

STANDARDS AND COMPETENCIES FOR THE PROFESSIONAL PRACTICE OF HOMEOPATHY IN NORTH AMERICA

A REPORT OF A SUMMIT MEETING

- SPONSORED BY THE COUNCIL FOR HOMEOPATHIC EDUCATION
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INTRODUCTION

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

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

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

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

This document was distributed to the North American homeopathic community for public comment in the winter of 2000. It has been through a series of revisions and reflects commentary from many organizations, schools and individuals within the homeopathic community. We wish to thank all of the individuals and organizations that participated in the public commentary.

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

Statements presented in these documents represent consensus, unless otherwise indicated. For those points on which we were unable to agree, we have set forth the arguments for and against so that the larger homeopathic community can make its decision. In fact there were only two such points.

One area of divergence was whether it was necessary to describe models under which

homeopaths do or could practice. Some felt this description contributed context and substance to the discussion of standards; others felt including this was unnecessary and even ill advised at this time. There was also debate about the validity of models themselves. Ultimately, it was determined to adopt the model that reflects the reality of practice for the majority of homeopathic practitioners in North America.

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

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

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

Summit participants felt that formalizing the homeopathic and medical requirements for the professional practice of homeopathy will lead to greater unity in the profession. This was already the case within the Summit group, who was able to agree, not only on homeopathic competencies, but on medical competencies as well. This unity will help propel homeopathy into the mainstream, only happen if principles of classical homeopathy are honored.

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

PART I: HOMEOPATHIC STANDARDS AND COMPETENCIES

Homeopathic competencies are the knowledge, skills and attitudes that any practicing homeopath needs in order to prescribe homeopathic remedies and to manage the responses to those prescriptions. The means of acquiring these competencies vary from formal instruction and self-study to clinical supervision, and ideally will include all three. The homeopath must be capable of demonstrating these competencies by the standardized measurements utilized by certification boards.

These competencies are not intended to be a comprehensive outline for the structure of a curriculum or of an assessment tool, but rather guidelines to assist those who are developing curricula. They are meant to be an expression of what the community holds as the minimum skills, attitudes, and knowledge required to practice homeopathy at a board certified level.

These subjects have purposefully been expressed in terms of competency, not in terms of course hours.

The competencies are synthesized from a number of sources, the most important of which are listed in the Bibliography. The competencies are grouped into the headings that make logical sense for assessment and curriculum development.

A. HISTORY OF HEALING

The practitioner must be familiar with the development of homeopathy and the social forces that have influenced its practice over its 200-year history. The practitioner should be cognizant of the philosophers and authors who have had major influences on homeopathic thought and be able to place them in context.

1. History of Western Medicine: Hypocrites to Galen and Paracelsus
2. History of Vitalism: Paracelsus to Hahnemann
3. History of Homeopathy
 - a. Hahnemann and his contemporaries
 - b. Homeopathy in North America
 - c. The Organon 1st through 6th editions

B. HOMEOPATHIC PHILOSOPHY: THE PRINCIPLES OF HOMEOPATHY

The practitioner must have a thorough understanding of the principles of homeopathy that guide its theories and implementation in clinical practice.

1. The practitioner must demonstrate a thorough understanding of the principles, dynamics and nature of health and disease from a homeopathic perspective and be aware of how the homeopathic view differs from the allopathic, antipathic and other views of health and disease, both current and historical.

Topics include:

- a. Requirements of the homeopathic practitioner, as enumerated in Aphorism No. 3 of The Organon.
- b. Recognition of the spirit-like dynamic Life Force energy.
- c. Causes of disease.
- d. Definitions of health, disease and cure.

- e. The power of homeopathic medicines to cure.
- f. Concepts of similar, dissimilar and opposite symptom.
- g. Why medicines are better at curing than natural diseases.
- h. Differences among homeopathic, allopathic and antipathic treatment.
- i. Primary and secondary actions of homeopathic and antipathic medicines.
- j. Homeopathic definitions of acute, chronic and other protracted diseases.
- k. Understanding of genus epidemicus, susceptibility and miasmatic disease.
- l. How homeopathy treats disease.
- m. The action of potentized medicines.
- n. The importance of mental/emotional symptoms.
- o. Intermittent diseases.
- p. Preparation of homeopathic remedies.
- q. Administration of homeopathic remedies.
- r. Possible reactions to remedies, including models put forward by Kent and others.
- s. Recognition and understanding of fundamental homeopathic laws including the Law of Similars, the Law of the Minimum Dose and the Law of Cure

