

Clifcol – Case registration during the COVID-19 pandemic and beyond

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Abstract

The Clifcol® project is an innovative international data collection project, carefully designed by a group of experts in homeopathy and research, to tackle some of the core questions in the routine practice of homeopathy. This unique global collaboration covers 35 countries with a Governance Committee supported by 197 professional homeopathic associations around the world. The Clifcol project offers a unique way to strengthen the homeopathic principles which underpin homeopathic clinical practice.

Introduction

Originally, Clifcol was set up as an international homeopathic database designed to store thousands of clinical cases, collected in different languages. During the COVID-19 pandemic, this data collection tool was taken online and redesigned to collect cases of COVID-19 patients consulting a homeopath for adjunctive homeopathic treatment. The online platform was launched in 2020 as the Clifcol COVID-19 Support Project.

The primary aim of the COVID-19 Support Project was to describe the demographics, identify geographic specificities and establish the time-courses of the epidemic. The project also aimed to shed light on whether a 'genus epidemicus' existed for COVID-19 infection i.e. was there a single homeopathic medicine which suited the vast majority of patients with this condition? Furthermore, the COVID-19 Support Project enables scientific exploration of core principles of homeopathy, such homeopathic prescriptions being individualised to each patient. Wider goals of the Clifcol project in the long-term are to improve homeopathic practice by strengthening case reporting in the field, and to promote engagement in practice-based research.

Individualised homeopathic prescribing

Individualised homeopathic prescribing involves selecting the correct homeopathic medicine for each patient according to their individual symptoms. This technique involves a **multi-step matching process**:

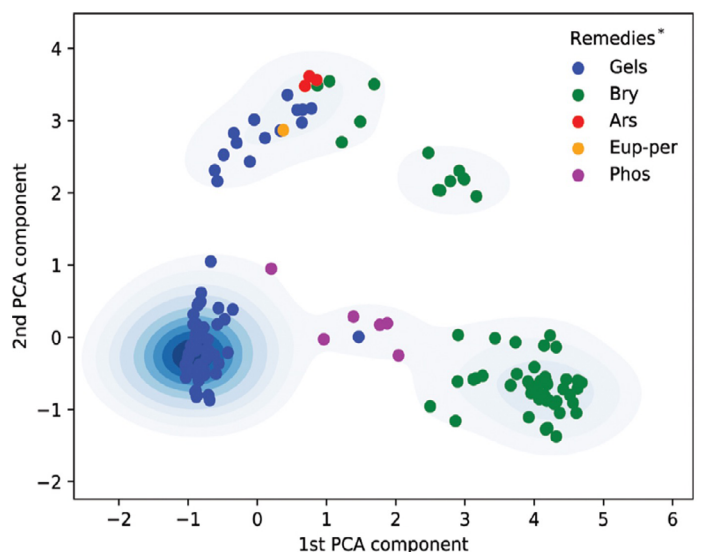
1. *Case-taking*: the key symptoms are precisely identified to establish the **patient's symptom picture**.
2. *Repertorisation*: this small group of selected symptoms is cross-checked against a repertory – an index of 1000s of clinical symptoms. Each symptom is represented by a rubric which provides the list of homeopathic medicines known to be able to treat that symptom. This generates a shortlist of medicines which cover the patient's symptom picture and thus can be considered in further detail.
3. *Materia medica check*: materia medica texts provide the **remedy picture for each homeopathic medicine** i.e. the full list of symptoms it can treat in clinical practice. The shortlist

of medicines identified through repertorisation are checked against the materia medica to establish which medicine most closely matches the symptom picture of the patient and is therefore the most appropriate prescription.

Revisiting the notion of genus epidemicus

The first peer reviewed paper generated by the project addressed the topic of genus epidemicus, using data collected from 359 Chinese patients during the first wave of the pandemic. Patients' symptoms were recorded with the aid of a 150-item questionnaire¹.

Principal component analysis (PCA) is a popular technique for analysing large datasets containing a high number of dimensions/features per observation (in this instance a high number of rubrics per prescription) enabling the visualisation of such complex data. In Figure 1 below each dot represents one of 363 prescriptions.



* Gels = Gelsemium sempervirens; Bry = Bryonia alba; Ars = Arsenicum album; Eup-per = Eupatorium perforatum; Phos = Phosphorus

Figure 1: PCA representation of HK prescriptions, from Tournier et al 2022¹ with permission from the editors.

In the first phase of the symptom/rubric analysis, analysis was restricted to rubrics that were used more than 10 times, reducing the total number of rubrics included to 60. This analysis showed the presence of at least two distinct symptom clusters (see Figure 1). These clusters are made up of prescriptions which used very similar sets of symptoms and therefore confirm the observation by homeopaths that patients present distinct symptom pictures.

