Standards for the Education of Homeopaths and the Competencies for the Professional Practitioner of Homeopathy  
in North America

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# Preamble

## Homeopathy

Homeopathy has been used for 200 years to restore the sick to health by providing “the most rapid, gentle, and permanent restoration of health, or removal and annihilation of disease, in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles” (Hahnemann, 1996).

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

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

Homeopathy is a complete system of healing that has its own time-tested principles of care. These principles are fundamentally different from those of the allopathic (western, bio-medical or conventional) medical model of disease diagnosis and treatment. Therefore, homeopathic standards and competencies are not expressed in, nor constrained by, the terminology and concepts of allopathic medical methodologies. Professional homeopaths are expected to demonstrate certain competencies in health sciences such as anatomy, physiology and pathology by graduation. However, these competencies are not typically applied in the same way as in the allopathic, disease-based medical model. However, it is expected that homeopathic practitioners in the North America, who are licensed or regulated by states, provinces, or other jurisdictions will observe appropriate steps to comply with that status in their practices.

## The Professional Practice of Homeopathy in the Public Domain

This document outlines educational standards and competencies in the fundamental education and clinical training of the professional homeopath in the United States and Canada. Professional homeopaths include individuals with various professional / healthcare education and clinical training backgrounds, including associated scopes of practice that may impact their use of homeopathy. These generally include classical homeopaths with accredited certifications and/or registered credentials or licensed physicians, naturopaths, nurse practitioners, physician assistants, chiropractors, acupuncturists, nurses, psychologists with state-regulated scopes of practice. Those professional homeopaths who are licensed to practice conventional medicine under their legally defined scope of practice may diagnose and/or treat disease using homeopathy as an adjunctive.

## Formal Education and Clinical Training for Professional Practice

This document defines the recommended scope of formal education and clinical practice for the non-licensed, professional homeopath. The professional homeopath is *not* engaged in the practice of conventional medicine, medical diagnosis nor treatment of diseases. As a paid occupation, the professional homeopath engages in the practice of homeopathy based on demonstrated performance of competencies and skills.

It is organized into three sections, including appendices:

I. Educational Standards and Competencies

II. Clinical Training

III. Personal and Professional Development

This document is meant to guide homeopathic organizations, schools, programs, institutions, faculty, instructors, supervisors and professional homeopathic practitioners in their service to the public. It specifies guidelines for foundational education in knowledge, skills and attitudes/attributes/abilities necessary to engage in publicly sanctioned professional consultations between the practitioner and their clientele.

## Informal Homeopathy Education in the Private Domain

Traditionally, there has been a strong reliance upon the principles and application of homeopathy in minor first-aid situations among “domestic” home users of homeopathy. During the 1970’s renaissance of homeopathy, home-based “study groups” emerged and became popular among non-professionals. The advent of the information age at the turn of the last century has increased awareness about and accessibility to homeopathy among the public. However, the internet has also allowed for a free, unregulated flow of non-curated information and resources, resulting in as much confusion and disorientation as much as accessibility. Informal homeopathy education study groups are now accessible through social networking media (i.e., Facebook groups). The internet marketplace also offers convenient sales of homeopathic remedies. In addition, so called ‘homeopathic remedies’ that are being sold online, are often in fact herbal products or supplements that are falsely labelled as homeopathic remedies. In education, the 21st century has ushered in distance learning platforms (private, for-profit, short online courses) into the homes of non-professionals interested in its various and many uses beyond minor first-aid uses. The “domestic” use of homeopathy among health consumers who lack formal homeopathy has facilitated or encouraged an extension of minor first aid use into complex acute and chronic complaints.

Since the publication of the last version of this document, homeopathy instructors are free to operate internet-based study group businesses and collect fees in exchange for verbal advice are accountable to the public. They must recognize and accept responsibility for the potential risk involved in providing informal education and basic training to clientele who lack informed and broad-based understanding of homeopathy’s historical and principled complexities as well as the meaning of the comprehensive sequential learning required for its successful application in complex acute and chronic complaint situations. homeopathy’s historical and principled complexities as well as the meaning of the comprehensive sequential learning required for its successful application in complex acute and chronic complaint situations.

## Risk Management in the Professional Practice of Homeopathy

A greater accountability to the public is expected in all consultative service industries. Conducting a risk assessment process is requisite to protecting the public and minimizing unexpected risks while conducting a professional practice. Professional homeopaths and homeopathy instructors must accept and demonstrate the highest degree of ethical responsibility in their professional practice and work performance. It is crucial to recognize and accept the legal and ethical obligation to the consumer and to mitigate potential risks to their clients, students, themselves or the public. They must protect their clients, students and themselves from susceptibilities and liabilities and must take actions to mitigate them. They have a duty to disclose to their student clientele that it is out of the scope of consumers to use homeopathy within the public domain for complex acute and chronic complaints. In doing so, homeopathy education and the profession as a whole is strengthened and safeguarded.

A risk assessment process should address the following levels of concern:

* What areas of “practice” pose a risk to the public and why?
* Identify potential risk factors where *homeopathy instructors*, in exchange for fees, consult with consumer groups about how to use homeopathy or “practice” what they learn.
* Identify potential risk factors where *professional homeopaths*, in exchange for fees, consult with individual clients about how to use homeopathy or “practice” what they learn.
* Identify potential risk factors where *homeopathy instructors*, in exchange for fees, educate professional homeopaths who seek continuing professional development to advance their practice through life-long homeopathic studies.
* Identify the levels of risk to the practitioners and their clients and to the instructors and their students or to the public.
* List agreed upon safeguards that match the risks at each level.

## Sequential Learning

This process assists homeopathy educators to differentiate between the various *levels of learning* about the use of homeopathy and by whom. Levels range from a pre-foundational level (i.e., informal education) for minor first-aid uses of homeopathy to the broader foundational and advanced levels (i.e., formal education). The first level is absent of the rigorous and multifaceted components of clinical training and public practice standards for the professional homeopath (see *Table 1*: *Levels of Learning*). The agreed level of formal education and clinical training outlined in the standards and competencies included in this document addresses the various work roles and responsibilities of professionals who engage in providing services to the public.

Mastering the art of homeopathy over time entails helping students individualize and internalize a combination of styles of learning. In teaching the professional practice of homeopathy, the student acquires foundational skills through repeated teaching, observation, feedback and practice. Over an adequate amount of time, they must learn to assess, analyze and solve complex problems in a systematic manner. This style of training contributes to a more coherent and professional delivery of quality services rendered to the public by qualified homeopaths. This integrates various work roles and responsibilities that contribute to success in the workplace after graduation.

A sequential learning style is a series of logical steps and complex actions that define mastery. A logical ordering of learning activities undertaken by homeopathy students is the fundamental structure in homeopathy education. Complex skill acquisition takes place *sequentially*, whereby each element of a task builds on previous elements, *before the next task is mastered*. Sequential training helps students to achieve a well-defined, hierarchical, agreed level of competence and avoids the teaching of a disorganized and poorly prepared homeopathy education and clinical training program. This approach is a minimum requirement to ensure that a homeopathy education and clinical training program addresses the appropriate safety standards the public expects of professional practitioners.

Sequential learning also assists homeopathy educators to differentiate between the various levels of learning for the student. Sequential levels of knowledge, skills, and abilities must be well articulated to guide potential measurement criteria for assessing competency and achievement levels before moving on successfully to master the next level of learning. The agreed level of formal education and clinical training outlined in the inclusive standards and competencies in this document, in sum, help articulate the various work roles and responsibilities of professional homeopaths who engage in providing services to the public.

Table 1 below delineates the Levels of Learning in homeopathy education. Each level identifies its domain of practice, its use or application, in which domain, for whom and by whom. It helps define a sequential range or scope in the education and clinical training of professional homeopaths by level:

1. Basic level. Informal, domestic first-aid courses, for beginning students, that do not include rigorous and multifaceted components of education, clinical training nor supervision set forth by professional standards of public practice.
2. Pre-foundational level. Limited certificate programs, for beginning and/or experienced students, that include well-defined education, clinical training supervision criteria for complex acute situations set forth by professional standards of public practice.
3. Foundational level. Formal and sequential education programs, includes beginning clinical observation, training and supervision, for professionals-in-training, as articulated in the standards and competencies for public practice outlined in this document.
4. Advanced level. Typically integrated within formal and sequential education programs, includes advanced clinical training and supervision, for professionals-in-training and/or matriculated experienced professionals, as articulated in the standards and competencies for public practice outlined in this document.
5. Post-secondary level. Higher level and/or sequential education beyond foundational and advanced levels, for trained professionals, with or without a clinical training or supervision component. This level may or may not include continuous professional development criteria or requirements for accredited re-certification or state re-licensure and is not typically appropriate for beginning student or those who do not practice in the public domai

***Table 1: Levels of Learning Homeopathy***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LEVEL OF LEARNING** | **DOMAIN** | **USES OF HOMEOPATHY** | **FOR WHOM** | **BY WHOM** |  |  |
| 1. Basic Level   (i.e., individual courses *without* clinical training or supervision) | Private | Domestic/Personal first-aid uses | Family | Consumers | Mary A, Sue M, Paola B etc |  |
| 1. Pre-foundational level     (i.e., post-secondary [bachelorette degree] programs *with* clinical training or supervision) | Public (or medical or licensed providers) – simple acutes only | Simple Acute scenarios | Public – simple acutes only | Professional-in-Training | Year/Sem One  Exit Point? | Clinical Training |
| 1. Foundation Level | Public | Complex acute and chronic complaints | Public (in supervision) | Practitioners-in-Training | Year/Sem Two/Three |
| 1. Advanced Level | Public | Complex acute and chronic complaints | Public (in supervision) | Practitioners-in-Training  Experienced Professionals | Year/Sem Three or Four  Exit Point? |
| 1. Post-secondary learning arena *with or after* clinical training, supervision and/or continuing professional development courses (CDP) | Public | Complex acute and chronic complaints | Public (in supervision -optional) | Professional Practitioners | Graduated |

Recognition of the foundational levels of learning is critical in the successful management of potential risks to all parties involved. Learning the extensive principles and application of homeopathy requires an understanding and acceptance within the entire homeopathy education community about carefully applied *sequential learning* (i.e., a series of complex actions in which one part of a task is learned before the next to achieve an agreed upon level of competence).

In situations where homeopathy moves out of the private and into the public domain, where practitioner and instructor accountability and responsibility increases, the level of learning which includes clinical training and supervision becomes paramount. The level of understanding and experience required for the prudent and correct uses of homeopathy in numerous complex and chronic complaints cannot be overstated. Mastering this knowledge better prepares the professional homeopath to anticipate and mitigate unintended and potential risks and legal liabilities while performing their job whether as a clinical practitioner or as a homeopathy instructor. These distinctions forewarn professional homeopaths to limit their instruction exclusively to informal education around minor first-aid situations when engaged in commercial activities with consumer group clientele.

## Guidelines for Risk Management Procedures

The following results of the review of the guidelines highlight the inherent boundaries between using homeopathy as an individual health consumer in the private sector vs. providing commercial instruction about how to use homeopathy in exchange for fees to consumer groups, including on social media and distance learning platforms. To uphold the highest possible professional ethics and behavior when engaged in commercial homeopathy instruction to health consumers, it is strongly recommended that professional homeopaths or homeopathy instructors:

* Limit homeopathy instruction exclusively to informal education around minor first-aid situations.
* Refrain from instructing health consumers how to apply complex homeopathic recommendations or protocols when they lack the necessary foundational education and clinical training.
* Refer clientele to seek formal education and clinical training if they wish to learn how to use homeopathy for complex acute and chronic complaints.
* Publish public disclaimers about their professional limitations on all written materials, including on the internet.
* Publish a written Code of Ethics and a Consumer or Student Bill of Rights.
* Disclose fully and publicly in writing their formal training and qualifications, professional credentials and job experience.
* Understand their commitment to safeguard the public when operating a commercial business in which they instruct how to use or dispense homeopathy.
* Provide written disclosures or obtain informed consents, where appropriate.

### Three Branches Provide Accountability in Homeopathy Education

Small but vital organizations have laid important groundwork in homeopathy education. This is an essential organizational step in the birth and development of every recognized profession. Through the efforts of many leaders in homeopathy education, the entire profession of homeopathy in North America has established and advanced a well-defined scope of standardized and foundational education, clinical training and professional practice.

Homeopathy as a profession deserves to be recognized for the good work it does. It has a duty to articulate to the public how it works collectively, with a system for appropriate “checks and balances”, as well as demonstrate its intention to self-monitor its community-defined fundamental standards of practice.

The three functional branches which constitute homeopathic self-governing in North America are: 1) *the academy*, 2) *the examination board*, and 3) *the professional association*.

Each branch of the profession requires organizational independence to prevent obvious conflicts of interest. But the profession promotes collaborative inter-dependence as *equal leaders* in education, training and practice. The following organizations correspond to the three branches named above:

### 1) The Academy

#### Accreditation Commission for Homeopathic Education in North America (ACHENA)

ACHENA represents the academy. It functions to uphold community-established standards of higher education in homeopathic training. ACHENA accreditation of homeopathy schools bolsters national standards for the training of professional homeopaths. ACHENA complies with non-governmental, peer-evaluation accreditation standards by monitoring guidelines for the standards and practices of educational institutions and continuing education training activities. ACHENA builds public trust in homeopathy by ensuring that schools seeking accreditation receive consultation and support in achieving educational standards and that their students receive due process in the event of a school’s shortfall.

### 2) The Examination Board

#### Council for Homeopathic Certification (CHC)

The CHC represents *the examination board*. Certification exams aim to test the individual’s level of competence, validated knowledge, skills and abilities, in order to establish their professional fitness to practice. The CHC functions to uphold the national standards of professional behavior and competencies of practice in classical homeopathy. Its certification exam requires applicants to meet rigorous foundational education and clinical training standards. This branch’s function is distinct from compliance with a government-regulated licensing board or achievement of a one-time training program certificate. The CHC maintains continuing competency criteria for meeting recertification and grants the professional title, *Certification in Classical Homeopathy (CCH)*, which must be renewed upon completion of continuing education requirements throughout the career of the practitioner. The CHC has achieved accreditation of the CCH exam through the Institute for Credentialing Excellence (ICE).

