Reviewer's report

Title: Homeopathic Treatment of Elderly Patients - A Prospective Observational Study with a Follow-Up over a two year period

Version: 2 Date: 5 August 2009

Reviewer: Robert T Mathie

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The data from this sub-set of patients are a novel and useful addition to the evidence base in homeopathy. The conclusions are suitably cautious and encourage new research. However, a number of concerns need to be addressed; these are all in the category “Minor Essential Revisions”:

Introduction:
- It is not clear what “annual expenditures” refers to precisely.

Methods:
- Explain the interpretation of “maximum severity”. Does it mean the most severe the patient has ever felt, or the most severe he/she has ever experienced (with a given condition)?
- Clarify that the physicians’ NRS also has the range 0–10.
- Statistics: It should be stated how many patients who died during the study did so as a result of the medical condition that had been treated with homeopathy: it would put the automatic scores of 10 in better context.

Results:
- The sentence “Patients received on average 6.1 +/- 5.3 homeopathic prescriptions” is unclear: is this different remedies and/or per main medical condition and (presumably) per person?
- Not sure if Figure 1 is necessary; the facts would be clear enough presented in a suitable sentence.
- Are there data for conventional medication prescriptions at 3 and 12 months?
- There seems no statistical authority for the final sentence (“The SF-36…scale slightly improved at 3 and 12 months…”). Also, it is not the scale itself that may have changed in any way.

Discussion:
- There needs to be some discussion of regression to the mean and the effect (if any) that the various statistical manipulations may have had on the data and their interpretation.
- The sentence, “…cannot be attributed to homeopathic treatment alone” should be reworded to avoid the use of the word “alone”. It will be argued by some
readers that the findings cannot be attributed to homeopathic treatment at all.

- Given the comparison between various outcome studies and the chronology of patient-reported clinical change, it might be useful to cite the work from the UK homeopathic hospitals: Thompson EA et al (Homeopathy 2008; 97:114–21).
- The exact meaning of the phrase, “…but the effect was not very strong” is not clear.

Abstract: Error values should be defined as SD on the first occasion.

Tab 2: The word “Ischialgie” does not exist in English. The appropriate term might be “Sciatica”, but this should be double-checked.

Tab 3: In the footnote, “0 = cured” does not reconcile with the description in Methods.

Fig 2: Use linear scale on time axis.

Grammatical points:
- Title would be better phrased as “…study with follow-up over…”.
- In Methods/Treatments (second sentence), delete redundant “also”; (last line, penultimate paragraph), “adult’s” should be “adults’”.
- In Discussion (fourth paragraph), “Our data shows…” should be “Our data show…”.
- “Author’s Contributions” should be “Authors’ Contributions”.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests