

1	Educational Standards	35
2	11. Case Management in Homeopathy	36
3	Competencies.....	37
4	Educational Standards	41
5	12. Basic Health Sciences: The Intersection of Homeopathy with the Conventional	
6	Health Care System and Other Systems.....	43
7	Competencies.....	44
8	Educational Standards	45
9	13. Consumer Education in Homeopathy	48
10	Competencies.....	49
11	Educational Standards	49
12	14. Ethical and Professional Considerations for the Practice of Homeopathy	50
13	Competencies.....	51
14	Educational Standards	51
15	PART II: Personal and Professional Development and Conduct.....	53
16	Standards for Continuing Professional Development	59
17	PART III: Clinical Training	61
18	Competencies.....	61
19	Educational Standards	63
20	<i>PART IV: Delivery of Training</i>	66
21	Appendices.....	70
22	Appendix 1: Recognized Certifications in Homeopathy Practice	71
23	Appendix 2: List of Homeopathic Remedies	72
24	Appendix 3: Specific Skills for Case Taking in Homeopathy	75
25	Appendix 4: Particulars of Case Analysis in Homeopathy	79
26	Appendix 5: Case Management Guidelines in Homeopathy.....	80
27	Appendix 6: Signs and Symptoms Suggesting Referral to Another Medical Provider..	85
28		
29		

1 Introduction

2
3 Homeopathy has been used for more than 225 years to restore the sick to health by
4 providing “the most rapid, gentle, and permanent restoration of health, or removal and
5 annihilation of disease, in its whole extent, in the shortest, most reliable, and most
6 harmless way, on easily comprehensible principles” (Hahnemann, 1896).

7
8 Classical Homeopathy is based on natural laws and practices of health and healing as
9 described by Doctor Samuel Hahnemann and others, including:

- 10 ● Recognizing as the fundamental basis of health and healing, the necessity of
11 working cooperatively with the innate life principle that distinguishes living from
12 nonliving things, referred to by homeopaths as the “vital force”;
- 13 ● Selecting remedies based on holistic and individualized consideration and by
14 applying the “Law of Similars” which observes that a substance that causes
15 particular symptoms in a healthy person can address them when they arise during
16 an illness;
- 17 ● Employing proven medicines derived from natural substances and potentized
18 through a series of successive dilutions and succussions, i.e. the application of a
19 shaking or pounding motion; and.
- 20 ● Following the Hippocratic principle “First, do no harm”.

21
22 Classical Homeopathy is a complete system of healing that has its basis in centuries of
23 evidence-informed research. These principles are fundamentally different from those of
24 the allopathic (western, bio-medical or conventional) medical model of disease, diagnosis
25 and treatment. Therefore, homeopathic standards and competencies are not expressed
26 in, nor constrained by, the terminology and concepts of allopathic medical methodologies.
27 Professional homeopaths are expected to demonstrate specific competencies in health
28 sciences such as anatomy, physiology and pathology by graduation. However, these
29 competencies are not typically applied in the same way as in the allopathic, disease-
30 based medical model.

31 32 History of this Document

33
34 This document is the third edition of ***Educational Standards and Practice***
35 ***Competencies for the Professional Practitioner of Homeopathy in North America.***
36 The Council on Homeopathic Education (CHE) [now the Accreditation Commission for
37 Homeopathic Education in North America (ACHENA)] was founded in 1982 with the
38 mission of accrediting homeopathy schools and educational programs. In 1999, the CHE
39 identified the establishment of consensus on standards for homeopathy education and
40 competencies for practitioners as a necessity for achieving its mission and the growth of
41 the profession. With the support of the Homeopathic Community Council (HCC), the first
42 edition of these standards and competencies was issued in 2001 following a meeting of
43 11 representatives from 12 invited homeopathic organizations in the United States on
44 January 28 to 30, 2000. Work on the second edition of this document began with a North

