

Original Research

## The Use, Profile, Uptake, Characteristics and Attributes of Users of Homeopathy: Initial Findings from a Student Teaching Tele-Healthcare Clinic Based in North America

Alastair C. Gray <sup>\*</sup>, Parker Pracjek, Christine D. Luketic <sup>‡</sup>, Denise Straiges

HOHM Foundation Office of Research Philadelphia, USA; E-Mails:

[Alastair.Gray@hohmfoundation.org](mailto:Alastair.Gray@hohmfoundation.org); [parker.pracjek@hohmfoundation.org](mailto:parker.pracjek@hohmfoundation.org); [cluketic@vt.edu](mailto:cluketic@vt.edu);  
[Denise.Straiges@hohmfoundation.org](mailto:Denise.Straiges@hohmfoundation.org)<sup>‡</sup> Current Affiliation: Independent Researcher, Virginia Tech, Blacksburg, Virginia, USA.<sup>\*</sup> **Correspondence:** Alastair C. Gray; E-Mail: [Alastair.Gray@hohmfoundation.org](mailto:Alastair.Gray@hohmfoundation.org)**Academic Editor:** Bernard Poitevin**Special Issue:** [Homeopathy](#)*OBM Integrative and Complementary Medicine*  
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### Abstract

Research into the uptake profile and usage of Homeopathy has hitherto tended to be buried amongst complementary medicine research. Despite high levels of uptake of homeopathy, and robust numbers of over-the-counter sales of homeopathic products the current evidence evaluating the uptake of homeopathy remains limited on several fronts. The aim of this study is to explore the basic demographic features and characteristics of users of homeopathy services. The setting is a student teaching tele-health facility based in NA. Concurrent intake forms from 303 participants were analyzed. Intake forms were entered into a coding frame instrument designed and developed to explore health care information. A majority of participants (70%) who attend this clinic are female. The average age is 31 years old. Almost half of the participants in this clinic were using other additional complementary therapies in the management of their conditions. Almost the same number of participants (134) were only using homeopathy. The majority had some prior use of homeopathic products (91.6%), but



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52.8% of participants had never worked with a professional homeopath. Twenty-four conditions are listed by participants as chief health complaints. Findings are in alignment with what is already known about the uptake in complementary medicine. Findings also reveal that the users of Homeopathy are seeking an 'alternative' to conventional medicine rather than only using Homeopathy as 'complementary' medicine. A proportion of participants in this clinical setting find homeopathy through over-the-counter sales and are, for a period, self-prescribing in chronic conditions. Further comparative research is needed to compare this to other complementary medicine avenues as well as conventional medicine settings. Conclusion: This in-depth empirical study of the users of homeopathy at one clinical facility represents initial, novel measured preliminary insights into the participants features and characteristics.

### **Keywords**

Homeopathy; homeopathy uptake; homeopathy users; self-prescribing; homeopathic products; homeopathic practitioners

## **1. Introduction**

Homeopathy is one of the core professions that make up the family of complementary medicine (CM) [1]. CM - here defined as healthcare not traditionally associated with the conventional medical profession or medical curriculum [2] - houses a diverse field of mind-body practices (e.g. yoga, meditation), natural products (e.g. vitamin supplements, herbal remedies), treatments (e.g. aromatherapy, reflexology) and therapies (e.g. naturopathy, homeopathy) [3]. Research emphasis related to Homeopathy has tended to be dominated by mechanism of action initiatives [4-7], laboratory research [8-12] and some clinical research [13-17] but there is sparse empirical evidence that exists in relation to homeopathy education [18-20] or practice [21, 22]. Little is known about the most basic features of the homeopathy profession, demographics of practitioners and patients, the spread and geographical location of licensed medical and unlicensed professional homeopaths, much less their attitudes and perspectives. This paper is the first in a series that explores important features of the users of homeopathy from a broad perspective. Our aim is to understand the shifting demographics and trends in practice to enable educational institutions and the profession to provide better care to the public.

