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**STANDARDS FOR HOMEOPATHIC EDUCATION
AND COMPETENCIES FOR THE PROFESSIONAL
HOMEOPATHIC PRACTITIONER
IN NORTH AMERICA**

**FINAL DRAFT
SEPTEMBER, 2013**

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102 **INTRODUCTION**

103 ***Organization of This Document***

104 This document has a significant amount of content that has been extensively discussed
105 and evaluated by representatives of a wide spectrum of American and Canadian
106 national-level homeopathic organizations. For easier comprehension and future
107 updating, it has been structured with general principles, guidelines, and objectives being
108 placed in the body of the document while lists, details, historical references, and other
109 information are given in the appendices. Some redundancies in the text are present in
110 order to allow individual sections to be referred to in a standalone manner.

111
112 The main body of this document reflects the current state of standards and
113 competencies as identified during the 2010 Summit. The participants at that Summit
114 identified other areas which also need discussion; due to limitations of time, specifics
115 could not be finalized and these areas were considered as potential goals for a future
116 state of standards and competencies. To eliminate confusion regarding what is a
117 present standard and what is a future goal, the main body of the document only
118 includes present standards. An AFTERWORD is attached which includes those future
119 goals for consideration during the next revision and update process.

120 ***History of This Document***

121 This document has been created from input solicited from all the key stakeholders in
122 homeopathy in the United States and Canada to establish a consensus on the
123 standards and competencies required for the professional practice of homeopathy in
124 North America at this time. Although time and translation issues have made it difficult to
125 do so yet, a future goal will be to include representatives from Mexico.

126
127 This document revises and updates a similar document that was issued following a
128 meeting on January 28 to 30, 2000 of invited representatives of key homeopathic
129 organizations in the United States. The Council on Homeopathic Education (CHE), [now
130 the Accreditation Commission for Homeopathic Education in North America (ACHENA)],
131 with the support of the Homeopathic Community Council (HCC), held a Summit Meeting
132 in 2000 for invited representatives of key homeopathic organizations. The CHE was
133 founded in 1982 with the mission to accredit homeopathic schools and educational
134 programs. In 1999, the CHE identified the establishment of consensus on standards and
135 competencies for homeopathic education as a priority necessary to achieve its mission.
136 Also, the accreditation of educational institutions, which ACHENA confers, is a vital
137 element in the growth and wide-spread recognition of homeopathy as a profession.

138 [\(See Appendix 1 – Initial CHE-sponsored Summit in 2000 for more information on the](#)
139 [document issued in 2000.\)](#)

140
141 The contributors to this current version of the document include homeopathic educators,
142 homeopathic professional and specialty organizations and associations, the National

143 Center for Homeopathy (NCH) which has a large public membership, the Council for
144 Homeopathic Certification (CHC) which is an independent organization that certifies
145 professional practitioners of homeopathy in North America, and ACHENA, an
146 independent agency that assesses homeopathic training programs in the United States
147 and Canada. The process for compiling this document also relied on similar efforts in
148 Europe by groups like the European Central Council of Homeopaths (ECCH).
149 [\(For more information on the participants, see Appendix 2 – Canadian and US](#)
150 [Homeopathic Standards Summit in 2010.\)](#)

151

152 ***Future Revisions and Updates***

153 The consensus at the 2010 Summit was that this document should be continually
154 reviewed and updated as conditions warrant. In any case, a review should probably be
155 undertaken within five years following the official release of this document.

156

157 ***A Note About the Practice of Homeopathy and the Range of*** 158 ***Professional Homeopaths***

159 Homeopathy is a comprehensive system of medicine, different from conventional
160 medicine, which has been practiced around the world for more than 200 years. This
161 document outlines Standards for the education of professional homeopaths and
162 competencies for professional practice of homeopathy in the US and Canada. It must
163 be noted that the ranks of professional homeopaths include individuals with a wide
164 range of other professional/healthcare backgrounds and associated scopes of practice
165 that may impact their practice of homeopathy, including: physicians and naturopaths
166 who are licensed to practice medicine; nurse practitioners, physician assistants; nurses;
167 psychologists; certified classical homeopaths and others. Professional homeopaths that
168 are licensed to practice conventional medicine under their legally defined scope of
169 practice, may diagnose illness and treat disease using homeopathy. However, nothing
170 in this document should be interpreted to imply that non-licensed, professional
171 homeopaths are engaged in the practice of conventional medicine.

172

173 ***Purposes of This Document***

174 Homeopathy is a well established profession in many parts of the world with profound
175 teachers, educational opportunities, and research literature from many countries
176 including North America. In the US alone, in the early 1900s there were 22
177 homeopathic medical schools, more than 100 homeopathic hospitals, over 60 orphan
178 asylums and old people's homes, and 1,000+ homeopathic pharmacies. However
179 homeopathy in North America experienced a decline in the first half of the 20th century
180 due to the dominant focus and utilization of allopathic conventional medicine in the US.
181 In the past three decades there has been a resurgence of the use of homeopathy
182 because Americans are returning to the use of integrative and holistic medicine and
183 complementary and alternative medicine (CAM). Homeopathy is one of the main CAM
184 professions.

185

186 This document presents the consensus within the profession reached among those
187 attending a meeting in 2010 on the standards and competencies by which the public,
188 other healthcare professions and other professional organizations can judge the
189 standing of homeopathy as a profession. The ways in which this document may be
190 used include:

- 191
- 192 • As a guide to assist homeopathic educators in establishing what they teach
- 193 • As a guide to assist in accrediting educational programs, seminars, etc.
- 194 • As a guide to certifying bodies as to the competencies they expect practitioners
- 195 to be able to demonstrate
- 196 • As a guide to members of the homeopathic profession as to the knowledge and
- 197 competencies expected of them by their colleagues
- 198 • As a statement to the public and other interested parties of the status that
- 199 homeopathy has as a profession
- 200 • As a statement to other professional organizations and homeopathy's self-
- 201 regulatory bodies of the standards and competencies by which the homeopathic
- 202 profession is identified—within a spectrum of various ways in which homeopathy
- 203 is practiced
- 204

205 The means of acquiring the competencies described in this document can include
206 formal instruction, supervised clinical experience, and individual study. Ideally it should
207 include all three. The competencies and standards presented in this document are not
208 intended to be a comprehensive outline for the structure of a curriculum or of an
209 assessment tool but rather guidelines to assist those who are developing curricula and
210 certification processes. Taken together, they are meant to be an expression of what the
211 community holds as the core skills, attitudes, and knowledge required to practice
212 homeopathy effectively.

213

214 **Educational Standards and Professional Competencies**

215 Consensus on standards for homeopathic education has important implications and
216 benefits for the interdependent components of the homeopathic community, including:
217 schools and their students, accreditation organizations, certification boards, and
218 professional organizations. Indeed, these standards have laid the groundwork for the
219 continuing growth of homeopathy as an independent profession in North America.

220

221 In the process of the current revision of this document, it became clear to several
222 organizations that in order to be most effective and applicable to the homeopathic
223 community, it was best divided into competencies for professional practitioners and
224 standards for educators training professional homeopaths.

225

226 However, it was apparent that completely separating these two categories as if they
227 existed in a vacuum would be senseless. One informs the other. Thus our intention in
228 each section is to first state a competency for the educator/practitioner and then to

229 identify the areas of study or the standards for education needed to deliver training that
230 would produce an educator/practitioner with the given competencies.

231
232 As a consequence, it was recommended that the document needed a more
233 comprehensive name: “Standards for Homeopathic Education and Competencies for
234 the Professional Homeopathic Practitioner”. Through this format, ACHENA can more
235 easily extract the standards for education while certifying bodies can extract the
236 competencies for testing or evaluation. While there has been an attempt to describe a
237 current level of competency in each area, the competencies section will need further
238 revision and augmentation as these specifications are revised in the future.

239
240 This document seeks to create one standard for homeopathic practice as a whole. The
241 subsets within the profession may have additional training and or requirements, in
242 addition to the training required to be a competent homeopath described in this
243 document; those additional trainings or requirements do not create a separate
244 standard(s) for the profession as a whole. Some individuals may need or want to
245 acquire additional education and experience given the manner in which they expect to
246 practice. The homeopathic standards and competencies contained here serve to define
247 the competent homeopath.

248
249 It is understood that the means of acquiring the competencies set forth in this document
250 will vary, and it is not the intent of this document to require or dictate a specific means of
251 achieving the desired results. The important point is that the steps to attain competency
252 shall be based on definable standards and that graduating students shall be able to
253 demonstrate these competencies and proficiencies by the standardized measurements
254 utilized by homeopathic certification boards and bodies.

255 256 ***Terminology Used in This Document***

257 In creating this document, for the sake of simplicity, the term “client” is used as a neutral
258 word referring to anyone who seeks homeopathic care. While “patient” is appropriate
259 for health care professionals holding a state or provincial license, such as nurses and
260 medical doctors, the term “client” is used by independent unlicensed homeopaths. Also,
261 lists of items that appear at various points in the text preceded by words like “including”
262 or “such as” are by way of illustration and are not intended to be complete or definitive.

263
264 Homeopathy is a means of restoring health that was first described over 200 years ago
265 by a German medical doctor, Samuel Hahnemann, in his *Organon of Medicine*. His
266 definition of cure, as he and other homeopathic philosophers taught was simply stated
267 as “to restore the sick to health”.

268
269 The practice of homeopathy as a healing art can take many forms depending on the
270 education and training of the practitioners, on how providing homeopathic services fits
271 within the laws of a state or province, and on the circumstances created by the setting in
272 which the homeopathic services are provided.

273

274 Homeopathic medicines are listed in the *Homœopathic Pharmacopœia of the United*
275 *States* (HPUS) which was first published in 1897 and is now available as an on-line
276 reference at *www.hp.us.com* (by subscription). The HPUS is recognized as an official
277 compendium in the Federal Food Drug and Cosmetic Act of 1938 as well as in
278 numerous state laws and/or regulations. Homeopathic medicines are regulated by the
279 FDA and must adhere to the requirements of the HPUS as well as certain provisions of
280 the Code of Federal Regulations.

281
282 Homeopathic medicines (usually referred to as remedies) are different from
283 conventional drugs in several important ways. Homeopathic remedies are prepared
284 from a wide variety of materials, including minerals, plants, and animal substances.
285 They generally are highly diluted, and thus tend to be non-toxic, with minimal side
286 effects. Homeopathic remedies are chosen based on a holistic appraisal of each
287 individual rather than a medical diagnostic categorization that makes little distinction for
288 individual differences. To emphasize that homeopathic medicines are very different
289 from the conventional drugs used in a medical practice, this document will generally use
290 the term homeopathic remedies.

291

292 ***Designing an Educational Curriculum***

293 There are a number of models for the actual design of a curriculum. Within the most
294 complete curriculum design, there can be many programs or schools that offer some or
295 all of the subject matter. Practicing homeopaths have found ways to accumulate the
296 necessary training from a variety of sources.

297
298 The following curriculum design guidelines were excerpted from a document prepared
299 by the European Central Council of Homeopaths (ECCH).

300

301 **Objectives**

302 The ultimate objective of a homeopathic education course is to enable graduates to
303 develop as autonomous and competent homeopaths. The education needs to be
304 sufficiently long to enable graduates to attain the competencies outlined in this
305 document.

306

307 Learning activities and opportunities in the course, and the assessment of student
308 progress, are designed in such a way that all the study topics are covered, and students
309 can show evidence that:

- 310 • they *know* at a basic understanding level,
- 311 • they *comprehend* through understanding relationships of ideas in
312 concepts and procedures, and
- 313 • they can *apply* the material in a practitioner role, integrating understanding
314 and refining knowledge.

315

316 In addition, throughout the course students are encouraged to develop
317 independence and autonomy, showing evidence that:

- 318 • they are able to analyze existing information or situations,
319 • they can synthesize new ideas themselves from their individual
320 experience, and
321 • they can evaluate their progress through use of reflective practice.

322
323 The course provider will develop the curriculum in ways that guide the teaching,
324 learning and assessment towards these objectives.

325
326

327 **HOMEOPATHY AND HOMEOPATHIC PRACTICE**

328

329 ***Homeopathy***

330 Homeopathy has been used for 200 years to restore the sick to health by providing “the
331 most rapid, gentle, and permanent restoration of health, or removal and annihilation of
332 disease, in its whole extent, in the shortest, most reliable, and most harmless way, on
333 easily comprehensible principles”. Organon of Medicine, Dr. Samuel Hahnemann

334

335 Homeopathy is based on natural laws and practices of health and healing as described
336 by Doctor Samuel Hahnemann and others, including:

- 337 • Recognizing as the fundamental basis of health and healing the necessity of
338 working cooperatively with the innate life principle that distinguishes living from
339 nonliving things, the “vital force”
340 • Selecting remedies based on holistic and individualized consideration and by
341 applying the “Law of Similars” (a substance that causes particular symptoms in a
342 healthy person can address them when they arise during an illness)
343 • Employing proven potentized microdose medicines manufactured from natural
344 sources (“potentization” is the homeopathic preparation method in which a raw
345 substance undergoes a series of successive dilutions with a “succussion” [a
346 shaking or pounding motion] being applied to each dilution)
347 • Following the Hippocratic principle “First, do no harm”

348

349 Homeopathy is a complete system of healing that has its own time-tested principles of
350 care. These principles are fundamentally different from those of the allopathic (western,
351 bio-medical or conventional) medical model of disease diagnosis and treatment.

352 Therefore, homeopathic standards and competencies are not expressed in, nor
353 constrained by, the terminology and concepts of allopathic medical methodologies.

354 Although homeopaths are expected to demonstrate certain competencies in health
355 sciences, these are not expected to be used in the same way as in the allopathic
356 medical model. That said, it is expected that homeopathic practitioners who are
357 licensed or regulated by states, provinces, or other jurisdictions will observe appropriate
358 steps to comply with that status in their practices.

359 ***Homeopathic Practice***

360 Anyone can use available homeopathic medicines (referred to here as “remedies”) to
361 safely treat a wide range of minor injuries, self-limiting illnesses, and more. What
362 distinguishes the professional practice of homeopathy is the level of specialized
363 knowledge and training that allows practicing homeopaths to deal with more chronic or
364 more serious health problems.

365
366 The spectrum of homeopathic practitioners ranges from homeopaths that practice in
367 states or provinces where certification, registration, or licensure of homeopaths is not
368 required to homeopathic practitioners that also hold a license as another health care
369 professional, such as: MD (H), MD, ND, DO, DC, RN, NP, PA, DOM, Lac, HMA (not a
370 complete list).

371
372 The purpose of this document is to describe the standards and competencies that are
373 specific to the professional practice of homeopathy. The document consciously does
374 not seek to address the specific aspects of how homeopathy is, or might be, combined
375 with other modalities in the context of the various types of healthcare practices within
376 the spectrum above.

377
378 Regardless of an individual’s manner of practicing homeopathy, members of the
379 homeopathic profession expect that he or she will adhere to professional standards
380 which invariably include confidentiality, truthfulness, safety, and ongoing professional
381 development. There is also the necessity of upholding the good name of the
382 profession.

383
384 Skills in team care are recommended for all healthcare practitioners. Increasingly,
385 homeopathic practitioners are being included in integrated medical practices or are
386 giving referrals to or receiving referrals from practitioners in other healthcare disciplines.
387 Knowledge of other healthcare systems and the practices of colleagues in other fields
388 provide a necessary beginning to these cooperative efforts.

389
390 ***Overview of the Current Political-Legal Environment for Homeopathy***

391 The current legal status of homeopathic practice varies among the countries in North
392 America and within their political jurisdictions (states, provinces, etc.). Most regulation
393 of the practice of healthcare is at the state or provincial level, and over the past 150
394 years homeopathy has gone from being widely accepted, to being, at best, tolerated, to
395 its current reemergence as a recognized part of the healthcare spectrum.

396 [This topic is discussed in Appendix 3 – Details of Current Political-Legal Environment](#)
397 [for Homeopathy in North America.](#)

398

399 ***Homeopathic Accreditation and Certification Organizations***

400 The Accreditation Commission for Homeopathic Education in North America
401 (ACHENA), the Council for Homeopathic Certification (CHC), and multiple national,
402 state, and provincial professional associations provide an infrastructure for the
403 homeopathic profession. There are a variety of homeopathic educational programs.
404 Homeopathic pharmacies are well organized and prospering.

405
406 ACHENA’s job of accrediting schools would not be possible without the agreed-upon
407 standards and competencies of the homeopathic community. Clear standards and
408 competencies are the foundation of any profession. ACHENA’s mission to create,
409 uphold, and maintain standards is in alignment with good practice for any profession.
410 Agreed upon standards and competencies unify the profession and provide clear
411 guidelines and goals to focus on as we move forward to establish homeopathy as a
412 leading healthcare choice.

413
414 ACHENA accredits schools of homeopathy and is building its capacity and planning to
415 submit an application to seek US Department of Education recognition as an accrediting
416 body. When and if this is achieved, this will be an important step which will help bring
417 homeopathy on par with regulated and recognized healthcare disciplines.

418
419 The Council for Homeopathic Certification (CHC), which was founded in 1991, is an
420 independent organization that certifies professional practitioners of homeopathy in North
421 America. The CHC is currently pursuing accreditation by the Institute for Credentialing
422 Excellence (ICE), a national association of competency assessment organizations that
423 is the gold standard for certifying bodies in many allied healthcare professions.

424
425 ACHENA and the CHC are representing homeopathy as active members of the
426 Academic Consortium for Complementary Alternative Health Care (ACCAHC). This
427 provides an important opportunity to engage with other CAM professions in furthering
428 recognition and integration of CAM into the conventional health care system.

429

430

431 **PART I: HOMEOPATHIC EDUCATION**

432

433 ***A. Basic Health Sciences***

434

435

436 **COMPETENCIES**

437

438 Homeopaths demonstrate the knowledge, skills and attitudes necessary to make
439 recommendations that will be safe and effective. A professional homeopath views his or
440 her work through the distinct paradigm of homeopathy while being able to dialogue
441 effectively with clients and health care practitioners who may view and communicate
442 about the case through the paradigm and language of conventional medicine.

443 A professional homeopath cultivates the attitude of fascination with the human organism
444 at its dynamic and material levels. Homeopaths engage in a lifelong study of the
445 process by which mistunements in the dynamic plane result in pathology and disease at
446 the material plane and, similarly, engage in the study of how outward manifestations of
447 pathology and disease provide the homeopath with a view into the state of the inner
448 dynamis of the organism.

449
450 A professional homeopath is best prepared to work with a wide range of clients when he
451 or she has a basic understanding of health sciences and an awareness of common
452 conventional health care diagnoses and treatments. In addition to competence in
453 homeopathic analysis and case management, the professional homeopath
454 demonstrates a basic understanding of anatomy, physiology, pathology and disease in
455 order to be able to:

- 456
457 1. Clearly discern what is mistuned in the human organism when in a state of
458 imbalance or disease;
- 459
460 2. Clearly discern the action that a given homeopathic remedy will have on the
461 human organism at the dynamic and material level;
- 462
463 3. Identify the range of normal and abnormal physical, mental and emotional
464 development for various ages;
- 465
466 4. Apply knowledge of anatomy, physiology, pathology and medical terminology
467 needed to effectively repertorize client symptoms;
- 468
469 5. Correctly assess the depth of the energetic mistunement and the seriousness of
470 pathology or disease present in a case;
- 471
472 6. Distinguish between common symptoms of various illnesses and those that are
473 more useful for homeopathic prescribing;
- 474
475 7. Correctly assess whether a case is moving in the direction of greater balance
476 and wellness;
- 477
478 8. Recall common conventional medical diagnoses and treatments to facilitate
479 effective communication with the client;
- 480
481 9. Dialogue with non-homeopathic practitioners about the care of their clients;
- 482
483 10. Identify cases where it is appropriate to refer a client to a more experienced
484 homeopath;
- 485
486 11. Identify appropriate times to refer the client to a conventional primary medical
487 care provider;

488 12. Identify situations where a client may be in need of emergency services.
489

490

491 **EDUCATIONAL STANDARDS**

492

493 Educational programs use a variety of instructional and assessment methods to assure
494 that the homeopathic student possesses a working knowledge of anatomy, physiology,
495 pathology, disease and medical terminology in order to correctly assess the level of
496 energetic mistunement present in a case, including the depth of pathology, carry out
497 homeopathic analysis, repertorization, case management and dialogue with clients and
498 other providers. The standard is completion of a three credit college level course in
499 anatomy and physiology and a three credit college course in pathology and disease.
500

501 Homeopathic schools strengthen the education of the professional homeopath by
502 incorporating basic information about botany and chemistry in the course of studying
503 materia medica, exposing students to elements of chemistry and physics as they
504 explore emerging information about the mechanism of action of homeopathic remedies
505 and discussing common conventional diagnoses in the context of teaching case
506 management and case analysis.
507

508 Educational programs preparing homeopaths to work with a wide range of clients impart
509 the knowledge, skills and attitudes required to enable the homeopath to:
510

- 511 1. Discern dynamic and material mistunements and correctly assess the level of
512 imbalance or pathology present in a case;
513
- 514 2. Correctly match the mistunement of the human organism, as expressed in
515 outward physical symptoms, to the realm of action of a well indicated
516 homeopathic remedy;
517
- 518 3. Identify various stages of mental, emotional and physical development
519 throughout life and use this information for case analysis;
520
- 521 4. Define anatomical and other medical terms as required for appropriate
522 repertorization of client symptoms;
523
- 524 5. Recall illnesses and conventional medical diagnoses likely to be seen in a
525 homeopathic practice as needed to promote effective communication with clients
526 and health care providers;
527
- 528 6. Dialogue with his or her clients and their non-homeopathic health care providers
529 about conventional medical treatments for major diagnostic categories;
530
- 531 7. Differentiate between common and individualizing symptoms in a client's case
532 (especially characteristic and strange, rare, and peculiar symptoms);

- 533 8. Identify resources for obtaining health sciences information as needed to ensure
534 safe practice;
535
- 536 9. Identify realistic expectations regarding the outcome of homeopathic care, given
537 a client's health status;
538
- 539 10. Identify cases where it is appropriate to refer a client to a more experienced
540 homeopath;
541
- 542 11. Identify appropriate times to refer the client to a conventional medical care
543 provider;
544
- 545 12. Identify situations where a client may be in need of emergency services.
546
547

548 ***B. History & Development of Homeopathy***

549

550 **COMPETENCIES**

551

552 The homeopathic practitioner:

- 553
- 554 1. Cite the development of homeopathy and the social forces that have influenced
555 its practice over its 200-year history.
556
 - 557 2. List the philosophers and authors who have had major influences on
558 homeopathic thought and be able to place them in context.
559
 - 560 3. Demonstrate awareness of homeopathy's current place in the healthcare
561 landscape both in terms of trends of practice of the discipline and the current
562 legal and political climate.
563
- 564
565

566 **EDUCATIONAL STANDARDS**

567

568 Educational programs familiarize students with the history and development of
569 homeopathy and the social, economic, and political forces that have influenced its
570 practice over the past 200-years up to, and including, present day. Programs introduce,
571 and place in context, the philosophers, authors, activists, and the social, political and
572 economic forces that have had major influences on the homeopathic discipline and
573 profession. Educational programs should address homeopathy's current place in the
574 national and state by state healthcare landscape, both in terms of trends of practice of
575 the discipline and the current legal and political climate. Students are taught the
576 importance and practicalities of engaging with the profession. Programs inform about
577 how, and require students to, engage with the community so that they understand the

578 importance of both practice promotion and profession promotion and, if desired, how
579 they may contribute as leaders in the profession.