C. HOMEOPATHIC PROVINGS

- 1. The necessity of provings.
- 2. The history of provings (Hahnemann through modern methodologies).
- 3. Types of provings (informal/partial through Hahnemannian).
- 4. Guidelines for conducting provings.
- 5. Provings in relation to allopathic drug trials.
- 6. Ethical issues related to provings.
- 7. The nature of the substance.
- 8. Informed consent and blind studies.
- 9. Protocol of thorough provings.
 - a. The substance.
 - 1. Gathering information on the history, behavior and toxicology of the substance to be proven.
 - b. Preparation of substance to be proven.
 - c. The structure of a proving group.
 - d. Dose and posology.
 - e. Record keeping.
 - f. Supervisor/prover contact and frequency.
 - g. Data management.
 - 1. Extraction of data, including primary and secondary distinctions.
 - 2. Collation of data.
 - 3. Statistical evaluation of data.
 - 4. Converting data into old and new repertory language and materia medica.
 - 5. Publishing the results.

D. MATERIA MEDICA

The practitioner must have a thorough appreciation of homeopathic materia medica. The study of remedies is greatly enhanced by knowledge of botany, zoology, chemistry, geology and plant

and animal taxonomy.

1. Knowledge of the major writers and books: from Hahnemann to the present day
2. How to evaluate materia medica sources (thoroughly proven, partially proven, and unproven data; data collection, editing, short cuts, etc.)
3. Remedy-by-remedy study of materia medica determining the characteristic symptoms, disturbances and themes in mental, emotional, physical spheres of remedies. Remedies must be understood in terms of:
 - a. The history, culture and behavior of the substance in the natural world.
4. Toxicological history.
5. Proving symptoms.
6. Sensation and function.
7. Mental/Emotional symptoms (including dreams and delusions).
8. Characteristic symptoms.
9. Strange, rare and peculiar symptoms.
10. Generalities.
11. Modalities.
12. Clinical symptoms/pathology.
13. Etiology.
14. Local symptoms.
15. Organ and system affinities.
16. Keynote and confirmatory symptoms.
17. Concomitant symptoms.
18. Remedy relationships.
 - a. Relationships within the materia medica.
 - b. Relationships of substances (e.g., botanicals, mammals, spiders)
 - i. Periodic table relationships.
 - ii. Antidotes, affinities, inimicals, complementaries, remedies that follow well.
 - c. Acute/first aid uses.
 - d. Comparative and differential study.
 - e. Progressive stages of pathology of remedies.
 - f. Chemistry of the substance.
19. The differences among polychrests, so-called 'small remedies,' nosodes, sarcodes, isopathics, tautopathics and imponderables.
20. The use of case studies (live, paper and video).
21. The use of journals and electronic sources in the study of materia medica.
22. The use of repertory comparisons.

E. REPERTORY

1. History and organization of repertories.
 - a. Boenninghausen and Kent through modern repertories.
2. Organization and limitations of various repertories.
 - a. Grading of symptoms/rubrics in each.
 - b. Organization- Kent's through newer organizing techniques.
 - c. Strengths and limitations of older repertories, especially Kent's.
3. The purpose of rubrics and sub-rubrics and how they are developed and organized.

4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology.
5. Converting symptoms into repertory language.
6. Various tabulation tools—their strengths, limitations and uses.
 - a. Paper graphs
 - b. Computers, and their use in modern practice.
7. The different roles of repertorization in selecting a remedy

F. CASE TAKING

1. Evaluating whether a case is suitable for homeopathic treatment based on initial information. Includes knowing when to refer to a different modality or a different homeopathic practitioner.
2. Communicating with the client about the nature of the homeopathic interview and the nature of homeopathic treatment, including its limitations. This should take place prior to formal case taking.
3. Conducting a comprehensive homeopathic interview.
 - a. Individualizing the case: the ability to vary techniques for eliciting information according to the client.
 - b. The need for freedom from bias, for healthy senses and astute observation.
 - c. Guidelines for recording the case.
 - d. Special considerations for epidemic diseases.
4. Consideration of previous and current therapeutic history/treatment, including homeopathy, allopathy and other therapeutic modalities.
5. Conducting the interview with sensitivity to the client's needs, privacy, dignity and psychological safety.
6. Accurate and systematic recording of the case according to the prevailing medical model.
7. Understanding the value, limitations and use of medical reports in homeopathic case taking.
8. After case taking, re-evaluating the suitability of a case to homeopathic treatment: when to treat and when and how to refer elsewhere.
9. After case taking, ongoing communication with the client about the nature of homeopathic treatment, including its limitations, if any, in this particular case.
10. The value and limitations of client forms in homeopathy (e.g., medical history, informed consent).