### **1.1 Complementary Medicine Uptake, Use and Prevalence**

Research into the uptake profile and usage of Homeopathy has hitherto tended to be buried inside CM research. It is known that the uptake of CM is increasing worldwide [23-29], and now accounts for up to half the healthcare sector in many European and North American countries in terms of practitioner visits [29] and over the counter sales [28, 30-34]. Determinants of CM use and prevalence have been broadly reflective of various sociodemographic, economic and health related factors that include gender, age, education levels, income, urban or rural residence, and the health-related factors that include single or multiple morbidities and perceptions of health care. International data has identified key demographic and health related factors which are now widely

recognized as predictors for CM use in the general populations [35]. A review of national studies of CM use in the prior 12 months [23] identified a 12-month CM provider use averaging 21.1% (broadly ranging from 5.8% to 48.7%). As compared to non-CM users, CM users are more likely to be female [36, 37] and middle-aged [38-40]. In addition, CM users are likely to have higher levels of income and education [39, 41] and have multiple health concerns or diseases [39, 42].

### **1.2 Characteristics of CM Use and Drivers of CM Use**

Drivers of consumer behavior towards or away from a product or treatment are often referred to as 'push and pull' factors. Push factors towards CM have been shown to include anything which undermines the confidence of users in conventional medicine such as the ability to manage or treat the users' health condition effectively (particularly for those with chronic conditions), concerns over possible adverse effects of pharmaceuticals and other interventions, dissatisfaction with conventional care and concerns about the safety of pharmaceutical medication, as well as insufficient attention being paid to the social and emotional needs of individual patients [43].

In contrast are pull factors, those drivers which attract users towards the use of CM and have been shown to include a desire to engage with the personal and individualized practice approach of individual CM's, an individual's need for a greater sense of personal control over their own health, and a preference for more 'natural' treatments to avoid perceived adverse effects of conventional treatments. The perception that CM may hold the answer to managing chronic conditions poorly treated by conventional medicine and alignment with personal beliefs, attraction of the holistic principles of CM or desire for greater personal control of their wellbeing may also draw users to CM [44]. Further research into the health-related factors influencing CM prevalence and use has explored users with more than one health condition [45], having a chronic disease [46, 47], inconsistent results after receiving conventional medical care and open and positive attitudes toward CM [42, 48]. Other motivational factors explored in the research have included the belief systems of CM users, patient satisfaction [49, 50], the cost of CM, and Public Health savings [44, 51-55], access to resources [56] as well as potential for self-determination and greater disposable income to spend on healthcare. Some research findings also show that CM users are potentially conducting their own 'research' to inform self-determined health choices [57].

This body of research into the field of CM operates on the assumption that all avenues of CM, including Homeopathy, have similar patterns of use, prevalence and drivers. Despite seemingly high levels of uptake of homeopathy, and robust numbers of over-the-counter sales of homeopathic products [58], the current understanding of the demographics and psychographics of users of homeopathy services is essentially assumed or unknown. Homeopathy is widely used globally with only some research conducted into the proportions of populations that access homeopathy products and consultation services. According to Harris, estimates for 12-month prevalence of treatment by a homeopath for adults (24 survey estimates) ranged from 0.2% to 8.2% and the median was 1.5% [59]. Similarly, Dossett found that Homeopathy is used by just over 2% of the U.S. population, predominantly for respiratory, otorhinolaryngology, and musculoskeletal complaints. Individual users who see a homeopathic provider for care are more likely to perceive the therapy as helpful than those who do not; however, only 19% of users in the United States see a provider [60, 61].