580
581 Curriculum includes:

- 582
- 583 1. History of Medicine: Hippocrates to Galen and Paracelsus
 - 584
 - 585 2. History of Vitalism: Paracelsus to Hahnemann
 - 586
 - 587 3. History of Homeopathy
 - 588 a. Hahnemann and his contemporaries
 - 589 b. Familiarity with the Organon and its different editions
 - 590 c. Familiarity with early generations of homeopathic authors
 - 591
 - 592 4. World History of Homeopathy
 - 593 a. The spread of homeopathy and its proponents
 - 594
 - 595 5. History of Homeopathy in North America
 - 596 a. The spread of homeopathy to NA, and its proponents
 - 597 b. Familiarity with philosophers, and authors that have had major influences on
 - 598 the homeopathic discipline and profession as it developed
 - 599
 - 600 6. Summary Overview of the history of other forms of holistic medicine:
 - 601 Naturopathy, traditional oriental medicine (acupuncture and herbal), and
 - 602 Ayurveda.

603
604

605 ***C. Homeopathic Philosophy, Principles, and Methodology***

606
607 Professional practitioners have a thorough understanding of the principles and
608 mechanisms of homeopathy that inform its theories and guide implementation in clinical
609 practice. The principles and philosophy of homeopathy are based on foundations that
610 are over 200 years old. These have stood the test of time - expanded, but not
611 significantly changed. Modern physics is now able to demonstrate the mechanisms
612 explaining homeopathy's action. Practitioners demonstrate familiarity with current
613 research that explains mechanisms behind homeopathy's action. It is essential that
614 homeopaths raise public awareness of what makes homeopathy unique, because
615 practice according to the principles and philosophy of homeopathy is safe, effective, and
616 cost effective.

617
618

619 **COMPETENCIES**

620
621 Homeopathic practitioners:

622

- 623 1. Relate the principles of and mechanisms behind homeopathy that guide its
624 theories and implementation in clinical practice;
625
626 2. Identify that principles and philosophy of homeopathy are based on foundations
627 that are over 200 years old;
628
629 3. Demonstrate familiarity with currently emerging mechanisms behind
630 homeopathy;
631
632 4. Possess knowledge of the natural world and the human body sufficient to
633 understand homeopathic philosophy and homeopathic therapeutics
634
635 5. Demonstrate a thorough understanding of the principles, dynamics and nature of
636 health and disease from a homeopathic perspective.
637
638 6. Illustrate the ways the homeopathic view differs from the allopathic view, and
639 other views of health and disease, both current and historical;
640
641 7. Demonstrate knowledge and understanding of the theories, principles, and
642 methods put forth by Hahnemann and other respected homeopaths in their
643 various writings including:
644 a. Requirements of the homeopathic practitioner, as enumerated in Aphorism
645 # 3¹ of *The Organon*
646 b. Principles of cure, as taught by Hahnemann
647 c. Understanding disease
648 d. Taking the case

¹ Aphorism 3 (6th edition, O'Reilly translation)

To be a genuine practitioner of the medical art, a physician must:

1. clearly realize what is to be cured in diseases, that is in each single case of disease (*discernment of disease, indicator*),
2. clearly realize what is curative in medicines, that is, in each particular medicine (*knowledge of medicinal powers*),
3. be aware of how to adapt what is curative in medicines to what he has discerned to be undoubtedly diseased in the patient, according to clear principles.

In this way, recovery must result.

Adapting what is curative in medicine to what is diseased in patients requires that the physician be able to:

1. adapt the most appropriate medicine, according to its mode of action, the case before him (*selection of the remedy, that which is indicated*),
2. prepare the medicine exactly as required,
3. give the medicine in the exact amount required (the right *dose*),
4. properly time the repetition of doses.

Finally, the physician must know the obstacles to recovery in each case and be aware of how to clear them away so that the restoration of health may be permanent.

[If the physician has this insight, discernment, knowledge and awareness] then he understands how they act expediently and thoroughly, and he is a genuine practitioner of the medical art.

- 649 e. Acquiring knowledge of remedies
650 f. Homeopathic management of disease (on all levels)
651 g. Intermittent diseases
652 h. Case management
653 i. Differences among the concepts of homeopathy, isopathy and allopathy
654 j. Primary and secondary actions of homeopathic and allopathic medicines
655 k. The action of potentized remedies
656 l. Preparation/manufacture of homeopathic remedies
657 m. Different potency scales, including: X, C, D, K, LM, and Q
658 n. Administration of homeopathic remedies, including the forms in which they
659 can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)
660 o. Possible responses to remedies, including models put forward by
661 respected teachers and clinicians in homeopathy
662
663 8. Demonstrate the ability to discern the direction of case progress and related
664 aspects of homeopathic philosophy as enumerated by authors recognized by the
665 global homeopathic community.
666
667

668 EDUCATIONAL STANDARDS

669
670 Programs impart a thorough understanding of the principles and mechanisms of
671 homeopathy that guide its theories and implementation in clinical practice.
672 Homeopathic educational programs familiarize students with a variety of approaches to
673 attain the competencies stated above, spanning a spectrum from the writings of
674 Hahnemann to the writings and teachings of contemporary respected homeopaths
675 including current emerging scientific theories and studies that demonstrate mechanisms
676 for the action of remedies. Each educational organization may select a manner in which
677 to accomplish this. However, all students of homeopathy will be able to weigh the
678 benefits and limitations of many different approaches to understanding homeopathic
679 philosophy, principles, and methodology.
680

681 Fundamental Concepts of Homeopathy

- 682 • Concept of health, disease and healing.
- 683 • Differences between homeopathy, isopathy and allopathy
- 684 • Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of
685 *The Organon*.
- 686 • Concept of susceptibility and causative factors.
- 687 • Concept of the Vital Force.
- 688 • Case management according to the Law of Similars.
- 689 • Principles of homeopathy.
- 690 • Definition of basic homeopathic terms.
- 691 • Concept of the dose.
- 692 • The single remedy.
- 693 • Potency scales, including: X, C, D, K, LM, Q.

694 Symptoms

- 695 • Strange, rare and peculiar symptoms.
- 696 • Common and uncommon symptoms.
- 697 • Hierarchy of symptoms.
- 698 • Classification of symptoms.
- 699 • Suppression of symptoms.

700

701 Classification of diseases

- 702 • Miasms
- 703 • Natural and Artificial
- 704 • Acute and Chronic
- 705 • Etiologies
- 706 • Suppressed disease
- 707 • One-sided disease
- 708 • Stages of disease process
- 709 • Epidemics and genus of epidemics
- 710 • Mental and Emotional diseases
- 711 • Intermittent diseases

712

713 Theory of Case Management

- 714 • Primary and secondary action
- 715 • Evaluation of client response to remedy
- 716 • Second prescription
- 717 • Direction of cure, as taught by Hahnemann and other homeopathic philosophers
- 718 • Obstructions to cure, as taught by Hahnemann and other homeopathic
- 719 philosophers
- 720 • Management of disease on all levels
- 721 • Posology-including the forms in which remedies can be given (i.e. liquid, powder,
- 722 tablet, globules, inhalation, or others).

723

724 *(REFERENCE: European Guidelines for Homeopathic Education, 2nd Edition,*

725 *June 2000)*

726

727

728 ***D. Homeopathic Materia Medica***

729

730 The direct sources of homeopathic remedies include extracts from plants, minerals,
731 animal materials, and other substances. Descriptive information about the recognized
732 homeopathic remedies is referred to as the “materia medica” (the collected body of
733 knowledge about the therapeutic properties of substances used in homeopathy.)

734 A practitioner decides which homeopathic remedy is most likely to relieve the suffering
735 of an individual by matching the symptoms of that particular person to symptoms of one

736 of the remedies as described in the materia medica and other writings. The matching
737 process used in homeopathy follows the “Law of Similars,” i.e. like cures like. By this
738 matching of individual symptoms, a homeopathic practitioner seeks to remove the true
739 (underlying) cause of the person’s illness-which may be unobservable, and possibly
740 unknowable in our era.

741
742 The traditional means by which substances are added to the materia medica is
743 controlled experiments called “provings”. (See *Section E – Homeopathic Provings and*
744 *Research* for a description of how provings are conducted and reported.) The first
745 provings were conducted by the originator of homeopathy, Dr. Samuel Hahnemann,
746 over 200 years ago. The provings and other information from the materia medica are
747 part of the process by which substances become recognized medicines in the
748 Homeopathic Pharmacopeia of the United States (HPUS) which has been part of the
749 US Food, Drug, and Cosmetic Act since 1938.

750
751 Two hundred years of homeopathic research via homeopathic provings and clinical
752 observations has greatly expanded the materia medica and new substances are added
753 continuously. Understanding this body of information requires a deep and critical
754 approach. The study of original homeopathic proving symptoms is the basis of every
755 remedy study. Toxicology and clinical experiences are other important sources of
756 information.

757
758 Also broadly included in materia medica are the innumerable books, lectures, and other
759 types of information about particular homeopathic remedies or groups of remedies.
760 Much of this was written in the past several decades by respected homeopathic
761 practitioners who have combined their reading of earlier texts with their clinical
762 experience to present to their colleagues new ways of understanding the full, rich, and
763 unique characteristics of homeopathic remedies and to connect them to illnesses.
764 A practitioner will devote his or her career to mastering as much as possible of the
765 materia medica. Seminars, webinars, journals, books, and other resources are key
766 ways for the professional homeopath to learn more materia medica and how to apply it
767 to practice. The continuing study of remedies by all homeopaths using botany,
768 zoology, chemistry, geology, and plant and animal taxonomy as well as personal
769 experience and insights will enhance greatly the knowledge of the healing properties of
770 all substances in our world.

771
772 The materia medica for remedies is constantly growing and evolving, so it is
773 recognized that some vital symptoms may be missing from what has been recorded to
774 date. However, for practical purposes, the broad range of remedies is typically divided
775 into “major” remedies and “smaller” remedies.

776
777 These categories can be used in several ways:

- 778
779 1. Remedies for which many well-substantiated symptoms have been recorded
780 (e.g. *Sulphur*) versus ones for which we have few well-substantiated symptoms

- 781 2. Remedies that are frequently used for common illnesses (e.g. *Lycopodium* or
782 *Calcarea carbonica*) versus ones that are used less frequently (e.g. *Equisetum*)
783

784 Although in general practice a homeopath can attain very good results using the major
785 remedies, the ability to select smaller remedies when appropriate is one essential skill
786 that distinguishes a higher level of competence.
787

788

789 **COMPETENCIES**

790

791 The professional homeopath is able to:

792

793 1. Cite the various sources of information for materia medica. Identify major writers,
794 from Hahnemann to the present.
795

796

797 2. Demonstrate ability to make effective, efficient, and critical use of relevant source
798 materials to study remedies;
799

800

801 3. Demonstrate that which is curative in particular remedies;
802

803

804 4. Make effective differentiation between the curative action of one remedy and
805 another seemingly similar remedy;
806

807

808 5. Conduct thorough and accurate research in a wide range of materia medica
809 sources - not only standard materia medica reference works but also provings,
810 homeopathic software, and the internet.
811

812

813 6. Using information gained from biology, botany, chemistry, physics, mythology,
814 folklore, herbology and culture, identify and utilize the various attributes of
815 remedies including (as applicable):
816

817

818 a. The history, culture and behavior of the substance in the natural world.
819

820

821 b. The Doctrine of Signatures
822

823

824 c. Toxicological history
825

826

827 d. Proving symptoms
828

829

830 e. Sensation and function
831

832

833 f. Mental / Emotional symptoms (including delusions, fears and dreams)
834

835

836 g. SRP (strange, rare and peculiar symptoms)
837

838

839 h. Generalities
840

841

842 i. Modalities
843

844

845 j. Clinical symptoms/pathology
846

847

848 k. Etiology
849

850

851 l. Local symptoms
852

853

854 m. Organ and system affinities
855

856

857 n. Keynote and confirmatory symptoms
858

- 826 o. Concomitant symptoms
- 827 p. Miasmatic relationships
- 828 q. Remedy relationships
- 829 r. Relationships within the materia medica
- 830 s. Relationships of substances
 - 831 i. Periodic table relationships, animal, botanical, fungi and bacterial
 - 832 groupings
 - 833 ii. Antidotes, affinities, inimicals, complementaries, remedies that follow
 - 834 well
- 835 t. Acute / first aid uses
- 836 u. Comparative and differential study
- 837 v. Progressive stages of pathology of remedies
- 838 w. Chemistry/biology of the substance
- 839 x. The differences among polychrests, so-called 'small remedies', nosodes,
- 840 sarcodes, isopathics, tautopathics, gemmotherapeutics, tissue salts, flower
- 841 essences and imponderables
- 842 y. The use of case studies (live, paper and video)
- 843 z. The use of journals and electronic sources in the study of materia medica
- 844 aa. The use of repertory comparisons
- 845 bb. Remedy indications for different stages of human development/stages of
- 846 life

847

848 7. Demonstrate a variety of ways to learn and understand remedies. Endeavor to

849 continually expand knowledge of remedies. Demonstrate several techniques to

850 most easily access information about remedies with which not familiar -

851 particularly to enable identification of "small" remedies that may better fit the

852 symptoms of the case or to find a similar remedy to ones being considered when

853 those remedies do not adequately cover the case.

854

855 8. Consider remedies in various ways, and be able to categorize them in

856 groupings like:

- 857 a. Remedies that are often used in differentials when a client's key
- 858 symptoms are difficult to match to a single remedy;
- 859 b. Remedies that can be expected to apply to numerous cases in clinical
- 860 practice;
- 861 c. Essential remedies for first aid, crisis management, and prophylaxis.

862

863 The list of remedies that a competent homeopathic practitioner should know has been

864 developed by the participants at the homeopathic summit. An additional list is included

865 in the Afterword for future consideration.

866

867 The first list of 154 remedies (Study List of Homeopathic Remedies) has been used as a

868 guide for many years by the Council for Homeopathic Certification. It was the

869 consensus of the 2010 homeopathic summit that practitioners will demonstrate

870 familiarity with the remedies on this list. Some of the remedies on this list are often used

871 and need to be studied in detail. Others are less frequently used or have little
872 information available about them. Those in the former category need to be studied
873 thoroughly, from many aspects. Those in the latter group should primarily be studied for
874 symptoms that distinguish them (“keynotes”), especially symptoms that would be used
875 in performing a differential between remedies, or for remedies that are best known for
876 specific uses (e.g. right-sided sore throat).

877 [\(See Appendix 4 – List of Homeopathic Remedies\)](#)

878

879

880 **EDUCATIONAL STANDARDS**

881

882 Educational programs provide students with a thorough appreciation of the homeopathic
883 materia medica. The programs should adequately cover the subject matter in
884 HOMEOPATHIC MATERIA MEDICA COMPETENCIES (above), including:

885

886 1. Knowledge of the major writers and books: from Hahnemann to the present day;

887

888 2. How to compare and contrast information about remedies to appreciate what is
889 similar and what is different about them. Methods for this include:

890 a. Using categories such as “families” (remedies grouped according to plant or
891 mineral constituents) to bring into consideration a less used or less familiar
892 remedy by referencing its similarities to another remedy

893 b. Performing a “differential” by identifying aspects of the materia medica that
894 are different among several remedies that may otherwise seem to match the
895 symptoms of an individual.

896

897 3. How to evaluate materia medica sources (thoroughly proven, partially proven,
898 and unproven data; data collection, editing, short cuts, etc.)

899

900 The study of materia medica includes characteristic symptoms, disturbances, and
901 themes in the physical, mental, emotional, spiritual spheres of remedies that lead to an
902 understanding of:

903

904 1. Sources for homeopathic remedies—using aspects like biology, botany,
905 chemistry, physics, doctrine of signatures, mythology, folklore, culture,
906 applications, and use in other forms of healing

907 a. The history, culture and behavior of the substance in the natural world.

908 b. Toxicology

909 c. Pathogenesis

910 d. Pharmacology

911 e. Nomenclature

912 f. Homeopathic proving –Authors and methodology

913

914 2. Clinically confirmed symptoms

- 915 3. Repertory rubrics
916
- 917 4. Etiology
918
- 919 5. Different approaches to symptomatology
920 a. Totality of symptoms
921 b. Individualizing symptoms ('strange, rare, and peculiar')
922 c. Mental/emotional (including delusions, fears and dreams)
923 d. Concomitant symptoms
924 e. Symptoms suggestive of miasmatic influence
925 f. Organ affinities
926 g. Pathognomonic symptoms
927 h. Modalities
928 i. Sensation and function
929 j. Acute and first aid uses
930 k. Remedy relationships (family groupings)
931 i. Mineral groupings and relationships, animal and botanical groupings
932 ii. Chemistry/biology of the substance
933 iii. Antidotes, affinities, inimicals, complementaries, remedies that follow well
934 iv. Polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics,
935 bacteria and fungi, and 'imponderables'
936 v. Tautopathics and tissue salts
937
- 938 6. How materia medica applies to other approaches or aspects of remedy study -
939 a. Constitutional types
940 b. Essences
941 c. Core elements
942 d. Central delusion
943 e. Central disturbance
944 f. Developmental stages in remedies from the picture in health through to deep
945 pathology
946 g. Remedy indications for different stages of human development/stages of life
947 h. Miasmatic influences, and newer methods
948
- 949 7. Clinical application
950 a. Remedy relationships
951 b. Comparative Materia Medica
952 c. Differential Materia Medica
953 d. Successful cases
954
- 955 8. Awareness of how Materia Medica is constantly evolving
956
957
958

959 **E. Homeopathic Provings and Research**

960
961 **Provings**

962
963 Homeopathic provings were the initial way that the homeopathically-useful properties of
964 substances were identified by the originator of homeopathy, Dr. Samuel Hahnemann,
965 his associates, and early adherents of homeopathy. This knowledge was supplemented
966 by toxicology (studies of poisonings). In the succeeding 200 years, clinical experience
967 was added to enrich the knowledge of substances, and all of these sources produced
968 the homeopathic “materia medica”.

969
970 Homeopathic provings are conducted in accordance with the “Law of Similars”
971 discovered (or re-discovered) by Hahnemann, because it has been established that the
972 symptoms caused by a small (diluted and potentized) dose of a substance will indicate
973 what symptoms (and their underlying causes) a homeopathic dose of the same
974 substance will restore to a healthy state. Therefore, it is important to observe in a group
975 of healthy individuals the effects of a small (non-toxic) amount of a given substance and
976 to record and collate these reports. While the methodology of proving has evolved to
977 embrace modern scientific and statistical concepts, the basic principles have remained
978 unchanged.

979
980
981 **COMPETENCIES**

- 982
983 1. Homeopathic practitioners demonstrate an understanding of the basic purpose of
984 conducting provings, types of provings and their importance to the evolution of
985 the homeopathic “materia medica”.
- 986
987 2. Homeopathic practitioners are familiar with national and international standards
988 for conducting homeopathic proving—including the standards used by the HPUS
989 and the ECCH guidelines.
- 990
991 3. Homeopaths demonstrate understanding of the importance of supporting
992 research efforts to conduct provings, including conducting or voluntarily
993 participating in provings themselves, according to strict protocols established by
994 respected homeopathic research organizations and appropriate informed
995 consent procedures.