In the second phase of the symptom/rubric analysis, information regarding which homeopathic remedies were prescribed was superimposed on each of the dots representing the prescriptions. This revealed that the **largest cluster corresponds to cases in which *Gelsemium sempervirens* was prescribed almost exclusively (96% of the prescriptions)** and a **second cluster corresponds to cases in which *Bryonia alba* was prescribed almost exclusively (95% of prescriptions)**.

Further analysis was performed to identify the rubrics that best differentiated the two identified symptom clusters. The resulting list of differentiating symptoms corresponded well with symptoms known from the homeopathic literature and used by practitioners to differentiate between *Gelsemium sempervirens* and *Bryonia alba*.

This was the first time modern and powerful statistical analysis techniques were applied to identify symptom clusters observed in a large group of patients during an epidemic. It further explores the concept of genus epidemicus, as observed by the originator of homeopathy, Dr Hahnemann, more than 200 years ago.

Is the symptom picture different in the Omicron wave?

The second study investigated the clinical symptoms of Omicron cases in Chinese patients². There were 388 Omicron cases available for analysis, using 155 distinct homeopathic symptom rubrics.

The clinical symptom prevalence was compared between the countries using published data from the ZOE COVID study in the UK and the EMERGEN consortium in France.

Overall, findings suggest that there is a substantial geographical stability with regard to the types of clinical symptoms reported, but that at the same time there is some variability between countries in terms of the prevalence of these symptoms (see Figure 2). The observation that Chinese data appears to be more closely matched to the French data than to UK data was confirmed by a statistical analysis of the ranked symptoms.

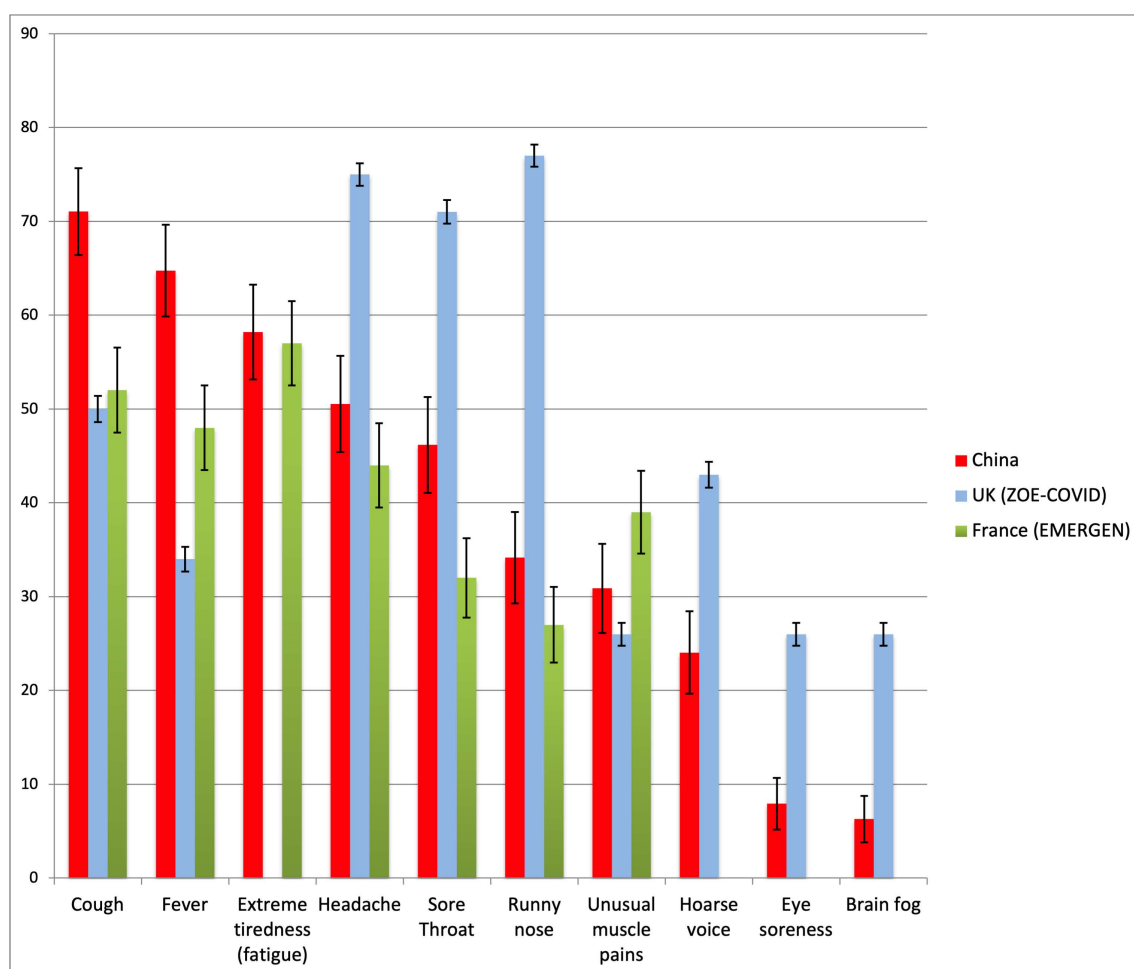


Figure 2: Omicron wave - comparison of Chinese, UK and French cases.