A recent report surveyed 16,334 people [62] and showed 57% had used homeopathy products sometime in the past, 55% plan to use it in the future, and believe that homeopathic medicines are more natural and pose significantly less risk of side effects. Use of homeopathy figures in many countries over the last 12 months include Canada (27%); France (59%); Colombia (71%); and India (78%). Other European countries included in the study that have more than a 50% usage rate are Bulgaria, Germany, Italy, and Romania. The study also indicated a high satisfaction rate with an overall average of 83%. The study identified a wide range of uses as well as the three main reasons why people choose to use homeopathy in their lives. The reasons included: as a follow-up therapy after an ineffective treatment, to manage a chronic illness (e.g., allergies) and to treat a child. Further, in almost 80% of cases, it was reported by participants that if ill, they will turn first to their healthcare professionals (pharmacist, general practitioner or homeopathic doctor) for healthcare advice. The United States is an exception where homeopathy users are 50% more likely to obtain information or buy homeopathy from the Web [62].

The study confirms that homeopathy is used worldwide but does not elaborate on how it is used (via a professional practitioner or licensed medical provider or from over-the-counter sales or both), and we do not know what the drivers are to use of homeopathy in these diverse countries. In summary, the current evidence evaluating the distribution, demographics, perceptions, perspectives, education and activities of homeopathy users remains limited on several fronts. In direct response, our initial study highlights findings from one clinic that explores the demographics and characteristics of users of homeopathy in the US [62].

## **2. Materials and Methods**

### **2.1 Aim**

The aim of this study is to contribute to the exploration of demographic features and characteristics of users of homeopathy. In doing so, we will be able to more deeply understand the profile of users, their perceptions and the drivers of those that are choosing homeopathy services.

### **2.2 Study Design**

Intake forms from the practitioners of a tele-health homeopathic clinical setting were used.

### **2.3 Study Setting**

The setting for the study is a student teaching tele-health facility based in North America. The clinical service, Homeopathy Help Network [63], is a coalition of professional practitioners and students working to further the mission of HOHM Foundation [64] to provide accessible, high-quality, low-cost homeopathy care. Consultations are available for both acute and chronic conditions although only chronic cases are used in this study. The students attending the clinic study at the Academy of Homeopathy Education [65].

## **2.4 Sample**

Concurrent intake forms from 303 participants were analyzed from 2017-2023. Clients signed informed consent forms, were assured of confidentiality and all forms were de-identified prior to analysis.

## **2.5 Ethics Statement**

Ethics approval for the project was obtained through the Canadian College of Naturopathic Medicine (CCNMREB041.Gray).

## **2.6 Instrument**

The intake forms from chronic clients seen during 2017-2023 were entered into a coding frame instrument that was designed and developed to explore a multitude of client characteristics, perspectives, history and health care information. Using a consulting expert methodologist, the research team engaged in a 3-year process of development and stress-testing phases of the coding frame between 2022-24 (ensuring validity and the minimization of bias).

## **2.7 Data Collection**

Following the completion of the data collection period, intake forms were entered into the coding frame in April 2024 by two data entry specialists. Analyses were completed in excel and JMP. The research team focused on the parts of the intake forms related to demographics, education, occupation and occupational status, prior use of homeopathic products/professionals; and the presenting complaints. Future research may include understanding the prevalence and use of conventional medications; other complementary medicines; spiritual and religious practices; the existence of healthy and unhealthy relationships; numbers and types of surgeries; hospital visits and accidents; smoking, alcohol and sugar use; or any other stressors that have been the recent triggers for clients that prompted attendance at the clinic.

## **2.8 Data Analysis**

Data were analyzed using descriptive statistical analysis including frequencies and percentages for categorical variables and means and standard deviations for continuous variables. Associations between categorical and continuous variables were examined using t-tests. Mixed-methods analyses were also conducted using Excel and the use the statistical software JMP (JMPPro16).

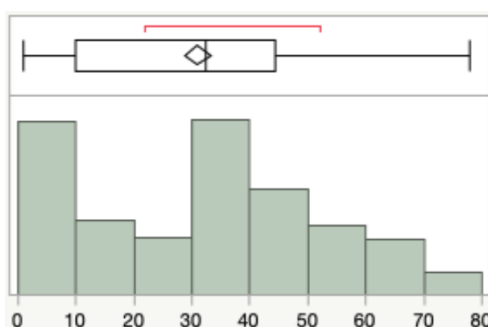
## **3. Results**

### **3.1 Demographics: Age, Gender, and Source of Information about the Clinic**

The majority of clients (70%) who attended this clinical setting were female (see Table 1). The average age is 31 years old (see Figure 1). Participants in the clinic find the facility in a number of different ways including: 'a student in the program', from 'social media' sources, from 'family or friends', and from 'another homeopath or health professional' in very much the same proportion.