996
997
998 **EDUCATIONAL STANDARDS**

999
1000 Homeopathic educational programs provide students with a basic understanding of the
1001 principles of homeopathic research, and provings in particular, including:

- 1002
1003 1. Fundamental knowledge of homeopathic proving method

- 1004 2. The purpose of provings.
1005
1006 3. The history of provings (Hahnemann through modern methodologies
1007
1008 4. Types of provings (informal/partial through Hahnemannian).
1009
1010 5. Provings in relation to allopathic drug trials.
1011

1012 Programs will impart information covering:
1013

- 1014 1. Guidelines and Protocols for Provings
1015 a. The substance
1016 i. Natural History of a Substance
1017 b. Preparation of the substance to be proven
1018 c. The structure of a proving group
1019 d. Posology
1020 e. Record keeping
1021 f. Supervisor or prover contact and frequency
1022 g. Data Management
1023 i. Extraction of data, including primary and secondary distinctions
1024 ii. Collation of data
1025 iii. Statistical evaluation of data
1026 iv. Converting data into old and new repertory language and materia medica
1027 v. Publishing the results
1028 h. Ethical and legal issues related to provings
1029 i. Informed consent and blind studies
1030 j. Knowledge of use of placebos in provings
1031
1032

1033 **Research**

1034
1035

1036 **COMPETENCIES**

1037

1038 Homeopaths demonstrate familiarity and understanding of current homeopaths and
1039 health sciences research as well as research in the field of physics as it pertains to
1040 homeopathy and its guiding theories and mechanism. Homeopathic practitioners
1041 demonstrate a fundamental understanding of how to evaluate research in homeopathy
1042 and are able to weigh the value of research they are reading. This includes:
1043

- 1044 1. Basic Science Research - Peer reviewed, published research papers on provings
1045 and other relevant research
1046
1047 2. Trade articles and journals - especially as they relate to research in the field of
1048 homeopathy

1049 **EDUCATIONAL STANDARDS**

1050

1051 Homeopathic educational programs provide students with a basic understanding of the
1052 principles of how to interpret research - homeopathic, medical, and other, including the
1053 following topics:

1054

1055 1. Philosophy

1056

1057 2. Methodology

1058

1059 3. Historical Research

1060

1061 4. Current Research

1062

a. Clinic trials

1063

b. Basic science research documenting the action of high dilutions

1064

c. Basic science research into the mechanism of action of remedies

1065

d. Provings

1066

e. Surveys of practice patterns

1067

f. Literature research regarding the completeness of the Repertory as a
1068 reflection of provings and clinical experience.

1069

1070

1071

F. Homeopathic Repertory

1072

1073 In homeopathy, a repertory is a book or other textual format that provides, in effect, an
1074 index to the materia medica. It lists for certain symptoms or attributes of an individual
1075 the homeopathic remedies that are commonly associated with that symptom or
1076 attribute. There are many repertories, some general, some limited to specific organs or
1077 disease conditions. Many repertories are organized in a hierarchy created by James T.
1078 Kent, MD, but there are other repertories organized in other ways. Most repertories list
1079 remedies in a way that helps identify which remedies have been most strongly or
1080 typically associated with a particular symptom (often with a 1 to 3 ranking).

1081

1082 The advantage of using a repertory is that it provides a quick way to identify which
1083 remedies may be most closely associated with a particular symptom of a specific client
1084 without having to search through the materia medica. There are several recognized
1085 disadvantages. The index is not complete and may contain errors. Also, some of the
1086 symptom language in earlier repertories, like Kent's, is archaic and may reflect
1087 terminology, medical knowledge, and cultural biases of that earlier era. Homeopathic
1088 computer software has helped repertories to evolve and has provided better ways to
1089 search materia medica. However, basic repertory skills must be mastered by all serious
1090 homeopaths because they form the basis of how homeopathic literature is written and
1091 how the literature is used in analyzing cases.

1092

1093

1094 **COMPETENCIES**

1095

1096 1. The homeopathic practitioner demonstrates knowledge of the structure, purpose,
1097 and limitations of the various repertories and demonstrates competent use of a
1098 range of repertories in case analysis.

1099

1100 2. The homeopathic practitioner demonstrates knowledge of ways of analyzing a
1101 case other than by repertorization.

1102

1103

1104 **EDUCATIONAL STANDARDS**

1105

1106 General areas of study:

1107

1108 1. Introduction to repertory:

1109 a. Purpose, history, additions and organization of repertories

1110 b. Boenninghausen's repertory (the first repertory)

1111 c. Kent through modern repertories, including computerized repertories

1112

1113 2. The general layout of repertories and limitations of various repertories:

1114 a. Grading of symptoms/rubrics in each

1115 b. Organization: Kent's through newer organizing techniques

1116 c. Strengths and limitations of older repertories, especially Kent's

1117 d. Structure of Kent's repertory

1118 e. Using Kent's repertory in homeopathic case analysis

1119 f. Understanding the basic organization of each section of the repertory

1120 g. Understand the structure of computerized repertories including their strengths
1121 and limitations

1122

1123 3. Purpose of rubrics and sub-rubrics and how they are developed and organized:

1124 a. Common and confusing rubrics

1125 b. Cross referencing important rubrics

1126 c. How to choose the best rubrics for a case

1127 d. Combining rubrics

1128 e. Errors in rubric indenting

1129

1130 4. Terminology and abbreviations used in the repertories, including contemporary
1131 and anachronistic medical terminology

1132

1133 5. Ways to translate contemporary language and meaning into the language of a
1134 repertory (or the materia medica) and ways to interpret the language of a
1135 repertory (or the materia medica)—within its historical and social context—into
1136 contemporary language and meaning

1137

1138 6. Various tabulation tools—their strengths, limitations and uses:

- 1139 a. Paper graphs, computers, and other techniques
- 1140 b. Their use in modern practice
- 1141
- 1142 7. Different roles of repertorization in selecting a remedy:
- 1143 a. How to use the repertory effectively
- 1144 b. Different types of repertory analysis
- 1145 c. Limitations of repertories—not 100% inclusive
- 1146
- 1147 8. Gaining familiarity with a range of current computer programs and the repertories
- 1148 available in that program and being able to select and use a well-matched
- 1149 repertory for a given case.
- 1150 a. Examples of computer programs include Isis/Cara, MacRepertory,
- 1151 Opus/Radar, Reference Works, Similia, and others
- 1152 b. Specific repertories that may be functional with a given computer program or
- 1153 in book form include *Schroyens: Synthesis*, *Van Zandvoorts: Complete*
- 1154 *Repertory*, *Boennighausen*, *Boger*, *Knerr*, *Kunzli: Repertorium Generale*,
- 1155 *Barthel: Klunker*, *Synthetic Repertory*, *Murphy*
- 1156
- 1157 9. Awareness of methods other than repertorization to review and study materia
- 1158 medica

1159

1160 Specific areas of study:

1161

1162 Structure (schema of Kent's Repertory, using the Final General edition)

1163

- 1164 1. Rubrics, sub-rubrics, grading of symptoms
- 1165 2. Construction of symptom arrangement:
- 1166 a. Timings
- 1167 b. Sides
- 1168 c. Sensation
- 1169 d. Location
- 1170 e. Modalities
- 1171 f. Extension
- 1172 3. Content of the main sections
- 1173 4. Detailed examination of specific general sections of the repertories with definition
- 1174 of pathological terms in historical context:
- 1175 a. Generalities
- 1176 b. Chill
- 1177 c. Fever
- 1178 d. Perspiration
- 1179 e. Others
- 1180 5. Content and modern use of the Mind section
- 1181 6. Rubric groupings and foundations for rubric definition—differentiating between
- 1182 similar rubrics.
- 1183 7. Problems and mistakes in Kent and other repertories

- 1184 8. Omissions—Kent’s repertory does not include all information available to him
1185 9. Additions

1186

1187 Different Approaches and techniques of repertorization:

1188

1189 Combination and elimination

- 1190 1. Instruction on the use of repertory grid

- 1191 2. Others

1192

1193 ***G. Posology***

1194

1195 Posology refers to the dosage (and methods of administration) of remedies. In
1196 homeopathy, while the selection of the correct remedy is of paramount concern, in
1197 some cases the homeopathic strength of the remedy and how often and in what manner
1198 it is administered may be equally important. In homeopathy, these issues are generally
1199 considered under the topic of posology.

1200

1201

1202 **COMPETENCIES**

1203

1204 Homeopathic practitioners demonstrate the ability to adeptly choose a remedy in the
1205 correct potency and in the dosage and method of administration most suited to each
1206 case, including consideration of the client’s vitality and age, and the onset, duration and
1207 intensity/severity of symptoms. For case management, the homeopathic practitioner is
1208 able to define the expectations for the selected potency and dosage, evaluate the
1209 progress of the case accordingly, and alter the potency and dosage if appropriate.

1210

1211

1212 **EDUCATIONAL STANDARDS**

1213

1214 Homeopaths develop an understanding of the principles and possible effects of:

1215

- 1216 1. The scales of dilution—starting with mother tincture

- 1217 2. The model of potentization through succussion

- 1218 3. The application of the concepts of dilution and succussion in the choice of
1219 homeopathic remedy potency and dosage as it pertains to the sensitivity of the
1220 individual and to his or her vital force

- 1221 4. The circumstances of the client’s vitality and age, and the onset, duration and
1222 intensity/severity of symptoms

- 1223 5. The methods of administration of a remedy, including dry dose, wet dose, split
1224 dose, topical, inhalation, suppository

- 1225 6. The frequency of dosing

- 1226 7. Remedy potency and frequency of administration in acute versus chronic (and
1227 acute in the course of chronic)

- 1228 8. Appropriate circumstances for the use of lower or higher potencies, including
1229 exact match in chronic cases (simillimum), young otherwise healthy person with
1230 acute symptoms, etc.
1231

1232 ***H. Homeopathic Case Taking***

1233
1234 Taking a homeopathic case requires special skills. These skills should grow with
1235 experience.
1236

1237 Hahnemann, in Aphorisms 82 through 104 of the *Organon*, states that a well-taken case
1238 is essential to a well-managed case. A well-taken case is the basis for sound analysis,
1239 repertorization, prognosis, and follow-up; however, in actual practice, a great deal more
1240 acumen and artistry is required for its application.
1241

1242 The most critical skills include: attentive listening, perception, freedom from bias or
1243 judgment, a base of knowledge that allows a homeopath to explore relevant issues, and
1244 the ability to ask well-phrased, empathetic, open-ended questions that elicit useful
1245 information.
1246

1247 The competencies as expressed here focus on homeopathically-relevant information.
1248 They consciously do not address the information-gathering methods that are used in a
1249 conventional medical setting, although any such information that is offered by the client
1250 that may be appropriate, such as information about current or past diagnoses and
1251 treatment by others, may be noted.
1252

1253

1254 **COMPETENCIES**

1255

1256 The professional homeopathic practitioner:

1257

- 1258 1. Demonstrates her or his ability to assess the suitability of the case to
1259 homeopathic care and independently conduct a comprehensive homeopathic
1260 interview.
1261
- 1262 2. Demonstrates taking a case in a confidential, efficient, non-judgmental, accurate,
1263 and complete manner; listens, elicits and records information in sufficient detail
1264 that will lead to the successful analysis of each individual client's case;
1265 differentiate types of cases (acute, chronic) and, determines a relevant case
1266 taking strategy.
1267
- 1268 3. Demonstrates consultation skills. Specifically, the practitioner shows:
1269 a. Clarity of perception: homeopaths should have sufficient knowledge of health
1270 on the mental, emotional and physical levels, to be able to perceive what
1271 needs to be healed in others.

- 1272 b. The ability to recognize obstacles to cure, including:
1273 i. The relationship between the physical, social, emotional and economic
1274 contexts in which people live and their health and wellbeing
1275 ii. The implications for health and disease of personal and family health
1276 history, life events and environmental factors.
1277 iii. The potential effect of lifestyle (for example, diet, smoking, alcohol
1278 consumption) on an individual's health and social wellbeing.
1279 iv. The resources available to individuals to make changes in their
1280 circumstances and lifestyles.
1281 v. How personal beliefs and preferences affect individuals' lives and the
1282 choices they make, the context in which they live and their health and
1283 wellbeing.
1284 vi. How drugging results in masking, suppressing and/or alteration of
1285 individualizing characteristic symptoms of the original disease
1286 symptoms.
1287
- 1288 4. Demonstrates effective and sensitive interviewing attitudes and techniques that
1289 will enable individuals to reveal and talk through relevant issues in their physical,
1290 mental and emotional health.
1291 a. The ability to recognize and interpret significant aspects of a client's
1292 appearance, body language, speech and behavior.
1293 b. The ability to explain to clients the nature and depth of homeopathic case
1294 taking, and sensitivity to concerns and difficulties that can arise during this
1295 process.
1296 c. The ability to take clear and coherent notes according to the standards
1297 and conventions of the healing professions
1298 d. Knowledge of when it may be necessary or useful to involve someone
1299 besides the client in consultation (for example, when treating children).
1300 This includes recognizing the potential for reticence, misrepresentation
1301 and misunderstanding when others are involved in these discussions, and
1302 being able to minimize those risks.
1303 e. Awareness of the dangers of imposing one's own beliefs, values and
1304 attitudes on individuals and of the importance of respect for the client's
1305 beliefs, values and attitudes, both personal and cultural.
1306
1307

1308 **EDUCATIONAL STANDARDS**

1309

1310 Taking a homeopathic case requires special skills. These skills should grow with
1311 experience. A well taken case is the basis for sound analysis, repertorization,
1312 prognosis, and follow-up; however, in actual practice a great deal more acumen and
1313 artistry is required for its application.
1314

1315 The program provides the student the opportunity to observe and take cases with a
1316 wide range of pathology and stages of disease in both children and adults so that the
1317 student is prepared for real life practice. The program ensures that:
1318

- 1319 1. The student is familiar with case taking from a diverse range of respected
1320 homeopathic authors and teachers.
1321
- 1322 2. The student examines the ways in which various analysis approaches can
1323 require the gathering of different kinds of information.
1324
- 1325 3. The student has sufficient opportunity to observe several experienced
1326 homeopaths taking cases, ideally in person as well as from cases on video
1327 (always subject to the permission of the client). In this aspect of the student's
1328 education, the mentoring homeopath should elucidate the strengths and
1329 weaknesses of the way in which each case was taken, the ways in which the
1330 case-taking methods were adapted to the situation of the individual client, and
1331 other learning points.
1332
- 1333 4. The student, alone or in a group of students, has sufficient opportunity to take
1334 cases in a setting mentored by an experienced homeopath that provides direct
1335 feedback on the art and techniques in a manner that enables the student to hone
1336 his or her case-taking skills.
1337
- 1338 5. The student, through reading and experience, acquires a thorough understanding
1339 of the way in which case taking over a series of visits forms a fabric by which the
1340 success of a course of homeopathic care can be managed, and the course
1341 adjusted as necessary.
1342
- 1343 6. Although the types of records to be kept will vary depending on the practice style
1344 or licensing requirements for each homeopath, the student understands how
1345 case records shall make appropriate references to medical information that is
1346 provided by or mentioned by the client.
1347
- 1348 7. The student, by reading and observation, acquires sufficient understanding of the
1349 nature, individualization, sensitivity, confidentiality, and accurate recording of
1350 information that together form the setting in which cases should be taken.
1351
- 1352 8. The student reads numerous well-respected homeopathic journals to observe the
1353 manner in which cases are recorded, learning the highest standards of accuracy,
1354 specificity and comprehensiveness.
1355
- 1356 9. The student will observe a sufficient and wide range of cases that exemplify
1357 varying pathologies, etiologies, severity, and stages of illness (acute versus
1358 chronic) in children and adults.
1359

1360 *For additional details on this subject (at a higher level than may be taught presently):*

1361 [\(See Appendix 5 – Specific Skills for Homeopathic Case Taking\)](#)

1362

1363 ***I. Homeopathic Case Analysis***

1364

1365

1366 **COMPETENCIES**

1367

1368 1. Analyze gathered data, identify essential features of the case and their
1369 relationships, assesses the relative value of all the information, and determine
1370 what information, if any, is missing that is needed for a proper homeopathic
1371 analysis.

1372

1373 2. Demonstrate ability to synthesize disparate information into a homeopathically
1374 meaningful totality and understanding of disease categories and from that
1375 develop a case management strategy based on sound homeopathic principles.

1376

1377 3. Analyze what needs to be addressed in a case; identify the central disturbance or
1378 center of gravity and themes of the case; identify what is distinguishing and
1379 characteristic within the "totality" of symptoms in the mental, emotional and
1380 physical spheres -combined. Determine and record the effect on the case
1381 analysis of any information that is judged to be missing, incomplete, or
1382 contradictory.

1383

1384 4. Assess previous and current therapeutic history/treatment, including
1385 homeopathy, allopathy, and other therapeutic modalities.

1386

1387 5. Describe the sensations and functioning of the individual and evaluate the vitality
1388 and health of the person (in homeopathic terms, the "vital force"). Record and
1389 evaluate the client's personal and family history; miasmatic history; susceptibility;
1390 suppression; organ affinities and systemic effects. Prioritize symptoms and
1391 explain the hierarchy of symptoms according to homeopathic principles.
1392 Demonstrate knowledge and utilization of modalities (such as: time of day, side
1393 of the body, and aggravation or amelioration) that are striking for a particular
1394 individual. Apply in analysis the circumstances and timing of the onset of
1395 symptoms, aspects of causation and etiology, and their duration and intensity or
1396 severity. Identify and isolate "concomitant" symptoms that may have been
1397 present at the same time but are due to separate (usually transitory or
1398 extraneous) causes.

1399

1400 6. Differentiate between strange, rare, and peculiar symptoms and common
1401 symptoms. In distinguishing common from characteristic (individualizing)
1402 symptoms, consider the client's apparent pathology based on allopathic

- 1403 diagnosis and recognize symptoms common to that pathology. Evaluate the
1404 effect of any etiological, exciting, or maintaining causes, as well as any
1405 underlying susceptibilities.
1406
- 1407 7. Present case analysis in a manner that can be readily understood by other
1408 homeopathic and health care professionals. Demonstrate diversity of case
1409 analysis strategies.
1410
- 1411 8. Translate the client's symptoms into repertory language, and repertorize the case
1412 in a manner appropriate to the case presented. Convert observed symptoms into
1413 repertory language. Employ research, evaluate and ultimately apply information
1414 gathered through various sources – including: materia medica, provings,
1415 journals, databases, and the internet. Demonstrate use of other resources to
1416 determine how issues of physiology and pathophysiology may influence the
1417 case. Illustrate the value, limitations, and use of medical reports in homeopathic
1418 case analysis.
1419
- 1420 9. Produce a differential analysis of the main remedies considered, noting the key
1421 points for and against each choice. Distinguish and articulate other case
1422 management and analysis strategies, and apply them as appropriate. Identify
1423 various types of computer analysis techniques and differentiate their strengths
1424 and weaknesses.
1425
- 1426 10. Examine the effects of different potencies and their relevance to a case. Select
1427 the appropriate frequency and method of administering remedies (posology).
1428
- 1429 11. Document and evaluate identified obstacles such as antidoting, environmental
1430 interference, and iatrogenic influences. Identify possible means to overcome
1431 identified obstacles and discuss options with the client.
1432
- 1433 12. Order and evaluate the resources available to clients in assessing whether they
1434 are able to make important changes in their lives that may be beneficial.
1435
- 1436 13. Determine a reasonable prognosis. Identify an appropriate case management
1437 strategy and where appropriate determine both short-range and long-range
1438 goals.
1439
- 1440 14. Record all pertinent information for the case at the time of the client's visit.
1441 Record research and analysis appropriately into case records.
1442

1443 For a discussion of potency and administration issues: see Section G – Posology

1444
1445 *For a list of information that a case analysis includes - as the circumstances of the case*
1446 *dictate:* [See Appendix 6 – Particulars of Homeopathic Case Analysis](#)
1447

1448 **EDUCATIONAL STANDARDS**

1449

1450 Educational programs impart the ability to:

1451

1452 1. Demonstrate how to assess the strength of the vital force, center of gravity, and
1453 susceptibility of the client;

1454

1455 2. Evaluate the onset, duration, and intensity/severity of symptoms;

1456

1457 3. Determine the nature of the illness in terms of acute or chronic and analyze
1458 accordingly

1459

1460 4. Assess previous and current therapeutic history/treatment, including
1461 homeopathy, allopathy, and other therapeutic modalities;

1462

1463 5. Demonstrate diversity of case analysis strategies;

1464

1465 6. Translate the client's symptoms into repertory language, and repertorize the case
1466 in a manner appropriate to the case presented;

1467

1468 7. Employ research, evaluate and ultimately apply information gathered through
1469 various sources – including: materia medica, provings, journals, databases, and
1470 the Internet;

1471

1472 8. Examine the effects of different potencies and their relevance to a case as well
1473 as selecting the appropriate frequency and method of administering remedies
1474 (posology);

1475

1476 9. Distinguish and articulate other case management and analysis strategies, and
1477 apply them as appropriate;

1478

1479 10. Identify various types of computer analysis techniques and differentiate their
1480 strengths and weaknesses;

1481

1482 11. Illustrate the value, limitations, and use of medical reports in homeopathic case
1483 analysis; and

1484

1485 12. Order and evaluate the resources available to clients in assessing whether they
1486 are able to make important changes in their lives that may be beneficial.

1487

1488

1489 ***J. Homeopathic Case Management***

1490

1491 Effective management of homeopathic cases in clinical practice can be a highly
1492 complex issue. Individualization is the key to homeopathic case management since

1493 each person will express his or her symptoms in his or her own way, especially those
1494 that lead to the “simillimum” of a case. The simillimum is the remedy that most closely
1495 fits the person and that addresses the broadest and most fundamental aspects of the
1496 case.