### 3) The Professional Association

#### North American Society of Homeopaths (NASH)

NASH is one of five national homeopathic professional membership or trade associations in North America (described below) that constitute *the membership.* It promotes the highest level of excellence in homeopathic practice while enhancing the role of the profession as an integral part of health care delivery. It represents the independent professional homeopath and grants the internationally respected designation, Registry of the Society of Homeopaths, North America (RSHom (NA)). NASH conducts eligibility determination reviews based on six criteria for approval, including at least 500 training hours with supervision. Additional criteria for all applicants include written case submission from independent practice with at least six months’ follow-up.

Other homeopathy membership groups with their own eligibility criteria include:

* The Homeopathic Nurses Association (HNA) represents the special interests of nurses who use homeopathy; it has no member designation.
* The Homeopathic Academy of Naturopathic Physicians (HANP) represents the special interests of naturopathic physicians who use homeopathy and grants the title, DHANP.
* The American Institute of Homeopathy (AIH) represents the special interests of licensed physicians who use homeopathy and grants the title, DHt.
* National Center for Homeopathy (NCH) represents the consumer and membership has no member designation.

Accredited education and national certification have emerged to foster best practices through standardized foundational education and entrance examination and maintenance of competence over a practitioner’s career. Continuous professional advancement, life-long learning and service in homeopathy is achieved through national and local practitioner membership organizations. As “gatekeepers,” all branches uphold rigorous entrance and completion standards in higher education that continuously promote professionalism.

## Changes in health care provision, education and learning technologies since the 2010-2013 review

This next section relates to the identifiable changes relating to practice and learning technologies in homeopathy in 2021. Understanding the educational landscape is made even more complex because modern students are able to access learning resources of homeopathy educational content electronically, sometimes CPD resources while by passing formal institutions. This can have the effect of making discernment of prospective students more complicated.

Independent of individual’s experiences, perceptions and belief systems relating to technology use in homeopathy the COVID experience has demonstrated that homeopathy schools are now required to embrace technology and teach using it and about it. The realities are clear and the imperatives to create educational outcomes of quality are equally as relevant.

### Clear trends taking place in education broadly

Significant and meaningful research has explored changes in primary, secondary and tertiary education (including but also extending beyond a health care focus) in response to developments in learning and digital technologies. Questions remain about the use of new technologies in the education sector and the possible implications for students, educators and institutions. In particular, recent research initiatives have focused on faculty resistance to change in academia, the digital divide between subsets of students and the digital divide between students and faculty. So embedded and normalised are digital technologies becoming in modern tertiary education that they are often now considered ‘unremarkable’ to educational researchers. Further, tertiary institutions still appear to be reacting to the disorderly impact of new technologies and struggling to stay aligned with the expectations and demands of digitally attuned students who have ‘grown up digital’ and who are observed to be reliant on digital technology in ways that earlier generations were not.

### Learning technologies in education

Significant research has been completed in the last decades on the theory and andragogy of online learning and the impact of the implementation of learning technologies. Educational technologies include: the use of new tools and applications to teach and assess content; the delivery of content from learning management systems; eReaders and eBooks; the storage and collation of data in content management systems; the use of technologies for synchronous and asynchronous delivery such as webinar tutorials; pre-recorded lectures delivered any time, any device, anywhere; and the use of direct face to camera video. In education, questions are arising about the use of educational technologies and the consequences of those changes and technologies for students, educators and educational outcomes. As a consequence of these developments, it is recommended that schools educate students clearly about the use of technologies where relevant and take steps to enhance their digital literacy and fluency.

### Technologies in homeopathic practice

Little is known about the use of digital technologies in CM or homeopathy clinical practice. These practice enhancing technologies include, but are not limited to, applications and software specifically oriented to the technical disciplines of homeopathy (e.g. repertory software such as Radar Opus and Synergy). In addition, there are many practice management softwares available in CM clinical settings (Clinic Essentials, Clinko, Birdsong, Unified Practice, Compass, Practice Fusion) to assist clinicians in the management of their practices, bookings, report writing, as well as patient and information management. There are also simply the generic applications used in ‘modern life’ and information and financial management tools such as Dropbox, Xero, Email, Excel, Outlook, Word, Online calendars for bookings, and a variety of online databases. As a consequence of these developments, it is recommended that schools educate students clearly about the use of these practice enhancing technologies and demonstrate best practice in clinical training.

### Telehealth trends in healthcare

In parallel, telehealth is now being widely employed in conventional health care and also appears to be employed in many areas of homeopathy clinical practice. Telehealth is described as, ‘a collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies. Tele-health encompasses a broad variety of technologies and tactics, such as zoom, skype, google hangouts.’Patients and practitioners exhibit increasing willingness to adopt internet, M-health and telehealth applications as part of managing individual health care. Cost benefit and comparisons between conventional care and telehealth provision are widely researchedin the fields of nursingand psychiatry. Sporadic studies into mindfulness,yoga,and music therapyhave been conducted in CM. Currently, there is no research at all looking into the teaching of telehealth skills or broader public health implications in homeopathy schools or colleges. It is expected that homeopathy schools will teach students about the application and compliance of telehealth.

### Digital literacy, digital divide and digital resistance

Current research suggests that the closest we have to truly understanding technology adoption is to understand the complex moving parts that make up digital literacy. To be a homeopathy student in 2021 it is expected that you will engage online. As a consequence of these broader trends in healthcare and in digital literacy it is expected that schools will make meaningful attempts to upskill staff and students and provide meaningful orientation and digital skills to for those stakeholders.

It is expected that schools will make meaningful attempts to collect data on and analyze their student body to understand its diversity and features.The importance and implications of this level of student diversity also relate to the now considerable body of research in the arena of ‘non-traditional students’. It is accepted that the enrolment of larger numbers of non-traditional students - here defined as a student where age, family and work responsibilities as well as other life circumstances, race, gender, non-campus residence or level of employment can interfere with successful completion of educational objectives- require institutions to necessarily invest in and provide more resources for technology support, library services, academic and scientific writing skills and services to support them.Non-traditional student’s attrition rates are higher and their retention rates trend lower than ‘traditional’ full-time students.As a consequence of this, it is expected that schools will make meaningful attempts to understand the features of student attrition and make attempts to lower rates through the implementation of a clear plan.

### Learning from data

It is expected that schools will learn from the data they collect and that meaningful and regular attempts at collecting and analysing the data enables them to understand the unique drivers, perceptions, experiences and opinions of students and staff. This includes understanding digital downsides and drawbacks, digital distress linked to technologies, digital literacy divisions and sub-divisions.

## A Note About the Practice of Homeopathy and the Range of Professional Homeopaths

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

## Purpose and objectives of this document

Since the 1970’s there has been a resurgence of the use of homeopathy due to increased awareness by consumers and other health care professions. This document presents the consensus of stakeholders within the profession the standards and competencies by which the public, other healthcare professions and other professional organizations can judge the standing of homeopathy as a profession. The ways in which this document may be used include:

* As a guide to assist homeopathic educators in establishing curriculum
* As a guide to assist in accrediting educational programs, seminars, etc.
* As a guide to certifying bodies ~~as~~ to determine the competencies required for practitioners’ entry level into practice.
* As a statement to the public and other interested parties of the status that homeopathy has as a profession
* As a statement to other professional organizations and homeopathy’s self-regulatory bodies of the standards and competencies by which the homeopathic profession is identified—within a spectrum of various ways in which homeopathy is practiced

The means of acquiring the competencies described in this document can include formal instruction, supervised clinical experience and individual study. Ideally it should include all three. The competencies and standards presented in this document 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 and certification processes. Taken together, they are meant to be an expression of what the community holds as the core skills, attitudes and knowledge required to practice homeopathy effectively.

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

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

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

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

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

## **H**omeopathy and Practice

Homeopathy has been used for 200 years to restore the sick to health by providing “the most rapid, gentle, and permanent restoration of health, or removal and annihilation of disease, in its whole extent, in the shortest, most reliable, and most harmless way, on easily comprehensible principles” (Hahnemann, 1996). Homeopathy is based on natural laws and practices of health and healing as described by Doctor Samuel Hahnemann and others, including:

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

Homeopathy is a complete system of healing that has its own time-tested principles of care. These principles are fundamentally different from those of the allopathic (western, bio-medical or conventional) medical model of disease diagnosis and treatment. Therefore, homeopathic standards and competencies are not expressed in, nor constrained by, the terminology and concepts of allopathic medical methodologies. Although homeopaths are expected to demonstrate certain competencies in health sciences, these are not expected to be used in the same way as in the allopathic medical model. That said, it is expected that homeopathic practitioners who are licensed or regulated by states, provinces, or other jurisdictions will observe appropriate steps to comply with that status in their practices.

### The Practice of Homeopathy

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

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

## Overview of the Current Political-Legal Environment for Homeopathy

The current legal status of homeopathic practice varies among the countries in North America and within their political jurisdictions (states, provinces, etc.). Most regulation of the practice of medical care is at the state or provincial level, and over the past 200 years homeopathy has gone from being widely accepted, to being, at best, tolerated, to its current reemergence as a recognized part of the healthcare spectrum.

*[This topic is discussed in Appendix 3 – Details of Current Political-Legal Environment for Homeopathy in North America.](#bookmark=id.1t3h5sf)*

# The Education Standards and Competencies of Practice for Homeopathy in North America

# Part 1: Skills Knowledge and Attributes of the professional homeopath

## History & Development of Homeopathy

### Competencies

The practitioner of homeopathy is able to:

1. Cite the development of classical homeopathy and the social cultural and historical forces that have influenced its practice over its 200-year history.
2. List the philosophers and authors who have had major influences on homeopathic thought and be able to place them in context.
3. Demonstrate awareness of homeopathy's current place in the healthcare landscape both in terms of trends of practice of the discipline in various locations, and the current legal and political climate.

### Educational Standards

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

Curriculum includes:

1. History of Medicine: Hippocrates to Galen and Paracelsus

2. History of Vitalism: Paracelsus to Hahnemann

3. History of Homeopathy

a. Hahnemann and his contemporaries

b. Familiarity with the Organon and its different editions

c. Familiarity with early generations of homeopathic authors

d. Familiarity with the older and more contemporary perspectives on the history of

homeopathy

4. World History of Homeopathy

a. The spread of homeopathy and its proponents

5. History of Homeopathy in North America

1. The spread of homeopathy to NA, and its proponents
2. Familiarity with philosophers, and authors that have had major influences on the homeopathic discipline and profession as it developed
3. Summary Overview of the history of other forms of holistic medicine: Naturopathy, traditional oriental medicine (acupuncture and herbal), and Ayurveda.

## The Principles, Theory, Philosophy and Methodology of Homeopathy

Professional practitioners have a thorough understanding of the principles and mechanisms of homeopathy that inform its theories and guide implementation in clinical practice. The principles, theory, philosophy and methods of homeopathy are based on foundations that are over 200 years old.  These have stood the test of time - expanded, but not significantly changed. Modern physics and nanoparticles research is beginning to be able to demonstrate the mechanisms explaining homeopathy’s action.  Practitioners demonstrate familiarity with current research that explains mechanisms behind homeopathy's action.  It is essential that homeopaths raise public awareness of what makes homeopathy unique, as practice according to the principles, theory, philosophy and methods of homeopathy is or is not safe, effective, and cost effective.

### Competencies

Practitioners of Homeopathy:

1. Relate the principles of and mechanisms behind homeopathy that guide its theories and implementation in clinical practice;
2. Identify that principles, theory, philosophy and methods of homeopathy are based on foundations that are over 200 years old;
3. Demonstrate familiarity with emerging theories that explain the mechanisms behind homeopathy;
4. Possess knowledge of the natural world and the human body sufficient to understand the principles, theory, philosophy and methods of homeopathy and homeopathic therapeutics
5. Demonstrate a thorough understanding of the principles, dynamics and nature of health and disease from the perspective of a homeopath.
6. Illustrate the ways the homeopathic view differs from the allopathic view, and other views of health and disease, both current and historical;
7. Demonstrate knowledge and understanding of the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings including:
   1. Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3[[1]](#footnote-1) of *The Organon*
   2. Principles of Cure, as taught by Hahnemann
   3. Understanding Disease
   4. Taking the case
   5. Acquiring knowledge of remedies
   6. Homeopathic management of disease (on all levels)
   7. Intermittent diseases
   8. Case management (both theoretical and practical)
   9. Differences among the concepts of homeopathy, isopathy and allopathy
   10. Primary and secondary actions of homeopathic and allopathic medicines
   11. The action of potentized remedies
   12. Preparation/manufacture of homeopathic remedies
   13. Different potency scales, including: X, C, D, K, LM, and Q
   14. Administration of homeopathic remedies, including the forms in which they can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)
   15. Possible responses to remedies, including models put forward by respected teachers and clinicians in homeopathy

8. Demonstrate the ability to discern the direction of case progress and related aspects of principles, theory, philosophy and methods of homeopathy as enumerated by authors recognized by the global homeopathic community.

### Educational Standards

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

#### Fundamental Concepts of Homeopathy

* Concept of health, disease and healing.
* Differences between homeopathy, isopathy and allopathy
* Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of *The Organon*.
* Concept of susceptibility and causative factors.
* Concept of the Vital Force.
* Case management according to the Law of Similars.
* Principles of homeopathy.
* Definition of basic homeopathic terms.
* Concept of the dose.
* The single remedy.
* Potency scales, including: X, C, D, K, LM, Q.

#### Symptoms

* Strange, rare and peculiar symptoms.
* Common and uncommon symptoms.
* Hierarchy of symptoms.
* Classification of symptoms.
* Suppression of symptoms.