G. CASE ANALYSIS

The practitioner must be able to synthesize disparate information into meaningful totality and treatment strategy based on sound classical homeopathic principles.

1. Analyzing what needs to be cured -- determining the central disturbance and themes of the case based on distinguishing symptoms in the mental, emotional and physical spheres. Includes understanding of:
 - a. Sensations and function of the organism.
 - b. Vitality and health of the person.
 - c. Totality of the disease.
 - d. Hierarchy of symptoms – mental, emotional and physical.
 - e. Characteristic/strange, rare, peculiar symptoms.

- f. Family and miasmatic history.
 - g. Modalities.
 - h. Affinities and systemic effects.
 - i. Pathology, including knowledge of common symptoms of allopathic disease and being able to distinguish them from characteristic symptoms.
 - j. Obstacles: e.g. Antidoting, environmental, iatrogenic influences.
 - k. Etiology/exciting and maintaining causes.
 - l. Susceptibility.
 - m. Onset, duration, and intensity/severity of symptoms.
 - n. Prognostic evaluation.
2. Converting symptoms into repertory language.
 3. Repertorizing in a manner appropriate to the case presented.
 4. Researching remedies in the materia medica and applying this research to the case.
 5. Posology/Potency.
 6. Assessing strength of the vital force.
 - a. The relative benefits of various homeopathic potencies and their relevance to the case.
 - b. Choosing the right method of administering remedies (e.g.: dry, in water, olfaction)

H. CASE MANAGEMENT

The practitioner must be able to evaluate and supervise the entire course of homeopathic treatment as an ongoing and cumulative process, an extended cycle of reflection and response. The process must encompass knowledge of a hierarchy of change within the curative process. It requires:

1. Appropriate communication with clients both during and between follow-ups.
2. Appropriate scheduling of follow-ups based on strategy of treatment, anticipated remedy action, prognosis and the client's needs.
3. Assessment of remedy action.
 - a. Recording the individual's experience in treatment, while being able to assess the accuracy of this reporting.
 - b. Evaluating the extent to which treatment has achieved the client's aims and goals.
 - c. Evaluating results according to the homeopathic definition of cure versus palliation and suppression.
 - d. The application of models of remedy actions by Kent and others.
 - e. The homeopathic aggravation: how to recognize it and how to handle it.
 - f. Obstacles to cure.
 - i. Environmental considerations.
 - ii. Iatrogenic factors.
 - iii. Antidoting.
 - iv. Progress of pathology.
 - g. Knowing when to wait, when to repeat and when to change remedies and potencies.
 - h. Knowing when to retake the case.
 - i. Knowing when to refer the case to another modality or another homeopath.
 - j. Recognizing proving symptoms.

4. Concepts of simillimum, similar, layers, zigzagging.
5. The individual's motivation and commitment to treatment.
6. Acute diseases during chronic treatment.
7. Intercurrent prescribing.
8. The value, limitations and uses of medical reports in homeopathic case management.

PART II: MEDICAL STANDARDS AND COMPETENCIES

A: GENERAL PRINCIPLES

Medical competence in the practice of homeopathy is viewed in this document from the perspective of the minimal set of knowledge, skills and attitudes necessary to prescribe homeopathic therapy in a fashion that is effective and safe for the client. These standards recognize the interdependence of homeopathy with other fields of health care, the need for effective communication among health-care professionals, and the need for consultation in clinical medicine.

These subjects have purposefully been expressed in terms of competency, not in terms of course hours.

These recommendations are made with a recognition that homeopathy is based in a vitalist paradigm. (Vitalism is the science or doctrine that all functions of the living organism are due to an unseen vital principle distinct from all chemical and physical forces)*, which views health-related events from a perspective that may differ significantly from that of the prevailing medical paradigm.

At a minimum, a homeopathic practitioner:

1. Must demonstrate through examination **knowledge of the natural world** and the human body sufficient to understand homeopathic philosophy and homeopathic therapeutics. These areas of knowledge include relevant aspects of chemistry, biology, botany, physics, human anatomy and physiology.
2. Must demonstrate through examination **knowledge of medical terminology, clinical pathophysiology and therapeutics**. The level of competence must be sufficient:
 - a. For accurate homeopathic prescribing.
 - b. To interface appropriately with members of the complementary and allopathic medical communities.
 - c. To recognize the signs and symptoms of conditions that may pose immediate or long-term risk to the client.
 - d. To distinguish between disease-specific signs and symptoms, iatrogenic signs and symptoms and those signs and symptoms, which are characteristic of the client's individuality.
 - e. To assess the appropriate role of homeopathy in a specific case, and discuss this and other therapeutic options with the client.
 - f. To obtain and assess informed advice and research on unfamiliar conditions.
 - g. To know one's limits of competency, including when and how to make appropriate referrals.
3. Must demonstrate through examination **knowledge of allopathic and herbal pharmacology**. The level of competence must be sufficient:
 - a. To recognize the effects, side-effects and interactions of drugs and substances
 - b. To understand the influence of these substances on the natural history of the client's illness and how to differentiate between characteristic and iatrogenic signs, symptoms and modalities.
 - c. To know the dangers or consequences of an individual's withdrawing from drugs and substances, both prescribed and self-administered (for example, adrenal crisis)