1497
1498 In the broadest sense, case management includes case taking, case repertorization and
1499 analysis, posology, and other aspects of addressing health and disease
1500 homeopathically. However, effective management of homeopathic cases demonstrates
1501 an integration of the fundamentals of homeopathic theory and philosophy with the
1502 practical aspects of maintaining an effective practitioner-client relationship. It begins
1503 with ensuring that a case is appropriate for homeopathic care and includes determining
1504 a prognosis and following the case until the best possible results have been achieved.
1505

1506 Effective case management requires proper interpersonal skills for:

- 1507
- 1508 1. Exercising perceptiveness in taking and following cases
 - 1509 2. Practicing effective and attentive listening skills
 - 1510 3. Practicing good observation skills
 - 1511 4. Displaying open-mindedness
 - 1512 5. Maintaining unconditional positive regard
 - 1513 6. Using appropriate, effective, and sensitive communication
 - 1514 7. Managing the understandable concerns of a client who is not experiencing the
1515 level of results she or he had hoped for
 - 1516 8. Maintaining appropriate aspects of the client confidentiality relationship in
1517 situations where consideration must be given to contacting outside parties (e.g.
1518 child protective services)
 - 1519 9. Managing situational issues, such as forgetting to follow through on a task for
1520 which a commitment had been made to a client
 - 1521 10. Collaborating with others including health-care professionals, clients, and
1522 families
 - 1523 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay
1524

1525 All healthcare professions require a clinical component to education where the student
1526 is required to demonstrate an understanding of the body of knowledge taught for that
1527 discipline. Most presently require continuing professional development to enhance and
1528 deepen professional and personal understanding and practice. As homeopathy
1529 becomes a viable integrative therapeutic model within the universal healthcare system,
1530 it too will require perfecting clinical skills, including successful case and client
1531 management.

1532

1533

1534 **COMPETENCIES**

1535

1536 The competencies that a homeopathic practitioner demonstrates in his or her
1537 management of cases include:

- 1538 Carefully determining the initial remedy selection—including potency and dosing
1539 1. Conducting proper follow-up sessions
1540 2. Assessing the multifaceted action of a remedy
1541 3. Identifying and managing any remedy aggravations
1542 4. Evaluating the possible antidoting of a remedy
1543 5. Evaluating palliation or suppression
1544 6. Assessing the susceptibility of the client
1545 7. Assessing obstacles to cure, as taught by Hahnemann
1546 8. Employing intercurrent remedies, when indicated
1547 9. Determining when to make a second remedy choice and how to select it
1548 10. Effectively utilizing resources such as: material medica, therapeutic guides,
1549 repertories, *Physicians' Desk Reference (PDR)*, and the Internet
1550 11. Effectively utilizing coaching/mentoring/preceptoring for assistance in case
1551 management (especially the new practitioner).
1552 12. Ensuring that homeopathic care achieves the greatest possible improvement with
1553 minimal disruption to the vital force
1554 13. Synthesize homeopathic knowledge and experience in order to evaluate and
1555 supervise the entire course of homeopathic care as an ongoing and cumulative
1556 process - an extended cycle of reflection and response. Justify strategies for
1557 homeopathic care.
1558 14. Maintain clear and transparent records of case management so that the aim and
1559 feasibility of homeopathic care is kept constantly under review. Demonstrate
1560 knowledge of a hierarchy of change within a healing process and demonstrate
1561 ability to provide appropriate communication to clients both during and between
1562 follow-ups.

1563
1564 The competencies as expressed here focus on homeopathically-relevant information.
1565 They consciously do not address the information-gathering and recording methods that
1566 are used in other medical settings, although any such information that is offered by the
1567 client that may be appropriate, such as information about current or past diagnoses and
1568 treatment by others, may be included.

1569 **SCOPE OF CASE MANAGEMENT**

1570
1571
1572 For the homeopathic practitioner, case management has several aspects:

- 1573
1574 1. Management of the practitioner-client relationship
1575 2. Homeopathic management of the evolution of the case
1576 3. Homeopathic management of the dynamics of the case
1577 4. Management of the case records

1578 The basic manner in which these are done and the competencies needed to perform
1579 them effectively will be the same for all homeopathic practitioners. However, how the
1580 practitioner-client relationship and the case records are managed will be influenced by
1581 the license or regulations, if any, under which each individual practices. Since the
1582 purpose of this document is to describe competencies for homeopathy, it will not

1583 attempt to address in detail any additional requirements that various practitioners may
1584 need to consider in addition to the homeopathic aspects.

1585
1586 **An overview of the above four aspects of case management is presented below.**
1587 **Additional details are provided in:**

1588 [Appendix 7 – Homeopathic Case Management Guidelines](#)

1589
1590 Management of the practitioner-client relationship

1591
1592 Prior to an initial visit, the practitioner employs appropriate methods to ensure that the
1593 client will be aware of the nature of homeopathy (including the basic aspects of the
1594 homeopathic philosophy of illness and cure, the nature of the homeopathic interview,
1595 the typical course of homeopathic care and follow-up, the general scope and limitations
1596 of homeopathy as they may apply to this client, and the training, credentials, and mode
1597 of practice of the homeopath). This is conducted in a manner that determines the
1598 suitability of homeopathic care for that client at that particular time, the urgency of the
1599 case, and other possible alternatives the prospective client ought to consider -
1600 especially the possible choice of urgent care by a licensed medical professional.

1601
1602 If the homeopathic practitioner expects to record (video or otherwise) the case, the
1603 client should be informed of the reasons for this (such as: teaching or practitioner
1604 review) and, without being pressured to do so, the client must give written consent for
1605 recording to proceed. From time to time, a homeopathic practitioner may wish to make
1606 a presentation of a video case to a professional audience for teaching purposes or a
1607 written presentation of a case for a journal. The homeopath must always demonstrate
1608 respect for the client and the client's confidentiality by ensuring that any identifying
1609 information such as the client's name or unusual identifying details are excluded.

1610
1611 Homeopathic management of the evolution of the case

1612
1613 The practitioner demonstrates awareness of and control over a wide range of issues
1614 that might arise during the duration of a case. This begins with establishing reasonable
1615 expectations and continues with ensuring effective awareness and participation by the
1616 client. It concludes with obtaining valid closure (regardless of the outcome of the case).
1617 For details:

1618 [See Appendix 7 – Homeopathic Case Management Guidelines – *management of the*](#)
1619 [*evolution of the case*](#)

1620 Homeopathic management of the dynamics of the case includes:

1621
1622 The practitioner demonstrates awareness and control over a wide range of changes that
1623 might arise during the duration of a case. This begins with establishing reasonable
1624 expectations and continues with ensuring effective awareness and participation by the
1625 client. It concludes with obtaining valid closure (regardless of the outcome of the case).

- 1626 [See Appendix 7–Homeopathic Case Management - dynamics of the case for details.](#)
1627
1628 1. Maintaining appropriate communication to clients both during consultations and
1629 between follow-ups
1630 2. Maintaining appropriate scheduling of follow-ups based on a strategy of
1631 anticipated remedy action, prognosis, and the client’s needs
1632 3. Ensuring, at each client contact, a thoughtful assessment of remedy action
1633 4. Demonstrating knowledge of how to apply case evaluation concepts that include
1634 simillimum, similar, layers, miasms, and zigzagging.
1635 5. Demonstrating comprehension of each individual’s motivation and commitment
1636 to homeopathic care and other factors which may affect client compliance and
1637 the outcome.
1638 6. Managing acute health problems that arise during chronic care.
1639 7. Using intercurrent remedies (if appropriate to a case).
1640 8. Assessing the value and limitations of medical reports in homeopathic case
1641 management.
1642 9. Demonstrating the ability to manage the cases of clients taking medications
1643 (prescription or other).
1644 10. Demonstrating familiarity with resources available to individuals to make
1645 changes in their circumstances and lifestyles.
1646 11. Demonstrating familiarity with appropriate ways to bring closure after a case
1647 taking session to help the client and the practitioner to regain balance -
1648 especially after an intensive interview.
1649 12. Demonstrating proper therapeutic closure if a client is being referred to another
1650 practitioner or there is termination of care, including a re-cap of what progress
1651 has been made and clear recommendations to the client for further care.

1652
1653 Management of case records
1654

1655 How the case records are managed will be influenced by the license or regulations, if
1656 any, under which each individual practices. At time of this writing, there was not
1657 sufficient consensus to include a comprehensive discussion of case records as core
1658 competencies in this document. The list below presents general issues with the
1659 recognition that the competencies are not fully defined. See Appendix 7.

1660
1661 [Appendix 7 – Homeopathic Case Management – Management of case records](#)
1662

1663 Demonstrate appropriate management of case records:

- 1664 1. Confidentiality– Written case records (and any videos or other media) are
1665 maintained in a safe and secure manner that precludes viewing or access by
1666 anyone other than the practitioner (and, on a need to know basis, colleagues
1667 who will be bound by duties of confidentiality).
1668
1669 2. Accuracy – Case records written in a chronological manner that fully and
1670 understandably records all salient homeopathic information for each visit or

1671 conversation with a client as well as any other pertinent information or paperwork
1672 provided by the client.

1673
1674 3. Objective and Subjective Information – The homeopathic “data” for the case is
1675 adequately recorded in a manner that is consistent with the way in which it is
1676 expected that the case will be analyzed. The analysis is clear to a well informed
1677 reader what homeopathic process was being followed. Ideally, information
1678 relevant to other possible approaches to analyzing a case would be noted.
1679 Case clearly differentiates subjective elements (personal observations and
1680 perspectives) and objective elements (data collected by the homeopath or
1681 others).

1682
1683 4. Assessment and Plan – Assessment includes both the likely homeopathic
1684 prognosis for the case, and, as appropriate, other considerations for the case.
1685 The assessment includes a differential for several key homeopathic remedies
1686 that were considered. The plan records which homeopathic remedy was chosen,
1687 the potency, and the frequency for taking it. Plan includes any instructions,
1688 cautions, requests, or other instructions given to the client. Plan includes an
1689 interval after which a follow-up visit or report should be made by the client.
1690 Longer term strategy for the case recorded (and subsequently updated) to
1691 provide a means of tracking progress over time.

1692
1693 5. Periodic review (audit) of case records conducted to ensure his or her personal
1694 progress in maintaining good records and improving case management skills.

1695
1696

1697 **EDUCATIONAL STANDARDS**

1698
1699 Standards for education in case management may vary according to the teaching styles
1700 and clinical mentoring styles of various homeopathic programs. However, the
1701 educational standards below are met in an appropriate manner.

1702
1703 1. The student shall read numerous well-respected homeopathic journals to
1704 observe the manner in which cases are recorded, noting the highest standards of
1705 accuracy, specificity, and comprehensiveness and the manner in which cases
1706 are managed.

1707
1708 2. During clinical training, the student shall receive mentoring that improves her or
1709 his skills in case management. This includes client interactions, keeping
1710 appropriate case records, managing the progress of cases, and ways to find
1711 necessary information or assistance to achieve the best possible outcomes for
1712 the client.

1713
1714 3. The student shall have access to guidance on case management from respected
1715 homeopathic authors and teachers.

- 1716 4. The education of the student examines the ways in which various analysis and
 1717 case management approaches can require the gathering of different kinds of
 1718 information.
 1719
- 1720 5. The student must have sufficient opportunity to observe several experienced
 1721 homeopaths managing cases, ideally in person as well as from cases on video
 1722 (always subject to the permission of the client). In this aspect of the student's
 1723 education, the mentoring homeopath shall elucidate the strengths and
 1724 weaknesses of the way in which each case was managed, the ways in which the
 1725 case management methods were adapted to the situation of the individual client,
 1726 and other learning points.
 1727
- 1728 6. Through reading and experience the student acquires a thorough understanding
 1729 of the way in which case taking over a series of visits forms a fabric by which the
 1730 success of a course of homeopathic care can be managed, and the course
 1731 adjusted as necessary.
 1732
- 1733 7. Although the types of records to be kept will vary depending on the practice style
 1734 or licensing status for each individual, the student shall understand how a case
 1735 should document appropriate references to medical information that is provided
 1736 by or mentioned by the client.
 1737

1738 By reading and observation, the student shall acquire sufficient understanding of the
 1739 nature, individualization, sensitivity, confidentiality, and accurate recording of
 1740 information that together form the basis for case management and, if appropriate,
 1741 discussion of the case with other health-care professionals.
 1742

1743 Programs will teach interpersonal skills necessary for case management:
 1744

- 1745 1. Exercising perceptiveness in taking and following cases
 1746 2. Practicing effective and attentive listening skills
 1747 3. Practicing good observation skills
 1748 4. Displaying open-mindedness
 1749 5. Maintaining unconditional positive regard
 1750 6. Employing appropriate, effective, and sensitive communication
 1751 7. Managing the understandable concerns of a client who is not experiencing the
 1752 level of results she or he had hoped for
 1753 8. Maintaining appropriate aspects of the client confidentiality relationship in
 1754 situations where consideration must be given to contacting outside parties (e.g.
 1755 child protective services)
 1756 9. Managing situational issues, such as forgetting to follow through on a task for
 1757 which a commitment had been made to a client
 1758 10. Collaborating with others including, health care professionals, clients, and
 1759 families
 1760 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.

1761 ***K. Intersection of Homeopathy with the Conventional Health Care***
1762 ***System and CAM***
1763

1764 The manner in which a professional homeopath interfaces with the conventional health
1765 care system and other Complimentary and Alternative healthcare providers (CAM), may
1766 vary greatly based on a number of factors, including: the extent to which the
1767 conventional health care system or practice site is open to incorporating professional
1768 homeopaths and other CAM practitioners; other training or health-related licensure held
1769 by the professional homeopath; the range of clients or presenting problems the
1770 professional homeopath serves; the chosen professional practice site of the practitioner;
1771 and evolving national or state law impacting the practice of homeopathy. A professional
1772 homeopath may work in private practice, in a conventional health care setting, in a
1773 setting that integrates homeopathy or in a facility providing only homeopathic or CAM
1774 services.

1775
1776 In many cases, the professional homeopath will provide services to clients who are also
1777 seeing other conventional health care or CAM practitioners. Professional homeopaths
1778 who serve a wide range of clients have the knowledge, skills and attitudes needed to
1779 establish effective relationships with other practitioners engaged in the client's care, to
1780 the extent that the client authorizes such communication.

1781
1782 The professional homeopath who is not a licensed health care practitioner with
1783 prescribing privileges does not advise a client with regards to his or her prescription
1784 medications or advise a client to alter any treatment. The professional homeopath refers
1785 clients with questions or concerns about their conventional health care medications or
1786 treatments back to the health care provider who prescribed them or to another similarly
1787 qualified health care professional whom the client trusts.

1788
1789 Regardless of practice site, clients may bring in, or refer to, their prescription drugs,
1790 herbal medicines, and dietary supplements or ask about ones they have heard about or
1791 read about. Homeopathic practitioners who work with a wide range of clients benefit
1792 from being familiar with commonly prescribed medications and terminology relating to
1793 prescription medication or CAM treatments. Professional homeopaths read labels and
1794 research information on the therapeutic uses, side effects, typical adverse reactions,
1795 drug interactions, possible contra-indications of medications being taken and be alert to
1796 information that will assist or improve the homeopathic analysis or management of the
1797 case.

1798
1799 A homeopath views his/her work through the distinct paradigm of homeopathy while
1800 being able to dialogue effectively with clients and health care practitioners who may
1801 view and communicate about the case through the paradigm and language of
1802 conventional medicine. Of particular importance is the ability of the professional
1803 homeopath to educate clients about key principles of homeopathic philosophy as they
1804 relate to ongoing decisions about case management.
1805

1806 **SPECIFIC COMPETENCIES**

1807

1808 The professional homeopath has the capacity to:

1809

1810 1. Recognize the signs and symptoms of common diseases encountered in his or
1811 her practice with an emphasis on assessing the depth of mistunement present in
1812 the case;

1813

1814 2. Distinguish between common symptoms of a given illness and those that are
1815 most useful for homeopathic prescribing;

1816

1817 3. Apply knowledge of conventional medical diagnoses to make safe decisions
1818 about the range of individuals he or she will accept as clients and identify when it
1819 would be appropriate to refer the client to a more experienced homeopath or
1820 conventional medical provider;

1821

1822 4. Identify signs and symptoms that may suggest a referral to emergency services
1823 or a conventional health care provider is needed; (See Signs and Symptoms
1824 Chart - Appendix 8)

1825

1826 5. Dialogue with clients and other practitioners about a client's conventional
1827 diagnosis and symptoms while maintaining a focus on viewing his or her work
1828 through the distinct paradigm of homeopathy;

1829

1830 6. Educate clients about the unique paradigm of homeopathy as needed to facilitate
1831 gathering information about the full range of the client's symptoms, explain the
1832 rationale for decisions regarding case management and assist the client in
1833 understanding the range and timeline of potential outcomes of homeopathic
1834 services;

1835

1836 7. Engage in case conferencing with conventional or CAM providers to the extent
1837 authorized by the client;

1838

1839 8. Gather reliable information about prescription medications, supplements and
1840 herbal medicines with an emphasis on applying this information to homeopathic
1841 analysis or management of the case;

1842

1843 9. Demonstrate familiarity with the purpose of common diagnostic and laboratory
1844 tests and be able to research other tests that a client undergoes in order to help
1845 guide homeopathic analysis and case management;

1846

1847 10. Recall the dangers and consequences of an individual's withdrawing from drugs
1848 and substances, both prescribed and self-administered and recognize the danger
1849 of interfering with regimes of prescribed medications;

1850

- 1851 11. Refer a client with a question about a conventional medication or treatment back
1852 to the provider who prescribed the medication or treatment or to an equally
1853 qualified health care practitioner whom the client trusts;
1854
- 1855 12. Discern when it is appropriate to make referrals to other CAM providers including
1856 massage, body work, acupuncture, osteopathic, chiropractic care and other fields
1857 present in the communities within which he or she practices;
1858
- 1859 13. Demonstrate knowledge of the psychological and emotional functioning of
1860 individuals and how this may affect their health and wellbeing, including:
1861 a. Familiarity with the normal stages of child and adult development.
1862 b. Familiarity with the normal stages of response to stressful life events (e.g.,
1863 death and dying, child and adult responses to trauma).
1864 c. An appreciation of the dynamics of family and other relationships and their
1865 impact on the client's life circumstances and mental and physical health; and
1866 d. Observe appropriate steps to comply with the legal status of homeopathic
1867 practice in his or her jurisdiction and place of practice;
1868
- 1869 14. Demonstrate knowledge of the structure and opportunities within Integrative
1870 Health Care Practice. Demonstrate community service and leadership and
1871 organizational and policy awareness to promote homeopathy as part of the
1872 national healthcare landscape.

1873 [See Appendix 8 – Guidelines for Signs and Symptoms That May Suggest That a](#)
1874 [Referral Is Appropriate](#)

1875

1876

1877 **EDUCATIONAL STANDARDS**

1878

1879 Homeopathy program curriculum provide the student with a model of the human being
1880 in health and disease and address conventional health sciences including anatomy,
1881 physiology, pathology and disease in the context of homeopathic philosophy, case
1882 analysis and case management.

1883 The program shall impart knowledge of the current, developing and always evolving
1884 healthcare landscape including a homeopath's place in Integrative Health Care
1885 Practices.

1886

1887 The program shall prepare the student for relevant community service including
1888 leadership roles. The program shall make students aware of the homeopathic
1889 professions organizational structures, including relevant policy aspects with the aim of
1890 teaching students how to promote homeopathy as part of the national healthcare
1891 landscape.

