

decreased general health combined with significant bacteriuria.

Results: Five of seven patients opted for homeopathic treatment. The bacterial strains detected in urinalysis were *E. coli*, *proteus mirabilis* and *Klebsiella pneumoniae*, respectively. Morphologic and functional reasons for recurrent UTI were excluded by sonography, cystoscopy and urodynamics. After treatment, with a median follow-up of 15 months, 3 of these patients remained free of UTI, whereas UTI frequency was reduced in the other 2 patients. In three patients, standard prophylactic treatment could be reduced. No side effects were encountered.

Conclusion: Our initial experience with homeopathic prevention of UTI is encouraging. Keys for a fruitful cooperation are well-qualified partners, mutual respect and the motivation to cooperate closely. For an evidence-based evaluation of this concept, prospective studies are required.

Homeopathy in the public health system: the experience in Lucca Hospital (1998-2011)

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The Homeopathic Clinic in Lucca, funded by the Region of Tuscany, was originally set up in 1998 as part of a pilot project designed to evaluate the possibility of including complementary medicine (CM) into the public health care system.

The following are the main activities in the field of clinics, research and education carried out in these years.

Outcome: The data have been updated with those collected from September 1998 to December 2010: 2,592 patients visited for a total of 6,812 consecutive visits. The results were assessed using the Glasgow Homeopathic Hospital Outcome Score (GHHOS).

Paediatric patients: An observational longitudinal study was carried out on 551 paediatric patients below or equal to the age of 14 years (mean age 5.9 years), that is 25.7% of 2,141 patients consecutively examined from 1998 to 2008.

Adverse effects: In order to assess the possible risk arising from the use of homeopathy a prospective study was carried out to investigate the adverse drug reactions related to homeopathic medicines. Out of 335 homeopathic consecutive follow-up visits, nine adverse reactions were reported (2.68%).

Clinical risk management: A training course for the health professionals of Tuscan public centres of CM, including homeopathy, was conducted. The aim was to develop a plan for the management of clinical risk starting from the analysis of the activities in the clinics of CM, and a systematic approach aiming at identifying and preventing risks.

Homeopathic aggravation: To evaluate the type, intensity and frequency of homeopathic aggravation, in particular with Quintamillesimal dilutions (LM or Q), and its prognostic value, a retrospective study was realized on the basis of clinical data. The study examines 1,108 patients consecutively visited, and 441 cases with follow-up. Sixty-three of them (14%) reported a homeopathic aggravation.

Compliance: In order to understand why the patients did not return for follow-up consultations (drop-out) a telephone survey was carried out on each patient visited from 6/1,2002 to 5/31, 2003, who did not return for a follow-up visit. 37 patients out of 73 referred to the effectiveness of the treatment and the improvement in their state of health as the reason why they did not return.

Long term outcome of atopic patients: To study the outcome of atopic diseases (AD) in paediatric patients homeopathically treated and the clinical evolution of 213 (38.6%) with atopic diseases out of 551 children consecutively examined from 1998 to 2008. After 5 years from the first visit, all the children were contacted for long-term evaluation of the disease.

Anti-cancer treatment: An outpatient Clinic of integrative medicine applied to oncology was set up in October 2010. In the preliminary stage of activities, 97 patients were visited, with various types of cancer.

Cost-benefit evaluation: A study of the Homeopathic Clinic of Lucca demonstrated cost/effectiveness of homeopathy in respiratory diseases. Cost variation for the specific chemical/therapeutic subgroup recorded a decrease in the first and second year of -46.29% ($p < 0.01$, $n = 105$) and -47.45% ($n = 72$) respectively.

All these data demonstrate the validity of the integration carried out in Tuscany and the need to strengthen and consolidate the activities of complementary medicine in public healthcare structures.

Will this medicine work for me? Towards a scientific answer

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Which answer would you prefer: 1. "This medicine works better than a placebo", or: 2. "I estimate the chance that this medicine will work in your case to be 60%"?

These two answers reflect a two and a half century lasting dispute between two statistical methods, 'classical' (frequentist) and Bayesian. The first is regarded to be more scientific, the latter played a major part in solving many of history's most important problems, like deciphering coded messages in WO II and predicting disasters. Nowadays many computer programs incorporate Bayes' theorem to handle experiential knowledge.

Because RCT evidence does not allow other conclusions, the patient can only expect a yes-or-no statement