The MYMOP Project

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Introduction

In May 2006, the British Association of Flower Essence Producers (BAFEP) launched a project to assess the value of flower and vibrational essences using the Measure Yourself Medical Outcome Profile (MYMOP) research tool. The results were published in the Autumn 2007 edition of ESSENCE magazine[1] and were highly encouraging: 93% of the sample indicated that their main symptom and/or sense of wellbeing had improved. BFVEA therefore decided to continue collecting MYMOP data and this article reports on the latest findings.

The Results

1. Sample size

114 MYMOP questionnaires (initial and follow up) have been collected and analysed. Of these, 107 data sets are complete, with two of them missing gender data and five missing age data.

2. Gender profile of sample

The vast majority of clients participating in this study were female, as shown in table 1 below:

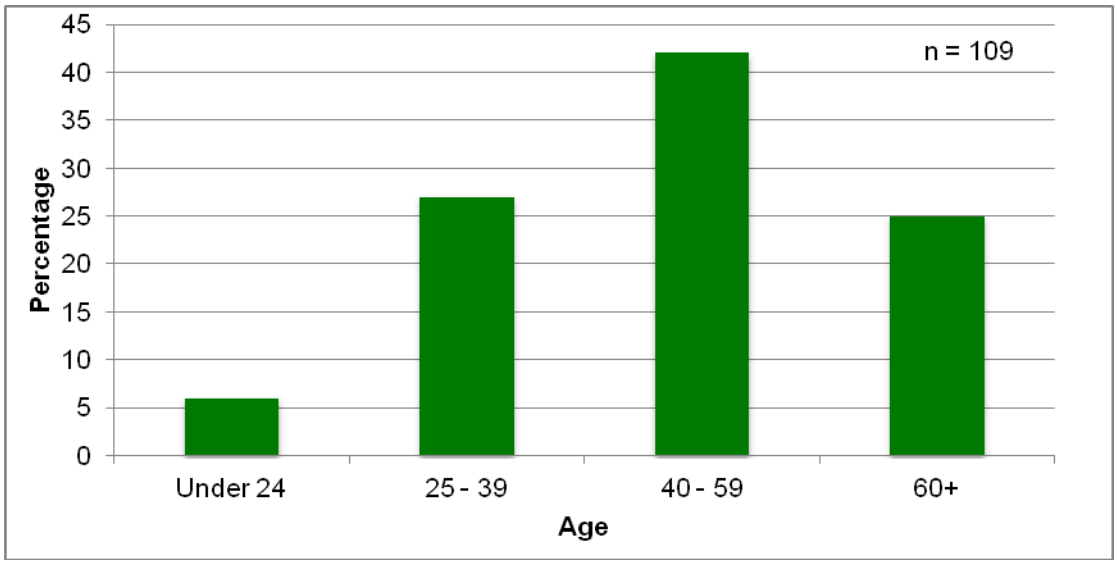
Table 1: Gender Profile

	Total (n = 112)	% of sample
Female	94	84
Male	18	16
Totals	112	100

3. Age of client

The youngest client was six months old, with the eldest aged 90 years. The median age was 48 (n=109). The median age for the female sample was 50 and the median age for the male sample was 38. The majority (42%) were aged between 40 and 59.