1892

1893 The curriculum provides the student with ample opportunities to:

1894

- 1895 1. Reflect upon and define professional goals with regard to site of practice and
1896 foster the ability to make responsible decisions about the range of clients and
1897 presenting problems he or she will serve;
1898
- 1899 2. Develop the observational and clinical judgment skills required to identify signs
1900 and symptoms requiring referral to emergency medical services, a conventional
1901 health care professional, to a more experienced homeopath or an appropriate
1902 CAM provider;
1903
- 1904 3. Observe the work of experienced practitioners and develop their ability to Identify
1905 functional disorders and pathological processes of the human being with
1906 reference to disorders of the following systems:
1907 a. integumentary (skin and connective tissues)
1908 b. musculo-skeletal
1909 c. gastrointestinal
1910 d. respiratory
1911 e. cardiovascular and hematological
1912 f. immunological
1913 g. reproductive (including obstetrics)
1914 h. urinary
1915 i. endocrine
1916 j. neurological
1917 k. special senses
1918 l. mental and emotional
1919
- 1920 4. Gather reliable information about prescription medications, supplements and
1921 herbal medicines with an emphasis on applying this information to homeopathic
1922 analysis or management of the case;
1923
- 1924 5. Demonstrate the capacity to distinguish between common symptoms of disease
1925 and those symptoms that are most useful for identifying the homeopathic
1926 simillimum;
1927
- 1928 6. Recognize significant deviations from normal psychological functioning and
1929 normal human development with an emphasis on recognizing symptoms most
1930 useful for identifying an effective homeopathic remedy and assessing client
1931 progress toward a greater sense of wellness;
1932
- 1933 7. Effectively dialogue with conventional or CAM professionals engaged in the
1934 client's care, as authorized by the client;
1935
- 1936 8. Practice educating clients about the unique paradigm of homeopathy especially
1937 as required to gather the full range of the client's symptoms, explain the rationale
1938 for decisions regarding case management and assisting the client in

- 1939 understanding the range and timeline of potential outcomes of homeopathic
 1940 services;
 1941
 1942 9. Identify credible resources for learning about conventional medical diagnoses or
 1943 treatments that a client reports, as needed to maximize communication with the
 1944 client and make safe and appropriate decisions related to case management;
 1945
 1946 10. Practice responding appropriately to client questions or concerns about
 1947 prescription medication of conventional treatments by referring the client back to
 1948 the prescribing provider or a similarly qualified conventional health care provider;
 1949
 1950 11. Observe, refine and practice making sound case management decisions
 1951 consistent with professional practice standards and the legal realities of the
 1952 jurisdiction in which he or she is practicing.
 1953

1954 ***L. Ethical and Professional Considerations for Homeopathic Practice***

1955
 1956 Homeopathic practitioners demonstrate sufficient knowledge of, and act in accordance
 1957 with a comprehensive code of ethics. Professional homeopaths are aware of national,
 1958 provincial, state and local regulatory and legal oversight of their mode of practice and
 1959 conduct their services in a manner that is within the regulatory framework.
 1960

1961
 1962 **COMPETENCIES**

1963
 1964 The homeopathic practitioner demonstrates the ability to:

- 1965
 1966 1. Practice with integrity and responsibility;;
 1967 2. Promote the well being of clients;
 1968 3. Obtain informed consent of the client, as appropriate;
 1969 4. Encourage and participate in the development of understanding between
 1970 colleagues;
 1971 5. Distinguish between ethical and legal issues in a given case and use skill in working
 1972 with both when these conflict.
 1973

1974 The homeopathic practitioner demonstrates the ability to adhere to professional standards
 1975 by:

- 1976
 1977 1. Maintaining freedom from bias in all areas in order to ethically take cases;
 1978
 1979 2. Being alert to recognize when to refer to a different homeopathic practitioner
 1980 when one cannot be unbiased;
 1981
 1982 3. Maintaining healthy senses and astute observation;

- 1983 4. Maintaining a well developed sense of professionalism;
- 1984
- 1985 5. Demonstrating ongoing professional, ethical interactions with clients, and
- 1986 collaboration with fellow homeopaths and other practitioners;
- 1987
- 1988 6. Maintaining awareness of state/provincial and national laws and regulations that
- 1989 apply to his/her mode of practice and taking steps to comply with them (to the
- 1990 greatest extent possible);
- 1991
- 1992 7. Refraining from misleading or false advertising to clients, including “guaranteeing
- 1993 a cure”;
- 1994
- 1995 8. Refraining from making medical diagnoses, unless licensed to do so.
- 1996
- 1997

EDUCATIONAL STANDARDS

The educational process prepares students to:

- 2001
- 2002 1. Explore, define and promote professional integrity
- 2003
- 2004 2. Understand how their personal ethical values can limit or support the successful
- 2005 practice of homeopathy
- 2006
- 2007 3. Establish their own personal code of ethics compatible with the code of ethics of
- 2008 the homeopathic profession and that of healthcare professions in general
- 2009
- 2010 4. Be able to set appropriate boundaries with clients that establish standards of
- 2011 behavior for the practitioner and for the client including, but not limited to,
- 2012 avoiding any form of sexual misconduct.
- 2013
- 2014 5. Establish appropriate ways to react to the awareness that a colleague may be
- 2015 impaired by alcohol, by substance abuse, or by inappropriate self-treatment,
- 2016 including appropriate ways to report such concerns
- 2017
- 2018 6. Establish appropriate ways to react to the apparent incompetence of a colleague
- 2019 or situations where a colleague may be practicing outside the scope of his or her
- 2020 legitimate scope of practice, including appropriate ways to report such concerns
- 2021
- 2022 7. Establish an understanding of how to distinguish between the professional and
- 2023 ethical aspects of a situation, when that is necessary
- 2024
- 2025 8. Develop a clear and objective understanding of the laws and regulations affecting
- 2026 homeopathic practice – including a historical perspective, the nature of medical
- 2027 practice statutes, the scope of practice for other healthcare professions, and

- 2028 specific national, state/provincial laws or regulations that either provide a basis
2029 for homeopathic practice (including “health freedom” provisions) or that limit (or
2030 even prohibit) homeopathic practice.
2031
2032 9. Safeguard client information including confidentiality and teaching use of cases
2033
2034 10. Appreciate and cultivate professional & collegial relationships and the boundaries
2035 implicit in these.
2036
2037 11. Understand conflict of interest in terms of financial gain and appropriate
2038 disclosure to clients, students, conferences and peers
2039
2040 12. Refraining from misleading or false advertising to clients, including “guaranteeing
2041 a cure”
2042
2043 13. Refraining from making medical diagnoses, unless licensed to do so.
2044

2045 **General Topics:**

- 2046 Prejudices
2047 Confidentiality versus social and legal responsibility
2048 Respect for life
2049 Life and death issues
2050 Client’s right of choice
2051 Ethical conflicts
2052 National and state/provincial legal issues
2053 Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants
2054
2055
2056

2057 **PART II: PERSONAL & PROFESSIONAL DEVELOPMENT**

2058
2059 Practitioner and practice development are essential components of a homeopathy
2060 course curriculum. Their inclusion facilitates students in establishing and managing a
2061 successful practice capable of meeting the diverse needs of their clients.
2062

2063 Important areas to be covered as part of the curriculum are:

- 2064 1. Personal and professional development
- 2065 2. Practice management and running a business
- 2066 3. Practitioner and client relationship
- 2067 4. Practice promotion

2068
2069 Students come to study homeopathy from a variety of personal and professional
2070 backgrounds. In order to become a competent and successful homeopath, the student
2071 needs to be prepared to combine studying, including clinical experience, with their
2072 personal and professional development. Personal development is integral to an
2073 effective homeopathy curriculum, and is also a lifelong process that fosters expertise in
2074 identifying a client's individual healthcare needs. Students should also be aware of their
2075 own emotional and physical needs, and be prepared to develop their reflective and
2076 interpersonal communication skills. Ongoing supervision and an in-depth
2077 comprehension of the importance of ethical practice are essential components of the
2078 student's professional development. The following broad areas should form part of an
2079 effective homeopathy curriculum.
2080

2081 **Reflective skills, that include:**

- 2082 1. Critical analysis
- 2083 2. Assessment
- 2084 3. Observation, awareness and perception
- 2085 4. Research and problem solving
- 2086 5. Organizational skills
- 2087 6. Self-awareness and self-management
- 2088 7. Time management
- 2089 8. Decision making

2090
2091 **Interpersonal and communication skills, that include:**

- 2092 1. Listening
- 2093 2. Speaking
- 2094 3. Presentation (written and non-written)
- 2095 4. Face-to-face communication
- 2096 5. Communication with clients, their families, healthcare professionals, colleagues,
2097 media
- 2098 6. Awareness of non-verbal communication, body language, facial expression etc.

2099
2100 **Personal development that includes:**

- 2101 1. Listening skills

- 2102 2. Empathy
- 2103 3. Trust
- 2104 4. Intuition
- 2105 5. Self-awareness
- 2106 6. Self-confidence
- 2107 7. Personal belief systems: e.g. awareness of attitude towards finances, failure,
- 2108 success
- 2109 8. Ethics

2110

2111 **Personal health management, that includes:**

- 2112 1. Skills for practitioners preserving and promoting their own health, development
- 2113 and well-being
- 2114 2. Evaluating work / life balance
- 2115 3. Stress management
- 2116 4. Assertiveness
- 2117 5. Boundary setting, e.g. client-practitioner relationship, work hours, when to
- 2118 answer phone calls
- 2119 6. Identifying and developing individual and ongoing personal and professional
- 2120 support systems

2121

2122 Students should be encouraged to identify their individual strengths, weaknesses, and
 2123 needs in relation to the above areas. They should also be required to prepare an action
 2124 plan during the first year of study, which allows them to monitor and assess their own
 2125 progress throughout their homeopathic education. Students need to be encouraged to
 2126 consider and develop their own individuality as practitioners.

2127

2128 Approaching personal and professional development in a structured way enables the
 2129 student to take on continuing personal and professional development (CPD) after
 2130 graduation. This includes such issues as academic work, clinical supervision, multi-
 2131 disciplinary collaboration, developing a private practice and mastery of homeopathy
 2132 skills.

2133

2134 **Practice management and running a business**

2135 Managing a practice well is an essential component for the foundation of a successful
 2136 career in homeopathy. Homeopathy courses should enable students to develop those
 2137 skills that will result in the establishment of a professional, effective and financially
 2138 viable practice. To ensure the necessary skills for building and maintaining a successful
 2139 practice, the following areas need to be considered.

2140

2141 **Regulatory issues that include:**

- 2142 1. National and local legislation relating to the practice of a healthcare profession
- 2143 2. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
- 2144 3. Recording income and expenses, and managing bank accounts
- 2145 4. National and local insurance requirements for a practitioner and health insurance
- 2146 schemes for clients

- 2147 5. Registering with a professional association: For many potential clients a
- 2148 professional association is the first point of contact in looking for a competent
- 2149 homeopath
- 2150 6. Confidentiality issues and awareness of disclosure legislation; i.e. situations in
- 2151 which client information must be passed on to another party
- 2152 7. National requirements for the maintenance, retention and destruction of client
- 2153 records
- 2154 8. Awareness of the national requirements for pension contributions and the
- 2155 personal implications of planning for retirement provision
- 2156 9. Awareness of national legislation
- 2157

Practice management and business development that includes:

- 2159 1. Choosing suitable premises with regard to the physical design of the practice
- 2160 (e.g. with regard to access for the disabled)
- 2161 2. Awareness of confidentiality issues
- 2162 3. Deciding hours, availability and appropriate coverage during times of
- 2163 unavailability (A homeopath should specify the hours when she/he is available
- 2164 and maintain a healthy balance between work and free time.)
- 2165 4. Managing phone calls, answer phone messages, etc.
- 2166 5. Setting fees appropriate to local conditions and making it clear which services
- 2167 are covered by the fees. There should be clarity regarding the costs for an initial
- 2168 consultation and for subsequent appointments, including discounts where
- 2169 appropriate
- 2170 6. The preparation of a business plan (regularly monitored) including the amount of
- 2171 client fees, costs, salary expectations, etc. This will help students to better
- 2172 understand the functioning of a small business
- 2173 7. Record keeping including case notes, remedies considered and selected,
- 2174 appointments, etc.
- 2175 8. Create client referrals and a network for reciprocal referrals: other homeopaths,
- 2176 therapists, doctors, healthcare professionals, homeopathic pharmacies
- 2177 9. Clinical audit / practice audit: Clinic and practice audit skills enable the
- 2178 homeopath to evaluate the effectiveness of their practice. This also helps to build
- 2179 a body of knowledge that can be used for research purposes and for sharing
- 2180 information with peers
- 2181 10. Advertising, including business cards and targeted advertising, flyers, listings in
- 2182 printed or web based directories, local radio stations and newspapers, personal
- 2183 website, social media, and other web based promotion
- 2184

Time management and working hours, including:

- 2186 1. Planning a weekly schedule: planning time for clients and case analysis, setting
- 2187 client telephone times, sending out remedies, personal supervision, case
- 2188 support, etc.
- 2189 2. Ability to differentiate clients' demands on time, to give priority where appropriate
- 2190 and to have clear professional boundaries.
- 2191

2192 **Electronic and Data Management, including:**

- 2193 1. Data protection legal requirements
2194 (Homeopaths need to be aware of national and international legislation
2195 concerning the electronic filing of information.)
2196 2. Homeopathic software
2197 (Schools should provide the opportunity for students to become familiar with the
2198 various homeopathic software programs available.)
2199 3. Backing up data
2200 (It is good risk management to do regular backups and to consider alternatives
2201 for safe storage [especially off-site].)
2202

2203 **Practitioner and Client Relationship**

2204 Homeopathic courses should develop the student's professionalism by providing
2205 opportunities to discuss and rehearse the following:

- 2206 1. Booking the appointment.
2207 2. Managing the first contact (either through the practitioner or a receptionist).
2208 Clients should feel safe and motivated to commit to a course of homeopathic
2209 care.
2210 3. The practitioner needs to succinctly describe the framework of their practice such
2211 as when they see people for follow-ups, how they stay in touch in between
2212 appointments, costs, a description of the homeopathic interview, and clarification
2213 of the client's current understanding of the homeopathic process.
2214 4. Discuss ways to encourage clients to follow through with homeopathic care.
2215 5. Explore ways in which to advise and support clients with changing a maintaining
2216 cause that is a significant aspect of their current lifestyle.
2217 6. Determine when and how to involve other persons, such as family or other
2218 healthcare professionals.
2219 7. Explain to clients that homeopathy is a holistic system of medicine which may be
2220 an appropriate option for future complaints.
2221 8. Encourage accurate evaluation of progress from the client's perspective.
2222 9. Clients may look for advice for a variety of concerns. Homeopaths need to
2223 provide clients with information in order to help them make their own informed
2224 decisions on wider healthcare and personal welfare issues.
2225

2226 **Practice Promotion**

2227 Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an
2228 ongoing process that should be commenced during study years, and then applied while
2229 working as a homeopath. Homeopaths do not practice in isolation; they are part of a
2230 wider professional community, and many client referrals come as a result of personal
2231 recommendation. It is therefore important to help each student to define how they want
2232 to promote themselves and their practice.
2233

2234 It is recommended that students consider the following in order to identify their practice
2235 preferences:
2236

- 2237 1. What are your individual characteristics as a homeopath? What makes you
2238 special?
2239 2. What motivates you to be a homeopath?
2240 3. Would you like to work as a sole practitioner or be part of a group practice or
2241 multi disciplinary practice?
2242 4. Would you like to specialize and work with a specific group of clients?
2243 5. What kind of homeopath would you like to be for your clients?
2244

2245 Providing excellent service and getting consistently good clinical results is the single
2246 most important factor in generating referrals. With this in mind, course providers should
2247 include the following subjects that are valuable in practice promotion:

- 2248 1. Research how homeopaths and other healthcare professionals promote their
2249 practices
2250 2. Learn how to create a referral network that should include other homeopaths,
2251 therapists, doctors, healthcare professionals, pharmacies etc.
2252 3. Develop effective presentation skills in order to deliver introductory talks and
2253 courses on homeopathy
2254 4. Contact well-respected homeopathic pharmacies for handouts for lectures, as
2255 well as:
2256 a. Present local workshops in order to promote yourself and homeopathy
2257 b. Offer lectures to general public, health professionals, and client groups at
2258 health food stores, libraries, and other facilities.
2259 c. Taking a stall at health event
2260 d. Creating own handouts for distribution during lectures
2261 e. Creating a logo which reflects your individuality as a homeopath
2262 f. Make effective use of internet based resources
2263 g. Approach local media resources such as radio stations and newspapers,
2264 offering to provide interviews and/or written articles
2265

2266 **STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT**

2267 In the ever evolving and developing world of homeopathy it is important that
2268 practitioners continue to nourish and be responsible for their continued professional and
2269 personal development. Continued professional development is an ongoing process of
2270 reinforcing, enhancing and extending one's existing understanding, knowledge, skills
2271 and competencies. Also, a homeopathic professional should support the importance
2272 and value of taking leadership roles in the socio-political dimensions of the homeopathic
2273 profession as an integral part of professional responsibility.
2274

2275 There are numerous professional development activities ranging from structured to
2276 unstructured ones. For example:

- 2277 1. Attending conferences, courses, seminars, and workshops including:
2278 a. (e-learning, distance learning)
2279 b. Videoconferencing
2280
2281

- 2282 2. Self –directed learning
- 2283 3. Peer learning/development groups
- 2284 4. Working groups/Collaboration
- 2285 5. Supervision/mentoring
- 2286 6. Clinical Audit
- 2287 7. Teaching, Coaching
- 2288 8. Research
- 2289 9. Case studies and presentations
- 2290 10. Publication of professional articles
- 2291 11. Investigating numerous approaches to homeopathic care
- 2292 12. Reflection
- 2293 13. Awareness of the importance of lifelong learning in the service of one’s practice
2294 and the homeopathic community.
- 2295 14. Building a well developed sense of professionalism.

2296

2297 Professional Involvement

- 2298 1. Participation in professional association organizing
- 2299 2. Advocacy for homeopathy
- 2300 3. Volunteer work in homeopathy

2301

2302 Statutory and regulatory requirements to maintain membership with professional
2303 organizations differ. At a minimum, professional homeopaths complete sufficient
2304 continuing professional development activities to meet the requirements of
2305 organizations that have granted them certification or of associations to which they
2306 belong.

2307

2308 Source: ECCH Guidelines, 2011: Practitioner and Practice Development

2309

2310

2311 **PART III: CLINICAL TRAINING**

2312

2313 Comprehensive clinical education and training is an essential requirement in the
2314 education of homeopaths. While much homeopathic theory, history and materia medica
2315 can be learned from books, it is only possible to gain clinical competence with practical
2316 clinical training and experience.

2317

2318 Clinical training is an essential requirement of homeopathic education and should be
2319 included as an integral part of a homeopathic teaching program, ideally running
2320 concurrently with theoretical studies at appropriate stages. In order to gain competence
2321 and confidence, the student takes part in the practical experience of clinical case taking
2322 and case management.

2323 Clinical training should include the art of listening without prejudice or interpretation of
2324 the client’s words, as well as observation and gaining an understanding of the client as
2325 a whole. The skills and attitudes needed in order to be a proficient homeopath are
2326 acquired by practicing them rigorously over time.

2327 **COMPETENCIES**

2328

2329 1. Demonstrate adherence to the theories, principles, and methods put forth by
2330 Hahnemann and other respected homeopaths in their various writings.

2331

2332 2. Demonstrate the ability to discern the direction of case progress and related
2333 aspects of homeopathic philosophy as enumerated by authors recognized by the
2334 global homeopathic community.

2335

2336 3. Recognize the importance of undergoing a qualified homeopathic care in order
2337 to appreciate the role of the client, understand the action of remedies and to have
2338 direct experience of case taking.

2339

2340 4. Understand and adhere to the current National Occupational Standards (where
2341 available) and the professional association's Code of Ethics. Adheres to
2342 standards and ethics in the management of live cases.

2343

2344 5. Perform homeopathic case taking, case analysis, and case management as
2345 outlined in relevant sections above.

2346

2347 6. Conduct oneself in a professional and respectful manner; create and establish an
2348 atmosphere that is conducive to mutual respect and open communication.

2349

2350 7. Maintain confidentiality / demonstrate knowledge of confidentiality standards

2351

2352 8. Employ personal coping strategies to cope with unexpected/uncomfortable
2353 events

2354

2355 Being a Homeopathic Provider requires competency in the safe administration of
2356 homeopathic remedies, including the safety of both the client and the homeopath. The
2357 practitioner also has the ability to manage the clinical case using clinical skills.

2358

2359 Necessary competencies include:

2360

2361 1. Demonstration of appropriate use of referrals for emergency care, medical
2362 evaluation, acupuncture, osteopathic or chiropractic care and other types of
2363 evaluation and treatment.

2364

2365 2. Demonstration of appropriate use of supervision and homeopathic consultation.

2366 3. The ability to use feedback from others, including clients and colleagues.

2367

2368 4. Recognition of maintaining effective collaborative relationships.

2369

2370 5. The ability to engage in self-evaluation.