- on sudden withdrawal of steroids.
 - d. To recognize the danger of interfering with regimes of prescribed medications.
- 4. Must demonstrate through examination **knowledge of the psychological and emotional functioning of individuals** and how this may affect their health and wellbeing. Specifically, the practitioner must demonstrate.
 - a. Familiarity with the normal stages of child and adult development.
 - b. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
 - c. An appreciation of the dynamics of family and other relationships and their impact on the client's life circumstances and mental and physical health.
 - d. An appreciation for the nature of disability, the social resources available to the disabled, and the effects of disability on the individual, health-care providers and members of the client's support system.
 - e. Sufficient knowledge of the terminology of mainstream psychiatry to enable the homeopathic practitioner to interface with mental health providers.
- 5. Must demonstrate **consultation skills**. Specifically, the practitioner must show:
 - a. Clarity of perception: homeopaths should have sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive what needs to be healed in others.
 - b. The ability to recognize obstacles to cure, including:
 - i. The relationship between the physical, social, emotional and economic contexts in which people live and their health and wellbeing.
 - ii. The implications for health and disease of personal and family health history, life events and environmental factors.
 - iii. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual's health and social wellbeing.
 - iv. The resources available to individuals to make changes in their circumstances and lifestyles.
 - v. How personal beliefs and preferences affect individuals' lives and the choices they make, the context in which they live and their health and wellbeing.
 - vi. How drugging results in masking, suppressing, alteration of individualizing characteristic symptoms of the original disease symptoms.
 - c. Facility in effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental and emotional health.
 - d. The ability to recognize and interpret significant aspects of a client's appearance, body language, speech and behavior.
 - e. The ability to explain to clients the nature and depth of homeopathic case taking, and sensitivity to concerns and difficulties that can arise during this process.
 - f. The ability to take clear and coherent notes according to the standards and conventions of the healing professions
 - g. Knowledge of when it may be necessary or useful to involve someone besides the client in consultation (for example, when treating children). This includes recognizing the potential for reticence, misrepresentation and misunderstanding when others are involved in these discussions, and being able to minimize those

- risks.
- h. Awareness of the dangers of imposing one's own beliefs, values and attitudes on individuals and of the importance of respect for the client's beliefs, values and attitudes, both personal and cultural.
6. Must demonstrate **knowledge of alternative medicine**. Specifically the practitioner must:
- a. Have sufficient knowledge of acupuncture, osteopathic, and chiropractic care to recognize the appropriate time for referral to practitioners of these modalities.
 - b. Have sufficient knowledge of alternative modalities to be conversant with practitioners who refer patients from these modalities.

B: MAJOR CATEGORIES OF ILLNESS

Practitioners of homeopathy should be able to recognize signs and symptoms of the following common medical conditions. They should be familiar enough with these signs and symptoms to know when to refer clients for other evaluation and treatment.

The disorders are presented by system, with distinction made between those conditions that are urgent—meaning that appropriate evaluation and treatment must be made acutely—and those that can be handled in a routine manner. These distinctions cannot be kept completely separate. There can be acute exacerbations of some of the routine conditions, causing them to become urgent. However, what is listed below represents where these conditions will most commonly be found. The scope of formal evaluation, diagnosis, and management of disease is defined by licensing statutes and the standards of practice of the various professionals who practice homeopathy.

In addition, homeopaths must be able to recognize the common symptoms of these diagnosed diseases and conditions in order to distinguish them from a client's individualized symptoms.