#### Classification of diseases

* Miasms
* Natural and Artificial
* Acute and Chronic
* Etiologies
* Suppressed disease
* One-sided disease
* Stages of disease process
* Epidemics and genus of epidemics
* Mental and Emotional diseases
* Intermittent diseases

#### Case Management

* Primary and secondary action
* Evaluation of client response to remedy
* Second prescription
* Direction of cure, as taught by Hahnemann and other homeopathic authors
* Obstacles to cure, as taught by Hahnemann and other homeopathic authors
* Management of disease on all levels
* Posology-including the forms in which remedies can be given (i.e. liquid, powder, tablet, globules, inhalation, or others).

## The Materia Medica of Homeopathy

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

A practitioner decides which homeopathic remedy is most likely to relieve the suffering of an individual by matching the symptoms of that particular person to symptoms of one of the remedies as described in the materia medica and other writings.

Also broadly included in materia medica are the innumerable books, lectures, and other types of information about particular homeopathic remedies or groups of remedies. Much of this was written in the past several decades by respected homeopathic practitioners who have combined their reading of earlier texts and understanding the source material with their clinical experience to present to their colleagues new ways of understanding the full, rich, and unique characteristics of homeopathic remedies and to connect them to illnesses.

These categories can be used in several ways:

1. Remedies for which many well-substantiated symptoms have been recorded (e.g. *Sulphur*) versus ones for which we have few well-substantiated symptoms
2. Remedies that are frequently used for common illnesses (e.g. *Lycopodium* or *Calcarea carbonica*) versus ones that are used less frequently (e.g. *Equisetum*)

### Competencies

1. The professional homeopath is able to:
2. Cite the various sources of information for materia medica. Identify major writers, from Hahnemann to the present.
3. Demonstrate the ability to make effective, efficient, and critical use of relevant source materials to study remedies;
4. Identify and assess that which is curative in particular remedies from the reading of provings and materia medica texts;
5. Make effective differentiation between the curative action of one remedy and another seemingly similar remedy;
6. Conduct thorough and accurate research in a wide range of materia medica sources - not only standard materia medica reference works but also provings, homeopathic software, and the internet.
7. Use information gained from biology, botany, chemistry, physics, mythology, folklore, herbology and culture, identify and utilize the various attributes of remedies including (as applicable):

The homeopath is able to understand:

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

The Doctrine of Signatures

Toxicological history

Miasmatic relationships

Proving symptoms

Sensation and function

Clinical symptoms/pathology

Etiology

Organ and system affinities

Symptoms; Modalities, Generalities, Mental / Emotional symptoms (including delusions, fears and dreams), SRP (strange, rare and peculiar symptoms), Keynote and confirmatory symptoms, Local symptoms, Concomitant symptoms

The homeopath is familiar with:

Remedy relationships

Relationships within the materia medica

Relationships of substances

Periodic table relationships, animal, botanical, fungi and bacterial groupings

Antidotes, affinities, inimicals, complementaries, remedies that follow well

Acute / first aid uses

Comparative and differential study

Progressive stages of pathology of remedies

Chemistry/biology of the substance

The differences among polychrests, so-called ‘small remedies’, nosodes, sarcodes, isopathics, tautopathics, gemmotheraputics, tissue salts, flower essences and imponderables

The homeopath is able to:

Use information gained from case studies (live, paper and video) the homeopath is able to:

Use journals and electronic sources in the study of materia medica

Use repertory comparisons

Understand remedy indications for different stages of human development/stages of life

Demonstrate a variety of ways to learn and understand remedies.

Endeavor to continually expand knowledge of remedies.

Demonstrate several techniques to most easily access information about remedies with which not familiar - particularly to enable identification of “small” remedies that may better fit the symptoms of the case or to find a similar remedy to ones being considered when those remedies do not adequately cover the case.

Apply critical thinking skills, in relationship to materia medica, where does the information come from? Where is the case published? Is it published in a primary, secondary or tertiary source? Students are to demonstrate the capacity to understand the difference between information found on web sites, secondary information not verified, commentary and opinion on websites?

Consider remedies in various ways, and be able to categorize them is in groupings such as:

Remedies that are often used in differentials when a client’s key symptoms are difficult to match to a single remedy;

Know remedies that can be expected to apply to numerous cases in clinical practice;

Know essential remedies for first aid, crisis management.

The list of remedies that a competent homeopathic practitioner should know has been identified by the CHC.

The first list of 155 remedies (Study List of Homeopathic Remedies) has been used as a guide for many years by the Council for Homeopathic Certification. It was the consensus of the 2021 homeopathic summit that practitioners will demonstrate familiarity with the remedies on this list. Some of the remedies on this list are often used and need to be studied in detail. Others are less frequently used or have little information available about them. Those in the former category need to be studied thoroughly, from many aspects. Those in the latter group should primarily be studied for symptoms that distinguish them (“keynotes”), especially symptoms that would be used in performing a differential between remedies, or for remedies that are best known for specific uses (e.g. right-sided sore throat).

*[(See Appendix 4 – List of Homeopathic Remedies)](#bookmark=id.111kx3o)*

### Educational Standards

Educational programs provide students with a thorough appreciation of the homeopathic materia medica. The programs should adequately cover the subject matter in Homeopathic Materia Medica Competencies (above), including:

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

How to compare and contrast information about remedies to appreciate what is similar and what is different about them. Methods for this include: Using categories such as “families” (relationship of remedies grouped according to plant or mineral constituents) to bring into consideration a less used or less familiar remedy by referencing its similarities to another remedy (including demonstrating critical thinking skills in relation to the kingdom/family approach)

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

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

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

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

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

Toxicology

Pathogenesis

Pharmacology

Nomenclature

Homeopathic proving – Authors and methodology, Clinically confirmed symptoms, Repertory rubrics, Etiology

Different approaches to symptomatology

Totality of symptoms

Individualizing symptoms (‘strange, rare, and peculiar’)

Mental/emotional (including delusions, fears and dreams)

Concomitant symptoms

Symptoms suggestive of miasmatic influence

Organ affinities

Pathognomonic symptoms

Modalities

Sensation and function

Acute and first aid uses

Remedy relationships (family groupings)

Mineral groupings and relationships, animal and botanical groupings

Chemistry/biology of the substance

Antidotes, affinities, inimicals, complementaries, remedies that follow well

Polychrests, so-called ‘small remedies’, nosodes, sarcodes, isopathic remedies, bacteria and fungi, and ‘imponderables’, Tautopathic remedies and tissue salts

How materia medica applies to other approaches or aspects of remedy study -

Constitutional types

Essences

Core elements

Central delusion

Central disturbance

Developmental stages in remedies from the picture in health through to deep pathology

Remedy indications for different stages of human development/stages of life. Miasmatic influences, and newer methods (including critical thinking about those methods)

Clinical application

Remedy relationships

Comparative Materia Medica

Differential Materia Medica

Successful cases

Awareness of how Materia Medica is constantly evolving

Awareness of ways in which, electronic tools, databases and techniques lend themselves to learning remedy indications and comparison in the study of materia medica

## 4. Provings in Homeopathy

### Provings

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

### Competencies

Professional homeopaths demonstrate an understanding of the basic purpose of conducting provings, types of provings and their importance to the evolution of the homeopathic “materia medica”.

Professional homeopaths are familiar with national and international standards for conducting homeopathic proving—including the standards used by the HPCUS, and harmonized 2015 LIGA, ECH and ECCH guidelines.

Practitioners of Homeopathy demonstrate the electronic digital skills to be able to search for modern provings that are often only available electronically.

Homeopaths demonstrate understanding of the importance of supporting research efforts to conduct provings, including conducting or voluntarily participating in provings themselves, according to strict protocols established by respected homeopathic research organizations and appropriate informed consent procedures, as well as institutional review boards that implement ethical standards for research involving human subjects, including those related to privacy and confidentiality.

### Educational Standards

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

1. Fundamental knowledge of homeopathic proving method
2. The purpose of provings.
3. The history of provings (Hahnemann through modern methodologies
4. Types of provings (informal/partial through Hahnemannian).
5. Provings in relation to allopathic drug trials.

Programs will impart information covering:

1. Guidelines and Protocols for Provings
   1. The substance
   2. Natural History of a Substance

b. Preparation of the substance to be proven

c. The structure of a proving group

d. Posology

e. Record keeping

f. Supervisor or 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
6. Ethical and legal issues related to provings
7. Informed consent and blind studies
8. Knowledge of use of placebos in provings

## 5. Research in Homeopathy

Research into the basic science, clinical research and some practice-based research has been prevalent in Homeopathy for a number of decades. Only recently however, has it been perceived as critical to the skills and competencies of practitioners that basic research skills be taught as a part of a school curriculum.

### Competencies

Homeopaths demonstrate familiarity and understanding of current homeopaths and health sciences research as well as research in the basic sciences (exploration of the mechanism of action) as it pertains to homeopathy and its guiding theories and mechanism**.** Homeopathic practitioners demonstrate a foundational understanding of how to evaluate research in homeopathy and are able to weigh the value of research they are reading. This includes:

1. Demonstrate familiarity with contemporary basic science research on homeopathic medicines and their biological action.
2. Demonstrate the ability to comprehend and evaluate trade and journal articles describing homeopathic and medical research studies, as well as community science research in homeopathy - Peer reviewed, published research papers on provings and other relevant research such as Clinical Outcomes Research, Practice Based outcomes research, Observational Research and Educational Research
3. Employ basic practitioner research techniques in daily homeopathic practice and when implementing practice audits.

### Educational Standards

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

1. Relevant research methodologies including clinical trials, outcomes studies and case reports.
2. Review of the most significant landmark historical studies contributing to the body of research in homeopathy
3. Contemporary Research
   1. Clinical research developments
   2. Basic science research developments that document the action of high dilutions and the mechanism of action of remedies
   3. Surveys of practice patterns
   4. Critical evaluation regarding the degree of completeness of the Repertory (compared to proving information and clinical experience)
   5. Outcome studies
   6. Case reports and case series
   7. Community science research evaluating demographics, cost and efficacy of homeopathic practice within the homeopathic community through surveys and other tools.
   8. Appropriate research tools and techniques that can be used to enhance homeopathic practice.

## The Repertory in Homeopathy

In homeopathy, a repertory is a book or other textual format that provides, in effect, an index to the materia medica. It lists for specific symptoms or attributes of an individual, the homeopathic remedies that are commonly associated with that symptom or attribute. There are many repertories, some general, some limited to specific organs or disease conditions. Many repertories are organized in a hierarchy created by James T. Kent, but there are other repertories organized in other ways. Most repertories list remedies in a way that helps identify which remedies have been most strongly or typically associated with a particular symptom (often with a 1 to 3 ranking). An accurate repertory chart points the homeopath to materia medica and the provings to make a clinical decision.

The advantage of using a repertory is that it provides a quick way to identify which remedies may be most closely associated with a particular symptom of a specific client without having to search through the materia medica. There is no way that the millions of symptoms contained in materia medica can be cognitively retained. But there are several recognized disadvantages. The index is not complete and may contain errors. Also, some of the symptom language in earlier repertories, like Kent’s, is archaic and may reflect terminology, medical knowledge, and cultural biases of that earlier era. Computer software specific to the practice of homeopathy has helped repertories to evolve and has provided other ways to search materia medica. Advanced repertory skills must be mastered by all homeopaths.

### Competencies

1. The practitioner of homeopathy demonstrates knowledge of the structure, purpose, and limitations of the various repertories and demonstrates competent use of a range of repertories in case analysis.
2. The practitioner of homeopathy demonstrates knowledge of ways of analyzing a case other than by repertorization.

### Educational Standards

General areas of study:

1. Introduction to repertory:
   1. Purpose, history, additions and organization of repertories
   2. Boenninghausen’s repertory (the first repertory)
   3. Kent through modern repertories, including computerized repertories
2. The general layout of repertories and limitations of various repertories:
   1. Grading of symptoms/rubrics in each
   2. Organization: Kent’s through newer organizing techniques
   3. Strengths and limitations of older repertories, especially Kent’s
   4. Structure of various repertories
   5. Using the repertory in homeopathic case analysis
   6. Understanding the basic organization of each section of the repertory
   7. Understand the structure of computerized repertories including their strengths and limitations (and why they have different entries into similar or the same rubric)
3. Purpose of rubrics and sub-rubrics and how they are developed and organized:
   1. Common and confusing rubrics
   2. Cross referencing important rubrics
   3. How to choose the best rubrics for a case
   4. Combining rubrics
   5. Errors in rubric indenting
4. Terminology and abbreviations used in the repertories, including contemporary and anachronistic medical terminology
5. Ways to translate contemporary language and meaning into the language of a repertory (or the materia medica) and ways to interpret the language of a repertory (or the materia medica)—within its historical and social context—into contemporary language and meaning
6. Various tabulation tools—their strengths, limitations and uses:
   1. Computer repertory
   2. Paper and graphs,
   3. other techniques
   4. Their use in modern practice
7. Different roles of repertorization in selecting a remedy:
   1. How to use the repertory effectively
   2. Different types of repertory analysis
   3. Limitations of repertories
8. Gaining familiarity with a range of current computer programs and the repertories available in that program and being able to select and use a well-matched repertory for a given case.
   1. Examples of computer programs include those made by Miccant, Synergy, Zeus, Complete Dynamics, Zomeo, HomeoQuest etc
   2. Specific repertories that may be functional with a given computer program or in book form include *Schroyen’s: Synthesis*, *Van Zandvoort’s: Complete Repertory, Boennighausen, Dimitriadis’ TBR2, Boger, Knerr, Kunzli’s Repertorium Generale, Murphy’s Clinical Repertory*
9. Awareness of methods other than repertorization to review and study materia medica

Specific areas of study:

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

1. Rubrics, sub-rubrics, grading of symptoms
2. Construction of symptom arrangement: (CLAMS, STEMLS)
   * 1. Timings
     2. Sides
     3. Sensation
     4. Location
     5. Modalities
     6. Extension
3. Content of the main sections
4. Detailed examination of specific general sections of the repertories with definition of pathological terms in historical context:
5. Generalities
6. Chill
7. Fever
8. Perspiration
9. Others
10. Content and modern use of the Mind section
11. Rubric groupings and foundations for rubric definition—differentiating between similar rubrics.
12. Problems and mistakes in Kent and other repertories
13. Omissions—Kent’s repertory does not include all information available to him
14. Additions

Different Approaches and techniques of repertorization:

Combination and elimination

1. Instruction on the use of repertory grid
2. Others

## 7. Posology in Homeopathy

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

### Competencies

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

### Educational Standards

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

1. The circumstances of the client’s vitality and age, and the onset, duration and intensity/severity of symptoms
2. The methods of administration of a remedy, including dry dose, wet dose, split dose, topical, olfaction, suppository, as per the different editions of the Organon
3. The frequency of dosing
4. Remedy potency and frequency of administration in acute versus chronic (and acute in the course of chronic)
5. Appropriate circumstances for the use of lower or higher potencies, including exact match in chronic cases (simillimum), young otherwise healthy person with acute symptoms, etc.