2371

- 2372 6. The ability to access and integrate new information to assist in decision-making.
 2373
 2374 7. The ability to use research, including provings, audits and case studies, to plan
 2375 implement and critically evaluate concepts and strategies leading to
 2376 improvements in care.
 2377
 2378 8. The ability to critically evaluate professional knowledge, legislation, policy and
 2379 research in order to refine clinical practice.
 2380
 2381 9. The ability to predict the development and limit the effect of difficult situations in
 2382 clinical practice.
 2383
 2384

2385 EDUCATIONAL STANDARDS

2386
 2387 Clinical training is an essential element of homeopathic education and it is included as a
 2388 main focus of a homeopathic teaching program, ideally running concurrently with
 2389 theoretical studies throughout the entire course. In order to gain competence and
 2390 confidence, the student shall take part in the practical experience of clinical case taking
 2391 and case management.
 2392

2393 The program provides a clinical education program of sufficient volume, variety, and
 2394 quality to fulfill its educational purposes. The number of clinical supervisors is sufficient
 2395 to ensure effective instruction of and safe practice by interns. Student interns receive
 2396 training from a variety of clinical faculty members.
 2397

2398 The skills and attitudes needed in order to be a proficient homeopath are acquired by
 2399 practicing them rigorously over time. The educational program engages students and
 2400 prepares the professional homeopath to:
 2401

- 2402 1. Follow standards for ethics, collegiality, client relations
 2403
 2404 2. Maintain a professional demeanor – conducts oneself in a professional manner
 2405 while performing duties as homeopath
 2406
 2407 3. Maintain consistent, clear, closed records
 2408
 2409 4. Follow a clear process for clients regarding intake, contacting people and
 2410 ongoing contact
 2411
 2412 5. Follow a standard process to obtain informed consent
 2413
 2414 6. Have a clear understanding of the following roles – student, administrator,
 2415 supervisor
 2416

- 2417 7. Maintain a productive relationship between student and supervisor –
 2418 clear/appropriate expectations, boundaries
 2419
 2420 8. Follow established grievance processes (students and clients)
 2421
 2422 9. Be involved in entire process of cases (continuity of care)
 2423
 2424 10. Move through stages from observation through groups to independent work
 2425
 2426 11. Ensure cases are screened appropriately for the school clinic setting
 2427
 2428 12. Ensure students have a variety of cases – age, condition, etc.
 2429
 2430 13. Conduct a clinical audit of cases
 2431

2432 Preferably, a training course should be able to offer 2 main strands:
 2433

- 2434 1. Clinical training in class - giving students opportunities to observe an
 2435 experienced clinician carrying out consultations with clients, including
 2436 opportunities to discuss any central and arising issues
 2437
 2438 2. Clinical training in smaller groups and one-on-one with a clinical training
 2439 supervisor, where the student is in the clinician role.
 2440

2441 Many courses include video cases and/or live cases from the beginning of the
 2442 education. Practitioners are required to practice various aspects of case taking,
 2443 analysis, and management on a regular basis with increasing levels of complexity and
 2444 increasing degrees of autonomy. Reflective processes and regular supervision with
 2445 appropriate feedback are important tools to ensure continuous honing of these skills.
 2446

2447 While providing the best learning opportunities for students, it is imperative that course
 2448 providers carefully consider the responsibility to the clients throughout any and all
 2449 stages of clinical training. This includes client confidentiality issues, continuity of case
 2450 management, and ensuring that high-quality care is given at all times.
 2451

2452 **Objectives**

- 2453 1. To acquire the knowledge, practical skills and professional ethics and attitudes
 2454 essential to clinical practice
 2455 2. To gain experience in the application and integration of all course components
 2456 3. To acquire the knowledge and skills needed in order to consider different
 2457 approaches and strategies adopted by experienced homeopaths
 2458 4. To establish an individual, flexible framework within which to develop a personal
 2459 but effective approach to case work
 2460 5. To learn how to record clinical data and participate in clinical research and audit

- 2461 6. To devise personal coping strategies in response to unexpected reactions,
2462 demands and expectations of clients
2463 7. To provide a pool of professional experiences to be shared with future
2464 professional colleagues or to be used as teaching material
2465 8. To learn how to respond in practice to ethical issues, both during and after the
2466 clinical intervention
2467

2468 **Clinical settings**

2469 Clinical education will be most effective if it can be delivered in a variety of
2470 settings and cover a wide range of issues. For example:

- 2471 1. Guided and structured observation and analysis of:
2472 a. Experienced practitioners working live in a clinical setting
2473 b. Video relay of practitioners or practitioners taking live cases
2474 c. Video recordings of experienced practitioners working
2475
2476 2. Case taking and case management under supervision of experienced
2477 homeopaths:

2478 a. Individually (preceptorship)
2479 b. In a group with peer supervision
2480 c. Analysis of real and simulated client-practitioner interactions within
2481 a group setting
2482
2483 3. Management of clients with potentially life threatening conditions
2484
2485 4. Hospital training with in-clients (where possible)
2486
2487 5. Clinical audit
2488

2489 In addition to all other clinical casework that is done during the course, students should
2490 have been actively involved in the supervised case taking and case management of a
2491 minimum of 30 clients, covering a range of conditions over a number of consultations
2492 before becoming qualified practitioners. The student should have been the primary case
2493 taker in at least 1/3 of the cases seen.
2494

2495 It is essential that students have the opportunity to *practice* independent case taking
2496 repeatedly in order to develop their own skills and attitudes. While video cases provide
2497 a tool which allows students to observe the dynamics between practitioner and client,
2498 they cannot replace actual experience with clients.

2499 Students should submit comprehensive case studies (case analysis, rubrics and
2500 repertorization, remedy differentiation, remedies selected and response thereto) each
2501 including at least two, follow-up visits for each individual client.
2502

2503 Where possible, it is advisable that student and supervisor be in the same room as the
2504 client so that the supervisor can observe the dynamics of case taking by the student
2505 and provide guidance as necessary. Another option is to follow the practitioner’s case
2506 taking via close circuit TV or one-way mirror, etc.

2507
2508 Including clinical training throughout the homeopathic teaching program will enable the
2509 student to develop into a proficient, safe, confident and competent homeopathic
2510 practitioner.

2511
2512
2513

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2515

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2529

PART IV: ELECTRONIC AND DISTANCE LEARNING

Introduction

The development of information technology (IT) has made it possible to deliver education from anywhere in the world, and has opened the way for a variety of possible teaching methods to be employed (Biggs 2003, Garrison & Anderson 2003). This flexibility of teaching approaches can also be applied to the education of homeopaths. The terms e-learning, distance learning, web-based learning and online learning have different definitions, and are often confused with each other.

In order to establish adequate and appropriate learning approaches in e-learning and distance learning programs, it is important to thoroughly understand the distinctive characteristics of each individual concept. This includes exploring and evaluating alternative approaches, selecting the best solutions, and promoting effective learning practices (Tsai S. et al. 2008). E-learning is usually associated with web-based learning which uses web-browser technology, normally delivered via the internet or intranets (Collison et al. 2000, Driscoll 2002, Hall 1997, Horton 2000, Khan 2001, Rosenberg 2000). According to Schank (2001) “Learning activities involving computer networks are usually referred to as ‘e-learning’, however e-learning is not exclusive to distance learning.”

The concept of online learning pre-dates the appearance of the World Wide Web, but in current times online learning usually refers to materials delivered over the internet or intranets (Malopinsky et al. 2000, Schank 2001, PBS 2001.) Learning focus has now moved from how teachers teach, to an emphasis on how students learn. This commonly involves the development of different learning methods such as problem-based learning, resource-based learning, student centered learning and e-learning (Gibbs 2003). It is important to be aware that the quality of teaching and learning may be affected by a “virtual learning environment” (Biggs 2003)

The primary characteristic of the learning activity differentiates between each of the following concepts: Web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

E-Learning – Technology/Resources and Pedagogies

E-learning assists in the positive development of project-orientated problem based learning (PBL) as well as developing flexible learning formats (Bienzle 2008). E-learning contributes to the development of quality learning by enabling process orientated

2573 teaching methods. The interests and motives students bring with them from their spare
2574 time, study and/or work life may become the building blocks for teaching and learning
2575 processes applied in virtual project and group work (Biggs 2003, Georgsen &
2576 Bennedsen 2004, Palloff & Pratt 1999).

2577
2578 Because an e-learning course is based on open learning processes, the student takes
2579 primary responsibility for their own learning. Online tutorials can serve as an aid to keep
2580 track of the learning process, and the student is expected to study written material and
2581 keep up to date with the material published on the teaching site (Georgsen &
2582 Bennedsen 2004). The student should be supported in their ongoing learning process,
2583 with the aim of encouraging continuation of learning and a sense of belonging.

2584
2585 Whenever possible, the choice of e-learning tools should reflect, rather than determine,
2586 the pedagogy of a course. However, as a general rule, how the student uses the
2587 technology is more important than which technology they use (Nichols 2008).

2588
2589 E-learning is a means to education, and can be applied to varying pedagogies. (Thorpe
2590 2002). Weller (2002) lists the following pedagogies:

- 2591
2592 1. constructivism
2593 2. resource-based learning
2594 3. collaborative learning
2595 4. problem-based learning
2596 5. narrative-based teaching
2597 6. situated learning

2598
2599 Technology is a neutral learning tool because it can support any and all of the
2600 pedagogies listed above. Educational technology (ET) and information technology (IT)
2601 are different approaches to virtual learning. ET has great potential in helping achieve
2602 educational aims and objectives: in managing learning, in engaging students in
2603 appropriate learning activities, in assessing learning and in enabling off-campus learning
2604 (Biggs 2003).

2605
2606 The benefit of e-learning requires significant up-front investment. However, substantial
2607 gains in student outcomes and efficiency can result directly from e-learning
2608 interventions. These interventions have varying degrees of the following six key
2609 characteristics (Twigg 2003):

- 2610
2611 1. Whole course/program redesign (to remove duplication of effort and to ensure
2612 consistency).
2613 2. Active learning (focusing students on doing).
2614 3. Computer-based learning resources (including online exercises and low stakes
2615 quizzes).
2616 4. Mastery learning (modular, self-paced course design with clear learning
2617 objectives).

- 2618 5. On-demand help (crucial for student satisfaction).
2619 6. Alternative staffing (through specialization, freeing academics to concentrate on
2620 teaching).

2621
2622 Training in homeopathy taught via an e-learning model must facilitate basic training in
2623 the subjects advised elsewhere in these guidelines, Students can attain encouraging
2624 evidential benefits from learning via an e-learning model, but ethical issues in relation to
2625 clinical training and live cases, must be considered. Much technology provided by
2626 professionals does have features which support confidentiality. However, emphasis on
2627 engagement with the client-practitioner relationship, and development of personal and
2628 professional skills, will require live clinics and supervision where practical, so that
2629 students can obtain the objectives and learning outcomes of clinical training.

2630
2631 Although these skills are more usually associated with classroom teaching, they can
2632 also be achieved in an e-learning setting. The virtual teaching room is well suited for
2633 student engagement, and part of the teaching strategy are to have group presentations,
2634 which is weighed with a considerable percentage of the assessment strategy.

2635
2636 E-learning is project oriented and resembles varieties of problem-based learning. It is
2637 easy for students to access resources and build on each others' online resources.
2638 Students develop easily and become more critical, more active and more constructive.
2639 Because the students are more active, the quality of learning becomes much higher,
2640 (Georgsen & Bennedsen 2004).

2641
2642 There are high expectations of the quality of student presentation material. Because of
2643 the high standard expected, it can be justified that group work covers 25 percent of the
2644 total assessment. All learners in a group are able to profit from the tabling of similar or
2645 thoughtfully contrasting examples, which had been encountered by their peers, which is
2646 why the students can be asked to make presentations on the same topic (Cowan 2006).

2647
2648 Kolb's expanded learning cycle (1984) of Concrete Experience, Reflective Observation,
2649 Abstract Conceptualisation and Active Experimentation is suited for homeopathy
2650 teaching, especially clinical training, as it forms itself around these concepts and is
2651 easily applied using the e-learning model.

2652 2653 **Assessment for E-learning**

2654
2655 Educational technology can be used for designing both summative and formative
2656 assessment. The assessments equivalent of a bachelor degree level, and a variety of
2657 other assessment methods, are available to be used by course providers according to
2658 preference (Biggs 2003).

2659
2660 The European Credit Transfer and Accumulation System (ECTS) is a standard for
2661 comparing the study attainment and performance of students of higher education across
2662 the European Union and other collaborating European countries. The ECTS point

2663 system, as recommended by the Bologna Declaration, is the most appropriate
2664 framework for assessing the quality of the student's learned skills. The old system of
2665 accrediting learning according to contact hours is not applicable with e-learning as very
2666 few contact hours are needed to obtain quality learning. The main objective is to assess
2667 the student's progress, skills and standard attained, all of which should reflect the topics
2668 of the guided learning for each module.

2669
2670 **Source:** ECCH document; E-Learning section

2671 **APPENDICES**

2672 ***Appendix 1 - Initial CHE-sponsored Summit in 2000***

2673 [Return to See Appendix 1 in text](#)

2674 As mentioned in the INTRODUCTION, this document revises and updates a similar
2675 document that was issued following a meeting on January 28-30, 2000 of invited
2676 representatives of key homeopathic organizations in the United States.

2677
2678 The Accreditation Commission for Homeopathic Education in North America (CHE), with
2679 the support of the Homeopathic Community Council (HCC), held a Summit Meeting in
2680 2000 for invited representatives of key homeopathic organizations. The Accreditation
2681 Commission for Homeopathic Education in North America was founded in 1982 with the
2682 mission to accredit homeopathic schools and educational programs. In 1999, the CHE
2683 identified the establishment of consensus on standards and competencies for
2684 homeopathic education as a priority necessary to achieve its mission. Also, the
2685 accreditation of educational institutions, which the CHE conducts, is a vital element in
2686 the development and recognition of homeopathy as a profession.

2687
2688 The intention of the Summit in 2000 was to develop an initial consensus on the
2689 homeopathic and medical competencies and standards necessary for the practice of
2690 homeopathy in North America. The draft document from the original Summit was
2691 circulated to the North American homeopathic community for comment and review. In
2692 2001, a document representing the final version of these competencies and standards
2693 was issued.

2694
2695 ORGANIZATIONS invited to send representatives to the first summit in 2000 included:

- 2696
2697 American Association of Homeopathic Pharmacies (AAHP)
2698 American Board of Homeotherapeutics (ABHT)
2699 American Institute of Homeopathy (AIH)
2700 Council for Homeopathic Certification (CHC)
2701 Accreditation Commission for Homeopathic Education in North America (CHE)
2702 Homeopathic Association of Naturopathic Physicians (HANP)
2703 Homeopathic Community Council (HCC)
2704 Homeopathic Nurses Association (HNA)
2705 Homeopathic Pharmaceutical Association (HPhA)
2706 National Board of Homeopathic Examiners (NBHE)
2707 National Center for Homeopathy (NCH)
2708 North American Society of Homeopaths (NASH)

2709
2710
2711
2712

2713 LIST OF ATTENDEES
2714
2715 Edward Chapman, MD, DHt, Summit Chair
2716 President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT
2717 Peggy Chipkin, FNP, CCH
2718 Board, CHC; Board, HCC; Member, HNA
2719 Jane Chicchetti, RSHom (NA)
2720 Member, NASH Schools Committee; Board, CHE (representing NASH)
2721 (Resigned prior to draft of final documents)
2722 Joyce Frye, DO, MBA
2723 President, NCH; First Vice President, AIH
2724 Kathy Lukas
2725 Secretary, CHE
2726 Christopher Phillips, CCH
2727 Board, CHE (representing CHC)
2728 Richard Pitt, RSHom, CCH
2729 President, CHC
2730 Josette Polzella
2731 Treasurer, CHE
2732 Iris Hagen Ratowsky, RSHom (NA), CCH
2733 Registrar, NASH; Board, CCH
2734 Caroline Rider, JD
2735 Associate Professor of Management and Chair of the Department of
2736 Management, School of Management, Marist College, Poughkeepsie, N.Y.
2737 Todd Rowe, MD, MD(H), CCH, DHt
2738 Vice President, NCH; Board, CHC; Board, CHE
2739

2740 “INTRODUCTION” FROM THE ORIGINAL SUMMIT DOCUMENT

2741
2742 The Council for Homeopathic Education (CHE), with the support of the Homeopathic
2743 Community Council (HCC), held a Summit Meeting of invited representatives of key
2744 homeopathic organizations on January 28-30, 2000. The intention of this Summit was to
2745 achieve consensus on the homeopathic and medical competencies and standards
2746 necessary for the practice of homeopathy in North America. The draft document was
2747 circulated to the North American homeopathic community for comment and review. This
2748 document represents the final version of these competencies and standards.

2749
2750 The Council for Homeopathic Education was founded in 1982 with the mission to
2751 accredit homeopathic schools and educational programs. In 1999, the CHE identified
2752 the establishment of consensus on standards and competencies as a priority necessary
2753 to achieve its mission. Accreditation of educational institutions is a function vital to the
2754 development and recognition of homeopathy as a healthcare profession.

2755
2756 Homeopathy is currently utilized by a wide variety of healthcare practitioners in the
2757 United States and Canada. The political-legal environment in which homeopathy is
2758 practiced is in a state of evolution. This complexity makes the job of the CHE a
2759 complicated task – one of identifying the core competencies and standards to which
2760 schools prepare students. It is a task that must be undertaken with sensitivity to many
2761 perspectives and awareness that healthcare in the North America is heading rapidly
2762 toward new potentials.

2763
2764 The Summit group outlined homeopathic and medical standards and competencies. We
2765 recognize that the means of acquiring these competencies will vary from formal
2766 instruction, to self-study, to clinical supervision. Actually the ideal training process
2767 includes all three of these elements. The important thing is that the instruction be based
2768 on definable standards and that homeopaths are capable of demonstrating these
2769 competencies and proficiencies by the standardized measurements utilized by
2770 certification boards.

2771
2772 This document (*the original standards and competencies document*) was distributed to
2773 the North American homeopathic community for public comment in the winter of 2000. It
2774 has been through a series of revisions and reflects commentary from many
2775 organizations, schools and individuals within the homeopathic community. We wish to
2776 thank all of the individuals and organizations that participated in the public commentary.

2777
2778 One positive outcome of the Summit process was the high degree of consensus among
2779 participants representing diverse segments of the homeopathic community, including
2780 practitioners with and without medical licenses. We believe this heartening outcome is a
2781 good omen of a future of creative harmony within the homeopathic profession.

2782
2783 Statements presented in these documents represent consensus, unless otherwise
2784 indicated. For those points on which we were unable to agree, we have set forth the

2785 arguments for and against so that the larger homeopathic community can make its
2786 decision. In fact there were only two such points.

2787
2788 One area of divergence was whether it was necessary to describe models under which
2789 homeopaths do or could practice. Some felt this description contributed context and
2790 substance to the discussion of standards; others felt including this was unnecessary
2791 and even ill advised at this time. There was also debate about the validity of models
2792 themselves. Ultimately, it was determined to adopt the model that reflects the reality of
2793 practice for the majority of homeopathic practitioners in North America.

2794 Second, practitioners have a preference for either the word “client” or the word “patient.”
2795 In drafting this document, we choose one for the sake of simplicity. We used “client” as
2796 a neutral word referring to anyone who seeks homeopathic care.

2797
2798 The Summit process was immeasurably assisted by the monumental efforts of our
2799 professional colleagues, national and international, who, preceding us, spent many
2800 hours considering, deliberating and publishing their thoughts on these issues. The
2801 documents to which we regularly referred are listed in the Selected Bibliography.

2802
2803 Consensus on standards for classical homeopathic practice will have important
2804 implications and benefits for the interdependent components of the homeopathic
2805 community—schools, accreditation organizations, certification boards and professional
2806 organizations. Indeed, we hope these standards lay the groundwork for the recognition
2807 of an independent profession of classical homeopathy in the United States.

2808
2809 Summit participants felt that formalizing the homeopathic and medical requirements for
2810 the professional practice of homeopathy will lead to greater unity in the profession. This
2811 was already the case within the Summit group, who were able to agree, not only on
2812 homeopathic competencies, but on medical competencies as well. While this unity can
2813 help propel homeopathy into the mainstream, it will be possible only as long as the
2814 principles of classical homeopathy are honored in the process.

2815
2816 We submit these documents to the North American homeopathic community with the
2817 hope that the standards described will become a powerful tool in further strengthening
2818 the homeopathic profession. These standards represent a beginning. We fully expect
2819 that given the evolution of homeopathy and the profession the standards will need
2820 periodic revision. To that end the CHE (*) will convene another summit to review these
2821 documents within seven to ten years.

2822 (*Now ACHENA)

2823
2824

2825 BIBLIOGRAPHY OF REFERENCE DOCUMENTS FOR INITIAL STANDARDS &
2826 COMPETENCIES DOCUMENT

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2853

2854 LIST OF APPENDED DOCUMENTS FOR INITIAL STANDARDS & COMPETENCIES
2855 DOCUMENT

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2869 August 1998. [*Return to See Appendix 1 in text*](#)

2870 **Appendix 2 - Canadian & US Homeopathic Standards Summit in 2010**

2871 [Return to See Appendix 2 in text](#)

2872 LIST OF VOTING ORGANIZATIONS AND ATTENDEES

2873	Academy of Veterinary Homeopathy (AVH)	Betsy Harrison, President
2874	American Board of Homeopathic Diplomates (ABHt)	Todd Hoover
2875	American Institute of Homeopathy (AIH)	Todd Hoover, President
2876	Council for Homeopathic Certification (CHC)	Harry Swope, Treasurer
2877	(ACHENA)	Heidi Schor, President
2878	Homeopathic Academy of Naturopathic Physicians (HANP)	Nadia Bakir, Board
2879	Homeopathic Nurses Association (HNA)	Ann McKay, Past President
2880	North American Network of Homeopathic Educators (NANHE)	Deb Trotta, Chair
2881	North American Society of Homeopaths (NASH)	Allyson Burden, Int. Liaison
2882	National Center for Homeopathy (NCH)	Ann Jerome, Board
2883	National United Professional Association of Trained	
2884	Homeopaths (NUPATH)	Karen Wehrstein, President
2885	Florida Homeopathic Society (FHS)	Kim Purcell, President
2886	Arizona Homeopathic and Integrative Medical	
2887	Association (AHIMA)	Todd Rowe
2888	West Coast Society of Homeopaths (WCHS)	
2889	Syndicate Professional of Homeopaths of Quebec (SPHQ)	Carla Marcelis
2890	Homeopathic Medical Association of Canada	Iman Navab
2891	British Columbia Society of Homeopaths (BCSH)	Marie Lamey, President

2892
2893 LIST OF OBSERVER ORGANIZATIONS AND ATTENDEES

2894	National United Professional Association of Trained	
2895	Homeopaths (NUPATH)	Sushila Lalsingh
2896	Syndicat professionnel des homéopathes du Québec	Joyce Edge
2897		Lisa DeCandia
2898		Kashka Kril-Atkins
2899		Adriana Volpato
2900		Ginette Beaulieu
2901		Judyanne MacNamara
2902	Homeopathic Medical Educational Ctr of Canada (HMECC)	Taraneh Refahiyat, Faculty
2903	North Toronto Homeopathic Medicine & Welless Clinic	Mario Ringo
2904		Martine Tardife
2905	Canadian Representative School of Homeopathy	Christine Jambrosic
2906	Transitional Council-College of Homeopaths of Ontario (TC-CHO)	Basil Ziv, Registrar
2907		Bhupinder Sharma
2908		John Curran
2909		Whitney Collins
2910		Katharine McEachern
2911		Janet Blanchard

2912 . [Return to See Appendix 2 in text](#)

2913 **Appendix 3 - Details of Current Political-Legal Environment for**
2914 **Homeopathy in North America**

2915 [Return to See Appendix 3 in text](#)

2916
2917 Because legal requirements change due to the activities of federal, state and provincial
2918 legislative and regulatory bodies, the following text best represents the status quo at the
2919 time of the 2010 Summit. Schools and practitioners are expected to keep up to date
2920 with Political-Legal environment vis-à-vis homeopathy in the jurisdiction(s) in which they
2921 practice.