1 American Summit in 2010 that included 15 key representatives from 17 North American
2 homeopathy organizations. A formal public comment period was established to ensure
3 community-wide input into the document. A committee of five individuals from five
4 different organizations deliberated upon the public comments and a final document was
5 issued in 2013. In late 2020, early 2021, representatives from the Accreditation
6 Commission for Homeopathic Education in North America (ACHENA), the Council for
7 Homeopathic Certification (CHC), and the North American Society of Homeopaths
8 (NASH) convened to plan an inclusive process for reviewing and updating the document.
9 In the midst of the COVID-19 pandemic, when an in-person summit was not advised, an
10 inclusive, virtual process for updating the document was established. In February, and
11 again in March of 2021, formal invitations were distributed throughout the homeopathy
12 community requesting broad participation in the process. An S&C Steering Committee
13 was established and comprised of members of ACHENA, CHC, NASH and other
14 homeopathy community leaders who responded to the call for participation. The call for
15 participation also resulted in the creation of 3 distinct work groups that included more than
16 25 subject matter experts (SME). The work groups addressed the following topics: Group
17 1: Changes to the Skills, Knowledge and Attributes/ Qualities/Values/Attitudes (11 SMEs);
18 Group 2: Entry into the homeopathy community, roles and educational endpoints (9
19 SMEs); Group 3: Clinical training hours, changes in learning and health technologies (6
20 SMEs). The contributions of each workgroup were compiled into one document which
21 was issued for a 6-week public comment period that concluded on February 18, 2022. As
22 was the case for the 2013 document, a second deliberation committee was established
23 to review the comments submitted and prepare a final edition of the document for
24 dissemination and implementation throughout the community. This committee was
25 comprised of representatives from ACHENA, CHC, NASH, HNA, American Institute of
26 Homeopathy (AIH) and the Homeopathic Academy of Naturopathic Physicians (HANP).
27 Individuals serving on this committee were not involved in preparing the initial draft or
28 submitting comments on the draft. This group completed work on this document, in
29 October 2022, releasing it with full consensus on the final product.

30 **Purpose and Objectives of this Document**

31
32 This document outlines standards for the education of professional homeopaths and
33 competencies for the professional practice of homeopathy in the US and Canada, with a
34 specific focus on the Certified Classical Homeopath (CCH). It must be noted that
35 professional homeopaths include individuals with a wide range of professional healthcare
36 backgrounds and associated scopes of practice that may impact their ability to practice
37 homeopathy. Professional homeopaths that are licensed to practice conventional
38 medicine under their legally defined scope of practice, may diagnose illness and treat
39 disease using homeopathy. However, nothing in this document should be interpreted to
40 imply that non-licensed, professional homeopaths are engaged in diagnosing or treating
41 disease or the practice of conventional medicine.

42
43 Educational Standards are the established criterion and specified requirements which
44 must be met and maintained by an educational program to ensure student achievement

1 in a particular field of study. Educational standards in homeopathy provide guideposts to
2 educators and outline expectations regarding the course of study needed to convey to
3 the student the knowledge, skills and attitudes needed to enter professional practice.

4
5 Competencies are the specific knowledge and skills that an individual practitioner should
6 be able to achieve consistently and with proficiency in order to enter professional practice.

7
8 The ways in which this document may be used include:

- 9
- 10 • As a guide to assist homeopathic educators in establishing and delivering
11 curriculum;
 - 12 • As a guide to assist in accrediting educational programs, seminars, etc.;
 - 13 • As a guide to certifying bodies to determine the competencies required for
14 practitioners' entry level into professional practice;
 - 15 • As a statement to the public and other interested parties of the status that
16 homeopathy has as a profession; and,
 - 17 • As a statement to other professional organizations and homeopathy's self-
18 regulatory bodies of the standards and competencies by which the homeopathic
19 profession is identified—within a spectrum of various ways in which homeopathy
20 is practiced.