**Table 1** Demographics: Age, Gender, and Source of information about the clinic.

<b>Gender</b>		
<b>Level</b>	<b>Number</b>	<b>Percent</b>
diverse	<5	<1%
female	213	70.3%
male	88	29.0%
Total	303	
<b>Age</b>		
Mean	31.0	
Std Dev	20.4	
Std Err Mean	1.2	
Upper 95% Mean	33.3	
Lower 95% Mean	28.7	
Number	298	
<b>Source of information about the clinic</b>		
<b>Level</b>	<b>Number</b>	<b>Percent</b>
student in the program	73	26.1%
in the media	72	25.7%
family or friends	66	23.6%
another homeopath or health professional	59	21.0%
miscellaneous	8	2.9%
clinic client	<5	
homeopath working at the clinic or teaching in the program	<5	
Total	280	



**Figure 1** Age.

### **3.2 Education Background of Clients, Occupation, Occupational Status and Living Arrangements**

Some participants in the clinic have a bachelor’s degree, (21.5%) while 15% have some college education (see Table 2). At the higher end of educational experience 12.6% of participants hold a master’s degree and 8.4% have a PhD. Further analysis of age (Figure 1) and educational information provided in the intake forms makes it clear that some of the clients attending the clinic are minors as evidenced by the numbers of ‘primary education only’, ‘not clear’, and ‘not applicable’. In terms of occupation, there are some students (18.2%), house person/partner (17.7%), health professionals

(10.8%) and teaching professional (6.5%) participants in the clinic. In terms of occupational status of clinic participants, it was found that 52% are currently earning an income, 33.6% are not currently earning an income, and 9.2% are a house person/partner. Exploring the potential relationships between current living arrangements and occupational status (see Table 3) it was noted that 16.5% of participants are in a nuclear family’s including children and currently earning an income while 15.2% were in a nuclear family including children but not currently earning an income.

**Table 2** Education background of clients, Occupation, Occupational Status.

<b>Education (in order of prevalence)</b>		
<b>Level</b>	<b>Number</b>	<b>Percent</b>
Bachelors	46	21.5%
some college education	32	15.0%
primary education	30	14.0%
Masters	27	12.6%
not clear	25	11.7%
middle school and secondary education	24	11.2%
not applicable	18	8.4%
PhD/JD/MD	6	2.8%
tertiary non-university	6	2.8%
Total	214	
<b>Occupation</b>		
<b>Level</b>	<b>Number</b>	<b>Percent</b>
student	42	18.2%
house person/partner	41	17.7%
Miscellaneous	26	11.3%
Health professionals	25	10.8%
Teaching professionals	15	6.5%
Business and administration professionals	14	6.1%
Retired	12	5.2%
Service and sales workers	9	3.9%
Cultural professionals	8	3.4%
Information and computer technology professionals	7	3.0%
Managers	7	3.0%
Craft and related trades workers	6	2.6%
Unemployed	6	2.6%
Science and engineering professionals	5	2.2%
Clerical support workers	<5	
Legal professionals	<5	
Armed forces occupations	<5	
Plant and machine operators and assemblers	<5	
Skilled agricultural, forestry and fishery workers	<5	

Total	231	
<hr/>		
<b>Occupational Status</b>		
<hr/>		
<b>Level</b>	<b>Number</b>	<b>Percent</b>
currently earning an income	119	52.0%
not currently earning an income	77	33.6%
house person/partner	21	9.2%
miscellaneous	9	3.9%
education	<5	
Total	229	
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**Table 3** Living arrangement/Occupational Status.