Figure 1: Age profile



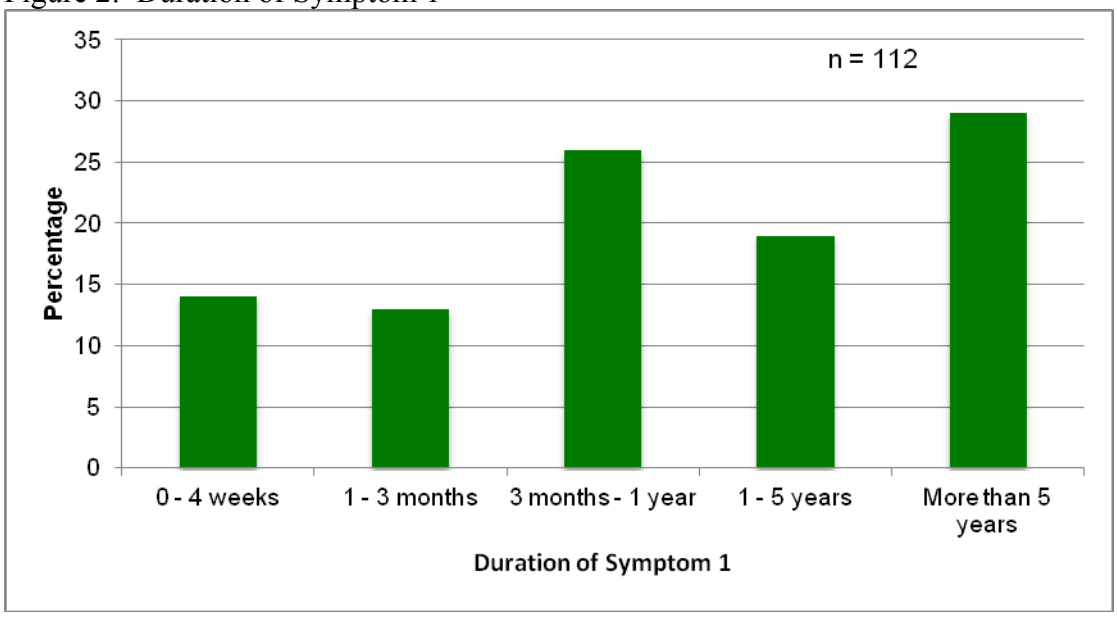
4. Taking medication

15% of clients were taking medication to treat the problem(s) for which they were seeking essence therapy. 85% reported that they were taking none. Of those taking medication, 59% stated that cutting down their drugs was 'very important'. The relatively low level of clients taking medication (15%) is likely to reflect the type of people who prefer to manage health issues using complementary medical approaches. Indeed, 43% of those not taking medication stated that it was 'very important' to avoid it.

5. Duration of symptoms

Nearly three quarters of the sample (73%) had experienced Symptom 1 for three months or more, suggesting that the majority were seeking help with long-term conditions, either chronic or episodic:

Figure 2: Duration of Symptom 1



6. MYMOP profile scores

During a MYMOP consultation, clients make their own assessment of their symptoms, wellbeing and effects on a chosen activity from 6 (as bad a sit could be) to 0 (as good as it could be). The profile score is a simple calculation of the average of these values.[2]

96% of the sample scored a lower MYMOP profile score on the follow-up questionnaire demonstrating that their symptoms were reduced and/or they had experienced improvement in their health/wellbeing. Two clients (2%) had identical profile scores for the initial and follow-up questionnaires, showing no change, and two clients (2%) had slightly higher profile scores on their follow-up, suggesting a worsening of their symptoms/lowering of their sense of wellbeing.

The range of profile scores for the initial questionnaires was 1.67 to 6.00, with a mean value of 4.21 and standard deviation of 1.02.

The range of profile scores for the follow-up questionnaires was 0.0 to 5.0. The mean value was 2.19 with a standard deviation of 1.05:

Figure3: Frequency chart of Initial MYMOP Profile Scores

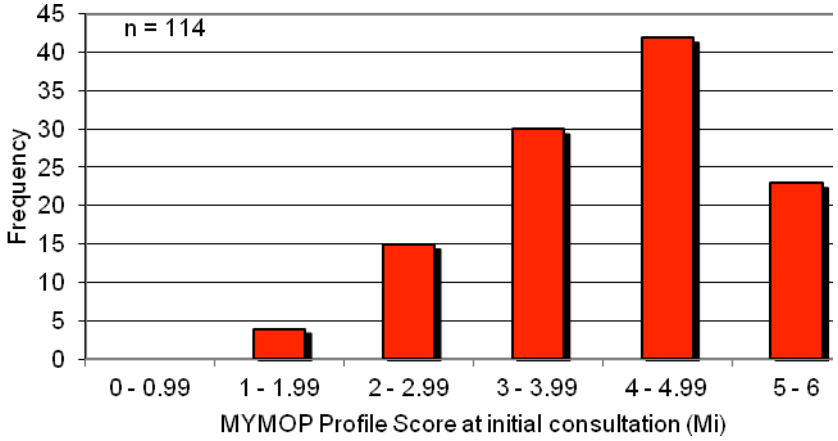


Figure4: Frequency chart of Follow-up MYMOP Profile Scores

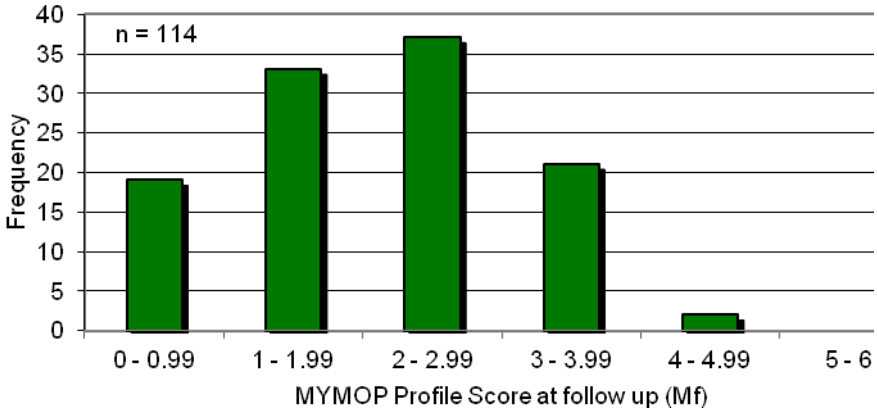
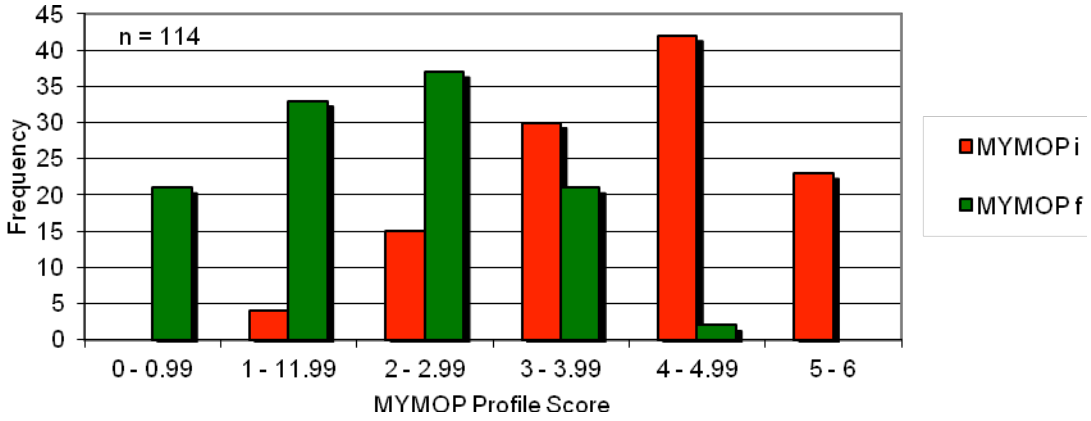


Figure 5: Comparison of Initial (MYMOP i) and Follow-up (MYMOP f) profile scores



The data clearly shows that most clients felt that their symptom(s) had reduced in severity/impact and, consequently, that their subjective sense of their health and wellbeing had improved after taking essences.

Discussion

1. Clinical significance

A change of 1.0 or greater on the 7-point MYMOP scale represents a clinically significant result.[3] 84% of the sample (n = 114) had a follow up MYMOP score lower than their initial MYMOP score which meet this criterion. The mean change was -2.02 with both the median and modal values being -2.0. The paired t-test gives a value of $p<0.05$ indicating that the difference between the initial and follow up MYMOP scores is significant at the 95% confidence level. This data supports the hypothesis that essence therapy (in the broad sense) has a demonstrably positive impact on people's subjective sense of their main symptom(s) and overall wellbeing.

2. Confounding factors

While these are very encouraging findings, we must be very careful how we interpret them. The data presented in this article comes from twenty-nine individual practitioners, all of whom, it is probably safe to say, practise in their own individual style. Moreover, we have no data on: which essences were prescribed, what dosage regimens were recommended, the time interval between completing the initial and follow-up MYMOP forms, what additional support the practitioners provided (such as counselling, journaling etc.), and what other therapeutic support (such as acupuncture, spiritual healing etc.) the clients were accessing outside of the essence therapy relationship and other factors which might impact the therapeutic outcome. Scientifically these are termed confounding factors i.e. factors that may have contributed to, or been responsible for, the positive changes reported. Of course, it could be argued that certain factors such as dosage regimen have no impact on therapeutic outcome, but this has never been rigorously tested and hence cannot be dismissed as a potential influencer on the outcome.

3. The Horns of a Dilemma

The Gold Standard approach for evaluating the efficacy of medical interventions is the randomised controlled trial (RCT). In an RCT confounding factors are carefully controlled. Moreover, the sample is divided into two matched cohorts: one group receive the intervention being evaluated (treatment group) and the other receive placebo. Hence, any improvements seen in the placebo group can be subtracted from the results seen in the treatment group to give an accurate assessment of the intervention's value.

