>Difficult political/legal situation (HP has aggravated)</b>	7	3.9
<b>Other</b>	22	12.4
<b>Total</b>	<b>178</b>	<b>100.0</b>

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**Table 26:** Other Comments

## Discussion

The results describe the most extensive survey of attitudes regarding HP to date. Whilst the responses from 1,124 homeopaths are insufficient to provide definitive percentages for each category of response, they clearly show the range of opinions about HP.

The clear majority of homeopaths (90%) prefer to prevent potentially serious infectious diseases with HP. The preferred methods for HP involve either disease-specific prevention or a combination of constitutional treatment and disease-specific prevention. A minority of respondents prefer to use only constitutional treatment to prevent serious infectious diseases (10%). Although a clear majority of respondents support HP, opinion regarding the context of use differ with just under half of the respondents preferring the use of HP in only in epidemics situations, however, there is disagreement about what constitutes an epidemic. The other half

prefer that HP be used at any time on the patient's request.

Most practitioners that used or would use HP reported that either GE remedies or Nosodes could be used (73%). Only 3% of respondents believed that Nosodes alone should be used for HP and just under 8% thought that only GE Remedies alone should be used. Reasons for these stances were not generally provided. This suggests that individual practitioner's preferences and attitudes may not be informed by deep and systematic education on the topic.

The reported use of HP in respondent's practice matched their attitudes to a large extent. The self-reported use of HP was high among respondents (70-80%), however up to 10% indicated they would not use HP and the remainder were unsure.

Two-thirds of respondents self-reported that their education in HP was not sufficient. This is a major finding of the surveys. Around 40% said



that they had read Hahnemann's essay on the cure and prevention of scarlet fever. Confidence in the evidence base of HP varied. Respondents ranked confidence from 0 to 10. Treating 0-5 as low confidence and 8-10 as high confidence, it was shown that for the safety of HP, 15% had low confidence and 69% had high confidence. For effectiveness, 24% had low confidence and 49% had high confidence. These findings suggest a need for both better research and education in HP.

### Conclusion

The survey yields that overall, there is majority use of HP and generally positive attitudes towards using homeopathy to prevent potentially serious infectious diseases which are present in the community. There remains a minority of respondents who do not support disease prevention, mainly on philosophical grounds. There are a minority who support prevention but using only constitutional rather than disease-specific treatment.

The clear majority of homeopaths surveyed support disease prevention, support the use of disease-specific prevention (HP) along with constitutional treatment if available and/or possible, and most prefer using some mix of GE remedies and Nosodes, depending on the situation confronting them.

Amongst those supporting prevention, the greatest level of disagreement relates to when to prevent. Many argue that HP should only be used if there is an "epidemic", but there is

disagreement concerning when to declare an epidemic. At the base of many points of disagreement lies dissatisfaction with the level of education about HP.

The results of the two international studies may inform practitioners, associations, as well as those setting standards for homeopathic education and educators themselves. Further research into HP is warranted.

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