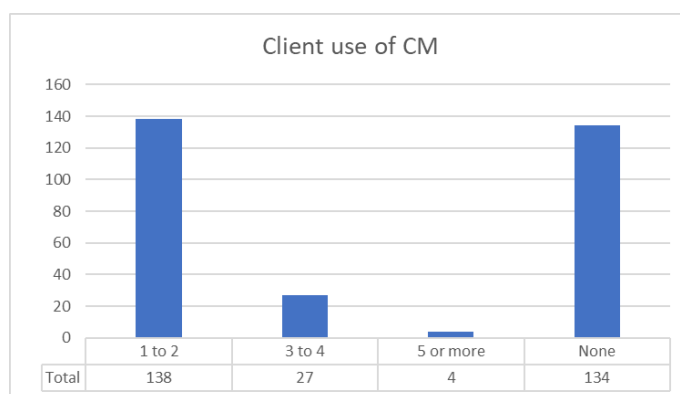
<b>Living Arrangement/Occupational Status</b> (Data shown as percent of total)							
	currently earning an income	education	house person/partner	miscellaneous	not currently earning an income	no response	Total
communal living arrangement	3.6%	0.0%	0.3%	0.0%	0.0%	0.0%	4.0%
extended family	1.7%	0.0%	0.0%	0.0%	2.3%	0.0%	4.0%
miscellaneous	0.3%	0.0%	0.0%	0.3%	1.0%	0.0%	1.7%
nuclear family including children	16.5%	1.0%	6.3%	1.3%	15.2%	15.5%	55.8%
nuclear family without children	3.0%	0.0%	0.3%	0.0%	2.0%	0.0%	5.3%
single household	7.3%	0.0%	0.0%	0.3%	1.7%	1.0%	10.2%
single parent household	4.3%	0.0%	0.0%	0.3%	2.0%	1.7%	8.3%
no response	2.6%	0.0%	0.0%	0.7%	1.3%	6.3%	10.9%
Total	39.3%	1.0%	6.9%	3.0%	25.4%	24.4%	100.0%

	currently earning an income	education	house person/partner	miscellaneous	not currently earning an income	no response	Total
communal living arrangement	11		<5				12
extended family	5				7		12
miscellaneous	<5			<5	<5		5
nuclear family including children	50	<5	19	<5	46	47	169
nuclear family without children	9		<5		6		16
single household	22			<5	5	<5	31
single parent household	13			<5	6	5	25
no response	8			<5	<5	19	33
Total (living arrangement)	119	<5	21	9	77	74	303

### 3.3 Prior Use of Homeopathy and Prior Work with a Homeopath

Almost half of participants in this clinic are concurrently using one to two other additional complementary therapies in the management of their conditions (see Figure 2). Nearly the same number of participants (134) are using only homeopathy. Most participants in the clinic have some prior use of homeopathic products (91.6%), but 52.8% of participants have never worked with a professional homeopath (see Table 4). Of those who have used homeopathy in any form, 47 participants have not worked with a homeopath, <5 were unclear, 8 had worked with a professional in the past five years, 20 had worked with a professional in the past year and 12 more than 5 years ago.



**Figure 2** Use of Complementary Therapies in addition to seeking homeopathy care.

**Table 4** Prior use of Homeopathy and prior work with a Homeopath.

Prior use of Homeopathy		
Level	Number	Percent
no	11	8.4%
yes	120	91.6%
Total	131	
Prior work with a Homeopath		
Level	Number	Percent
no	47	52.8%
unclear	<5	
yes, during the past five years	8	9.0%
yes, during the past year	20	22.5%
yes, more than five years ago	12	13.5%
Total	89	

### 3.4 Personal Health Conditions

There are 24 conditions used in the coding frame representing participants’ chief health complaints (see Table 5). Some conditions had less than 10 responses. The top three presenting complaints in this clinic were psychological disorders (111), skin conditions (92), digestive system

complaints (88). Four conditions were noted with less than 5 responses: warts, vaccine reactions, alternatives to antibiotics and cancer.