## 8. Pharmacy in Homeopathy

A working knowledge of pharmacy in homeopathy is critical for the contemporary practitioner. This includes knowledge of how remedies are manufactured but also how they are dispensed. This is especially so as in some jurisdictions practitioners readily order, store, and dispense remedies to the clients, whereas in other jurisdictions this is considered to close to the ‘practice of medicine’ and clients order their remedies from manufacturing or dispensing pharmacies.

### Competencies

It is expected that the practitioner of Homeopathy has a working knowledge of:

1. the manufacture of remedies
   1. the difference between a manufacturing and a dispensing pharmacy
   2. the sources of all remedies
   3. the process by which remedies are made into mother tinctures according to the different directives in the Organon and in the Chronic Diseases
   4. the changes in pharmacy as a consequence of different editions of the Organon
   5. the traditions of homeopathy versus the modern commercial realities of remedy manufacture (photo chromatography)
2. the dispensing of remedies
   1. methods of administering remedies to clients
   2. the scales of dynamization - starting with mother tincture
   3. the different scales used - decimal, centesimal, 50 millesimal
   4. the different methods of preparation – multiple vial Hahnemann, single vial Korsakoff
   5. the model of potentization through succussion
   6. the application of the concepts of dilution and succussion in the choice of homeopathic remedy potency and dosage as it pertains to the sensitivity of the individual and to his or her vital force

### Educational Standards

It is expected that accredited schools teach students to have a working knowledge of:

1. the manufacture of remedies
   1. the difference between a manufacturing and a dispensing pharmacy
   2. the sources of all remedies
   3. the process by which remedies are made into mother tinctures according to the different directives in the Organon and in the Chronic Diseases
   4. the changes in pharmacy as a consequence of different editions of the Organon
   5. the traditions of homeopathy versus the modern commercial realities of remedy manufacture (photo chromatography)
2. the dispensing of remedies
   1. methods of administering remedies to clients
   2. the scales of dynamization - starting with mother tincture
   3. the different scales used - decimal, centesimal, 50 millesimal
   4. the different methods of preparation – multiple vial Hahnemann, single vial Korsakoff
   5. the model of potentization through succussion
   6. the application of the concepts of dilution and succussion in the choice of homeopathic remedy potency and dosage as it pertains to the sensitivity of the individual and to his or her vital force

## 9. Case Taking in Homeopathy

Taking a homeopathic case requires specifically defined skills and mastery. These skills should grow sequentially with appropriate educational training and clinical supervision and experience.

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

The most critical skills include: ‘unprejudiced observation’, attentive listening, perception, freedom from bias or judgment, and the ability to ask well-phrased, empathetic, open-ended questions that elicit useful information that leads the practitioner to a base of knowledge about the client that allows the homeopath to explore relevant issues.

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

### Competencies

The professional practitioner of homeopathy

1. Demonstrates an ability to assess the suitability of the case to homeopathic care that extends beyond domestic first aid use and independently conduct a comprehensive professional homeopathic interview
2. Demonstrates taking a case in a confidential, efficient, non-judgmental, accurate, and complete manner; and in a professional setting; listens, elicits and records information in sufficient detail that will lead to the successful analysis of each individual client’s case; differentiate various types of cases (minor first aid, acute and chronic illness) and, determines a relevant case taking strategy.
3. Understands the complex and intersecting social determinants of health that impact individuals’ and communities’ health, well being and quality of life, and how they contribute to health disparities and inequities such as housing quality, physical neighborhood, income, access to education and job opportunities, racism, discrimination and violence, air and water quality and exposure to environmental toxins.
4. Recognizes that social determinants of health for individuals in BIPOC, religious minority, and LGBTQ+ communities are compounded by institutional racism, sexism, injustice and inequity, and validate the unique experiences of clients from social, cultural, racial and socioeconomic groups that differ from the practitioner’s.
5. Demonstrates consultation skills through:
6. A clarity of perception whereby a professional homeopath possesses sufficient knowledge of health on the mental, emotional and physical levels, to be able to perceive vital disturbance and what needs to be healed in each client.
7. The ability to recognize obstacles to cure, including:
8. The relationship between the physical, social, emotional and economic contexts in which people live and their health and wellbeing, understanding those that are within the client’s control, and those that may be attributed to opportunity, inequity, and social and environmental injustice.
9. The implications for health and disease of personal and family health history, life events and environmental factors.
10. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption, poor sleep, sedentary indoor living, etc.) on an individual’s health and social wellbeing.
11. The resources available to individuals to make changes in their circumstances and lifestyles.
12. How personal beliefs and preferences affect individuals’ lives and the choices they make, the context in which they live and their health and wellbeing.
13. Discern accurately the difference between what is pathological vs. lifestyle, or cultural/community norms that differ from the practitioner- i.e., religious/cultural practices, LGBTQ+ communities, etc.
14. How medical, chemical and recreational drugs and alcohol can sometime results in masking, suppressing and/or alteration of individualizing characteristic symptoms of the original disease symptoms.

In addition, the professional homeopath demonstrates;

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.

The ability to recognize and interpret significant aspects of a client’s appearance, body language, speech and behavior.

Observe and identify the widespread impact of trauma- physical and emotional- on the body, and recognize those signs and symptoms of trauma in clients.

Integrate knowledge about the impact and signs of trauma into all interactions with clients- initial meeting, case-taking, case management, and follow up, so as not to retraumatize and trigger clients.

Understand how intergenerational trauma and institutional bias’ affect BIPOC (Black, Indigenous, People of Color), religious minority, and the LGBTQ+ communities disproportionately. Factor in how these broad, systemic forces may impact outcomes and function as maintaining causes.

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.

The ability to take clear and coherent notes according to the standards and conventions of the healing professions

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.

Investigate and evaluate personal bias- conscious and unconscious-, ingrained cultural and social beliefs and assumptions, and recognize aspects of personal privilege where applicable.

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.

### Educational Standards

Taking a homeopathic case requires special skills. These skills should grow with experience. A well taken case is the basis for sound analysis, repertorization, prognosis, and follow-up; however, in actual practice a great deal more acumen and ability is required for its application, that includes the critical development of a meaningful rapport and a contractual relationship with the client based on mutual respect.

The program provides the student a sequential learning opportunity to observe and take cases in a clinical setting offering ~~with~~ a wide range of pathology and stages of disease in both children and adults to prepare the student for public professional practice. The program ensures that:

1. The student is familiar with case taking from a diverse range of respected homeopathic authors and teachers.
2. The student learns various analytical approaches that require the gathering of different kinds of information.
3. The student becomes aware of signs of trauma and observes those techniques, can support and create safe space for a client to share, and is made aware of approaches that may retraumatize and alienate clients.
4. The student has sufficient opportunity to observe several experienced homeopaths taking live cases, as well as video cases (always subject to the permission of the client) with guided facilitation by a skilled supervisor. In this stage of the student’s education, the mentoring homeopath should elucidate the strengths and weaknesses of the way in which each case was taken by the “homeopath-in-training”, the ways in which the case-taking methods were adapted to the situation of the individual client, and other learning points.
5. The student, alone or in a group of students, has sufficient opportunity to take cases in a setting mentored by an experienced homeopath that provides direct feedback on the art and techniques in a manner that enables the student to hone his or her case-taking skills. The patient, supervisor, case taker all in one space together – live or virtual, for these cases
6. The student will identify and develop awareness of how unconscious bias may negatively influence case-taking.
7. The student will always show compassion and sensitivity in case taking, create a safe therapeutic environment to enable and facilitate the client to express any thoughts, feelings and access memories. The student learns to take a case without prejudice and with respect of boundaries, especially - but not only- in cases of trauma.
8. The student, through self-reflective learning materials, repeated case taking practice and feedback experiences, acquires a thorough understanding of in-depth case taking techniques over a series of visits which form a fabric by which the continuity of homeopathic care can be confidently and successfully managed, and the course of care adjusted as necessary.
9. The student is made aware ofhow power differential in the clinic may be expressed, and how to create therapeutic relationships based on equity and mutual respect.
10. The student understands how case records shall make appropriate references to medical information that is provided by or mentioned by the client - although the types of records to be kept will vary depending on the practice style or licensing requirements for each homeopath. These records are HIPPA compliant.
11. The student, by reading and observation, acquires sufficient understanding of the nature, individualization, sensitivity, confidentiality, and accurate recording of information that together form the professional setting in which cases should be taken.
12. The student reads a range of well-respected homeopathic journals to observe the manner in which cases are recorded, learning the highest standards of accuracy, specificity and comprehensiveness.
13. The student will observe a sufficiently wide range of cases that exemplify varying pathologies, etiologies, severity, and stages minor first aid, acute versus chronic illnesses in children and adults.
14. As much as possible the student will be exposed to a diversity of clientele, for example social groups, ethnic and cultural backgrounds, religious affiliation, sexual and gender identification. Such diversity of exposure will allow students’ opportunities to practice the art of the unprejudiced observer, to identify and examine those experiences that reveal their own bias’, and how to create a therapeutic, respectful relationship with a diverse clientele.
15. The student will be engaged in conversations and reflection on elements of the social determinants of health and the principles informing trauma informed care in the context of homeopathic case taking.

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

*[(See Appendix 5 – Specific Skills for Homeopathic Case Taking)](#bookmark=id.3l18frh)*

## 10. Case Analysis in Homeopathy

Case analysis is at the heart of the application of skills in practice. Competence in this necessary skill is critical for the practitioner and necessary to be taught in accredited schools.

### Competencies

1. Analyze gathered data, identify essential features of the case and their relationships, assesses the relative value of all the information, and determine what information, if any, is missing that is needed for a complete homeopathic analysis.
2. Identify signs of intergenerational trauma and institutional bias in cases.
3. Consider how these broad, systemic forces may impact outcomes and exist as maintaining causes.
4. Demonstrate ability to synthesize disparate information into a homeopathically meaningful totality and understanding of disease categories and from that analysis develop a case management strategy based on the knowledge of homeopathic principles.
5. Analyze what needs to be addressed in a case; identify the central disturbance or center of gravity and themes of the case; identify what is distinguishing and characteristic within the ”totality” of symptoms in the mental, emotional and physical spheres -combined. Determine and record the effect on the case analysis of any information that is judged to be missing, incomplete, or contradictory.
6. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities.
7. Describe the sensations and functions (Kentian concepts) of the individual and evaluate the vitality and health of the person (in homeopathic terms, the “vital force”). Record and evaluate the client's personal and family history; miasmatic history; evidence of intergenerational trauma; susceptibility; suppression; organ affinities and systemic effects. Prioritize symptoms and explain the hierarchy of symptoms according to homeopathic principles. Demonstrate knowledge and utilization of modalities (such as: time of day, side of the body, and aggravation or amelioration) that are striking for a particular individual. Apply in analysis the circumstances and timing of the onset of symptoms, aspects of causation and etiology, and their duration and intensity or severity. Identify and isolate “concomitant” symptoms that may have been present at the same time but are due to separate (usually transitory or extraneous) causes.
8. Differentiate between strange, rare, and peculiar symptoms, characteristic and common symptoms. In distinguishing common from characteristic (individualizing) symptoms, consider the client’s apparent pathology based on allopathic diagnosis and recognize symptoms common to that pathology.  Evaluate the effect of any etiological, exciting, or maintaining causes, as well as any underlying susceptibilities. Be aware of the impact of trauma, and social determinants of health that may be compounding maintaining causes.
9. Present case analysis in a manner that can be readily understood by other homeopathic and health care professionals. Demonstrate a knowledge and understanding of the diversity of case analysis strategies.
10. Translate the client’s symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented. Convert observed symptoms into repertory language. Employ research skills, evaluate and ultimately apply information gathered through various sources to the case including: materia medica, provings, journals, databases, and the internet. Demonstrate use of approriate resources to determine how issues of physiology and pathophysiology may influence the case. Reference culturally and socially specific sources where indicated. Illustrate the value, limitations, and (where appropriate) the use of medical reports in homeopathic case analysis.
11. Produce a differential analysis of the main remedies considered, noting the key points for and against each choice, indications and contra-indications . Distinguish and articulate other case management and analysis strategies, and apply them as appropriate. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses.
12. Evaluate the range of different potencies and their relevance to a case and choose a potency. Select the appropriate frequency and method of administering remedies (posology).
13. Document, evaluate and identify obstacles such as antidoting, environmental interference, and iatrogenic influences. Identify possible means to overcome identified obstacles and discuss options with the client.
14. Demonstrate sensitivity and respect for cultural and social differences, as well as social inequities that impact BIPOC, minority religious communities, LGBTQ+
15. **Determine where additional support and services may be needed** to help mitigate the impacts of the social determinants of health and make culturally and socially appropriate referrals.
16. Determine a reasonable prognosis. Identify an appropriate case management strategy and where appropriate determine both short-range and long-range goals.
17. Record all pertinent information for the case at the time of the client’s visit in accordance with HIPAA requirements. Record research and analysis appropriately into case records.

