

## BACH FLOWER THERAPY: RESULTS OF A MONITORED STUDY OF 115 PATIENTS

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**Summary** The action of Bach Flowers, the flower extracts that restore the balance in cases of psychological problems and psychosomatic disorders, was monitored in a study of 115 patients in order to evaluate the method of application, effectiveness, duration of treatment, and how patients' trust or diffidence influenced the results of the therapy.

The conditions treated included anxiety, depression and stress. In a high percentage of cases (89%) the results of treatment were positive and particularly so with regard to anxiety symptoms. Average treatment times for all age groups were relatively short (3-4 months), however response times were faster in the children and adolescents than in the adults.

Patients' initial trust or diffidence in flower therapy did not appear to have any influence on the very positive overall results which totaled 95% of patients who had declared themselves skeptical. These findings are undeniably interesting and call for a further, more detailed study of this particular group of patients.

**Key Words** > BACH FLOWERS, ANXIETY, DEPRESSION, STRESS

In recent years, the system of healing called flower therapy has become widespread in Italy. Discovered by the English doctor Edward Bach during the 1930s, this treatment is based on the principle that many physical illnesses are caused by psychological and emotional disorders, such as fear, anxiety, depression, hypersensitivity and stress. These states of imbalance can be cured by administering to the patient certain floral extracts, the so-called 38 Bach Flower Remedies, each one of which corresponds to a specific personality imbalance on which the extract is able to act in a positive manner by re-harmonizing the psychosomatic symptoms.

The following study was conducted on a sample of 115 people who were treated with flower extracts within a context of psychological counseling so as to test statistically the effectiveness of the Bach remedies on various psychological disturbances.

These disorders were divided into three categories of symptoms: anxiety, depression and stress, which included respectively generalized anxiety, panic attacks, phobias, obsessive-compulsive behavior; reactive depression, behavioral disorders, relational problems: posttraumatic and somatic disorders following emotional and physical exhaustion.

## METHOD

- Subjects for Study

The sample of 115 people is composed of 45% males and 55% females whose ages range from 2-65: they have been divided into five age bands: 2-6; 7-12; 13-22; 23-40; 41-65. Patients to be included in the sample were chosen by drawing lots. No special criteria were set because the study aimed at presenting a complete picture of the possibilities of applying the Bach remedies

The patients' disorders were divided into three categories: anxiety, depression and stress. Regarding the level of patients' trust in this particular form of therapy, it was considered necessary to distinguish between adults and children, who were accompanied or sent by their parents, it is useful to note this distinction which is expressed statistically in the variable "trust: in the treatment" that is assessed only in the adult and adolescent subjects.

- Therapy

Each one of the 38 Bach remedies corresponds to a precise psychological condition and is suitable for treating an extensive series of psychophysical symptoms.

It is vital to give an accurate analysis of the patient's state of imbalance so as to identify what remedies to prescribe. There is in fact no standard remedy for any one disorder as the same problem experienced by different people can give rise to quite different reactions. Thus the treatment required will necessarily be different for each patient.

In the treatment of the 115 subjects in this study every one of the Bach flowers were used without exception. Over a period of time remedies were prescribed that corresponded to the pathological picture presented by the patient. It is nevertheless difficult to draw up treatment formulae based on specific extracts. It can be observed however that some remedies or groups of remedies were used more frequently in treating the single categories of disorders (anxiety, depression and stress).

The Bach remedies most frequently used in treating anxiety were Agrimony, Aspen, Mimulus, Larch, Chestnut Bud, Rock Rose, Red Chestnut, Crab Apple and Cherry Plum (with the combination of Mimulus-Larch predominating in the age bands of the young).

The remedies frequently prescribed for disorders that come under the category of depression were Gentian, Mustard, Sweet Chestnut, Pine, Walnut, Wild Rose, Honeysuckle and Gorse whilst the treatment for stress disorders showed a recurrent use of Impatiens, Vervain, Oak, Rock Water, Olive.

Star of Bethlehem, Elm, Hornbeam and White Chestnut (frequently combining Olive-Elm-Hornbeam). Depending on the symptoms, the remedies were used singly or in combinations to a maximum of five.