21
22 The means of acquiring the competencies described in this document should include
23 formal instruction, supervised clinical experience and individual study. The competencies
24 and standards presented in this document are not intended to be a comprehensive outline
25 for the structure of a curriculum or an assessment tool, but rather guidelines to assist
26 those who are developing curricula and pursuing accreditation and certification
27 processes. Taken together, they are meant to be an expression of what the community
28 holds as the core skills, attitudes and knowledge required for the effective professional
29 practice of homeopathy. Accrediting agencies support academic freedom and the
30 capacity of each school to establish its' own unique guiding principles, philosophy and
31 culture. The ultimate objective for the education of the professional homeopath is to
32 enable graduates to develop as autonomous and competent practitioners. The education
33 needs to be sufficiently comprehensive to enable graduates to attain the competencies
34 outlined in this document.

35
36 Educational programs that provide comprehensive education to prepare students for
37 national board certification from the CHC and introduction to independent practice are a
38 minimum of 1,000 hours in length. Such programs include a minimum of 500 hours of
39 didactic education addressing the full range of topics outlined in this document, and a
40 minimum of 500 hours of clinical training involving a thoughtful progression that includes:
41 observation of experienced professionals; closely supervised case taking, analysis and
42 management; and, supervisor evaluation and self-assessment leading to the ability to
43 independently take and manage cases utilizing the principles and practices of Classical
44 Homeopathy.

1 The Practice of Homeopathy

2
3 The practice of homeopathy is multi-disciplinary. The spectrum of homeopathic
4 practitioners includes:

- 5 • Homeopaths that practice in states or provinces with health freedom laws where
6 certification, registration, or licensure of homeopaths is not required;
- 7 • Certified Classical Homeopaths (CCH) who have extensive training in
8 homeopathy, many of whom are not otherwise licensed medical providers;
- 9 • Professional Homeopaths with extensive training in homeopathy who hold the
10 RSHom(NA) credential, many of whom also hold the CCH credential;
- 11 • Medical Doctors, Doctors of Osteopathy, Nurse Practitioners, Physician
12 Assistants, including those holding the Diplomate, American Board of
13 Homeopathic Medicine (DABHM) credential from the American Board of
14 Homeopathic Medicine, and/or the CCH or RSHom(NA) credential;
- 15 • Naturopathic Doctors, including those holding the DHANP (Diplomate of the
16 Homeopathic Academy of Naturopathic Physicians) from the Homeopathic
17 Academy of Naturopathic Physicians and/or the CCH or RSHom(NA) credential;
- 18 • Doctors of Chiropractic, Registered Nurses and Licensed Acupuncturists that
19 include homeopathy in their practice, including those holding the CCH or
20 RSHom(NA) credential.

21
22 **For details on each of the recognized certifications noted above, please see**
23 **Appendix 1.**

24
25 It is important for educators, students, practitioners and the general public to remain
26 abreast of the political and legal context for the practice of homeopathy, especially since
27 it varies by jurisdiction and is subject to change. An important up-to-date resource for this
28 information is titled ***Homeopathy Practice and the Law: A Guide for Homeopathy***
29 ***Practitioners in the United States and Canada*** and can be found on the NASH website
30 at <https://homeopathy.org> and CHC website at <https://www.homeopathicdirectory.com/>.

31
32 While homeopathy has been practiced in North America and beyond for more than 225
33 years, the professional practice of the non-licensed professional homeopath is considered
34 an emerging profession in most of North America, with the exception of Ontario. Ontario
35 law charges the College of Homeopaths of Ontario (CHO) to govern the profession to
36 ensure the public is protected. CHO sets out the scope of practice of homeopathy in
37 Ontario authorizing only members of the College of Homeopathy of Ontario to use of the
38 title "homeopath", a variation or abbreviation, or an equivalent in another language.

