

AN INVITATION TO PARTICIPATE IN PROJECT OF RESEARCH WORKING GROUP

Dear Colleagues,

The Naranjo algorithm was developed for estimation of the probability that a drug caused an adverse clinical event usually based on clinical judgment ^[1]. The physician-rated scale seemed to possess promising psychometric properties in terms of intra-rater and inter-rater agreement, and consensual, content, and concurrent validity ^[1]. This algorithm was modified in 2014 by the Clinical Data Working Group of the Homeopathic Pharmacopoeia of the United States (HPUS) for the purpose of assigning causal attribution, i.e. up to what extent, application of homeopathic medicine can be regarded as the cause for the changes occurred in the patient ^[2]. The algorithm is as follows:

Questions	Yes	No	Not sure or N/A
1. Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+1	-1	0
2. Did the clinical improvement occur within a plausible time frame relative to the drug intake?	+1	-2	0
3. Was there an initial aggravation of symptoms?	+1	0	0
4. Did the effect encompass more than the main symptom or condition, i.e. were other symptoms ultimately improved or changed?	+1	0	0
5. Did overall wellbeing improve? (to suggest using validated scale)	+1	0	0
6. Did the course of improvement follow Hering's Rule?	+2	0	0
7. Did "old symptoms" (non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	+1	0	0
8. Are there alternate causes (other than the medicine) that solely could have caused the improvement? (to consider known course of disease, other forms of treatment, and other clinically relevant interventions)	-3	+1	0
9. Was the effect confirmed by objective evidence as measured by external observation(s)?	+2	0	0
10. Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0

The interpretation of the total Naranjo score predicting drug action is as follows:

- Definite: ≥ 9 ;
- Probable 5-8;
- Possible 1-4; and
- Doubtful ≤ 0

This has been adapted in the protocol developed by LMHI for clinical verification ^[3] and by CCRH in their program on clinical verification of lesser know drugs proved by the council and upcoming drug validation program on commonly used drugs in Homoeopathy. Now, LMHI working group on research and CCRH conjointly intend to take up a project to assess content validity of this modified Naranjo algorithm first by inviting experts from three relevant fields, i.e. research, academics, and practice. Subsequently, after getting responses from the experts, multi-rater agreement (Cohen's kappa) of the items and inter-rater and intra-rater reliability will be examined. Then the collected data using this algorithm will be subjected to psychometric (both exploratory and confirmatory factor analysis, validity and reliability statistics) and clinimetric analyses.

In this content validation phase of the modified Naranjo algorithm, interested researchers among LMHI members are invited to participate. Interested members are requested to contact me at below mention email id. The survey to begin with will be in English but can be further modified for German and Spanish colleagues. The outcome will be discussed during next LMHI congress. We need minimum 30 participants in the survey and about 5 in the expert panel. Persons working in the expert panel and contributing significantly will be included either as author or duly acknowledged in the final manuscript.

Wishing all of you a very Happy and Prosperous New Year 2017.

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3. van Wassenhoven M. LMHI guidelines on clinical verification of homeopathic symptoms, 3rd ed., March 2013. Available at: http://www.wisshom.de/dokumente/upload/ae78e_e2dd4_2013_guidelines_clinical_verif_hom_symptoms_third_edition.pdf; accessed February 2, 2017.