For a discussion of potency and administration issues: see 7 Posology

*For a list of information that a case analysis includes - as the circumstances of the case dictate:* [See Appendix 6 – Particulars of Homeopathic Case Analysis](#bookmark=id.206ipza)

### Educational Standards

Professional programs impart the ability to:

1. Demonstrate how to assess the strength of the vital force, center of gravity, and susceptibility of the client;
2. Evaluate the onset, duration, and intensity/severity of symptoms;
3. Determine the nature of the illness in terms of acute or chronic and analyze accordingly
4. Determine the impact of social determinants of health and indications of trauma, including multi generational trauma.
5. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities
6. Demonstrate diversity of case analysis strategies;
7. Translate the client’s symptoms into repertory language, and repertorize the case in a manner appropriate to the case presented;
8. Employ research, evaluate and ultimately apply information gathered through various sources – including: materia medica, provings, journals, databases, and the Internet;
9. Examine the effects of different potencies and their relevance to a case as well as selecting the appropriate frequency and method of administering remedies (posology);
10. Distinguish and articulate other case management and analysis strategies, and apply them as appropriate;
11. Identify various types of computer analysis techniques and differentiate their strengths and weaknesses
12. Illustrate the value, limitations, and use of medical reports in homeopathic case analysis; and
13. Order and evaluate the resources available to clients in assessing whether they are able to make important changes in their lives that may be beneficial.

## 11. Case Management in Homeopathy

The management of cases in homeopathy is critical to success in practice. Case management is all about what happens after the prescription and action of the first remedy. Understanding traditional and contemporary skills and strategies in case management enhances clinical success. The effective management of cases in clinical practice can be a highly complex issue. Effective management of homeopathic cases reflects the acquisition sequential learning that demonstrates an integration of the fundamentals of homeopathic theory with the practical aspects of maintaining an effective and respectful practitioner-client relationship. It begins with ensuring that a case is appropriate for professional homeopathic care by determining an acceptable prognosis and accepting the responsibility to follow the case until the best possible results have been achieved.

Traditional case management skills involve understanding the instructions provided by Hahnmenann in the Organon, understanding the skills of the ‘second prescription, evaluating the action of the remedy, repetition of the remedy can be applied in clinical cases. Additionally, the relationship between a homeopath and his or her client is a therapeutic one, and the practitioner must recognize that the influence of his or her style of communication and interaction is as important as the clinical management. In order to create and cultivate a healing clinical experience for a culturally, socially and racially diverse clientele, the practitioner must be aware of and actively engage with his or her own limitations, bias and areas for personal introspection and growth. Effective case management requires knowledge of the cases management strategies of Hahnemann, Kent, Close, Roberts and other traditional authors. Effective case management also requires the application of interpersonal skills and responsibility for:

1. Exercising perceptiveness in taking and following cases
2. Practicing respectful, effective, and attentive listening skills
3. Practicing non-judgmental observation skills
4. Displaying respect and open-mindedness
5. Maintaining unconditional positive regard
6. Using appropriate, effective, and sensitive communication
7. Managing the understandable concerns of a client who is not experiencing the level of results she or he had hoped for
8. Maintaining appropriate aspects of the client confidentiality relationship in situations where consideration must be given to contacting outside parties (e.g. child protective services)
9. Managing situational issues, such as forgetting to follow through on a task for which a commitment had been made to a client
10. Collaborating with others including, health-care professionals, clients, and families
11. Displaying adeptness in dealing with clients who are unable or unwilling to pay
12. Getting back to a patient in a timely manner, phone, email or text

### Competencies

The competencies that a practitioner of homeopathy demonstrates in the management of cases include understanding the response to the remedy and taking the correct action. Conducting meaningful follow-up sessions involves;

1. Assessing the multifaceted action of a remedy
2. Identifying and managing any remedy aggravations
3. Evaluating the possible antidoting of a remedy
4. Identifying any return of symptoms
5. Identifying any new symptoms
6. Identifying any proving symptoms
7. Evaluating palliation or suppression
8. Assessing the susceptibility of the client
9. Assessing obstacles to cure, as taught by Hahnemann
10. Employing intercurrent remedies, when indicated
11. Determining when to make a second remedy choice and how to select it
12. Effectively utilizing resources such as: material medica, therapeutic guides, repertories, *Physicians’ Desk Reference (PDR)*, and resources found on the internet
13. Effectively utilizing coaching/mentoring/preceptoring for assistance in case management (especially the new practitioner). Professional homeopaths acknowledge that professional maturity is required to self-identify practitioner limitations in case management aimed at reducing risks to clients during care
14. Ensuring that homeopathic care achieves the greatest possible improvement with minimal disruption to the vital force
15. Synthesize homeopathic knowledge and experience in order to evaluate and supervise the entire course of homeopathic care as an ongoing and cumulative process - an extended cycle of reflection and response. Justify strategies for homeopathic care.
16. Maintain clear and transparent records of case management so that the aim and feasibility of homeopathic care is kept constantly under review. This record keeping, on paper, online, cloud, computer, needs to be secure and HIPPA compliant.
17. Demonstrate knowledge of a hierarchy of change within a healing process and demonstrate ability to provide appropriate communication to clients both during and between follow-ups.

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

### The scope of case management

For the practitioner of homeopathy, case management is driven by the principles of risk management, client safety, and involves several key tasks. The four areas below and the competencies needed to perform them effectively apply to professional homeopathic practitioners. However, specifically how the practitioner-client relationship and the case records are managed will be influenced by the license or regulations, if any, under which each professional practices. Since the purpose of this document is to describe competencies for homeopathy, it does not address the various requirements practitioners may need to consider in addition to the scope of homeopathic case management.

The scope of case management includes the following areas:

1. Management of the practitioner-client relationship
2. Homeopathic management of the evolution of the case
3. Homeopathic management of the dynamics of the case
4. Management of the case records

Additional details are provided in:

*[Appendix 7 – Homeopathic Case Management Guidelines](http://livepage.apple.com/)*

### Management of the practitioner-client relationship

Prior to an initial visit, the practitioner employs appropriate methods to ensure that the client will be aware of the nature of homeopathy (including the basic perspectives of the homeopathic approach to ‘illness’ and ‘cure’, the nature of the homeopathic interview, the typical course of homeopathy care and follow-up, the general scope and limitations of homeopathy as they may apply to this client, and the training, credentials, and mode of practice of the homeopath). This is conducted in a manner that determines the suitability of homeopathic care for that client at that particular time.

It is the responsibility of the professional to understand the issues of risk management, including but not limited to the capacity to judge the urgency of the case and ~~other~~ possible alternatives the prospective client ought to consider, especially the immediate or diagnostic care by a licensed medical professional.

If the homeopathic practitioner expects to video or voice record the client, they must voluntarily release written informed consent to ~~of~~ the reasons such as for clinical teaching or supervision purposes. The professional homeopath is legally obliged to demonstrate respect for the client and their right to confidentiality. All identifying information such as the client’s name or other personal identifying details ~~are~~ must be excluded from all verbal or written teaching materials. It is highly advisable to never transmit or share client records or information over the internet due to the risk of breaching a client’s right to strict confidentiality.

### Homeopathic management of the evolution of the case

The professional practitioner demonstrates awareness of and understanding over a wide range of issues that might arise during the duration of a case. This begins with establishing reasonable expectations and continues with ensuring effective informed awareness and participation by the client in their own healing and recovery. It concludes with obtaining valid closure (regardless of the outcome of the case). For details:

*[See Appendix 7 – Homeopathic Case Management Guidelines – management of the evolution of the case](#bookmark=id.3tbugp1)*

### Homeopathic management of the dynamics of the case

The practitioner demonstrates the skills of:

1. Maintaining appropriate communication to clients both during consultations and between follow-ups
2. Maintaining appropriate scheduling of follow-ups based on a strategy of anticipated remedy action, prognosis, and the client’s needs in a timely manner.
3. Ensuring, at each client contact, a thoughtful assessment of remedy action
4. Demonstrating knowledge of how to apply case evaluation concepts that include simillimum, similar, layers, miasms, and zigzagging.
5. Demonstrating comprehension of each individual’s motivation and commitment to homeopathy care and other factors which may affect client compliance and the outcome.
6. Managing acute health problems that arise during chronic care.
7. Using intercurrent remedies (if appropriate to a case).
8. Assessing the value and limitations of medical reports in homeopathy case management.
9. Demonstrating the ability to manage the cases of clients taking medications (prescription or other).
10. Demonstrating familiarity with resources available to individuals to make changes in their circumstances and lifestyles.
11. Demonstrating familiarity with appropriate ways to bring closure after a case taking session to help the client and the practitioner to regain personal composure - especially after an intensive interview.
12. Demonstrating proper therapeutic closure if a client is being referred to another practitioner or there is termination of care, including a re-cap of what progress has been made and clear recommendations to the client for further care.

### Management of case records

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

[Appendix 7 – Homeopathic Case Management – Management of case records](#bookmark=id.nmf14n)

The practitioner of homeopathy is able to demonstrate appropriate management of case records:

1. Confidentiality – Written case records (and any videos or other media) are maintained in a safe and secure manner (under lock and key or computer passcode, or cloud security) that precludes viewing or access by anyone other than the practitioner (and, on a need to know basis, colleagues who will be bound by duties of confidentiality).

1. Accuracy – Case records written in a chronological manner that fully and understandably records all salient homeopathic information for each visit or conversation with a client as well as any other pertinent information or paperwork provided by the client.
2. Objective and Subjective Information – The homeopathy “data” for the case is adequately recorded in a manner that is consistent with the way in which it is expected that the case will be analyzed. The analysis is clear to a well informed reader what homeopathy process was being followed. Ideally, information relevant to other possible approaches to analyzing a case would be noted. Case clearly differentiates subjective elements (personal observations and perspectives) and objective elements (data collected by the homeopath or others).
3. Assessment and Plan – Assessment includes both the likely homeopathic prognosis for the case, and, as appropriate, other considerations for the case. The assessment includes a differential for several key homeopathic remedies that were considered. The plan records which homeopathic remedy was chosen, the potency, and the frequency for taking it. Plan includes any instructions, cautions, requests, or other instructions given to the client. Plan includes an interval after which a follow-up visit or report should be made by the client. Longer term strategy for the case recorded (and subsequently updated) to provide a means of tracking progress over time.
4. Periodic review (audit) of case records conducted to ensure his or her personal progress in maintaining good records and improving case management skills

### Educational Standards

It is expected that all education institutions teach the traditional case management strategies of Kent, Roberts, Close, Vithoulkas etc. Specific class time is devoted to understanding how these authors case management directives predominantly focus on Hahnemann’s 4th edition of the Organon. Specific instruction is devoted to the 5th and 6th editions and how those case management directives are different. At the end of the program students will be competent and confident in understanding the reasons for the differences in clinical case management directives. All healthcare professions require live clinic, in real time (not recordings or just paper cases) in their education where the student is required to demonstrate an understanding of the body of knowledge taught for that discipline such as case management skills. Additionally:

1. The student shall read numerous well-respected homeopathic journals to observe the manner in which cases are recorded, noting the highest standards of accuracy, specificity, and comprehensiveness and the manner in which cases are managed.
2. During clinical training, the student shall receive mentoring that improves her or his skills in case management. This includes client interactions, keeping appropriate case records, managing the progress of cases, and ways to find necessary information or assistance to achieve the best possible outcomes for the client.
3. The student shall have access to guidance on case management from respected homeopathic authors and teachers.
4. The education of the student examines the ways in which various analysis and case management approaches can require the gathering of different kinds of information.
5. The student must have sufficient opportunity to observe several experienced homeopaths managing cases, ideally in person as well as from cases on video (always subject to the permission of the client). In this aspect of the student’s education, the mentoring homeopath shall elucidate the strengths and weaknesses of the way in which each case was managed, the ways in which the case management methods were adapted to the situation of the individual client, and other learning points.
6. Through reading and experience the student acquires a thorough understanding of the way in which case taking over a series of visits forms a fabric by which the success of a course of homeopathic care can be managed, and the course adjusted as necessary.
7. The student shall understand how a case should document appropriate references to medical information that is provided by or mentioned by the client.

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

Programs will teach interpersonal skills necessary for case management:

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

## Basic Health Sciences: The intersection of Homeopathy with the conventional health care system and other complementary medicines

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

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

The professional homeopath who is not a licensed health care practitioner and without prescribing privileges does not advise a client with regards to their prescription medications or advise a client to alter any treatment. The professional homeopath is expected to refer clients with questions or concerns about their conventional health care medications or treatments back to the health care provider who prescribed them or to another similarly qualified health care professional whom the client trusts.

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

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

### Knowledge of Basic Health Sciences (Anatomy Physiology and Patho-physiology Chemistry etc)

### Competencies

The professional homeopath has the capacity to:

1. Recognize the signs and symptoms of common diseases encountered in his or her practice with an emphasis on assessing the depth of mistunement present in the case;
2. Distinguish between common symptoms of a given illness and those that are most useful for homeopathic prescribing;
3. Is cognizant of the diverse presentations of signs and symptoms for certain conditions on male vs. female bodies, (ie heart disease, heart attack) as well as a spectrum of skin tones (skin conditions).
4. Apply knowledge of conventional medical diagnoses to make safe decisions about the range of individuals he or she will accept as clients and identify when it would be appropriate to refer the client to a more experienced homeopath or conventional medical provider;
5. Identify signs and symptoms that may suggest a referral to emergency services or a conventional health care provider is needed; (See Signs and Symptoms Chart - Appendix 8)
6. Dialogue with clients and other practitioners about a client’s conventional diagnosis and symptoms while maintaining a focus on viewing their work through the distinct paradigm of homeopathy;
7. Educate clients about the unique paradigm of homeopathy as needed to facilitate gathering information about the full range of the client’s symptoms, explain the rationale for decisions regarding case management and assist the client in understanding the range and timeline of potential outcomes of homeopathic services;
8. Engage in case conferencing with conventional or CAM providers to the extent authorized by the client;
9. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;
10. Demonstrate familiarity with the purpose of common diagnostic and laboratory tests and be able to research other tests that a client undergoes in order to help guide homeopathic analysis and case management;
11. identify the dangers and consequences of an individual’s withdrawing from drugs and substances, both prescribed and self-administered and recognize the danger of interfering with regimes of prescribed medications;
12. Refer a client with a question about a conventional medication or treatment back to the provider who prescribed the medication or treatment or to an equally qualified health care practitioner whom the client trusts;
13. Discern when it is appropriate to make referrals to other CAM providers including massage, body work, acupuncture, osteopathic, chiropractic care and other fields present in the communities within which he or she practices;
14. Demonstrateknowledge of the psychological and emotional functioning of individuals and how this may affect their health and wellbeing, including:
15. Familiarity with the normal stages of child and adult development.
16. Familiarity with the normal stages of response to stressful life events (e.g., death and dying, child and adult responses to trauma).
17. An appreciation of the dynamics of family and other relationships and their impact on the client’s life circumstances and mental and physical health; and
18. Observe appropriate steps to comply with the legal status of homeopathic practice in his or her jurisdiction and place of practice;
19. Demonstrate knowledge of the structure and opportunities within Integrative Health Care Practice. Demonstrate community service and leadership and organizational and policy awareness to promote homeopathy as part of the national healthcare landscape.

