Homoeopathic practitioners are treating millions of patients successfully with their knowledge based upon traditional literature in the form of Homoeopathic Materia Medica and Repertory. It is known that daily practice is one big source of data collection and research in Homoeopathy. Every homoeopathic practitioner has to effectively select the most suitable medicine for the patients based on their peculiar symptoms. This selection of medicine is an art, where he/she has to utilise the knowledge of Homoeopathic Materia Medica and can also use tools like repertory which are now available in the form of software.

Over the last decade, this art of homoeopathic prescribing has been assessed mathematically using scientific tools such as Bayes’ theorem and Likelihood Ratio (LR). This book exclusively focuses on the scientific method that tells us when to prescribe a specific medicine to a patient using a Bayesian method that allows us to differentiate the relationship between medicine and symptom/characteristic/condition. The relationship between medicine selected for the patient and probability that it will act or cure is discussed in light of Prognostic Factor Research (PFR). It is explained that the prognosis, i.e., probability, that medicine will work is based on factors, i.e., symptoms.

Homoeopathic physicians have very limited knowledge about the concept of PFR and how they can implement it in daily practice. Part one of the book introduces some basic statistical concepts such as Bayes’ theorem, LR, incidence, prevalence, history of Bayes’ theorem, Bayes’ formula and chance/odds. The chapter on clinical research reflects on issues in Randomised Controlled Trials (RCTs), how it is not considered the gold standard anymore and how the outcome of RCT is limited. Further, the concept of PFR is presented as a new scientific identity for Homoeopathy that can improve the effectiveness of homoeopathic prescribing. The chapters in this part also explain why to use PFR and how repertory-rubrics can be used in a Bayesian perspective.

Part two addresses the scientific aspects of prognostic factors in the homoeopathic method and how they can be translated into research. The essence of homoeopathic symptoms (that are tools to describe the prognostic factors) and the results of treatment in daily practice and research using this concept are elaborately explained in this part. The existing repertories are explained in light of the Bayesian approach and how introduction of Bayes’ principle in repertories along with an algorithm for Homoeopathy can improve prescribing. Another highlight of this book is a compilation of published literature on the subject including a pilot study where a new method of research, i.e., PFR, is used to analyse the prevalence of symptoms and correlation between symptoms.

Further, a very significant concept explained in detail in this part is confirmation bias, i.e., biased confirmation of pre-existing ideas in interpreting information and searching for new information. The chapter focuses on the influence of confirmation bias in our practice and how to prevent this using PFR, which is the relationship between symptoms and the effect of medicines. Furthermore, the chapter on translating PFR into repertory which is based on the published article ‘New repertory, new considerations’ details the steps of developing a new repertory based on this concept.
Next, the chapter on optimal cut-off value for homoeopathic symptoms describes scientific instruments to assess the optimal cut-off value and when to use it. The chapter on new possibilities: handling absent symptoms with negative LR explains that the absence of peculiar symptoms is less important than the presence using the Bayes’ theorem. Other chapter deals with instruments for relationship between a symptom and medicine, i.e., casual attribution, and explains the adapted and shortened version of the Naranjo algorithm called ‘Modified Naranjo’s Criteria for Homoeopathy-Causal Attribution Inventory’.

Part three of the book gives an overview of different methods of assessment of PFR, based on some of the published papers. These papers compiled together as chapters give a practical understanding of research project on prospective assessment of six homoeopathic medicines in the Netherlands where a group of experienced homoeopathic practitioners participated to assess the relationship between medicine given and improvement. The chapters in this part describe the procedure of data collection, validation of data and statistical analysis after prospective assessment applying Bayes’ theorem and comparison of the effectiveness of frequently and infrequently used medicine by analysing the same data. Finally, the chapter to compare the outcome of Dutch prospective assessment project explores the applicability of multivariate analysis. The researchers can greatly benefit from this part of the book which is very well exemplified and elaborated.

At last, Part four includes the practical aspects of the implementation of PFR. The protocols of some on-going study are included, along with instructions about guiding and monitoring the research process. Further, at the end, a list of keynote-symptoms that are liable for PFR is provided. As keynote-symptoms are very important in our prescribing, these can be a good starting point, as mentioned by Author.

Dr Lex writes in the introduction of this part, ‘Preparing PFR takes a lot of time in order to accommodate your observers. For them, PFR should be straightforward and easy’.

All the chapters include questionnaires, graphical presentation, tables to explain the concepts and readers can have hands-on practice as well. This book shall serve as a complete textbook on PFR and a researcher guide for implementation of PFR in daily practice and research. This book is a model textbook for homoeopathic practitioners, researchers and students with a detailed explanation of practical aspects of the implementation of PFR in Homoeopathy and is highly recommended.

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Received: 04.06.2019; Accepted: 07.06.2019

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How to cite this article: Nanda L. Book review: Prognostic factor research in Homoeopathy. Indian J Res Homoeopathy 2019;13:135-6.