- Equipment Used

The equipment used in carrying out these experiments consisted of small phials, or stock bottles, containing the flower extracts, called the Bachflower (sic) Remedies. These are supplied by the English Bach Centre. From these the therapist chose the appropriate remedies to treat at intervals the patient's disorder. Two drops of each remedy, in its concentrated form, were placed in a 30 ml phial (equipped with a dropper), diluted with mineral water and two teaspoons of brandy as a preservative. From this combination of flower extracts each patient was prescribed the standard dose of four drops to be taken four times a day. To assess the effectiveness of the treatment patients were interviewed and case notes were kept.

- Assembling the Results

The data relating to each patient was gathered during talks that were held in a friendly atmosphere aimed at establishing a relationship of trust. Questions were asked to verify the patient's problems, as is customary in psychological counseling. The objective was to analyze the patient's medical, emotional and mental state, with an accurate evaluation of the symptoms in accordance with the 38 Bach remedies, and then to choose a remedy or combination of remedies that would take effect on a psychosomatic level thereby improving the patient's psychological attitude.

During the conversation the therapist, used his/her powers of observation taking note of the symptoms described by the patient, and observing verbal and non-verbal signals such as gestures and posture, voice levels accompanying a reaction, facial reddening or loss of color, trembling or other emotional reactions. This could be termed "a natural (non scientific) experiment" in which the state of the patient is assessed at the beginning and end of the treatment.

- Treatment Procedure

The data was entered in the case notes and contained the following information provided by the patient: age, sex, problems, trust in the treatment (for adolescents and adults only) as well as other information which was not taken into account in this study. Lastly the remedies administered were recorded.

After the first week the therapist conducted a control check of the treatment by means of another shorter talk with the patient who described his/her psychophysical state; the data was entered w the case notes. After two weeks another talk took place to determine the course of the illness. The patient was asked to describe his/her condition following treatment and each time the data was recorded. (in this way variables relating to "period of treatment" and "results" could be included in the case notes.)

Talks took place every -two weeks until the conclusion of the treatment. The period of treatment was calculated in weeks divided into periods of up to 2 weeks: 3-10 weeks; 11-18 weeks; 19-30 weeks. more than 30 weeks.

Results recorded as "Complete" indicate complete remission of the patient's symptoms as initially described; "Partial" where there has been an improvement but nor a complete cure; "Nil" where there has been no improvement in the condition of the patient.

All the data was processed using the program Microsoft Excel. For the statistical calculations the Italian program "Chi-Square" was used.

#### LEGEND

N: Number referring to patients from 1-115

Sex: F = female M = male

Age: 1 = 2-6 2 = 7-12 3 = 13-22

4 = 23-40 5 = 41-65

Problem: A = anxiety D = depression S = stress

Trust: Yes = trust in the treatment

No = diffidence in the treatment

N.Q. = not quantifiable (in age bands 2-6 6T 7-12)

Period: Number of weeks of treatment

Results: N = Nil P = Partial C = Complete

#### ANALYSIS OF THE RESULTS

The following data was collected from 115 patients' case histories and includes the independent variables of sex, age, disorder, trust in the treatment; and the dependent variables such as period of treatment and results. The data is summarized in the cables 1-12 and the related graphs 1-9.

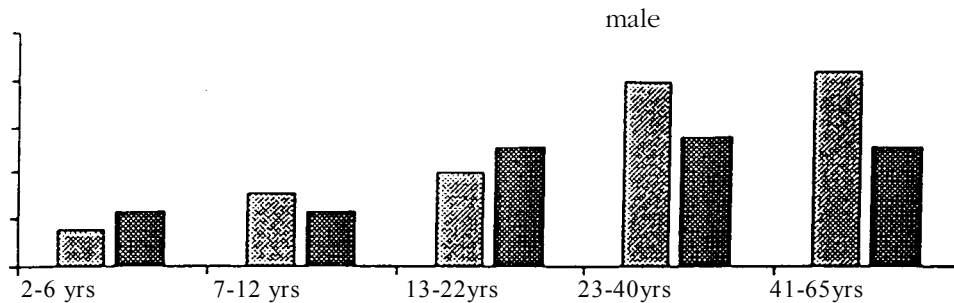
AGE	SEX		
Age Range	F	M	Total
2-6	4	6	10
7-12	8	6	14
13-22	10	13	23
23-40	20	14	34
41-65	21	13	34
Total	63	52	115

Table 1 : Patients classified by sex and age.