*[See Appendix 8 – Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate](#bookmark=id.4k668n3)*

### Educational Standards

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

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

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

A professional homeopath is best prepared to work with a wide range of clients when he or she has a basic understanding of health sciences and an awareness of common conventional health care diagnoses and treatments.

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

1. Discern dynamic and material mistunements and correctly assess the level of imbalance or pathology present in a case;
2. Correctly match the mistunement of the human organism, as expressed in outward physical symptoms, to the realm of action of a well indicated homeopathic remedy;
3. Identify various stages of mental, emotional and physical development throughout life and use this information for case analysis;
4. Define anatomical and other medical terms as required for appropriate repertorization of client symptoms;
5. Recall illnesses and conventional medical diagnoses likely to be seen in a homeopathic practice as needed to promote effective communication with clients and health care providers;
6. Dialogue with his or her clients and their non-homeopathic health care providers about conventional medical treatments for major diagnostic categories;
7. Differentiate between common and individualizing symptoms in a client’s case (especially characteristic and strange, rare, and peculiar symptoms);
8. Identify resources for obtaining health sciences information as needed to ensure safe practice;
9. Identify realistic expectations regarding the outcome of homeopathic care, given a client’s health status;
10. Identify cases where it is appropriate to refer a client to a more experienced homeopath;
11. Identify appropriate times to refer the client to a conventional medical care provider;
12. Identify situations where a client may be in need of emergency services.

The curriculum provides the student with ample opportunities to:

1. Reflect upon and define professional goals with regard to site of practice and foster the ability to make responsible decisions about the range of clients and presenting problems he or she will serve;
2. Develop the observational and clinical judgment skills required to identify signs and symptoms requiring referral to emergency medical services, a conventional health care professional, to a more experienced homeopath or an appropriate CAM provider;
3. Gain specific knowledge of the human body and its functions and develop the ability to identify functional disorders and pathological processes with reference to the following systems:
4. integumentary (skin and connective tissues)
5. musculo-skeletal
6. gastrointestinal
7. respiratory
8. cardiovascular and hematological
9. immunological
10. reproductive (including obstetrics)
11. urinary
12. endocrine
13. neurological
14. special senses (e.g. vision, smell
15. mental and emotional
16. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;
17. Demonstrate the capacity to distinguish between common symptoms of disease and those symptoms that are most useful for identifying the homeopathic simillimum;
18. Recognize significant deviations from normal psychological functioning and normal human development with an emphasis on recognizing symptoms most useful for identifying an effective homeopathic remedy and assessing client progress toward a greater sense of wellness;
19. Effectively dialogue with conventional or CAM professionals engaged in the client’s care, as authorized by the client;
20. Practice educating clients about the unique paradigm of homeopathy especially as required to gather the full range of the client’s symptoms, explain the rationale for decisions regarding case management and assisting the client in understanding the range and timeline of potential outcomes of homeopathic services;
21. Identify credible resources for learning about conventional medical diagnoses or treatments that a client reports, as needed to maximize communication with the client and make safe and appropriate decisions related to case management;
22. Practice responding appropriately to client questions or concerns about prescription medication of conventional treatments by referring the client back to the prescribing provider or a similarly qualified conventional health care provider;
23. Observe, refine and practice making sound case management decisions consistent with professional practice standards and the legal realities of the jurisdiction in which he or she is practicing.

## 13. Ethical and Professional Considerations for the Practice of Homeopathy

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

### Competencies

The practitioner of homeopathy demonstrates the ability to:

1. Practice with integrity and responsibility
2. Promote the wellbeing of all clients regardless of race, gender, sexuality or religious preference
3. Obtain informed consent of the client, as appropriate
4. Encourage and participate in the development of understanding between colleagues
5. Distinguish between ethical and legal issues in a given case and use skill in working with both when these conflict.

The practitioner of homeopathy demonstrates the ability to adhere to professional standards by:

1. Maintaining freedom from bias in all areas in order to ethically take cases
2. Being alert to recognize when to refer to a different homeopathy practitioner when one cannot be unbiased
3. Using experiences that reveal one’s bias as a springboard for personal reflection and development, and an opportunity to expand one’s capacity
4. Maintaining healthy senses and astute observation
5. Maintaining a well-developed sense of professionalism
6. Demonstrating ongoing professional, ethical interactions with clients, and collaboration with fellow homeopaths and other practitioners
7. Maintaining awareness of state/provincial and national laws and regulations that apply to their mode of practice and taking steps to comply with them (to the greatest extent possible)
8. Refraining from misleading or false advertising to clients, including “guaranteeing a cure”
9. Refraining from making medical diagnoses, unless licensed to do so.

### Educational Standards

The educational process prepares students to:

1. Explore, define, and promote professional integrity
2. Understand how their personal ethical values can limit or support the successful practice of homeopathy
3. Establish their own personal code of ethics compatible with the code of ethics of the homeopathic profession and that of healthcare professions in general
4. Be able to set appropriate boundaries with clients that establish standards of behavior for the practitioner and for the client including, but not limited to, avoiding any form of sexual misconduct.
5. Establish appropriate ways to react to the awareness that a colleague may be impaired by alcohol, by substance abuse, or by inappropriate self-treatment, including appropriate ways to report such concerns
6. Establish appropriate ways to react to the apparent incompetence of a colleague or situations where a colleague may be practicing outside the scope of his or her legitimate scope of practice, including appropriate ways to report such concerns
7. Establish an understanding of how to distinguish between the professional and ethical aspects of a situation, when that is necessary
8. Develop a clear and objective understanding of the laws and regulations affecting homeopathy practice – including a historical perspective, the nature of medical practice statutes, the scope of practice for other healthcare professions, and specific national, state/provincial laws or regulations that either provide a basis for homeopathic practice (including “health freedom” provisions) or that limit (or even prohibit) homeopathic practice.
9. Safeguard client information including confidentiality and teaching use of cases
10. Appreciate and cultivate professional & collegial relationships and the boundaries implicit in these.
11. Understand conflict of interest in terms of financial gain and appropriate disclosure to clients, students, conferences and peers
12. Refraining from misleading or false advertising to clients, including “guaranteeing a cure”
13. Refraining from making medical diagnoses, unless licensed to do so.

### General Topics taught in school settings:

#### Ethics and Moral Philosophy

* Ethical theories
* Ethical principles
* Ethic issues that emerge in practice
* Ethical conflicts
* Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants
* Prejudices
* Respect for life
* Life and death issues
* Client’s right of choice

#### Legalities of Practice in NA

* The various definitions of ‘medicine’ in different jurisdictions
* Client rights
* Consent
* Negligence
* Abandonment
* Confidentiality versus social and legal responsibility
* National and state/provincial legal issues

# PART II: Personal and Professional Development

The term, *profess* means to declare openly. It comes from the Latin word *professus, pro-fateri*: to acknowledge publicly. A profession bases its authority to practice publicly agreed upon and recognized knowledge, skills, abilities and principles. Continuous and sequential practitioner and practice improvement are essential and integral components of a homeopathy course curriculum. Their inclusion prepares students to establish and manage a successful and sustainable professional practice capable of meeting the diverse needs of their clients. As professionals, homeopaths ought to receive early instruction about their public role and the need to resist working “under the radar” in isolation from each other or the public. Foundational training encourages the expectation to seek out lifelong personal and professional development opportunities, especially through professional organizations.

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

1. Personal and professional development
2. Practice management and running a business
3. Therapeutic Relationship
   1. Practitioner and client relationship
   2. Social determinants of health
   3. Trauma Informed care
   4. Cultural Competency
   5. Anti-Racism
   6. LGBTQ+ awareness
4. Practice promotion
5. Technology skills

Students come to study homeopathy from a variety of personal and professional backgrounds. In order to become a competent and successful homeopath, the student needs to be prepared to combine studying, including clinical experience, with their personal and professional development. Personal development is integral to an effective homeopathy curriculum, and is also a lifelong process that fosters expertise in identifying a client’s individual healthcare needs. Students should also be aware of their own emotional and physical needs, and be prepared to develop their reflective and interpersonal communication skills and ability to deliver true unbiased care. Ongoing supervision and an in-depth comprehension of the importance of ethical practice are essential components of the student’s professional development. The following broad areas should form part of an effective homeopathy curriculum.

**Reflective skills, include (but are not limited to)**:

1. Critical analysis
2. Assessment
3. Observation, awareness, and perception
4. Research and problem solving
5. Organizational skills
6. Self-awareness and self-management
7. Time management
8. Decision making

**Interpersonal and communication skills, that include (but are not limited to)**:

1. Listening
2. Speaking
3. Presentation (written and non-written)
4. Face-to-face communication
5. Communication with clients, their families, healthcare professionals, colleagues, media
6. Awareness of non-verbal communication, body language, facial expression etc.
7. Awareness of culturally and socially appropriate personal forms address, pronouns, racial and ethnic groups, etc.

**Personal development that includes (but are not limited to)**:

1. Listening skills
2. Empathy
3. Trust
4. Intuition
5. Self-awareness
6. Self-confidence
7. Personal belief systems: e.g. awareness of attitudes towards race, culture, nationality, ethnicity, religion, gender identity and sexuality
8. Ethics

**Personal health management, that includes (but are not limited to)**:

1. Skills for practitioners preserving and promoting their own health, development and well-being
2. Evaluating work / life balance
3. Stress management
4. Assertiveness
5. Boundary setting, e.g. client-practitioner relationship, work hours, communication management: phone, email, text, social media, etc.
6. Identifying and developing individual and ongoing personal and professional support systems

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

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

**Practice management and running a business**

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

**Regulatory issues that include**:

1. National and local legislation relating to the practice of a healthcare profession
2. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
3. Recording income and expenses, and managing bank accounts
4. National and local insurance requirements for a practitioner and health insurance schemes for clients
5. Registering with a professional association: For many potential clients a professional association is the first point of contact in looking for a competent homeopath
6. Confidentiality issues and awareness of disclosure legislation; i.e. situations in which client information must be passed on to another party
7. National requirements for the maintenance, retention, and destruction of client records
8. Awareness of the national requirements for pension contributions and the personal implications of planning for retirement provision
9. Awareness of national legislation
10. Business licenses, local and county levels

**Practice management and business development that includes:**

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

**Time management and working hours, including:**

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

**Electronic and Data Management, including:**

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

### The Therapeutic Relationship

**Practitioner and Client Relationship**

Homeopathy courses should develop the student’s professionalism by providing opportunities to discuss and rehearse the following:

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

### Social Determinants of Health

It is considered critical that schools teach and contemporary homeopaths:

1. Understand the complex and intersecting social determinants of health that impact individuals’ and communities’ health, well-being and quality of life, and how they contribute to health disparities and inequities.

1. Identify and assess specific social determinants that might impact a client's health, including: housing quality; neighborhood quality and safety; access to transportation; exposure to racism, discrimination, sexual identity and gender discrimination, violence and crime; education, income and access to job opportunities; opportunities for physical activity and access to healthy foods; exposure to poor air and water quality and environmental toxins <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>.
2. Determine where referrals for additional support and services may be needed to help mitigate the impacts of SDH. Make culturally and socially appropriate referrals.
3. Recognize that social determinants of health for individuals in BIPOC and LGBTQ+ communities are compounded by institutional racism, sexism, injustice and inequity, and validate the unique experiences of clients from social, cultural, racial and socioeconomic groups that differ from the practitioner’s.

1. Understand trauma Informed Care
2. Realize the widespread impact of trauma- physical and emotional- on the body.
3. Recognize the signs and symptoms of trauma in clients.
4. Integrate knowledge about the impact and signs of trauma into all interactions with clients- initial meeting, case-taking, case management, and follow up.
5. Understand triggers of re-traumatization and avoid actively re-traumatizing clients in case-taking, management and follow up.
6. Understand how intergenerational trauma and institutional bias’ affect BIPOC (Black, Indigenous, People of Color), and the LGBTQ+ communities disproportionately. Factor in how these broad, systemic forces may impact outcomes and exist and maintaining causes <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>.

### Cultural Competency and Social Justice

It is considered critical that schools teach and contemporary homeopaths

1. Understand how BIPOC and LGBTQ+ communities have historically experienced prejudice and discrimination, and continue to, in medicine- both conventional and complementary- and the often inequitable results on outcomes.
2. Investigate and evaluate personal bias- conscious and unconscious-, ingrained cultural and social beliefs and assumptions, and recognize aspects of personal privilege where applicable.
3. Explore how unconscious bias can emerge in the clinic, through power differential in therapeutic relationships.
4. Cultivate a strong awareness and sensitivity to the experiences of BIPOC and LGBTQ+ communities and **develop** skills to create equitable and compassionate experiences within the clinic.