39
40 An important development since the last edition of this document is that on July 21, 2017,
41 the United States National Commission for Certifying Agencies (NCCA) granted
42 accreditation to the Council for Homeopathic Certification (CHC) for its Certified Classical
43 Homeopath (CCH) credential. This represents a major step forward in the emergence of
44 the profession. The CHC demonstrates ongoing compliance with the NCCA Standards
45 for the Accreditation of Certification Programs. NCCA is the accrediting body of the

1 Institute for Credentialing Excellence and was founded in 1977 to help ensure the health,
2 welfare, and safety of the public through the accreditation of a variety of certification
3 programs that assess professional competence.

4
5 The focus of this document is to establish community-wide recognition of the scope of
6 practice, educational standards and professional competencies of a professional
7 practitioner of homeopathy who provides professional services with remuneration. While
8 anyone can use available homeopathic remedies to safely treat a wide range of minor
9 and self-limiting illnesses, what distinguishes the professional practice of homeopathy is
10 the level of specialized knowledge and training that allows a professional homeopath to
11 address chronic and complex health problems with homeopathy. Articulating the levels of
12 learning and practice of homeopathy is critical to assist the public in distinguishing
13 between professional practitioners who have completed a comprehensive course of
14 study, are bound to a code of ethics and able to work with a wide range of clients and
15 other non-certified, non-licensed individuals. This document does not guide or regulate
16 untrained or minimally trained individuals who may use homeopathic remedies for self-
17 care, care of family, or others. However, it does include a new section titled Consumer
18 Education in Homeopathy which outlines specific competencies and educational
19 standards related to professional homeopaths educating consumers about: 1) the safe
20 and appropriate home use of homeopathy; 2) community recognized homeopathy
21 practitioner credentials; and 3) routes for pursuing education as a professional homeopath.

22
23 Much work must be done to increase recognition of the CHC and CHO credentials, as
24 well as the DABHM, DHANP and Registered, Society of Homeopaths (RSHom NA) from
25 the North American Society of Homeopaths. The homeopathy community will help
26 advance the professional practice of homeopathy by raising awareness about our
27 recognized credentials, their Codes of Ethics and professional practices, including: open
28 disclosure of scope of practice; obtaining informed consent for services; practicing in a
29 non-discriminatory manner; annual continuing education requirements; and, maintenance
30 of practitioner liability insurance. Similarly, the homeopathy community should recognize
31 the importance of ACHENA's role in school accreditation, the role of NASH and other
32 professional associations, and the role of the Council of Schools.

33 **Four Branches That Provide Accountability in Homeopathy Education and Practice**

34
35 The four functional branches which constitute homeopathic accountability and self-
36 governance in North America are: 1) the school accrediting body, 2) the practitioner
37 certifying body, 3) professional associations, and 4) the council of schools.

38
39 Each branch of the profession requires organizational independence to prevent obvious
40 conflicts of interest while promoting collaborative inter-dependence as *equal leaders* in
41 education, training and practice. The following organizations correspond to the four
42 branches named above:

1 **1) The School Accrediting Body: Accreditation Commission for Homeopathic**
2 **Education in North America (ACHENA)**

3 ACHENA is an independent accreditation agency whose mission is to promote excellence
4 in the education of professional homeopaths by accrediting schools that meet community-
5 agreed upon educational standards. ACHENA's accreditation process is based on
6 principles of self-study, peer review and academic freedom. ACHENA ensures that
7 accredited educational institutions and programs offer a comprehensive, sequential
8 curriculum that meets all requirements for entry-level practice and taking the national
9 certification exam to earn the Certified Classical Homeopath (CCH) credential. ACHENA
10 ensures accredited schools have adequate resources to support the educational
11 program, employ well qualified faculty, conduct student grading in a manner that is fair
12 and has appropriate policies and procedures in place to address student grievances.
13 ACHENA serves as a resource center that provides information about accreditation to
14 administrators, educators and students. ACHENA also accredits continuing education
15 programs for professional homeopaths.