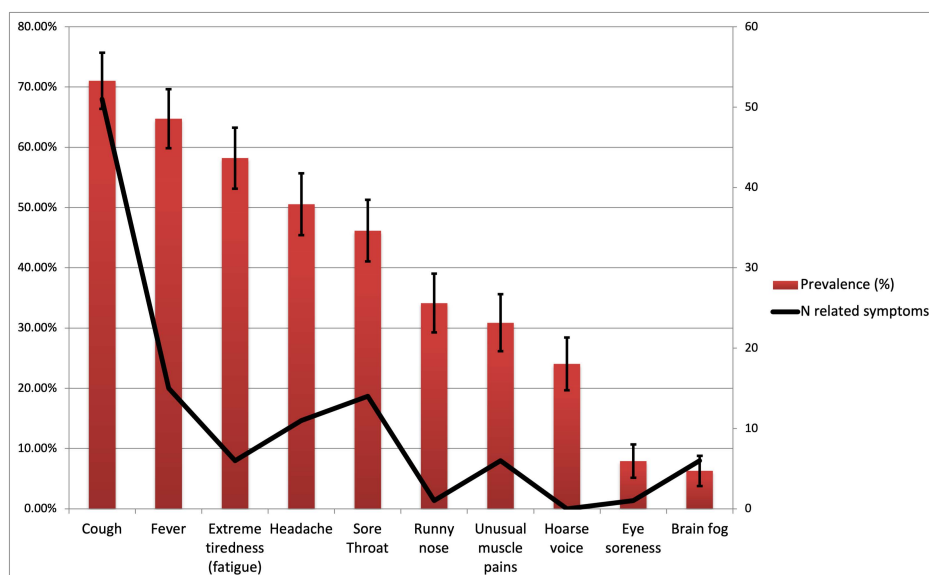


Figure 3: Prevalence of 10 most common symptoms of COVID-19 in Chinese Omicron cases, and the number of rubrics relating to each symptom.

Homeopathic repertory rubrics describe individual symptoms in great detail including such specifics as pain sensations and factors which aggravate or ameliorate the symptom e.g. 'cough, ameliorated by warm drinks', 'thirst, worse during fever' and 'sharp throat pain worse on empty swallowing'.

In total 102 rubrics (65% of the total number of rubrics) related to one or more of the 10 common symptoms of COVID-19 (see Figure 3). This illustrates that the homeopathic symptoms provide a more detailed 'mapping' of the clinical expression of COVID-19 in individual patients.

When compared with the 'first wave' data from China collected by the Clifcol team, there are distinct differences in the homeopathic symptoms in the Omicron wave in the same country. In general, the symptoms of the remedy picture of *Gelsemium sempervirens*, such as thirstlessness during fever, amelioration from perspiration and heaviness of eyelids, were much less prevalent.

What can we learn from worldwide case collection?

The next publication generated by the Clifcol project will be a descriptive report of the worldwide data comparing cases between countries before the Omicron wave. This upcoming paper will present the data collected from around the world, analysing the commonalities and differences between countries as they went through the pandemic. An important difference between the data collected from China and the rest of the world is that the Chinese data was collected through a questionnaire, while a free (unrestricted) rubrics entry approach was used for the rest of the world. This difference in data collection has interesting consequences in terms of the conclusions one can reach and presents challenges that will be analysed in order to improve the relevance of future data collection.

The Clifcol Case registry also provides a clear bird's-eye view of the collected cases, helping to identify the most valuable and educative categories for qualitative case reports. For example, an exceptionally high rate of fast recovery was found in Spain after just a single consultation and prescription. In-depth qualitative case reports will help the homeopathic community to better understand how this was achieved which may improve prescribing know-how in general.

Also, a remarkably high rate of fast recovery cases was found in patients who had lingering symptoms (more than 30 days) before going to see a homeopath. Here again qualitative case reports would help us explore the potential of homeopathy in patients prone to Long-COVID.

Conclusion

The Clifcol Case registry project re-launched during the COVID-19 pandemic, highlighting the potential role of case registries for the future of homeopathy. The aim is to further expand the platform using a modular, indication-based approach. A long-COVID module is available online, and non-COVID-19-related modules are currently under development. The Clifcol project thus creates multiple practice-based research opportunities with the vision of informing future practice of homeopathy.

References

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