PATIENTS CLASSIFIED BY SEX AND AGE  
female

Light=

Dark =



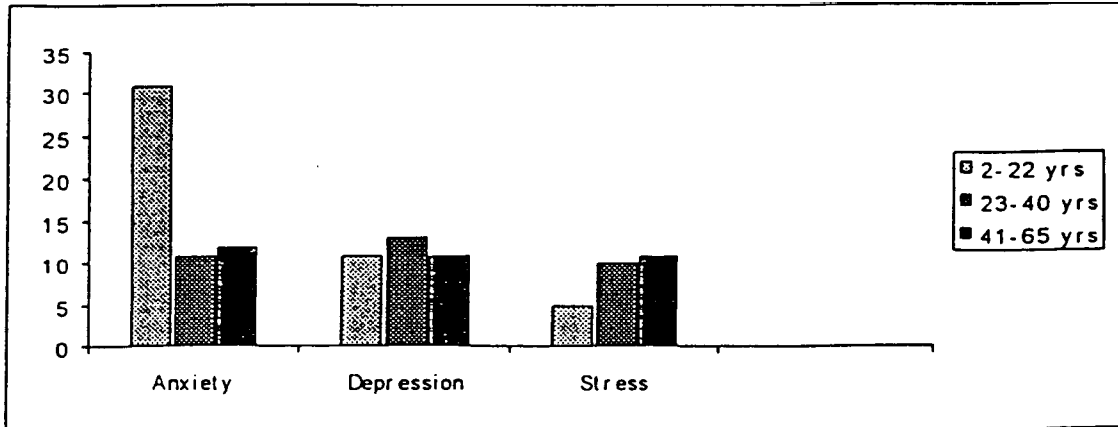
Graph 1: Notice that as the age groups get older the gap between males and females widens. The last two age bands contain the largest number of females compared with the males. This could be interpreted as a cultural factor relating to the greater willingness of females to accept this type of therapy

AGE	DISORDER			
Age Range	A	D	S	Total
2-6	9	1	0	10
7-12	9	4	1	14
13-22	13	6	4	23
23-40	11	13	10	34
41-65	12	11	11	34
Total	54	35	26	115

Table 2: Patients classified by age groups and disorders:

A = Anxiety; D = Depression; S = Stress.

INCIDENCE OF DISORDERS BY AGE BANDS



Graph 2: Notice that in the 2-6 age band anxiety symptoms predominate and similarly in the 7-12 band. If we combine the first three age groups, the results for the 2-22 age bands are significantly different from those of the other two age bands. The sample indicates an overall prevalence of anxiety symptoms