16 **2) The Practitioner Certifying Body: Council for Homeopathic Certification (CHC)**

17 The CHC represents the primary examination board for the professional homeopath who
18 is not a licensed medical provider. Certification exams aim to test the individual's level of
19 competence, validated knowledge, skills and abilities, in order to establish their
20 professional fitness to practice. The CHC functions to uphold the national standards of
21 professional behavior and competencies of practice in Classical Homeopathy. Its
22 certification exam requires applicants to meet rigorous foundational education and clinical
23 training standards. This branch's function is distinct from compliance with a government-
24 regulated licensing board or achievement of a one-time training program certificate. The
25 CHC maintains continuing competency criteria for meeting recertification and grants the
26 professional title, *Certified Classical Homeopath (CCH)*, which may be renewed upon
27 completion of annual continuing education requirements.

28 **3) The Professional Associations: NASH, HNA, HANP and AIH**

29 The North American Society of Homeopaths (NASH) is the broadest of the four national
30 homeopathic professional membership or trade associations in North America that
31 constitute the membership of the profession. Professional associations promote a high
32 level of excellence in homeopathic practice while advocating for the role of the
33 professional homeopath as an integral part of health care delivery system. NASH
34 represents the independent professional homeopath and grants the internationally
35 respected designation, Registry of the Society of Homeopaths, North America (RSHom
36 (NA)). NASH conducts eligibility determination reviews based on six criteria for approval,
37 including at least 500 training hours with supervision. Additional criteria for all applicants
38 include written and oral exam and submission of ten cases from independent practice
39 with at least six months' follow-up.

40
41 Other profession-specific membership groups with their own eligibility criteria include:
42 • The Homeopathic Nurses Association (HNA) that represents the special interests
43 of nurses who use homeopathy.

- The Homeopathic Academy of Naturopathic Physicians (HANP) that represents the special interests of naturopathic physicians who use homeopathy and administers the credentialing process for the DHANP.
- The American Institute of Homeopathy (AIH) that represents the special interests of licensed physicians who use homeopathy and the ABHM that administers the credentialing process for the DABHM credential.

4) The Council of Schools: Council of Homeopathy Schools and Colleges

The Council's mission is to support member institutions to deliver educational excellence in classical homeopathic education and quality health care. Council goals include, to:

- Support the development and improvement of educational programs in Classical Homeopathy.
- Develop recommended curricula for degree, diploma and other educational programs.
- Encourage scientific research, innovative teaching methodology, and faculty development.
- Provide a forum for discussion of issues relevant to member colleges.
- Serve as an information resource for member colleges, other colleges and organizations, regulatory agencies, and the public.
- Encourage ethical business practices among member colleges.
- Work with accreditation, certification, licensing and regulatory agencies to develop appropriate educational standards and requirements.
- Promote increased public access to high quality health care provided by well-trained practitioners of Classical Homeopathy.
- Promote and support professional standards for homeopathic treatment and education.

Future Revisions and Updates

While there may be other considerations to contemplate and take action on as this document ages, there are two that the homeopathy community may choose to support in the near future. The first is the creation of standards and competencies for such areas as: management of acute conditions using homeopathy; management of musculoskeletal complaints for Chiropractors and Massage Therapists; the integration of homeopathy into Acupuncture practice; contemporary systems for selection of a remedy; or other specific areas or approaches to practice. The second is whether to establish a process to determine or to develop educational standards, competencies, or other guidance for lay or home practitioners of homeopathy.

This document should undergo comprehensive community review and updating within 5-8 years from its time of release, or as conditions or new developments warrant.