2922
2923 United States

2924
2925 The political-legal-social environment in which homeopathy is practiced is in a state of
2926 evolution. Health freedom laws in many states in the US are removing some barriers to
2927 the practice of homeopathy, but there are also forces at work that seek to restrict the
2928 use of homeopathy. This makes it more complicated for ACHENA to identify the core
2929 level of competencies and standards to which schools prepare students. Since
2930 attaining competency does not confer a right to practice, it is a task that must be
2931 undertaken with sensitivity to many perspectives and awareness that healthcare in the
2932 North America is heading rapidly toward new potentials.

2933
2934 The healthcare landscape in the United States has shifted dramatically since the 2000
2935 version of the Standards and Competencies for the Professional Practice of
2936 Homeopathy in North America was crafted. The passage of the Patient Protection and
2937 Affordable Care Act in April of 2010 was an historic event that will impact healthcare in
2938 the US for the foreseeable future. Complementary and Alternative Medicine (CAM)
2939 professions were able to secure a place in the language of the bill as being part of the
2940 healthcare work force. Prior to this, as the established healthcare method, allopathic
2941 medicine has dominated healthcare policy in the US. Now, homeopathy, as a
2942 profession, has a chance to participate in the wave of change.

2943
2944 The homeopathic profession has grown enormously in the past several decades. NIH-
2945 NCCAM has produced a study stating that homeopathy represents a 3 billion dollar
2946 segment of the healthcare industry (much of it through “out of pocket” payments).
2947 Mainstream awareness of homeopathy is increasing every day with more and more use
2948 by the public, increased positive press coverage, and increasing availability of
2949 practitioners and homeopathic medicines.

2950
2951 Canada

2952
2953 Canada’s tradition of access to homeopathic medicine dates back to Dr. J. O.
2954 Rosenstein, who is recorded as practicing homeopathy in 1845 in Montreal, Quebec. In
2955 1859, the bill known as "An Act Respecting Homeopathy" was passed in what is
2956 currently the province of Ontario. In western Canada, the British Columbia Homeopathic
2957 Act, 1889, permitted homeopathic doctors to register as practitioners in B.C. without

2958 being subject to the jurisdiction of the Provincial Medical Council. By 1925, only 40
2959 homeopaths were practicing in Canada.

2960
2961 Currently the practice of homeopathy by a professional homeopath charging a fee for
2962 service is fully legal in every province except Quebec. Homeopathy is popular in
2963 Quebec, with a large community of practitioners who take measures to publicly distance
2964 what they do from practicing medicine.

2965
2966 The directories of professional homeopaths posted by Canadian Society of Homeopaths
2967 (CSH), North American Society of Homeopaths (NASH), and The National United
2968 Association of Trained Homeopaths (NUPATH) list practitioners working in the
2969 provinces of Alberta, British Columbia, Nova Scotia, Ontario, and Quebec.

2970
2971 The only province undertaking to regulate homeopathy so far is Ontario, where health
2972 practice is governed by legislation that is designed to protect the public, and so sets out
2973 specific health-care procedures. Health professionals are permitted to perform these
2974 health-care procedures.

2975
2976 The “Homeopathy Act” was passed in 2007, and the regulation process is currently in
2977 the hands of an appointed Transitional Council for College of Homeopaths of Ontario
2978 (TC-CHO). The TC-CHO is tasked with inventorying homeopaths in the province,
2979 setting standards of entry and practice, and otherwise creating regulatory infrastructure
2980 towards the point at which a democratic College Council can be elected. Once the
2981 process is far enough along, the transitional Council will be the only organization that
2982 assesses applicants and determines who is permitted to call herself or himself a
2983 homeopath or say they are qualified to practice homeopathy in Ontario.

2984
2985 Provincial government health insurance currently likely will not cover homeopathic
2986 services by someone that is solely a professional homeopath, nor is it likely to do so in
2987 the foreseeable future. Some private extended medical insurance policies cover it,
2988 either in a distinct category or under ‘paramedical services,’ which covers only the
2989 eastern part of Canada.

2990
2991 Mexico

2992
2993 The following information was found on the internet from sources that seem to be
2994 reliable, but the information has not yet been confirmed.

2995
2996 Mexico is a Republic of States, and associations operating in each state need state
2997 approval. There are schools in the state of Jalisco that teach lay people, and they have
2998 spurred the Government to re-examine the classification of homeopathic practice. The
2999 outcome is not known at this time. Legally, only MDs are allowed to practice, but there
3000 are many other people, many of them in pharmacies, who are prescribing. There are
3001 probably about 1,500-2,000 practitioners in Mexico.

3002 Homeopathic medicine has been recognized in Mexico since 1896. In Mexico there are
3003 two schools that grant the MD degree, five post graduate schools, and two homeopathic
3004 hospitals.

3005
3006
3007
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[Return to See Appendix 3 in text](#)

3010 **Appendix 4 - List of Homeopathic Remedies**

3011 [Return to See Appendix 4 in text](#)

3012
 3013 From the over 2000 existing homeopathic remedies, the following list of 155 remedies is
 3014 recommended for initial study as the most used and useful ones. This is the study list
 3015 that has been used by the Council for Homeopathic Certification for many years. The
 3016 list is not exhaustive, restrictive, or imperative and shall be adapted to the specific
 3017 environment; in addition, homeopathic practitioners should, over time, become familiar
 3018 with additional remedies as they prove helpful to the management of a wider variety of
 3019 cases. This list of homeopathic remedies is neither complete nor does it suggest that
 3020 all the remedies listed must be taught. Some schools will teach more remedies, others
 3021 fewer. *For a perspective on the goals for studying remedies, see the COMPETENCIES*
 3022 *portion of Section D – Homeopathic Materia Medica.*

3023 **Study List of Homeopathic Remedies**

3024

3025

Aconitum napellus	Aethusa	Agaricus
Allium cepa	Aloe	Alumina
Anacardium	Antimonium crudum	Antimonium tart.
Apis	Argentum metallicum	Argentum nitricum
Arnica	Arsenicum album	Arsenicum iodatum
Asafoetida	Asarum	Aurum
Badiaga	Baptisia	Baryta carbonica
Belladonna	Bellis perennis	Berberis
Borax	Bromium	Bryonia
Cactus	Calcarea carb.	Calcarea flour.
Calcarea phos.	Calcarea sulph.	Calendula
Camphora	Cannibus indica	Cantharis
Capsicum	Carbo animalis	Carbo vegetabilis
Carcinosin	Caulophyllum	Causticum
Chamomilla	Chelidonium	China officinalis
Cicuta	Cimicifuga	Cocculus
Coccus cacti	Coffea	Colchicum
Colocynthis	Conium	Crocus sativus
Crotalus horridus	Cuprum	Cyclamen
Digitalis	Drosera	Dulcamara
Elaps	Equisetum	Eupatorium perf.
Euphrasia	Ferrum met.	Ferrum phos.
Flouricum acid.	Gambogia	Gelsemium
Glonoinum	Graphites	Hamamelis
Helleborus	Hepar sulph	Hyoscyamus
Hypericum	Ignatia	Iodum

Ipecacuanha	Iris versicolor	Kali bichromicum
Kali bromatum	Kali carbonicum	Kali phosphoricum
Kali sulphuricum	Kreosotum	Lac caninum
Lachesis	Latrodectus mactans	Laurocerasus
Ledum	Lillium tigrinum	Lobelia inflata
Lycopodium	Lyssin	Magnesia carbonica
Magnesia muriatica	Magnesia phosphorica	Mancinella
Medorrhinum	Mercurius corr	Mercurius iod flavus
Mercurius iod ruber	Mercurius vivus	Mezereum
Naja	Natrum arsenicum	Natrum carbonicum
Natrum muriaticum	Natrum phos.	Natrum sulphuricum
Nitricum acidum	Nux moschata	Nux vomica
Opium	Palladium	Petroleum
Phosphoric acid	Phosphorus	Phytolacca
Platina	Plumbum	Podophyllum
Psorinum	Pulsatilla	Pyrogenium
Ranunculus bulbosa	Rhus toxicodendron	Rumex crispus
Ruta graveolens	Sabadilla	Sabina
Sambucus nigra	Sanguinaria	Sarsparilla
Sepia	Silica	Spigelia
Spongia tosta	Stannum	Staphysagria
Stramonium	Sulphur	Sulphuric acid
Symphytum	Syphilinum	Tabacum
Tarentul hispanica	Tarentula cubensis	Thuja
Tuberculinum	Urtica urens	Veratrum album
Viburnum	Zincum metallicum	

3026
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3028
3029
3030
3031

[Return to See Appendix 4 in text](#)

3032 **Appendix 5 - Specific Skills for Homeopathic Case Taking**

3033 [Return to See Appendix 5 in text](#)

3034 PRELIMINARY CONSIDERATIONS

3035

3036 The homeopathic practitioner develops sufficient sensitivity with respect to the physical
3037 surroundings that are most conducive to the client's needs for privacy, confidentiality,
3038 respect, and reasonable personal comfort and therefore will increase the likely success
3039 of the homeopath in gathering necessary information. The ability to maintain an
3040 appropriate setting, safety, and confidentiality must be fully mastered.

3041

3042 (Note: see Section J – Homeopathic Case Management for issues that should be
3043 explained or clarified prior to scheduling a client to take his or her case, including
3044 whether homeopathic care is appropriate for this person at this time.)

3045

3046 ABILITY TO DIFFERENTIATE TYPES OF CASES

3047

3048 The homeopathic practitioner is able to ascertain the type of case to be taken and the
3049 characteristics of the information needed. Any consultation may contain elements of the
3050 types of cases below, and the homeopath's notes should identify information from each
3051 category, as necessary. The best example of this is when acute symptoms (for
3052 example, a cough or cold) appear in the middle of a chronic or constitutional case.

3053

3054 Types of cases include: First Aid; Acute; Chronic/constitutional; Acute symptoms in the
3055 midst of a chronic case.

3056

3057 ABILITY TO BE NON-JUDGMENTAL

3058

3059 Although a homeopath makes judgments (such as: interpretations, decisions, or
3060 assessing the reliability of information and possible biases or reticence of the client) the
3061 homeopath shall not be judgmental (prejudiced, biased, or non-empathetic). The
3062 homeopath also guards against the possibility of too quickly deciding which
3063 homeopathic remedy a client needs based on appearance, demeanor, or other personal
3064 factors.

3065

3066 LISTENING AND ELICITING NECESSARY DETAILS

3067

3068 One of the skills that distinguishes homeopaths is the ability to listen in an open and
3069 unbiased manner to what the client has to say. A key issue is that information offered
3070 freely, in the client's own words, and with the client's unforced level of emphasis, may
3071 be the clearest guide to the client's person, condition, and circumstances.

3072

3073 Homeopaths are keenly aware of the effect they have on the client when they ask the
3074 client a question. In general, the homeopath asks questions in a manner that is non-

3075 judgmental, open-ended (not expecting either a yes or a no answer), and phrased in an
3076 empathetic, supportive and non-invasive manner.

3077
3078 One of the most essential case-taking skills is the ability to manage the discourse of
3079 clients who do not readily present the information needed for homeopathic analysis.
3080 Examples include: clients who are loquacious or rambling; clients who are “closed” or
3081 frightened, clients who have difficulties with expressing themselves, clients who are
3082 “over-cooperative”, “self-aware” clients who offer interpretations rather than simple facts
3083 or feelings, as well as special considerations for children, young adults, and seniors.

3084 3085 RECORDING INFORMATION

3086
3087 (NOTE: see the discussion in the Homeopathic Practice section regarding “medical”
3088 information.)

3089
3090 The homeopath develops the ability to take notes—at the same time that he or she is
3091 listening to the client—that are clear and coherent according to the standards and
3092 conventions of the homeopathic profession.

3093
3094 The manner in which a case is taken and recorded will be influenced by many factors,
3095 the most pertinent of which will be the manner in which it is expected that the case will
3096 be analyzed. However, a properly-taken case clearly differentiates subjective elements
3097 and objective elements (data collected by the homeopath or others). The assessment
3098 of the case may need to include: the prognosis for homeopathic care, an assessment of
3099 the client’s “vital force,” miasmatic influences, obstacles to cure, as taught by
3100 Hahanemann and other homeopathic philosophers, and other qualifying factors. As
3101 much of this as possible is considered during case taking and must be clear from the
3102 notes taken.

3103
3104 Any statements by the client that constitute homeopathically-relevant information should
3105 be recorded in the client’s own words if possible—with the homeopath’s observation of
3106 the intensity or impression conveyed, including any unusual context of the remarks. As
3107 homeopathically-appropriate, observations about the client’s manner, bearing, mode of
3108 dress, way of talking (or not talking), and other personal characteristics should also be
3109 noted.

3110 3111 3112 **COMPREHENSIVE COMPETENCIES**

3113
3114 NOTE: The foundation for the skills and abilities listed here should be included in all
3115 homeopathic education, but the future state would require a higher level of skills and
3116 abilities that would reflect more training and experience than is typically provided
3117 currently.

3118

- 3119 1. Conducting a comprehensive homeopathic interview – with the ability to
3120 individualize the case taking for each client by varying the techniques for eliciting
3121 information
- 3122 2. Conducting the interview with sensitivity to the client’s needs, privacy, dignity and
3123 psychological safety (including observing HIPPA or other requirements, as
3124 appropriate)
- 3125 3. Taking into consideration previous and current therapeutic history and care,
3126 including homeopathic, allopathic (“accepted”), and other therapeutic modalities
- 3127 4. Obtaining information about modalities of the client’s chief complaint (such as:
3128 time of day, sidedness, associated sensations)
- 3129 5. Obtaining individualizing information about the client (particularly as they relate to
3130 symptoms and particularly if they changed after the onset of symptoms) – for
3131 example: sleep patterns, food preferences, temperature preferences, or energy
3132 levels
- 3133 6. The ability to recognize individualizing circumstances that may influence the
3134 analysis and management of a client’s case or that may constitute obstacles to
3135 cure, as taught by Hahnemann and other homeopathic philosophers, including:
3136 a. The relationship between the physical, social, emotional and economic
3137 contexts in which people live and their health and well-being
3138 b. The implications for health and disease of personal and family health history,
3139 life events and environmental factors
3140 c. The potential effect of lifestyle (for example, diet, smoking, alcohol
3141 consumption) on an individual’s health and social well-being
3142 d. The resources available to individuals to make changes in their
3143 circumstances and lifestyles
3144 e. How personal beliefs and preferences affect individuals’ lives and the choices
3145 they make, the context in which they live and their health and well-being
3146 f. How drugging can mask, suppress, or alter both individualizing and
3147 characteristic disease symptoms
3148 g. Identifying events, circumstances, and mental or emotional stressors that may
3149 have preceded (or precipitated) the onset of symptoms (an etiology)
- 3150 7. Eliciting information that can be used to assess the “vital force” of the client
- 3151 8. Taking care to identify any symptoms that are “strange, rare, and peculiar”
- 3152 9. Considering potential obstacles to cure, as taught by Hahnemann and other
3153 homeopathic philosophers, if they exist
- 3154 10. Employing specialized case taking skills for:
3155 a. Infants
3156 b. Children
3157 c. Adolescents
3158 d. Elderly
3159 e. Pregnancy
3160 f. Closed clients or loquacious clients
3161 g. Abused or fearful individuals
3162

- 3163 11. Assessing, based on information collected during the taking of the case, when it
3164 may be appropriate to consider referring the client to another practitioner –
3165 homeopathic or other
- 3166 12. Alertness to case characteristics that suggest exposure to epidemic disease (and
3167 how to explore the relevance of a homeopathic “genus epidemicus”)
- 3168 13. Ability to elicit relevant aspects of personal and family history (health and
3169 general)
- 3170 14. Understanding in homeopathic case taking the potential value, limitations and
3171 use of medical information provided by the client and of information provided on
3172 intake forms
- 3173 15. Knowing when it may be necessary or useful to involve someone besides the client
3174 in a consultation (for example, when working with children) or to obtain collateral
3175 information from other sources. This includes recognizing the potential for
3176 reticence, bias, misrepresentation, and misunderstanding when others are involved
3177 in these discussions, and being able to minimize those risks
3178

3179 The personal skills and knowledge the homeopath shall develop includes:
3180

- 3181 1. The capacity to clearly perceive, including:
3182 a. Recognizing and interpreting significant aspects of a client’s appearance,
3183 body language, speech and behavior.
3184 b. Understanding patterns of health on the mental, emotional and physical
3185 levels in a way that assists in perceiving what needs to be healed in others.
3186 c. Assessing the “vital force” of the client.
3187
- 3188 2. Observing with accuracy and astuteness and developing healthy senses that
3189 assist in observing
3190
- 3191 3. Refining listening skills based on patience and openness, including a facility in
3192 effective and sensitive interviewing attitudes and techniques that will enable
3193 individuals to reveal and talk through relevant issues in their physical, mental
3194 and emotional health
3195
- 3196 4. Freedom from bias, with the ability to empathetically listen and
3197 communicate, including an appreciation for aspects of religious, ethnic or
3198 cultural diversity and respect for a client’s personal life choices
3199
- 3200 5. Awareness of the dangers of imposing one’s own beliefs, values, and
3201 attitudes on individuals and of the importance of respect for the client’s
3202 beliefs, values and attitudes both personal and cultural
3203
- 3204 6. Asking questions effectively (in an authentic and open manner), without
3205 bias or judgment, and without undue embarrassment to the client
3206
- 3207 7. Knowledge of concepts of energy, vital force, disease, and wellness as well as

3208 the unity of mind, body, emotion, spirit, and environment and how to apply these
3209 concepts in taking and assessing individual cases

3210 [Return to see Appendix 5 in text](#)

3211

3212

3213 **Appendix 6 - Particulars of Homeopathic Case Analysis**

3214 [Return to See Appendix 6 in text](#)

3215
3216 A homeopathic case analysis includes – as the circumstances of the case dictate:

- 3217
- 3218 1. Chief complaint(s) – as expressed by the client
 - 3219 2. Central disturbance – in homeopathic terms
 - 3220 3. Acute versus chronic illness
 - 3221 a. Acute analysis
 - 3222 b. Constitutional analysis
 - 3223 c. Analysis of acute episode during a chronic disease
 - 3224 4. Individuality of client
 - 3225 5. Themes running through case
 - 3226 6. Vitality and health of the person
 - 3227 7. Sensations and function of the organism
 - 3228 8. Totality of the symptoms (physical, mental, emotional, spiritual)
 - 3229 9. Language of symptoms
 - 3230 a. Mental, emotional and physical.
 - 3231 b. Characteristic versus strange, rare, and peculiar
 - 3232 c. Complete symptom: location, sensation, modality, and concomitant
 - 3233 d. Family and personal health (including medications and vaccinations)
 - 3234 10. Miasmatic history
 - 3235 11. Organ Affinities
 - 3236 12. Case analysis strategies (e.g. Totality, Keynote, Organ affinity, Miasmatic,
3237 Periodic table, Vital Sensation)
 - 3238 13. Distinguish characteristic from common symptoms
 - 3239 14. Obstacles to cure (e.g. antidotes, environmental, iatrogenic influences)
3240 and the means to their elimination
 - 3241 15. Susceptibility
 - 3242 16. Etiology and/or exciting and maintaining causes
 - 3243 17. Onset, duration, pace, intensity and severity of symptoms
 - 3244

3245 [Return to See Appendix 6 in text](#)

3246

3247

3248 **Appendix 7 - Homeopathic Case Management Guidelines**

3249 [Return to initial reference to See Appendix 7 in text](#)

3250
3251 The detailed aspects of case management presented below should be demonstrated in
3252 the practice of a competent practitioner.

3253
3254 **Management of the practitioner-client relationship**

3255
3256 Initially, or at the first visit, the homeopath discusses with the client issues such as:

- 3257
3258 1. The typical course of events during homeopathic care – timing of visits, the
3259 typical course of care for cases of the type and severity experienced by the
3260 client, contacting the homeopath between follow-ups if certain circumstances
3261 occur, the need for the client to note and be able to report changes, and other
3262 matters appropriate to the case – including circumstances that should alert the
3263 client to seek urgent care either by the homeopath or by a licensed medical
3264 professional.
- 3265
3266 2. The problems posed by the use of self-prescribed remedies, as well as by other
3267 changes that may make interpretation of the client’s progress more difficult.
- 3268
3269 3. The homeopathic practitioner’s ethical obligations, including confidentiality.
- 3270
3271 4. Each homeopathic practitioner, in a manner appropriate to his or her practice
3272 shall determine the type and content of an informed consent form that clients (or
3273 their parents or guardians) should sign to acknowledge that they understand and
3274 consent to homeopathic care. (As appropriate, this information and consent
3275 should conform to applicable aspects of HIPPA regulations and/or state or
3276 provincial legal requirements.)