### Practice Promotion

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

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

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

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

1. Research how homeopaths and other healthcare professionals promote their practices
2. Learn how to create a referral network that should include other homeopaths, therapists, doctors, healthcare professionals, pharmacies etc.
3. Develop effective presentation skills in order to deliver introductory talks and courses on homeopathy
4. Contact well-respected homeopathic pharmacies for handouts for lectures, as well as:
5. Present local workshops in order to promote yourself and homeopathy
6. Offer lectures to general public, health professionals, and client groups at health food stores, libraries, and other facilities.
7. Taking a stall at health event
8. Creating unique handouts for distribution during lectures
9. Creating a logo which reflects your individuality as a homeopath
10. Make effective use of internet- based resources
11. Place advertisements in local media
12. Obtain media training with professional advisors to homeopathy organizations, so as to provide quality, conscientious interviews and information to the public through media channels.
13. Create social media content
14. Create and manage a web presence for your services
15. Utilize available resources on practice- and business-building (both general and specific to homeopathy/health), such as books, workbooks, counselors, coaches, and classes
16. Collect and post testimonials and reviews of your services, which can be posted on various websites and your own web site. (Note that testimonials for homeopaths are not legal in all jurisdictions in North America.)
17. Utilize promotion capabilities within HIPAA-compliant Client Relationship Management (CRM) software programs

### Speaking Publicly:

Practitioners should understand what it means to be a classically trained homeopath, and be very conservative with their use of the term homeopathy, understanding that many of the modalities that are referred to as homeopathy/homeopathic are in fact not based on sound homeopathy philosophy.

When representing homeopathy on radio, television, podcasts, media, or press, the homeopath should have clearance and training from the Homeopathic Advocacy Working group (HAWG), know to refer to professional bodies for revision of acceptable language with regards to promotion of oneself or homeopathy as a whole healing system, and made sure that claims, testimonials and reviews, if legal in the local jurisdiction, are honest and accurate.

When speaking or producing media that is targeted to the public, speaking only on classical homeopathy, strictly adhering to “best practices” within the homeopathic community, never speaking about treating disease or promising a cure to a disease.

Additionally, a professional homeopath should never publicly recommend a specific treatment to an individual who is not their client, and has not completed the appropriate legal forms and legal protections. **Recommending remedies based on a limited description of symptoms or in response to a post on social media is never an acceptable form of practice or promotion.**

### Digital Technology Competencies

Practitioners are expected that they will:

1. Demonstrate skills to guide the client
2. Ask specific questions to ensure that the results of the virtual case taking is equal to or better than the face-to-face case taking
3. Ensure that confidentially and privacy is attended to (door closed, privacy concerns, ensuring the focus of the client is on the consultation,
4. Ask for images, photos
5. Understand the advantages and disadvantages of virtual case taking
6. Learn to assess a client’s health status from a virtual consultation
7. Learn the different telehealth platforms (zoom etc)
8. Learn practice administration
9. Awareness of practices and legalities of electronic record storage
10. Learn to specifically ask extra questions that (in a F2F environment) are usually visible and obvious
11. Conduct pre-consultation tech tests
12. The value of home-based care
13. The digital storage and collation in the client file consultation augmentations (digital photos, text, image, emails, scans, tests)

Educational Standards related to technology

It is expected that schools will:

1. Teach students to understand the advantages and disadvantages of virtual case taking
2. Demonstrate best practice
3. Discuss HIPPA compliance issues
4. Conduct pre-consultation tech tests
5. Demonstrate digital storage and collation in the client file, inclusion of consultation augmentations (digital photos, text, image, emails, scans, tests)

### Standards for Continuing Professional Development

Continued professional development is an ongoing process of reinforcing, enhancing and extending one’s existing understanding, knowledge, skills and competencies. In the ever evolving and developing world of homeopathy, professional homeopaths are aware of the importance of lifelong learning and professional development in their career.

Clinical experience is key for newly certified homeopaths to build confidence and deeper understanding of the nuances of homeopathy. It is recommended that homeopaths, once certified, join their professional organization which will offer avenues of further professional and personal development.

At a minimum, professional homeopaths complete sufficient continuing professional development activities to meet the requirements of organizations that have granted them certification or of associations to which they belong. Statutory and regulatory requirements to maintain membership with professional organizations differ. (See appendix \*\* for current requirements for the professional organizations)

As the profession of homeopathy continues to strengthen its public emergence ~~emerging~~ in North America, the professional homeopath should be aware and involved in the socio-political dimensions of their profession. Professional responsibility stresses the importance and value of involvement and leadership in the community of homeopaths.

Education:

Professional Organization Conference attendance (vs. webinars?)

Post graduate courses

Online webinars

Self-directed learning

Clinical training and structured supervision ~~hours~~

Teacher Training and (Certification) Professional Development

Professional development:

“Classroom” “virtual”? Instruction Teaching

Mentoring and supervision

Clinical Research and collaboration with organization of provings

Cured? Case Studies and Presentations

Publication of professional articles and books

Business Management/Office Management

Ethics flesh out….? (see “homeopathic consumer” bill of rights development-CC)

Organizational and Professional Collaboration:

Study groups/peer learning and support

Involvement in homeopathic organization and committees/working groups

Participation and organization of provings

Cultural and Socioeconomic Outreach and Awareness

Create and/or Volunteer in low cost or free clinics

Offer and implement low cost or free services to those in need

(Advocate for community outreach) Expose homeopathy to those unaware (in underserved areas)

Advocacy for homeopathy in national and local political sphere

Equal access and respect for diverse populations

Personal and professional development

Self care training and techniques for healers

Collaborative study and Support group for professionals + students? homeopaths

Self-Reflection and “peer supervision” training

# PART III: Clinical Training

Comprehensiveclinical education and training is an essential requirement in the education of homeopaths. While much homeopathic theory, history and materia medica can be learned from books, it is only possible to gain clinical competence with practical clinical training and experience. The student is to experience their clinical training in real world clinical settings. In addition, demonstration of and experience in virtual, live online clinical settings is a requirement.

Clinical training in the education of future homeopaths should be included as an integral part of a homeopathic teaching program, ideally running concurrently with theoretical studies at appropriate stages.

Clinical training should include developing the art of listening without prejudice or interpretation of the client’s words, as well as observation and gaining an understanding of the client as a whole.The skills and attitudes needed in order to be a proficient homeopath are acquired by practicing them rigorously over time. In order to gain competence and confidence, the student takes part in the practical experience of clinical case taking and case management.

### Competencies

1. Demonstrate adherence to the theories, principles, and methods put forth by Hahnemann and other respected homeopaths in their various writings.
2. Demonstrate the ability to discern the direction of case progress and related aspects of homeopathic principles as enumerated by authors recognized by the global homeopathic community.
3. Recognize the importance of participating as a client from qualified homeopathic care in order to appreciate the role of the client, understand the action of remedies and to have direct experience of case taking.
4. Understand and adhere to the current National Occupational Standards (where available) and the professional association’s Code of Ethics and Client Bill of Rights.
5. Adheres to standards and ethics in the management of live cases.
6. Perform homeopathic case taking, case analysis, and case management as outlined in relevant sections above.
7. Conduct oneself in a professional and respectful manner; create and establish an atmosphere that is conducive to mutual respect and open communication.
8. Maintain confidentiality / demonstrate knowledge of confidentiality standards
9. Employ personal coping strategies to cope with unexpected/uncomfortable events

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

Necessary competencies also include:

1. Demonstration of appropriate use of referrals for emergency care, medical evaluation, acupuncture, osteopathic or chiropractic care and other types of evaluation and treatment
2. Demonstration of appropriate use of supervision and homeopathic consultation
3. The ability to use feedback from others, including clients and colleagues
4. Recognition of 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

### Educational Standards

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

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

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

1. Follow standards for ethics, collegiality, client relations including awareness and use of preferred pronouns for non-binary and transgender clients
2. Maintain a professional demeanor – conducts oneself in a professional manner while performing duties as homeopath
3. Maintain consistent, clear, closed records
4. Follow a clear process for clients regarding intake, contacting people and ongoing contact
5. Follow a standard process to obtain informed consent
6. Have a clear understanding of the following roles – student, administrator, supervisor
7. Maintain a productive relationship between student and supervisor – clear/appropriate expectations, boundaries
8. Follow established grievance processes (students and clients)
9. Be involved in entire process of cases (continuity of care)
10. Move through stages from observation through groups to independent work
11. Ensure cases are screened appropriately for the school clinic setting
12. Ensure students have a variety of cases – age, condition, etc.
13. Conduct a clinical audit of cases
14. Develop confidence and competence in managing electronic records

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

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

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

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

### Objectives

1. To acquire the knowledge, practical skills and professional ethics and attitudes essential to clinical practice
2. To gain experience in the application and integration of all course components
3. To acquire the knowledge and skills needed in order to consider different approaches and strategies adopted by experienced homeopaths
4. To establish an individual, flexible framework within which to develop a personal but effective approach to case work
5. To learn how to record clinical data and participate in clinical research and audit
6. To devise personal coping strategies in response to unexpected reactions, demands and expectations of clients
7. To provide a pool of professional experiences to be shared with future professional colleagues or to be used as teaching material
8. To learn how to respond in practice to ethical issues, both during and after the clinical intervention

### Clinical settings

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

1. Guided and structured observation and analysis of:
   1. Experienced practitioners working live in a clinical setting
   2. Video relay of practitioners or practitioners taking live cases
   3. Video recordings of experienced practitioners working
2. Case taking and case management under supervision of experienced homeopaths:
   1. Individually (preceptorship)
   2. In a group with peer supervision
   3. Analysis of real and simulated client-practitioner interactions within a group setting
3. Management of clients with potentially life-threatening conditions
4. Hospital training with in-clients (where possible)
5. Clinical audit. Students are to be instructed in the processes and methods of conducting publishable clinical audits. Instruction should include students measuring their clinical activities against identifiable standards

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

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

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

Where possible, it is advisable that student and supervisor be in the same room live or live and virtually, as the client so that the supervisor can observe the dynamics of case taking by the student and provide guidance as necessary. Other possible options are to follow the practitioner’s case taking via video conferencing, close circuit TV or one-way mirror, etc.

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

# Appendices

## Appendix 3 - Details of Current Political-Legal Environment for Homeopathy in North America

*[Return to See Appendix 3 in text](#bookmark=id.4d34og8)*

Because legal requirements change due to the activities of federal, state and provincial legislative and regulatory bodies, the following text best represents the status quo at the time of the 2021. Schools and practitioners are expected to keep up to date with the Political-Legal environment vis-à-vis homeopathy in the jurisdiction(s) in which they practice.

United States

The political-legal-social environment in which homeopathy is practiced is in a state of evolution. Health freedom laws in many states in the US are removing some barriers to the practice of homeopathy, but there are also forces at work that seek to restrict the use of homeopathy. This makes it more complicated for ACHENA to identify the core level of competencies and standards to which schools prepare students. Since attaining competency does not confer a right to practice, 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 healthcare landscape in the United States has shifted dramatically since the 2000 version of the Standards and Competencies for the Professional Practice of Homeopathy in North America was crafted. The passage of the Patient Protection and Affordable Care Act in April of 2010 was an historic event that will impact healthcare in the US for the foreseeable future. Complementary and Alternative Medicine (CAM) professions were able to secure a place in the language of the bill as being part of the healthcare work force. Prior to this, as the established healthcare method, allopathic medicine has dominated healthcare policy in the US. Now, homeopathy, as a profession, has a chance to participate in the wave of change.

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

Canada

Canada’s tradition of access to homeopathic medicine dates back to Dr. J. 0. Rosenstein, who is recorded as practicing homeopathy in 1845 in Montreal, Quebec. In 1859, the bill known as "An Act Respecting Homeopathy" was passed in what is currently the province of Ontario. In western Canada, the British Columbia Homeopathic Act, 1889, permitted homeopathic doctors to register as practitioners in B.C. without being subject to the jurisdiction of the Provincial Medical Council. By 1925, only 40 homeopaths were practicing in Canada.

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

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

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

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

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

Mexico

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

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

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

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## Appendix 4 - List of Homeopathic Remedies

*[Return to See Appendix 4 in text](#bookmark=id.1ksv4uv)*

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

**Study List of Homeopathic Remedies**

|  |  |  |
| --- | --- | --- |
| 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 officionalis |
| 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 |
| Tarentual hispanica | Tarentula cubensis | Thuja |
| Tuberculinum | Urtica urens | Veratrum album |
| Viburnum | Zincum metallicum |  |

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## Appendix 5 - Specific Skills for Case Taking in Homeopathy

*[Return to See Appendix 5 in text](#bookmark=id.1y810tw)*

Preliminary considerations

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

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

Ability to differentiate types of cases

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

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

Ability to be non-judgmental

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

Listening and eliciting necessary details

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

Homeopaths are keenly aware of the effect they have on the client when they ask the client a question. In general, the homeopath asks questions in a manner that is non-judgmental, open-ended (not expecting either a yes or a no answer), and phrased in an empathetic, supportive and non-invasive manner.