1. Rheumatological / Musculoskeletal / Connective Tissue Diseases

Urgent Conditions

Fractures, acute rheumatic fever, septic arthritis (gonococcal, Lyme, etc.), temporal arteritis, acute gouty arthritis

Routine Conditions

Strains, sprains, osteoarthritis, osteoporosis, rheumatoid arthritis, gout, costochondritis, Reiter's syndrome, scleroderma, systemic lupus erythematosus (SLE), polymyalgia rheumatica, polyarteritis nodosa, dermatomyositis / polymyositis, Sjogren's syndrome, ankylosing spondylitis, fibromyalgia, chronic Lyme disease, carpal tunnel syndrome

2. Malignancy

Urgent Conditions

Fever in the immunosuppressed client, bleeding in the thrombocytopenic client, acute spinal cord compression, intestinal obstruction, evaluation of any client suspected of having a diagnosis of cancer

Routine Conditions

Chronic management of all types of cancer, with emphasis on skin, breast, brain, ovarian, testicular, prostate, bladder, oral, esophageal, stomach, liver, pancreas, colon, uterine, cervical, lung, kidney, lymphoma (including Hodgkin's disease), leukemia

3. Hematological

Urgent Conditions

Disseminated intravascular coagulation (DIC), immune thrombocytopenic purpura (ITP), thrombotic thrombocytopenic purpura (TTP)

Routine Conditions

Anemia (nutritional, hereditary, associated with systemic disease), polycythemia, thrombocytopenia, leukopenia

4. Endocrine

Urgent Conditions

Diabetic coma and ketosis, hyperthyroid crisis, acute hypoglycemia, thyroid nodule

Routine Conditions

Hyperthyroidism, hypothyroidism, diabetes mellitus, diabetes insipidus, Cushing's syndrome, Addison's disease, chronic hypoglycemia, thyroid enlargement, acromegaly

5. Dermatology

Urgent Conditions

Melanoma, third degree burn, second degree burns over large surface areas, drug rash, erythema multiforme, gangrene, abscesses, cellulitis, syphilis, petechiae

Routine Conditions

Eczema, psoriasis, seborrhea, nevi, boils, impetigo, monilial dermatitis, tinea capitis, tinea corporis, tinea cruris, tinea pedis, tinea versicolor, vitiligo, syphilis, varicella, herpes zoster, molluscum contagiosum, rubella, rubeola, warts, scabies, lice, first and second degree burns over small areas, first degree burns, urticaria, contact dermatitis (Rhus dermatitis), acne, rosacea, alopecia, aphthous stomatitis, lipoma, keloid, dermatofibroma, hemangioma, insect bites, basal cell carcinoma, squamous cell carcinoma, seborrheic keratosis, solar keratosis, herpes simplex

6. Respiratory/ENT

Urgent Conditions

Peritonsillar abscess, epiglottitis, foreign bodies (eye, ear, nose throat), streptococcal pharyngitis, mastoiditis, acute asthma, status asthmaticus, pneumonia, pulmonary embolus, pneumothorax, tuberculosis

Routine Conditions

Otitis media and otitis externa, mastoiditis (see above), hearing disorders, epistaxis, adenoid and tonsillar hypertrophy, pharyngitis, sinusitis, allergic rhinitis, croup, laryngitis, bronchitis, chronic asthma, chronic obstructive pulmonary disease, pleurisy, tuberculosis, sarcoidosis, bronchiectasis, Meniere's disease, obstructive sleep apnea

7. Cardiovascular

Urgent Conditions

Acute myocardial infarction, cardiac and aortic aneurysm, hypertensive crisis, endocarditis, unstable angina, pericarditis, pericardial tamponade, congestive heart failure, acute arrhythmia,

acute deep vein thrombosis, cerebral aneurysm.

Routine Conditions

Hypertension, stable angina, chronic arrhythmia, coronary artery disease, valvular heart disease, congenital heart disease, cardiomyopathy, chronic congestive heart failure, peripheral vascular disease, superficial thrombophlebitis, carotid artery stenosis, cerebral aneurysm, Raynaud's syndrome.

8. Gastrointestinal

Urgent Conditions

Acute appendicitis, volvulus, intussusception, incarcerated hernia, acute abdomen and other surgical emergencies, upper and lower gastrointestinal bleeding, acute hepatitis, acute pancreatitis, pyloric stenosis, acute cholecystitis, acute diarrhea, acute diverticulitis.

Routine Conditions

Gall stones, flatulence, encopresis, constipation, chronic diarrhea, malabsorption syndromes, celiac disease, lactose intolerance, parasite infestation, hernia, peptic and duodenal ulcer, esophageal motility disorders, gastro-esophageal reflux, cirrhosis, acute gastroenteritis, Crohn's disease, ulcerative colitis, irritable bowel syndrome, hemorrhoids, chronic hepatitis B, hepatitis C, chronic pancreatitis, diverticulosis.

9. Diseases of the Mouth

Urgent Conditions

Epiglottitis, acute parotitis.

Routine Conditions

Aphthous stomatitis, herpes simplex, dental abscess, periodontal disease, caries.

10. Nutritional and Metabolic Diseases

Urgent Conditions

Failure to thrive.