3277
3278 **Homeopathic management of the evolution of the case**

3279 [Return to - Homeopathic management of the evolution of the case in text](#)

3280
3281 Additional goals for homeopathic management of each case would include:

- 3282
3283 1. Setting reasonable initial expectations – balancing hopes and aspirations with
3284 realistic pragmatism
- 3285 2. Ensuring that case information is properly taken at each client contact
3286 – (See Section H – Homeopathic Case Taking)
- 3287 3. Ensuring that there is a proper assessment and plan at each client contact
3288 – (See this under Management of case records, below)

- 3289 4. Ensuring appropriate client awareness and participation
- 3290 5. Ensuring appropriate client understanding of time frame for homeopathic care,
- 3291 health issues, possible aggravations, and other pertinent issues
- 3292 6. Advising the client about ways in which an illness may be an opportunity for self-
- 3293 awareness, growth, and balance
- 3294 7. Advising the client about aspects of injury or disease that may not be curable
- 3295 8. Identifying and managing different phases of the case – including: first aid, acute,
- 3296 chronic/constitutional, acute symptoms in the midst of a chronic case
- 3297 9. Managing the process of exploring necessary avenues to a better understanding
- 3298 of the case, including obtaining “missing” information
- 3299

3300 **Homeopathic management of the dynamics of the case**

3301 [Return to See - Homeopathic management of the dynamics of the case in text](#)

- 3302
- 3303 1. Maintaining appropriate communication to clients both during and between
- 3304 follow-ups
- 3305
- 3306 2. The homeopathic practitioner demonstrates appropriate communication with
- 3307 clients both during and between follow-ups. This would include, as appropriate:
- 3308 a. Discussion of the client’s progress, including an assessment of how homeopathic
- 3309 care is addressing the level of disturbance in the health of the client, based on
- 3310 homeopathic evidence from observed results in similar cases
- 3311 b. Timely and ethical communication expected to ensure a client understands the
- 3312 appropriate options during the course of homeopathic care
- 3313 c. Maintaining ongoing communication with the client after the initial case taking
- 3314 about the nature of his or her homeopathic care including discussion of possible
- 3315 aggravations and of limitations, if any, in this particular case for homeopathy.
- 3316
- 3317 3. Maintaining appropriate scheduling of follow-ups based on a strategy of
- 3318 anticipated remedy action, prognosis, and the client’s needs
- 3319
- 3320 The scheduling should consider the supervision required to assess homeopathic,
- 3321 mental-emotional, and physical aspects of each case.
- 3322
- 3323 4. Ensuring, at each client contact, a thoughtful assessment of remedy action
- 3324
- 3325 a. Recording the individual’s experience, while being able to assess the
- 3326 accuracy and validity of his or her reporting.
- 3327 b. Evaluating the extent to which the client’s aims and goals have been
- 3328 achieved.
- 3329 c. Evaluating results according to changes in the vital force, the homeopathic
- 3330 definition of cure, as taught by Hahnemann and other homeopathic
- 3331 philosophers, versus palliation or suppression and other influences affecting
- 3332 the case - using Herring’s Law and other fundamentals of homeopathic

- 3333 philosophy and theory.
- 3334 d. Applying models of remedy actions described by respected homeopathic
- 3335 authors including Kent, Herring, and others.
- 3336 e. Knowing how to recognize and manage the possible challenging influences
- 3337 on case progress of:
- 3338 i. Homeopathic aggravation
- 3339 ii. Antidoting
- 3340 iii. Placebo and nocebo (harmful, unpleasant, or undesirable) effects
- 3341 iv. Return of old symptoms – recognizing this situation, whether to act
- 3342 or wait and deciding what, if anything to do
- 3343 f. Knowing how to evaluate and manage possible obstacles to cure, as taught
- 3344 by Hahnemann and other homeopathic philosophers, including:
- 3345 i. Previous evolution of the client's pathology
- 3346 ii. Prognosis – in homeopathic terms
- 3347 iii. Environmental considerations, poor health habits, and other lifestyle
- 3348 issues
- 3349 iv. Iatrogenic factors
- 3350 v. Possible limitations of homeopathic care
- 3351 g. Knowing when to wait, when to repeat, and when to change remedies
- 3352 and/or potencies.
- 3353 h. Knowing when to retake the case.
- 3354 i. Recognizing proving symptoms.
- 3355 j. Knowing when to refer the case to another homeopath or a practitioner
- 3356 of another modality and how to do it effectively, for the client's benefit.
- 3357
- 3358 5. Demonstrating knowledge of how to apply case evaluation concepts that
- 3359 include: simillimum, similar, miasms, layers, remedy families, "essences", cycles
- 3360 and segments, and zigzagging.
- 3361
- 3362 6. Demonstrating comprehension of each individual's motivation and commitment
- 3363 to homeopathic care and other factors which may affect client compliance and
- 3364 the outcome.
- 3365
- 3366 7. Demonstrating management of acute health problems that arise during chronic
- 3367 cases.
- 3368
- 3369 8. Demonstrating use of intercurrent remedies (if appropriate to a case).
- 3370
- 3371 9. Demonstrating appropriate use of medical reports in homeopathic case
- 3372 management with assessment of their value and limitations in each case.
- 3373
- 3374 10. Demonstrating the ability to manage the cases of clients taking medications
- 3375 (prescription or other):
- 3376 a. By identifying what may be possible side effects
- 3377 b. By taking appropriate steps to combine homeopathic care with the client's

- 3378 use of prescription medicines
3379 c. By identifying when this may not be advisable
3380
3381 11. Demonstrating familiarity with resources available to individuals to make
3382 changes in their circumstances and lifestyles.
3383
3384 12. Demonstrating familiarity with appropriate ways to bring closure after a case
3385 taking session to help the client and the practitioner to regain balance -
3386 especially after an intensive interview.
3387
3388 13. Demonstrating proper therapeutic closure if a client is being referred to another
3389 practitioner or there is termination of care, including a re-cap of what progress
3390 has been made and clear recommendations to the client for further care.
3391

3392 **Management of case records**

3393 [Return to - See Appendix 7 - Management of case records - in text](#)

3394
3395 How case records are managed will be influenced by the license or regulations, if any,
3396 under which each individual practices. For schools seeking accreditation most
3397 accrediting bodies stipulate record management practices and requirements as
3398 determined by the Secretary of Education. The list below presents general issues with
3399 the recognition that the competencies are not fully defined.

3400 3401 **Guidelines:**

- 3402
3403 1. Confidentiality
3404 2. Accuracy
3405 3. Subjective information
3406 4. Objective information
3407 5. Assessment (including key differentials)
3408 6. Plan (including follow-up)
3409 7. Periodic review (audit) of case records
3410 8. Other general case management issues, including:
3411 a. Video recording skills
3412 b. Skills in providing client education
3413 c. Skills in developing client self-responsibility in client care and diminishing
3414 dependency
3415 d. Skills in assessing and removing obstacles to cure, as taught by Hahnemann
3416 and other homeopathic philosophers, in all dimensions of
3417 our clients' health
3418 e. Skills in supporting client empowerment
3419 f. Skills in relationship centered healing

- 3420 g. Skills in utilizing and applying ethical decisions in practice
3421
3422 9. Other advanced case management issues:
3423 a. The homeopath demonstrates competency in the safe use of homeopathic
3424 remedies, including the safety of both the client and the homeopath. The
3425 practitioner also has the ability to manage the clinical case using appropriate
3426 clinical skills. Necessary areas of knowledge include:
3427 i. Appropriate use of referrals for emergency care, medical evaluation,
3428 complementary and alternative medicine (CAM), and other types of
3429 evaluation and treatment
3430 ii. Appropriate use of supervision and homeopathic consultation
3431 iii. The ability to use feedback from others, including clients and
3432 colleagues
3433 iv. Maintaining effective collaborative relationships
3434 v. The ability to engage in self-evaluation
3435 vi. The ability to access and integrate new information to assist in
3436 decision-making
3437 vii. The ability to use research, including provings, audits and case
3438 studies, to plan, implement, and critically evaluate concepts and
3439 strategies leading to improvements in care
3440 viii. The ability to critically evaluate professional knowledge, methodology,
3441 legislation, policy and research in order to refine clinical practice
3442 ix. The ability to predict when difficult situations may develop in clinical
3443 practice and to limit their negative effects
3444
3445
3446

3447 **Appendix 8 - Guidelines for Signs and Symptoms That May Suggest**
3448 **That a Referral Is Appropriate**

[Return to See Appendix 8 in text](#)

3449
3450 **Introduction**

3451
3452 The following guidelines are provided as a sample template and are not complete.
3453 Homeopathic Practitioners are encouraged to include Medical Providers in the
3454 healthcare team for clients. Practitioners will want to consider the severity, duration and
3455 intensity of client's symptoms and when any symptoms may be of concern, appropriate
3456 referral for diagnosis and treatment is suggested along with homeopathic care.

3457
3458 **Newborns (0-6 Weeks)**

3459
**Suggest that client seek additional
medical advice without delay**

fever > 99.5 F
Unexplained Ecchymosis
Trouble Breathing
Blue Skin
Vomiting > 4 oz
Diarrhea
Black Stool
Blood in Stool
Lethargy
Stopped Nursing / Feeding
Skin Bruising
Yellow Discoloration of Skin
Passing Out / Loss of Consciousness
Suspected Child Abuse or Neglect

3460
Suggest seeking additional medical advice

Eye Discharge
Umbilical Inflammation / Discharge
Cough

Vomiting < 4 oz
No Bowel Movement > 48 hours
Difficulty Nursing / Feeding
Skin Rash

Failure to move a Limb
Unusual or Prolonged Crying

3461
3462
3463
3464
3465

Infants (6 Weeks – 24 Months)

Suggest that client seek additional medical advice without delay

Fever >102
Neck Stiffness
Passing Out / Loss of Consciousness
Redness of Eye or around Eye
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling
Cough > 5 seconds episodes
Trouble Breathing
Excessive Vomiting > 8 oz in 24 hours
Excessive Diarrhea >4 episodes in 24 hours
Blood or Black in Bowel Movement
Sudden or Severe Abdominal Pain
Blood in urine

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Sudden Skin Rash (< 48 hours)
Suspected Child Abuse or Neglect

3466

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days
Mis-shaped Head
Eye Discharge
Eyes not aligned
Ear Pain or Pulling
Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear

Sore Throat
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <4 episodes in 24 hours
Bowel Movements less than once every other day

Foul smelling Urine
Diminished urination
Failure to move a limb
Lump on Skin or Bone or other Tissue
Maternal or Practitioner Concerns about speed of development
Skin Rash
Slow growth or loss of weight

3467
3468
3469

Children (2years – 10 years)

**Suggest that client seek additional medical advice
without delay**

Fever >102
Neck Stiffness
Sudden or Severe headaches
Redness of Eye or around Eye

Ear Discharge
Nose Bleeding

Throat or Tongue Swelling
Cough > 10 seconds episodes
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement
Sudden or Severe Abdominal Pain
Blood in urine
Vaginal discharge or bleeding

Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Passing Out / Loss of Consciousness

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect

Suicidal thoughts or attempts

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Eyes not aligned

Ear Pain

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Cough > 2 days

Recurring cough

Recurring Vomiting

Diarrhea <5 episodes in 24 hours

Bowel Movements less than once every other day

Persistent or Recurring Abdominal Pain

Foul smelling Urine

Bed Wetting age 5 yrs age or after becoming continent through the night

Pain with Urination

Joint or Limb Swelling

Refusal or Failure to move or use a limb

Lump on Skin or Bone or other Tissue

Swelling of Joint(s)

Maternal or Practitioner Concerns about speed of development

Slow growth or loss of weight

Skin Rash

Tick Bites

Excessive Fears

Prolonged Temper Tantrums or Breath holding

3470

3471

3472

Adolescent (10 years – 18 years)

Suggest that client seek additional medical advice without delay

Fever >102
Neck Stiffness
Sudden or Severe headaches

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Cough > 10 seconds episodes
Trouble Breathing
Excessive Vomiting > 4x in 24 hours
Excessive Diarrhea >5 episodes in 24 hours
Blood or Black in Bowel Movement

Blood in urine
Vaginal or Penile Discharge
Prolonged or Excessive Vaginal Bleeding
Balance or Coordination Troubles
Fainting Spells
Shaking Spells
Passing Out / Loss of Consciousness
Unable to Use Extremity properly

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect
Suicidal thoughts or attempts
Suspected Drug Dependency
Suspected Drug or Alcohol intoxication

3473

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches
Eye Discharge

Redness of Eye or around Eye
Ear Pain
hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Chest Pain
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day

Foul smelling Urine
Pain with Urination
Premenstrual Difficulties

Light-headedness

Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Slow growth or loss of weight
Tick Bites

Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Purposeful Vomiting or Laxative Abuse

3474

3475

3476

Adult (18 years – 60 years)

**Suggest that client seek additional medical advice
without delay**

Fever >102
Neck Stiffness
Sudden or Severe headaches
Passing Out / Loss of Consciousness
Loss of Vision
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Sudden or Severe Abdominal Pain

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3477

3478

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

Hearing loss or concerns

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Palpitations
Cough > 3 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent Change in Bowel Movements
Persistent or Recurring Abdominal Pain
Foul smelling Urine
Pain with Urination

Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Tick Bites
Light-headedness
Change in Vision or Hearing
Weakness or Numbness in an Extremity (not sudden)
Unexplained Weight Loss
Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Purposeful Vomiting or Laxative Abuse
Persistent Sad Mood
Loss of Energy and Motivation
Sexual Difficulties

3479

3480 **Pregnancy**

3481

3482 **Suggest that client seek additional medical advice without delay**

Same List As Adult plus the following:

Loss of Weight
Prolonged Vomiting
Decreased Movement of Baby
Fall or Injury to Abdomen
Vaginal Bleeding
Vaginal Discharge
Abdominal Pains
Sudden onset leg swelling late in Pregnancy

3483

Suggest that client seek additional medical advice

Same List As Adult plus the following:

Unable to Gain Weight

Persistent Nausea

3484

3485

3486

3487

Senior (Over age 60 – approx.)

Suggest that client seek additional medical advice

without delay

Fever >102

Neck Stiffness

Sudden or Severe headaches

Passing Out / Loss of Consciousness

Loss of Vision

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3488

Suggest that client seek additional medical advice

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

Hearing loss or concerns
Nose Discharge prolonged (>3 days)
Nose Discharge with odor, or color other than white / clear
Sore Throat
Palpitations
Cough > 2 days
Recurring cough
Recurring Vomiting
Diarrhea <5 episodes in 24 hours
Bowel Movements less than once every other day
Persistent Change in Bowel Movements
Foul smelling Urine
Pain with Urination
Lump on Skin or Bone or other Tissue
Swelling of Joint(s)
Back Pain
Skin Rash
Tick Bites
Light-headedness
Change in Vision or Hearing
Weakness or Numbness in an Extremity (not sudden)
Unexplained Weight Loss
Excessive Fears or Anxiety
Social Isolation
Report or Suspicion of Drug / Alcohol Abuse
Persistent Sad Mood
Loss of Energy and Motivation
Sexual Difficulties

3489

3490

3491 END of LIST

3492

3493

Return to See Appendix 8 in text

1 **A F T E R W O R D - Possible Topics for Consideration During the**
2 **Next Round of Revisions and Updates of this Document**

3
4 Leading up to the 2010 Summit, stakeholders submitted suggested revisions or new
5 material and sections for the 2010 S&C Document. These were compiled into the
6 overall document that was then considered at the Summit. During the course of the
7 2010 summit, there was insufficient time to cover all the topics in the document. Thus,
8 the final product of the Summit was a document that contained the consensus of the
9 participants, as well as those topics which the participants concurred/agreed should be
10 discussed and considered during a subsequent round of revision and update to the
11 Standards for Homeopathic Education and Competencies for the Professional
12 Homeopathic Practitioner in North America.

13
14 As there was a concern that the hard work that had gone into drafting these topics might
15 be 'lost' if they were entirely removed from the S&C Document, there was a desire to
16 note them as topics for future consideration. However, if left within the main body of the
17 document, there was also a potential that they might be mistook for text upon which
18 consensus had been reached. Therefore, these topics, with more or less detail from the
19 drafts leading up to the 2010 Summit, are included in this AFTERWORD and its
20 appendices so that they can be referred to and act as a starting point for future
21 discussion and revisions.
22

23 **A. Study Levels**

24
25 The goals toward which homeopathic educational programs should grow, with specific
26 levels of study recommended by subject area are described in:
27 Appendix 10 – Recommended Hours of Homeopathic Study. The definition of “hours”
28 and the means of accomplishing these goals still need discussion. Also, the options for
29 self-directed study versus formal class instruction should to be considered. Other
30 options, rather than a specified number of hours, could be explored as a way to target
31 appropriate levels of study and relative focus between various subjects.
32

33 **B. Curriculum Additions**

34
35 The curriculum is described in the main body of this document. In future, consideration
36 should be given to including the following additions to the curriculum (text in italics is
37 already in main body of document):

- 38
39 5. *History of Homeopathy in North America-*
40 a. *The spread of homeopathy to NA, and its proponents*

- 41 *b. Familiarity with philosophers, authors, activists, and social, political and*
42 *economic forces that have had major influences on the homeopathic*
43 *discipline and profession as it developed.*
44
45 6. Current Affairs in Homeopathy in the US and Canada
46 a. Familiarity with homeopathic organizations, associations and leaders
47 b. Familiarity with philosophers, authors, activists, and social, political and
48 economic forces currently influencing the homeopathic discipline
49 and profession today.
50
51 7. Current Legal & Political Affairs US
52 a. Affordable Health Care Act and Rules
53 b. Legality of Practice
54 c. Categories of Practice
55
56 8. Current Legal & Political Affairs Canada
57 a. Provincial Regulation
58
59 9. *Summary and Overview of the history of other forms of holistic medicine*
60 *a. Naturopathy, traditional oriental medicine (acupuncture and herbal),*
61 *and Ayurveda.*
62
63 10. National Healthcare Landscape-
64 a. CAM
65 b. Integrative Medicine
66 i. Homeopathy's place in Integrative Healthcare
67

68 **C. *Provings / Research***

69
70 The area of Provings and research is described in the main body of this document. In
71 the future, consideration should be given to including the following additions to the
72 curriculum:
73

74 **Research**

75 76 **COMPETENCIES**

77
78 Homeopaths demonstrate familiarity and understanding of current research and in the
79 field of physics as it pertains to homeopathy and its guiding theories and mechanism.
80

81 In addition:

- 82 1. Community Science Research—Evaluating demographics, cost and efficacy of
83 practice within the homeopathic community through surveys and other tools

84 Homeopathic practitioners demonstrate a fundamental understanding of how to:

- 85 1. Plan research
- 86 2. Employ qualitative and quantitative methods
- 87 3. Execute descriptive studies
- 88 4. Conduct controlled trials

89

90 Homeopathic practitioners have a fundamental understanding of practical ways in which
91 they can use research techniques and research methodology in their daily practice in
92 order to gather data that advances knowledge of homeopathy and homeopathic
93 practice.

94

95 ***D. Future Goals for Competencies & Standards in Medical*** 96 ***Knowledge***

97

98 Further discussion is required to determine more detailed Competencies for
99 Homeopathic Practitioners and Educational Standards for schools in medical matters
100 within the context of a homeopathic practice, the expressed outcome being to reach a
101 proper balance that does not detract from the homeopathic perspective on health and
102 healing while fully educating students so that they are conversant and capable within
103 the mainstream healthcare landscape.

104 ***E. Herbal Medicines and Dietary Supplements***

105

106 As a future goal, practitioners of homeopathy should be familiar with ways to
107 research information about common herbal and dietary supplements utilized by
108 clients.

109

110 **OTHER AREAS FOR FUTURE DISCUSSION:**

111

112 A future discussion might include issues such as:

113

114 Ayurvedic, Traditional Chinese Medicine, other body-based practices.

115

116

117

118 **F. Recommended Hours of Homeopathic Study**

119
120 At least one participant at the Summit recommended that a specific number of hours of
121 study be included in the final document. The total hours are 2,400 which equals the
122 total in the request, although it is broken out differently and in more detail (to allow for
123 discussion).

124
125 This list was compiled from several sources and it is not represented as accurate or
126 complete. While this approach was not adopted this year, many people believe this is a
127 discussion that we need to begin. Therefore, it is presented as a **future goal** – for
128 discussion.

- 129
130 1. Do we want to specify hours as some have requested / suggested?
131 2. Is the list presented here too specific or not specific enough?
132 3. Are the topics the right ones?
133 4. Are the hours in total appropriate?
134 5. Are the hours by topic too high or too low?

135
136
137 Table begins on following page ...

138
139

140
141
142

Suggested Hours of Instruction – by Topic

<u>HOMEOPATHIC</u>	
Philosophy	100
History	20
Materia Medica	360
Repertory	80
Case Taking (incl. Observation and Perception)	120
Case Analysis (incl. remedy selection)	200
Case Management (incl. Posology)	120
Introduction to Homeopathic Research:	20
Clinical Training	500
	<hr/>
Total Homeopathic	<u>1,400</u>
 <u>OTHER</u>	
Anatomy - (Lecture 90; Lab 30)	120
Physiology	160
Neuroanatomy & Senses	60
Pathophysiology and Disease Processes	140
Endocrinology	40
Immunology and Allergy	30
Pharmacology / Pharmacognosy	80
Clinical Assessment (Homeopathic & Allopathic)	120
Women's Health	60
Pediatrics	20
Geriatrics	20
Laboratory and Diagnostic Tests	70
Counseling Theories and Practice	40
Interpersonal Dynamics:- self-awareness as a healer	40
Public Health	20
Preparation for Practice	40
Ethics :	20
Jurisprudence	20
	<hr/>
Total Other	<u>1,000</u>
	<hr/>
COMBINED TOTAL	<u>2,400</u>

143