**Table 5** Personal Health Conditions.

Personal Health Conditions	Number
psychological disorders	111
skin conditions	92
digestive system	88
musculoskeletal system	72
neurological conditions	66
sleep disorders	44
allergies, environmental sensitivities, intolerances	42
reproductive system	42
sensory issues	38
exhaustion, fatigue	36
cardiovascular and blood related	35
endocrine system	31
developmental and other children’s specific issues	30
weight Issues including eating disorders	29
respiratory disorders	26
dental and oral conditions	21
urinary system	21
immune disorders	19
miscellaneous	16
infectious or parasitic diseases	7
warts	<5
vaccine reactions	<5
antibiotics	<5
cancer	<5

Additionally, our data indicate strong relationship between personal health conditions as reported by clients. This requires further research. These conditions are related to each other and happening together at the same time for participants. Noted is a relationship between those participants in the clinic with developmental and other children-specific issues and cardiovascular and blood related issues. Similar relationships existed in those participants that identified exhaustion, fatigue and developmental and other children-specific issues. In our study a relationship exists between musculoskeletal system issues and cardiovascular and blood related issues, between musculoskeletal system issues and dental and oral conditions, between reproductive system issues and developmental and other children-specific issues, and between skin conditions and neurological conditions. Additional relationships appeared between skin conditions and psychological disorders, between sleep disorders and allergies, environmental sensitivities, intolerances issues, between sleep disorders and the use of antibiotics, and between sleep disorders and psychological disorders. Lastly, we noted a relationship between sleep disorders and sensory issues, between urinary system

issues and cardiovascular and blood related issues, between urinary system issues and dental and oral conditions, between urinary system issues and musculoskeletal system conditions, and between urinary system and sensory issues. The relationships between these conditions does not suggest a cause and effect, but are, in this sample, related and highlight that more research is warranted. Further statistical analysis is warranted and in process.

#### **4. Discussion**

Our research findings highlight four key discussion points related to the study and point to specific research directions in the future.

The first key point is to confirm that some of our findings are in alignment with what is already known about the use, uptake, prevalence, and attitudes in complementary medicine. Many of the clients in this clinical setting are women, middle aged and educated, and it seems these features can also be confirmed as a predictor of the uptake of homeopathy [44, 66]. But what we now know is that not all CM research is mirrored in this homeopathy only clinical setting [67-77]. In this research female clients are older than males. This point raises questions such as are females (perhaps mothers) bringing the (younger) males to the clinic? Further, (unlike Dossett's study of homeopathy use in the US [61]), is homeopathy being used predominantly for mental and emotional conditions (such as depression, anxiety, ADHD, autistic spectrum disorders), skin and (similar to her findings) digestive and musculoskeletal complaints?

Research into the wealth of information on these intake forms is therefore planned to explore the features, relationships and attitudes to conventional medications, complementary medicines, spiritual practices, healthy and unhealthy relationships, surgeries, hospital visits and accidents, smoking, alcohol and sugar and other stressors are triggers for clients to attend the clinic - to name but a few of the additional data fields captured in these intake forms.

The second key point relates to some observations made of the data given the nature of the clinic. It might be anticipated that a real-time live student clinic and telehealth service meets the needs of patients/clients with equity, affordability and accessibility challenges in comparison to other CM or conventional healthcare provisions options in the US. This facility attracts students (18.2%), the unemployed (2.6%) and 33% of participants were not earning an income (and not a house person/partner). However, the clinic does not seem to be reaching unhoused low-income clients/patients and only ~4% of participants were living in communal living arrangements. This clinic seems to be seeing more employed clients and families, raising many unanswered questions relating to how participants found the clinic.