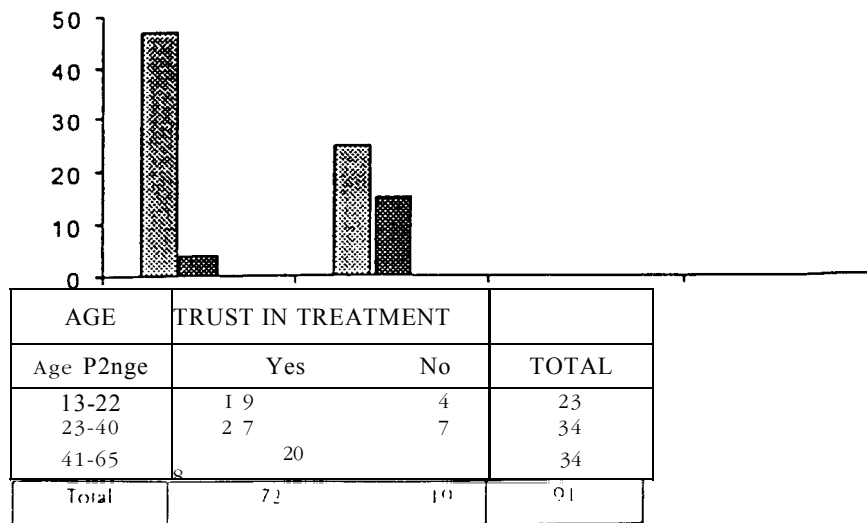


Table 3: Trust in the treatment in the age bands 13-22, 23-40, 41-65. Most of the patients took part in the therapy because they believed in the Bach remedies. The results of the Chi-Square test are highly significant.

TRUST IN THE TREATMENT BY MALE AND FEMALE PATIENTS

Light = female  
Dark = male

Graph 3: These test figures refer only to the adolescent and adult patients as the variable "trust in the treatment" could not be applied to younger patients. Note that in the adult age bands there is a much higher level of trust among females than males.

SEX	TRUST		Total
	Yes	No	
F	47	4	51
M	25	15	40

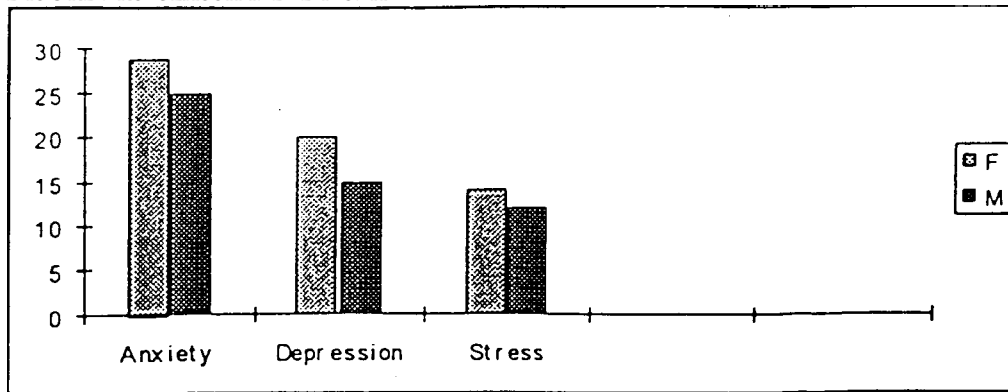
Total 72 19 91

Table 4: Trust in the treatment by male and female patients in age bands 13-22, 23-40, 41-65.

SEX	DISORDER		Total
	A	D	
F	29	20	63
M	14	15	52
	12		
Total	54	35	115
	26		

Table 5: Disorders classified by sex.

DISORDERS CLASSIFIED BY SEX



Graph 4: The Chi-Square test shows there is no significant difference between the sexes in the incidence of the disorders. Overall we can observe the prevalence of anxiety in both males and females.

AGE PERIOD OF TREATMENT IN WEEKS						
Age Range	up to 2	3-10	11-18	19-30	30 plus	total
2-6	8	3	0	0	0	10
7-12	8	4	2	0	0	14
13-22	6	10	6	1	0	23
23-40	2	17	10	2	3	34
41-65	5	18	6	4	1	34
Total	29	51	24	7	4	115
SHORT			and LONG		PERIODS	

TABLE b: Period of treatment, measured in weeks, according to age bands. Graph No. 5, below, summarizes the results, combining the first three age bands and establishing a short period as 1-10 weeks and a long period as 11 or more weeks.