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

Recording information

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

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

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

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

**Comprehensive Competencies**

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

1. Conducting a comprehensive homeopathic interview – with the ability to individualize the case taking for each client by varying the techniques for eliciting information
2. Conducting the interview with sensitivity to the client’s needs, privacy, dignity and psychological safety (including observing HIPPA or other requirements, as appropriate)
3. Taking into consideration previous and current therapeutic history and care, including homeopathic, allopathic (“accepted”), and other therapeutic modalities
4. Obtaining information about modalities of the client’s chief complaint (such as: time of day, sidedness, associated sensations)
5. Obtaining individualizing information about the client (particularly as they relate to symptoms and particularly if they changed after the onset of symptoms) – for example: sleep patterns, food preferences, temperature preferences, or energy levels
6. The ability to recognize individualizing circumstances that may influence the analysis and management of a client’s case or that may constitute obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, including:
   1. The relationship between the physical, social, emotional and economic contexts in which people live and their health and well-being
   2. The implications for health and disease of personal and family health history, life events and environmental factors
   3. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual’s health and social well-being
   4. The resources available to individuals to make changes in their circumstances and lifestyles
   5. How personal beliefs and preferences affect individuals’ lives and the choices they make, the context in which they live and their health and well-being
   6. How drugging can mask, suppress, or alter both individualizing and characteristic disease symptoms
   7. Identifying events, circumstances, and mental or emotional stressors that may have preceded (or precipitated) the onset of symptoms (an etiology)
7. Eliciting information that can be used to assess the “vital force” of the client
8. Taking care to identify any symptoms that are “strange, rare, and peculiar”
9. Considering potential obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, if they exist
10. Employing specialized case taking skills for:
11. Infants
12. Children
13. Adolescents
14. Elderly
15. Pregnancy
16. Closed clients or loquacious clients
17. Abused or fearful individuals
18. Assessing, based on information collected during the taking of the case, when it may be appropriate to consider referring the client to another practitioner – homeopathic or other
19. Alertness to case characteristics that suggest exposure to epidemic disease (and how to explore the relevance of a homeopathic “genus epidemicus”)
20. Ability to elicit relevant aspects of personal and family history (health and general)
21. Understanding in homeopathic case taking the potential value, limitations and use of medical information provided by the client and of information provided on intake forms
22. Knowing when it may be necessary or useful to involve someone besides the client in a consultation (for example, when working with children) or to obtain collateral information from other sources. This includes recognizing the potential for reticence, bias, misrepresentation, and misunderstanding when others are involved in these discussions, and being able to minimize those risks

The personal skills and knowledge the homeopath shall develop includes:

1. The capacity to clearly perceive, including:
   1. Recognizing and interpreting significant aspects of a client’s appearance, body language, speech and behavior.
   2. Understanding patterns of health on the mental, emotional and physical levels in a way that assists in perceiving what needs to be healed in others.
   3. Assessing the “vital force” of the client.
2. Observing with accuracy and astuteness and developing healthy senses that assist in observing
3. Refining listening skills based on patience and openness, including a 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
4. Freedom from bias, with the ability to empathetically listen and communicate, including an appreciation for aspects of religious, ethnic or cultural diversity and respect for a client’s personal life choices
5. 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. Asking questions effectively (in an authentic and open manner), without bias or judgment, and without undue embarrassment to the client
7. Knowledge of concepts of energy, vital force, disease, and wellness as well as the unity of mind, body, emotion, spirit, and environment and how to apply these concepts in taking and assessing individual cases

*Return to see Appendix 5 in text*

## Appendix 6 - Particulars of Case Analysis in Homeopathy

*[Return to See Appendix 6 in text](#bookmark=id.1ci93xb)*

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

1. Chief complaint(s) – as expressed by the client
2. Central disturbance – in homeopathic terms
3. Acute versus chronic illness
4. Acute analysis
5. Constitutional analysis
6. Analysis of acute episode during a chronic disease
7. Individuality of client
8. Themes running through case
9. Vitality and health of the person
10. Sensations and function of the organism
11. Totality of the symptoms (physical, mental, emotional, spiritual)
12. Language of symptoms
    1. Mental, emotional and physical.
    2. Characteristic versus strange, rare, and peculiar
    3. Complete symptom: location, sensation, modality, and concomitant
    4. Family and personal health (including medications and vaccinations)
13. Miasmatic history
14. Organ Affinities
15. Case analysis strategies (e.g. Totality, Keynote, Organ affinity, Miasmatic, Periodic table, Vital Sensation)
16. Distinguish characteristic from common symptoms
17. Obstacles to cure (e.g. antidotes, environmental, iatrogenic influences) and the means to their elimination
18. Susceptibility
19. Etiology and/or exciting and maintaining causes
20. Onset, duration, pace, intensity and severity of symptoms

*[Return to See Appendix 6 in text](#bookmark=id.1ci93xb)*

## Appendix 7 - Case Management Guidelines in Homeopathy

*[Return to initial reference to See Appendix 7 in text](http://livepage.apple.com/)*

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

**Management of the practitioner-client relationship**

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

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

**Management of the evolution of the case in Homeopathy**

*[Return to - Homeopathic management of the evolution of the case in text](#bookmark=id.qsh70q)*

Additional goals for homeopathic management of each case would include:

1. Setting reasonable initial expectations – balancing hopes and aspirations with realistic pragmatism
2. Ensuring that case information is properly taken at each client contact   
   – (See Section H – Homeopathic Case Taking)
3. Ensuring that there is a proper assessment and plan at each client contact   
   – (See this under Management of case records, below)
4. Ensuring appropriate client awareness and participation
5. Ensuring appropriate client understanding of time frame for homeopathic care, health issues, possible aggravations, and other pertinent issues
6. Advising the client about ways in which an illness may be an opportunity for self-awareness, growth, and balance
7. Advising the client about aspects of injury or disease that may not be curable
8. Identifying and managing different phases of the case – including: first aid, acute, chronic/constitutional, acute symptoms in the midst of a chronic case
9. Managing the process of exploring necessary avenues to a better understanding of the case, including obtaining “missing” information

**Management of the dynamics of the case in Homeopathy**

*[Return to See - Homeopathic management of the dynamics of the case in text](#bookmark=id.3as4poj)*

1. Maintaining appropriate communication to clients both during and between follow-ups
2. The homeopathic practitioner demonstrates appropriate communication with clients both during and between follow-ups. This would include, as appropriate:
   1. Discussion of the client’s progress, including an assessment of how homeopathic care is addressing the level of disturbance in the health of the client, based on homeopathic evidence from observed results in similar cases
   2. Timely and ethical communication expected to ensure a client understands the appropriate options during the course of homeopathic care
   3. Maintaining ongoing communication with the client after the initial case taking about the nature of his or her homeopathic care including discussion of possible aggravations and of limitations, if any, in this particular case for homeopathy.
3. Maintaining appropriate scheduling of follow-ups based on a strategy of anticipated remedy action, prognosis, and the client’s needs

The scheduling should consider the supervision required to assess homeopathic, mental-emotional, and physical aspects of each case.

1. Ensuring, at each client contact, a thoughtful assessment of remedy action   
   1. Recording the individual’s experience, while being able to assess the accuracy and validity of his or her reporting.
   2. Evaluating the extent to which the client’s aims and goals have been achieved.
   3. Evaluating results according to changes in the vital force, thehomeopathic definition of cure, as taught by Hahnemann and other homeopathic philosophers, versus palliation or suppressionand other influences affecting the case - using Herring’s Law and other fundamentals of homeopathic philosophy and theory.
   4. Applying models of remedy actions described by respected homeopathic authors including Kent, Herring, and others.
   5. Knowing how to recognize and manage the possible challenging influences on case progress of:
      1. Homeopathic aggravation
      2. Antidoting
      3. Placebo and nocebo (harmful, [unpleasant](http://en.wikipedia.org/wiki/Unpleasant), or undesirable) effects
      4. Return of old symptoms – recognizing this situation, whether to act or wait and deciding what, if anything to do
   6. Knowing how to evaluate and manage possible obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, including:
      1. Previous evolution of the client’s pathology
      2. Prognosis – in homeopathic terms
      3. Environmental considerations, poor health habits, and other lifestyle issues
      4. Iatrogenic factors
      5. Possible limitations of homeopathic care
   7. Knowing when to wait, when to repeat, and when to change remedies and/or potencies.
   8. Knowing when to retake the case.
   9. Recognizing proving symptoms.
   10. Knowing when to refer the case to another homeopath or a practitioner of another modality and how to do it effectively, for the client’s benefit.
2. Demonstrating knowledge of how to apply case evaluation concepts that include: simillimum, similar, miasms, layers, remedy families, “essences”, cycles and segments, and zigzagging.
3. Demonstrating comprehension of each individual’s motivation and commitment to homeopathic care and other factors which may affect client compliance and the outcome.
4. Demonstrating management of acute health problems that arise during chronic cases.
5. Demonstrating use of intercurrent remedies (if appropriate to a case).
6. Demonstrating appropriate use of medical reports in homeopathic case management with assessment of their value and limitations in each case.
7. Demonstrating the ability to manage the cases of clients taking medications (prescription or other):
   1. By identifying what may be possible side effects
   2. By taking appropriate steps to combine homeopathic care with the client’s use of prescription medicines
   3. By identifying when this may not be advisable
8. Demonstrating familiarity with resources available to individuals to make changes in their circumstances and lifestyles.
9. Demonstrating familiarity with appropriate ways to bring closure after a case taking session to help the client and the practitioner to regain balance - especially after an intensive interview.
10. Demonstrating proper therapeutic closure if a client is being referred to another practitioner or there is termination of care, including a re-cap of what progress has been made and clear recommendations to the client for further care.

**Management of case records**

*[Return to - See Appendix 7 - Management of case records - in text](http://livepage.apple.com/)*

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

**Guidelines:**

1. Confidentiality
2. Accuracy
3. Subjective information
4. Objective information
5. Assessment (including key differentials)
6. Plan (including follow-up)
7. Periodic review (audit) of case records
8. Other general case management issues, including:
9. Video recording skills
10. Skills in providing client education
11. Skills in developing client self-responsibility in client care and diminishing dependency
12. Skills in assessing and removing obstacles to cure, as taught by Hahnemann and other homeopathic philosophers, in all dimensions of

our clients’ health

1. Skills in supporting client empowerment
2. Skills in relationship centered healing
3. Skills in utilizing and applying ethical decisions in practice
4. Other advanced case management issues:
5. The homeopath demonstrates competency in the safe use of homeopathic remedies, including the safety of both the client and the homeopath. The practitioner also has the ability to manage the clinical case using appropriate clinical skills. Necessary areas of knowledge include:
6. Appropriate use of referrals for emergency care, medical evaluation, complementary and alternative medicine (CAM), and other types of evaluation and treatment
7. Appropriate use of supervision and homeopathic consultation
8. The ability to use feedback from others, including clients and colleagues
9. Maintaining effective collaborative relationships
10. The ability to engage in self-evaluation
11. The ability to access and integrate new information to assist in decision-making
12. 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
13. The ability to critically evaluate professional knowledge, methodology, legislation, policy and research in order to refine clinical practice
14. The ability to predict when difficult situations may develop in clinical practice and to limit their negative effects

## Appendix 8 - Guidelines for Signs and Symptoms That May Suggest That a Referral Is Appropriate

*[Return to See Appendix 8 in text](#bookmark=id.1egqt2p)*

**Introduction**

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

**Newborns (0-6 Weeks)**

|  |
| --- |
| **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 Conciousness |
| Suspected Child Abuse or Neglect |

|  |
| --- |
| **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 |

**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 |

|  |
| --- |
| **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 |

**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 | |

**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 |

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| --- |
| **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 |

**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 |

|  |
| --- |
| **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 |

**Pregnancy**

**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 |

|  |
| --- |
| **Suggest that client seek additional medical advice** |
| ***Same List As Adult plus the following:*** |
| Unable to Gain Weight |
| Persistent Nausea |

**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 |

|  |
| --- |
| **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 |

## Appendix Nine - Suggested Hours of Instruction – by Topic

|  |  |
| --- | --- |
| Homeopathy  Philosophy  History  Materia Medica  Repertory  Case Taking (incl. Observation and Perception)  Case Analysis (incl. remedy selection)  Case Management (incl. Posology)  Introduction to Homeopathic Research  Clinical Training  Total Homeopathic    Other  Anatomy (Lecture 90; Lab 30)  Physiology  Neuroanatomy & Senses  Pathophysiology and Disease Processes  Endocrinology  Immunology and Allergy  Pharmacology / Pharmacognosy  Clinical Assessment (Homeopathic & Allopathic)  Women's Health  Pediatrics  Geriatrics  Laboratory and Diagnostic Tests  Counseling Theories and Practice  Interpersonal Dynamics:- self-awareness as a healer  Public Health  Preparation for Practice  Ethics  Jurisprudence    Total Other 1,000    COMBINED TOTAL 2,400 | 2010 Suggested hours  100  20  360  80  120  200  120  20  500  1400  120  160  60  140  40  30  80  120  60  20  20  70  40  40  20  40  20  20  1000  2400 |

500

|  |  |  |  |
| --- | --- | --- | --- |
| **Homeopathy**  Philosophy  History  Materia Medica  Repertory  Case Taking (incl. Observation and Perception)  Case Analysis (incl. remedy selection)  Case Management (incl. Posology)  Introduction to Homeopathic Research  **Total Homeopathy 1000**  **Clinical Training 500**  **Total Homeopathy and Clinical Training 1500**    ***Health Sciences***  Anatomy (Lecture and Lab)  Physiology  Neuroanatomy & Senses  Pathophysiology and Disease Processe  Endocrinology  Immunology and Allergy  Pharmacology / Pharmacognosy  Clinical Assessment (Homeopathic & Allopathic)  Women's Health  Pediatrics  Geriatrics  Laboratory and Diagnostic Tests  ***Human Sciences***  Counseling Theories and Practice  Interpersonal Dynamics - self-awareness as a healer  **Safe Practices**  Public Health  Preparation for Practice  Ethics  Jurisprudence    Total Other 500    Total Health Human Sciences and Safe Practices 1000    COMBINED TOTAL **2500** |  | 2021 Suggestions  Seat Hours  50  10  170  40  60  100  60  10  500  500  **1500**  50  50  30  50  10  10  30  50  10  10  10  20  40  20  20  30  10  10  450  **900**  **2400** | 2021 Suggestions  Tutor Directed Hours  50  10  170  40  60  100  60  10  500  50  50  30  50  10  10  30  50  10  10  10  20  40  20  20  30  10  10  450 |

# *References*

*European Guidelines for Homeopathic Education, (2nd Edition, June 2000)*

HAHNEMANN, S. 1996. *Organon of the Medical Art,* Redmond, WA, Birdcage Books

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 prinicples.

   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.  [↑](#footnote-ref-1)