Equally of note was that this clinical facility is seeing extremely low numbers of participants seeking help for vaccine reactions, alternative to antibiotics and users seeking alternative cancer treatments in comparison to other named conditions and chief complaints, perhaps providing some evidence that might reframe the relationship that currently seems to exist between homeopathy and these aspects of medicine in the peer reviewed literature [78, 79], the grey literature [80] and reported widely in the media [81]. It is possible that these historical links or perceptions are changing or not as strongly related as has previously been perceived, and more research seems warranted in this regard. While it seems likely that clinic participants with cancer would not be coming to a teaching clinic, future research could compare this data to clinical settings in different locations. Additionally, the findings of the study, perhaps the first time, reveal that these users of

Homeopathy are seeking a potential 'alternative' to conventional medicine rather than using Homeopathy as 'complementary' in an integrative fashion. This finding reveals a pattern that is possibly at odds with the conclusions from other CM research on uptake where conventional and CM are used alongside of each other [43, 44, 82].

A third core finding of our study is that a high proportion of participants in this clinical setting find homeopathy through over-the-counter sales and are, for a period, self-prescribing. In this study it seems likely that more than half of the participants taking remedies in the prior 2 months (58%) are self-prescribing and have not seen a homeopath before. With no literature in this regard, this appears to be the first research piece confirming this frequent observation from the clinical frontline. Participants appear to be using homeopathy products but not seeking professional help - at least initially.

Future research could explore the impact of this self-prescribing trend and examine questions pertaining to the impact of professional case management related to multiple (inappropriate) remedy use. If there is no impact whatsoever and this remains a legitimate pathway for clients/patients to make their way to the professional/medical homeopath, then this should be documented as well. Additional research could compare this recent phenomenon whereby patients appear to be attempting to prescribe for their own chronic conditions to patients legitimately using homeopathy for their acute conditions. Further comparative research is needed to compare this to other CM and conventional medicine settings.

The fourth observation relates to data collection. Based on our study findings, it appears that this is the first time a formal, stress-tested coding frame has been used in homeopathy research to answer questions about uptake and characteristics of healthcare use. The source of this data which comes from intake forms when entered a coding frame represents a wealth of information from which it is possible to begin to answer innumerable questions. Such a frame provides a means to access ever-current data of practitioners and affords a means to understand trends and patterns. The development of the coding frame will be discussed in future publications, as well as granular data analysis of named conditions in relation to other demographic features. As such, future research needs to focus upon extraction of similar data from many other clinical settings that are not simply related to educational settings or socioeconomic considerations and operate in different geographical locations in multiple countries around the world to fully answer some of the broad aims of this paper.

#### **4.1 Limitations**

The limitations of this study must be acknowledged. Participants - only 303 were used in this study and all of them from one clinical facility (inexpensive, live telehealth/online student clinic under supervision). This possibly contributed to the selection bias whereby participants attending this specific clinic have characteristic features and equally strong attitudes. Other participants in other clinical settings perceptions may not fully align with data reported in this study. The small sample size limits the generalizability of findings. This data is a convenience sample: those clients who came to the telehealth clinic and opted to allow their data for research purposes. As such we cannot overreach in our discussion. Further analysis from these data and results from this research may provide valuable insights regarding the characteristics of the users of homeopathy.

## **5. Conclusions**

This in-depth empirical study of the users of homeopathy at one clinical facility represents initial, novel but measured preliminary insights into the participants' features and characteristics. It has been shown that there are some core similarities in homeopathy uptake in line with CM but some key differences, and that the use of a proven coding frame and intake forms can be an excellent path to gather data for this type of research. The further examination of homeopaths' perceptions in broader clinical settings would serve to create more clarity in this emerging field. Further comparative research in North America and further afield is warranted to begin to generalize these findings more widely.

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## **Author Contributions**

AG led the development of a study, drafted and revised the manuscript. PP led the data entry and extraction from the coding frame. CL provided statistical expertise on all stages of the study and reviewed the manuscript. DS contributed to the review and editing of the manuscript.

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## **Competing Interests**

The authors have declared that no competing interests exist.

## **Data Availability Statement**

De-identified, composite data that support the findings of this study are available from the corresponding author upon reasonable request.

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