In 2002 Ernst[4] conducted a systematic review of all the available studies on essences that met the criteria for controlled clinical trials – with four studies meeting these strict criteria. Ernst's overall conclusion was that: *"The hypothesis that flower remedies are associated with effects beyond a placebo response is not supported by data from rigorous clinical trials"*. However, a recent[5] rigorous review of Ernst's original paper comes to a different conclusion: *the author's assertion that flower remedies are not clinically different from placebos may not be warranted,* ***and further high-quality placebo controlled trials are needed*** *to clarify the effect of flower remedies on a range of clinical areas* (emphasis added).

Encouraging as this might sound it raises a very serious question for the essence community. As Edward Bach[6] said: *"In treating cases with these remedies* ***no notice is taken of the nature of the disease. The individual is treated****, and as he becomes well the disease goes, having been cast off by the increase in health"* (emphasis added).

Thus the dilemma we face is that only RCTs count as scientific evidence in regard to the value of any medical intervention, yet the very nature of an RCT totally contradicts the core philosophy underpinning essence therapy.

A good example of the mismatch between research approach and essence philosophy is provided by the much-quoted Armstrong and Ernst study published in 1999.[7] The study evaluated the effectiveness of *Five Flower Remedy* (a composite of the same five essences used in the Bach *Rescue Remedy*®) on exam anxiety among a population of 100 students. Otherwise healthy students were randomised to one of two groups – placebo and *Five Flower Remedy*. Anxiety was measured using the validated 40-item Spielberger State-Trait Anxiety Inventory (STAI). The study found no significant difference between the placebo and *Five Flower Remedy* groups.

While the study's operational design meets the criteria for medical research (double-blind and randomised) its methodology and conclusions are open to serious question. The authors stated that they chose *Five Flower Remedy* because Edward Bach created it specifically for anxiety. This is a serious misunderstanding of Bach's intention. *Rescue Remedy* was developed to address emergencies, rather than ongoing stressful situations.

Exam anxiety and stress – while having many common physiological markers across a population – has many potential underlying factors at the personal level. For example, one student may be anxious because of a severe fear of failure while another may be similarly anxious because of lack of preparation and general disorganised lifestyle. For

the first student essences such as *Larch* or *Mimulus* might be considered, whereas for the second *Clematis* or *White Chestnut* are more likely selections. No attempt was made in the Armstrong and Ernst study to understand specifically how each individual participant was responding to their impending examinations. A reliable study evaluating the effectiveness of essences on a population engaged in taking exams would need to ensure that individualised essence mixes are evaluated against a placebo. One such study which explored the impact of essence therapy on emergency and health workers suffering from work and life stress[8] showed that individualised treatment was superior to generic treatment (Bach's *Rescue Remedy*® in this case), although it is acknowledged that the research sample was small.

The Armstrong and Ernst trial also had an attrition (or drop out) rate of 55%, which is extremely high. The researchers acknowledged this and stated that it was due to the complexity of the primary outcome measure (the STAI) employed. However, they provided no evidence for this assertion, and follow-up qualitative research exploring the reasons why participants stayed in the programme or dropped out would have been very useful. Despite the careful design and sophisticated statistical analysis of the data, the Armstrong and Ernst study was, therefore, profoundly flawed because it employed an emergency essence combination rather than what individuals might have needed. As such it cannot be considered as evidence that essences either work or don't work in the context of exam stress.

4. Future research

Our results are encouraging and we aim to continue collecting high quality MYMOP data to continue to test our hypothesis that essences have a genuine and positive role to play in helping people manage their emotional health and wellbeing. We are mindful, however, that MYMOP data alone will not suffice to convince the scientific community that essences are valuable adjuncts to emotional balance and wellbeing. Our challenge, and it is a very real one, is to develop a research methodology that honours the principles outlined by Edward Bach whilst at the same time being able to control confounding factors.

Since 2006 we have collected 114 MYMOP datasets. This averages out at around ten datasets per year! Moreover, only twenty-nine practitioners have thus far participated. Collecting MYMOP data is not particularly onerous, and the benefits to the wider essence community are incalculable. So, if you have already contributed to the MYMOP database, a huge thank you, and please do more! If you have yet to contribute please consider doing so, as you will be supporting the growth and development of essence therapy. And finally, if you are unsure about using MYMOP please contact either Jan or David:

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