Routine Conditions

Obesity, anorexia, osteoporosis, B12 deficiency, protein deficiency, phenylketonuria and other congenital metabolic disorders.

11. Infectious Diseases

Urgent Conditions

HIV, sepsis, meningitis, peritonsillar abscess, cellulitis, gonorrhea, syphilis, pneumonia, rheumatic fever, encephalitis, septic arthritis, pyelonephritis, acute hepatitis, acute cholecystitis, acute appendicitis, acute diverticulitis, tuberculosis, Mycoplasma infections, malaria, pneumonia, smallpox, anthrax.

Routine Conditions

Influenza, common cold, mononucleosis, varicella, scarlet fever, Pertussis, Fifth's disease, Chlamydia infections, systemic Candidiasis, Moniliasis, Trichomonas, amebiasis, Giardiasis, hookworm, malaria, scabies, conjunctivitis, bronchitis, urinary tract infections, chronic prostatitis, chronic hepatitis, otitis media, sinusitis.

12. Immunologic Diseases

Urgent Conditions

AIDS, anaphylaxis.

Routine Conditions

Chronic fatigue immunodeficiency syndrome, environmental illness, systemic allergy, acquired and congenital immunodeficiency syndromes.

13. Ophthalmology

Urgent Conditions

Retinal detachment, iritis, uveitis, corneal abrasion, papilledema, acute red eye, foreign body.

Routine Conditions

Conjunctivitis, sty, blepharitis, meibomian cyst, lachrymal duct obstruction, subconjunctival hemorrhage, glaucoma, diabetic retinopathy, myopia, hyperopia, astigmatism, strabismus, cataract, ocular tumors, ocular migraine.

14. Occupational Illnesses

Urgent Conditions

Carbon monoxide poisoning.

Routine Conditions

Occupational lung diseases including asthma, asbestosis, etc; sick building syndrome; repetitive stress syndromes, such as carpal tunnel syndrome, shin splints, low back pain.

15. Neurological

Urgent Conditions

Stroke, subarachnoid hemorrhage, subdural hematoma, space-occupying lesion/pathology, meningitis, encephalitis, cerebral abscess, skull fracture, vertebral fracture.

Routine Conditions

Headaches, vertigo, epilepsy, traumatic brain injury, multiple sclerosis, amyotrophic lateral sclerosis, myasthenia gravis, musculodystrophy, peripheral neuropathy, polio, vertebral disc disease, spinal stenosis, dementia, Parkinson's disease, cranial synostosis, Tourette's syndrome.

16. Psychiatric

Urgent Conditions

Suicidal or homicidal ideation, acute mania, acute psychosis, child abuse, spousal abuse, elder abuse, delirium.

Routine Conditions

Post-traumatic stress syndrome, dissociative disorders, alcoholism, drug addiction, other substance abuse, bipolar disorders, psychosis, depression, grief reaction, obsessive-compulsive disorder, anxiety disorders, personality disorders, eating disorders, autism, Asperger's syndrome, verbal and non-verbal learning disorders, mental retardation, attention deficit disorder, dementia, somatization disorder, communication disorders (e.g., stuttering), conduct disorder, tic disorders, encopresis, enuresis, sexual dysfunction, sleep disorders, impulse control disorders, adjustment disorders.

17. Obstetrics/Gynecology

Urgent Conditions

Ectopic pregnancy, uterine hemorrhage, pelvic inflammatory disease, acute gonorrhea and syphilis, toxemia of pregnancy, miscarriage, puerperal fever.

Routine Conditions

Pregnancy, nausea of pregnancy, hyperemesis gravidarum, bacterial vaginosis, vaginitis, papilloma virus, cervical dysplasia, herpes simplex, vaginal atrophy, premenstrual syndrome, metrorrhagia, menopause, endometriosis, ovarian cyst, polycystic ovarian disease, amenorrhea, infertility, breast lump, mastitis, uterine prolapse.

18.. Genital-Urinary

Urgent Conditions

Pyelonephritis, kidney stones, testicular torsion, testicular cancer, acute renal failure, acute prostatitis, epididymitis.

Routine Conditions

Urinary tract infection, impotence, enuresis, incontinence, inguinal hernia, femoral hernia, chronic renal failure, chronic prostatitis.

19. Pediatric

Urgent Conditions

Congenital heart disorders, congenital gastrointestinal disease, newborn hyperbilirubinemia, fetal alcohol syndrome or drug withdrawal, child abuse, epiglottitis, failure to thrive, pyloric stenosis.