SHORT AND LONG PERIODS OF TREATMENT CLASSIFIED BY AGE BANDS

02-22 yrs = light  
 23-40 yrs = medium  
 41-65 yrs = dark

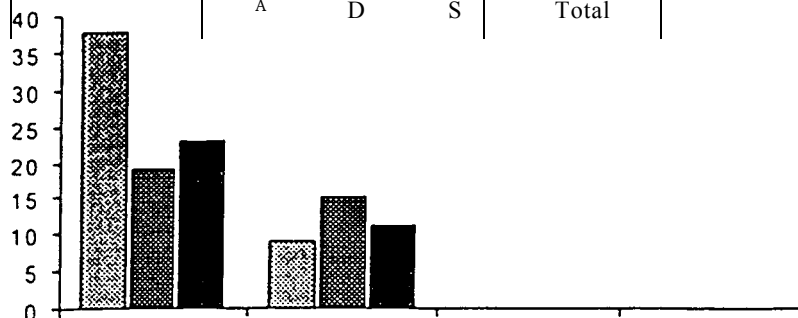
SHORT LONG

Graph 5: We can see that the distribution of results for the 80 patients who underwent short periods of treatment and for the 35 who underwent long periods of treatment departs in a statistically very significant manner with respect to the Chi-Square statistics.

PERIOD Weeks	SEX		Total
	M	F	
Up to 2	15	14	29
3-10		29	51
11-18	22		24
19-30		13	7
Over 30	1	3	4
	I	4	
	3	Z	
	2		
Total	63	52	<u>115</u>

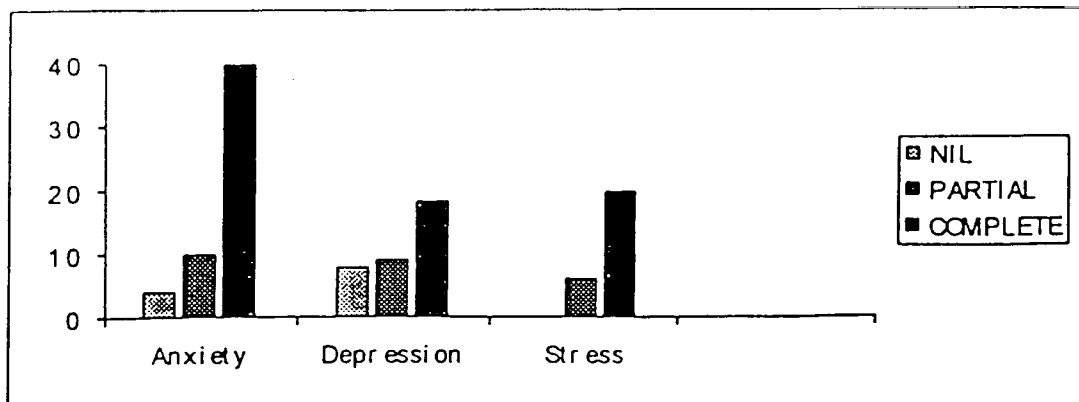
Table 7: Period of treatment for males and females. Notice that the period of treatment for both groups is on average from 3-18 weeks with no significant difference between the sexes.

RESULTS	DISORDER			Total
	A	D	S	



Nil	4	8	0	12
Partial	10	9	6	15
Complete	40	18	20	78
Total	54	35	26	115

Table 8: Results classified according to type of disorder.



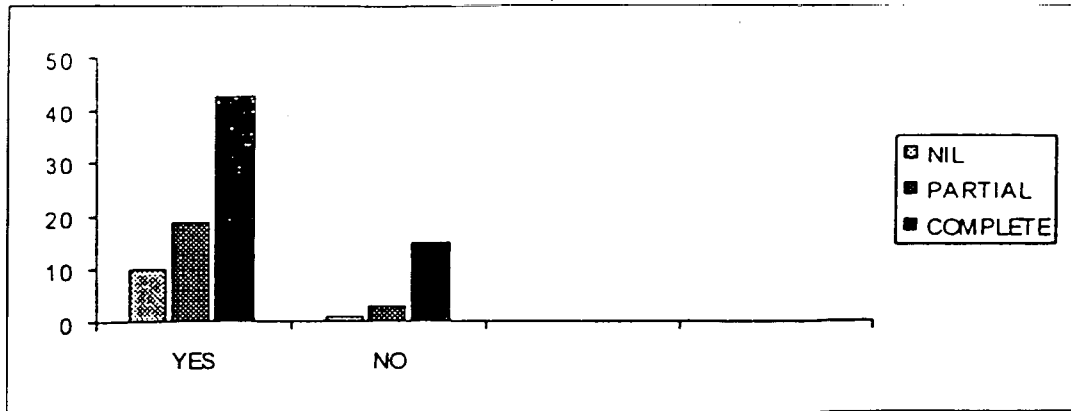
Graph 6: The distribution of results between Nil, Partial and Complete departs very significantly from a random distribution of results and demonstrates the effectiveness of flower therapy on a large percentage of patients, particularly evident among those affected by anxiety. In fact, if we add up the positive (partial and complete) results we arrive at 89% effectiveness.