Routine Conditions

Lachrymal duct obstruction, herpangina, accident prevention, immunization, mental retardation, pica, lead poisoning, esophageal reflux, worms, cerebral palsy, urinary tract infection, atopic disease, developmental delay, encopresis, enuresis, anticipatory guidance, congenital hip dislocation, club foot.

C: MEDICAL DIAGNOSTIC TESTING

1) The practitioner should have a basic knowledge of the common forms of diagnostic testing, including X-ray, ultrasound, computerized tomography (CT), magnetic resonance imaging (MRI), radioisotope scanning, electroencephalography, electromyography, electrocardiography and echocardiography.

2) The practitioner should have a basic knowledge of the common laboratory tests, including, papanicolaou (PAP) smear, bacteriologic and viral culture, urinalysis, complete blood counts (CBC), measurements of serum lipids, liver and kidney function, electrolytes, glucose, glycohemoglobin, hormonal function, including thyroid (T3, T4, TSH), HCG, LH, FSH, sedimentation rate and coagulation rates (PT, PTT).

D: MAJOR CATEGORIES OF ALLOPATHIC MEDICATIONS

Practitioners should be familiar with the therapeutic uses and usual adverse reactions of common classes of allopathic pharmaceuticals, including:

Analgesics

Narcotics

Acetaminophen

NSAID's

Anti-anginals

Antiarrhythmics

Anticoagulants

- Antidiabetics
 - Oral hypoglycemics
 - Insulins
- Anti-infectives
 - Antibiotics
 - Antivirals
 - Antifungals
 - AIDS Chemotherapies
- Antihypertensives
 - Calcium channel blockers
 - Beta-blockers
 - Diuretics
 - ACE Inhibitors
- Anticonvulsants
- Anti-inflammatories
 - Corticosteroids
 - NSAID's
 - Salicylates
- Antihistamines
- Anti-anxiety agents
- Antidepressants
- Antipsychotics
- Anti-asthma agents
 - Bronchodilators
 - Mast cell stabilizers
- Corticosteroids
- Antacids
- Histamine receptor antagonists
- Hormones
 - Thyroid
 - Hormonal replacement therapy
- Contraceptives
 - Devices
 - Hormonal contraceptives
- Dermatological agents
 - Scabicides
 - Topical steroids
 - Anti-psoriatic agents
 - Acne preparations

E: HERBS AND DIETARY SUPPLEMENTS

Practitioners of homeopathy should have some knowledge of herbal and dietary supplements frequently utilized by clients, including:

Acidophilus/bifidobacter, Aloe Vera, Antineoplastons, Astragalus, Bee Pollen, Bilberry, Black Cohosh, Blessed Thistle, Bromelain, Burdock, Calcium, Calendula, Cat's Claw, Chamomile, Chondroitin, Co-Enzyme Q10, Comfrey, Cranberry, Creatine, Dandelion, DHEA, Devil's Claw,

Dong Quai, Echinacea, Elderberry, Ephedra, Essiac, Evening Primrose Oil, Feverfew, Fish Oil, Flax Seed Oil, Garlic, Ginger, Ginkgo, Ginseng (Asian and Siberian), Glucosamine Sulfate, Glutamine, Goldenseal and Barberry, Gotu Kola, Green Tea, Hawthorn, Hops, Horse Chestnut, Hoxsey Formula, Hydrazine Sulfate, Kava Kava, Lavender, Lemon Balm, Licorice, Magnesium, Melatonin, Milk Thistle, Mistletoe, Nettles, Passion Flower, Pennyroyal, Peppermint, Pine Bark Extract/Grape Seed Extract/Pycnogenol, Pygeum, Red Yeast (Cholestin), Rhubarb Root, SAM-e, St. John's Wort, Saw Palmetto, Selenium, Shark Cartilage, Skullcap, Slippery Elm, Sorrel, Soy, Tea Tree Oil, Uva Ursi, Valerian, Vitamins: B12, Folic Acid, B Complex, C, D, E; Vitex (Chasteberry), Wild Yam, Willow Bark, Zinc
Source: The Longwood Herbal Task Force (LHTF)

F: OTHER TREATMENT ISSUES

Treatment requires competency in the safe administration of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner must also have the ability to manage the clinical case using clinical skills. Necessary areas of knowledge include:

1. Appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment.
2. Appropriate use of supervision and homeopathic consultation.
3. The ability to use feedback from others, including clients and colleagues.
4. Maintaining effective collaborative relationships.
5. The ability to engage in self-evaluation.
6. The ability to access and integrate new information to assist in decision-making.
7. The ability to use research, including provings, audits and case studies, to plan implement and critically evaluate concepts and strategies leading to improvements in care.
8. The ability to critically evaluate professional knowledge, legislation, policy and research in order to refine clinical practice.
9. The ability to predict the development and limit the effect of difficult situations in clinical practice.