RESULTS	SEX		Total
	F	M	
Nil	8	4	12
Partial	16	9	25
Complete	39	39	78
<b>Total</b>	<b>63</b>	<b>52</b>	<b>115</b>

Table 9: Classification of results by sex. The distribution of results between Nil, Partial and Total (12, 25, 78) departs very significantly from a random distribution. We do not, on the other hand, find any significant difference in the results between males and females.

TRUST	RESULTS			Total
	Nil	Partial	Complete	
YES	10	19	13	42
NO	1	3	15	19
<b>Total</b>	<b>11</b>	<b>22</b>	<b>58</b>	<b>91</b>

Table 10: Results classified according to patient's trust in the treatment in age bands 13-22, 23-40, 41-65.



Graph 7: We can see that the distribution of results between Nil, Partial and Complete (11, 22, 58) departs very significantly from a random distribution of results. If we take the total positive results (Partial and Complete) obtained from patients who expressed confidence in the treatment, we arrive at 86%. It is interesting to note that in the case of diffident patients the percentage of positive results is actually 95%. The initial level of confidence in the treatment shown by adult patients does not appear to have influenced the final results.

AGE	RESULTS			
Age Range	Nil	Partial	Complete	Total
2-6	0	1	9	10
7-12	1	2	11	14
13-22	1	5	17	23
23-40	6	9	19	34
41-65	4	8	22	34
<b>Total</b>	<b>12</b>	<b>25</b>	<b>78</b>	<b>115</b>

Table 11: Results classified by age bands.

AGE	RESULTS			
Age Range	Nil	Partial	Complete	Total
2-22	4%	17%	79%•	100%
23-40	18%	26%	56%	100%
41-65	12%	23%	65%	100%

Results in percentages, combining the first three age bands.

RESULTS CLASSIFIED BY AGE BANDS

Left to right colors  
 Nil Partial Complete

2-22 yrs      23-40 yrs      41-65 yrs  
 Graph 8: We can see that the younger age band, compared with the other two age bands, has the highest results for a complete cure. More detailed results for children in the 2-6 and 7-12 age bands are given in Table 12 and Graph 9.

AGE	RESULTS			
Age Range	Nil	Partial	Complete	Total
2-6	0	1	9	10
7-12	1	2	11	14

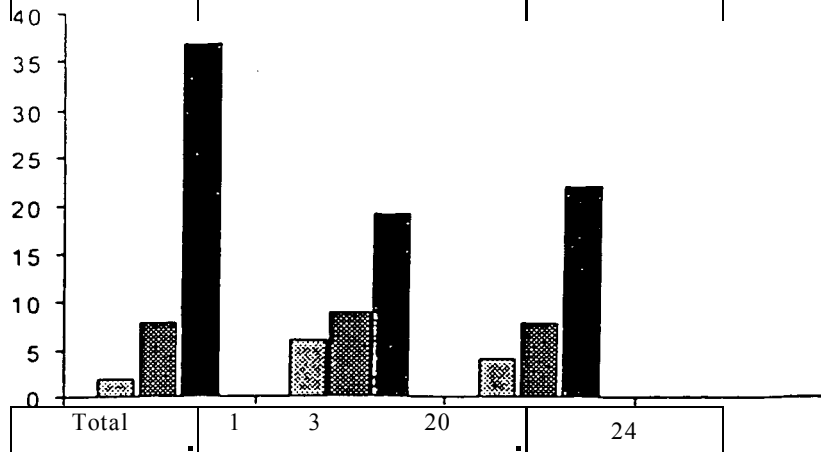
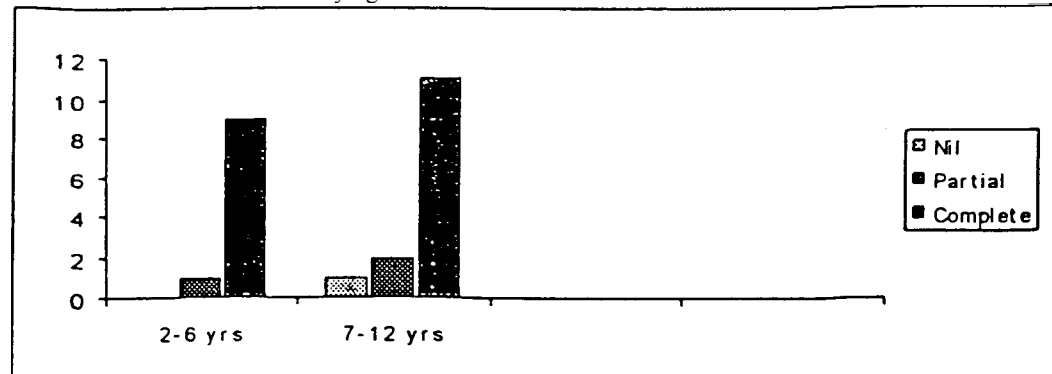


Table 12: Results classified by age bands 2-6 and 7-12.



Graph 9: The positive results of therapy on children are very considerable - We must nevertheless bear in mind that results in the youngest age bands are "Filtered" through the parents; moreover in very young children it is

difficult to distinguish organic aspects of the disorder from psychological ones, such as demands for attention, sibling jealousy, etc.

#### INTERPRETATION OF RESULTS

The figures in Table t, Graph 1 show that there are more women than men in the adult age bands. This could be interpreted as a cultural factor related to the greater willingness of women to accept a non-conventional type of therapy, like the Bach (lowers (Table 4, Graph 3). Patients' trust in the treatment was measured solely in the adolescents and adults, as it could not be assessed in children, and revealed a high percentage of confidence in the treatment. Those patients who initially declared themselves doubtful or skeptical of the effectiveness of the remedies were equally of interest to us either because they had been convinced by a relative who had tried the Bach flowers or because this represented a last resort for them having tried other therapies without success. Generally the level of trust was higher among the women compared to the men. It is nevertheless interesting to note that the presence or absence of trust did not affect the final results given that of the 19 patients who initially expressed themselves skeptical as many as 15 achieved a complete cure and 3 an improvement. We found that the highest percentage of positive results (95%) occurred among that very group of skeptics. These findings are undeniable interesting and call for a further, more detailed study of this particular group of people.

Looking at the overall incidence of disorders in our sample study, we find a prevalence of anxiety symptoms (Table 8, Graph 6) which at its highest level occurs among the children, as compared with the adults; whilst there is no significant difference between the sexes in the incidence of disorders. In fact patients suffering from anxiety frequently resort to some kind of alternative therapy, like flower therapy, within a context of psychological counseling. In all of the disorders that were looked at: anxiety, depression and stress, the results showed a predominance of complete cures which occurred at significantly higher levels among the younger age bands, in particular among the children compared with the adult age bands.

An important point to note is the relative short duration of this form of therapy (Table 6, Graph 5). In fact most of the patients reacted positively to treatment within an average period of 3-4 weeks. In particular a much quicker response time was observed in the children compared to the adults whilst no significant differences between males and females were noted in the healing times.

The remedies proved to be completely safe. There was no instance of even the slightest side effects after administering the drops. This indicates that the Bach flower therapy can be considered free of any risks.

The results clearly demonstrate the effectiveness of the Bach remedies, the short duration of treatment, and the absence of toxicity, which makes it particularly suitable for small children.

## CONCLUSIONS

The results obtained from these tests come out clearly in favour of the therapeutic effects to be had from flower therapy.

As to the influence of psychological factors (one must be careful of suggestibility) on the positive outcome of the results, this subject remains open for further investigation.

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