*Webster's Dictionary, 1902 Edition.

ORGANIZATIONS INVITED TO SEND REPRESENTATIVES

American Association of Homeopathic Pharmacies (AAHP)
American Board of Homeotherapeutics (ABHT)
American Institute of Homeopathy (AIH)
Council for Homeopathic Certification (CHC)
Council for Homeopathic Education (CHE)
Homeopathic Association of Naturopathic Physicians (HANP)
Homeopathic Community Council (HCC)
Homeopathic Nurses Association (HNA)
Homeopathic Pharmaceutical Association (HPhA)
National Board of Homeopathic Examiners (NBHE)
National Center for Homeopathy (NCH)
North American Society of Homeopaths (NASH)

LIST OF ATTENDEES

Edward Chapman, MD, DHt, Summit Chair
President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT

Peggy Chipkin, FNP, CCH
Board, CHC; Board, HCC; Member, HNA

Jane Chicchetti, RSHom (NA)
Member, NASH Schools Committee; Board, CHE (representing NASH) (Resigned prior to draft of final documents)

Joyce Frye, DO, MBA
President, NCH; First Vice President, AIH

Kathy Lukas
Secretary, CHE

Christopher Phillips, CCH
Board, CHE (representing CHC)

Richard Pitt, RSHom, CCH
President, CHC

Josette Polzella
Treasurer, CHE

Iris Hagen Ratowsky, RSHom (NA), CCH
Registrar, NASH; Board, CCH

Caroline Rider, JD
Associate Professor of Management and Chair of the Department of Management, School of Management, Marist College, Poughkeepsie, N.Y.

Todd Rowe, MD, MD(H), CCH, DHt
Vice President, NCH; Board, CHC; Board, CHE

BIBLIOGRAPHY OF REFERENCE DOCUMENTS

1. Commission on Accreditation of Allied Health Education Programs, "Standards and Guidelines for an Accredited Program for the Physician Assistant", revised, 1997.
2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; first edition (January 1993) and second edition (March 1999).
3. European Council on Homeopathy and Liga Medicorum Homeopathica Internationalis, "Programme for the Teaching of Homeopathy," Appendix I.
4. Hahnemann, Samuel, "The Organon of the Medical Art", Wenda Brewster O'Reilly, PhD, ed.; Redmond, Wash., Birdcage Books, 1996.
5. Kent, James Tyler, "Lectures on Homeopathic Materia Medica", Philadelphia, Boericke & Taffel; fourth edition 1956.
6. Kent, James Tyler, "Lectures on Homeopathic Philosophy", Chicago, Ehrhart & Karl; memorial edition, 1929.
7. National Guideline Clearinghouse, an online source for nationally agreed upon guidelines for the treatment of more than 600 medical conditions.
8. North American Society of Homeopaths, "Record-Keeping Guidelines", Appendix C. Sherr Jeremy, "The Dynamics and Methodology of Homoeopathic Provings", Malvern, England, Dynamis Books; second edition, 1994.
9. Society of Homoeopaths, "Core Assessment Criteria", 1998.
10. Society of Homoeopaths, "Critique of Consultation Document Developing National Occupational Standards for Homeopathy."
11. United Kingdom, "National Occupational Standards for Homeopathy", Draft 25, August 1998.
12. Uphold, C.R., Graham, M.V., "Clinical Guidelines in Family Practice", Gainesville, Fla., Barmarrae Books; third edition, 1998 [a text designed to help clinicians quickly access up-to-date information regarding health maintenance and commonly occurring primary care problems].

List of Appended Documents

1. Commission on Accreditation of Allied Health Education Programs, "Standards and Guidelines for an Accredited Program for the Physician Assistant", revised, 1997.
2. European and International Councils for Homeopathy, "Guidelines for Homeopathic Education"; second edition, March 1999.
3. European Council on Homeopathy and Liga Medicorum Homeopathica Internationalis, "Programme for the Teaching of Homeopathy", Appendix I.
4. North American Society of Homeopaths, "Record-Keeping Guidelines", Appendix C
5. Olsen, Steve, CCH, ND, DHANP, "The Homeopathic Code of Professional Ethics and Ethical Standards of Practice"; January 15, 2000, version 1.3b.
6. Society of Homoeopaths, "Core Assessment Criteria", 1998.
7. Society of Homoeopaths, "Critique of Consultation Document Developing National Occupational Standards for Homeopathy."
8. United Kingdom, "National Occupational Standards for Homeopathy", Draft 25, August 1998.