1 **The Education Standards and Competencies of Practice for**
2 **Homeopathy in North America**

3 **Part I: Skills, Knowledge and Attributes of the Professional**
4 **Homeopath**

5 **1. History & Development of Homeopathy**

6 **Competencies**

7

8 The practitioner of homeopathy is able to:

9

- 10 1. Cite the development of classical homeopathy and the social cultural and historical
11 forces that have influenced its practice over its 225-year history.
12
- 13 2. List the philosophers and authors who have had major influences on homeopathic
14 thought and be able to place them in context.
15
- 16 3. Demonstrate awareness of homeopathy's current place in the healthcare
17 landscape both in terms of trends of practice of the discipline in various locations,
18 and the current legal and political climate.
19
- 20 4. Identify homeopathy's potential contribution to public health in the context of local
21 or regional health challenges, including but not limited to: contagious disease,
22 especially epidemics/ pandemics; addiction, such as opioid overuse and over
23 prescription and other iatrogenic illness trends; and trauma, especially among
24 vulnerable populations.
25
- 26 5. Explain how homeopathic care can integrate with other therapies and
27 conventional medicine in a range of settings to address a variety of health
28 challenges.

29 **Educational Standards**

30

31 Educational programs familiarize students with the history and development of
32 homeopathy and the social, economic, and political forces that have influenced its
33 practice over the past 225-years up to, and including, present day. Programs introduce,
34 and place in context, the philosophers, authors, activists, and the social, political and
35 economic forces that have had major influences on the homeopathic discipline and
36 profession. Educational programs should address homeopathy's current place in the
37 national and state by state healthcare landscape, both in terms of trends of practice of
38 the discipline and the current legal and political climate. Students are taught the
39 importance and practicalities of engaging with the profession. Programs inform about

1 how, and require students to, engage with the community so that they understand the
2 importance of both practice promotion and profession promotion and, if desired, how they
3 may contribute as leaders in the profession. Curriculum reviews the following topics:
4

- 5 1. History of Medicine: Hippocrates to Galen and Paracelsus
6
- 7 1. History of Vitalism: Paracelsus to Hahnemann
8
- 9 3. History of Homeopathy
10 a. Hahnemann and his contemporaries
11 b. Familiarity with the Organon and its different editions
12 c. Familiarity with early generations of homeopathic authors
13 d. Familiarity with the older and more contemporary perspectives on the history
14 of homeopathy
15
- 16 4. World History of Homeopathy
17 a. The spread of homeopathy and its proponents
18
- 19 5. History of Homeopathy in North America
20 a. The spread of homeopathy to North America, and its proponents
21 b. Familiarity with philosophers, and authors that have had major influences on
22 the homeopathic discipline and profession as it developed
23
- 24 6. Discussion of emerging health issues and the role of homeopathy in addressing
25 them.
26
- 27 7. Overview of the history of other forms of traditional, complementary and integrative
28 medicine (TCIM): Traditional Oriental Medicine (Acupuncture and herbal);
29 Ayurveda; naturopathy; chiropractic; western herbal medicine; and others.

30 **2. The Principles, Theory, Philosophy and Methodology of** 31 **Homeopathy** 32

33 Professional practitioners have a thorough understanding of the principles and
34 mechanisms of homeopathy that inform its theories and guide implementation in clinical
35 practice. The principles, theory, philosophy and methods of homeopathy are based on
36 foundations that are over 225 years old. These have stood the test of time - expanded,
37 but not significantly changed. Modern physics and nanoparticles research is beginning
38 to demonstrate the mechanisms of homeopathy's action. Practitioners demonstrate
39 familiarity with current research that explains mechanisms behind homeopathy's
40 action. It is essential that homeopaths raise public awareness of what makes
41 homeopathy unique, including its practice, principles, safety, effectiveness, and cost.

1 **Competencies**

2
3 The practitioners of homeopathy is able to:

- 4
- 5 1. Relate the principles of and mechanisms behind homeopathy that guide its
6 theories and implementation in clinical practice.
7
 - 8 2. Identify that the principles, theory, philosophy and methods of homeopathy are
9 based on foundations that are over 225 years old.
10
 - 11 3. Demonstrate familiarity with emerging theories that explain the mechanisms
12 behind homeopathy.
13
 - 14 4. Possess knowledge of the natural world and the human body sufficient to
15 understand the principles, theory, philosophy and methods of homeopathy and
16 homeopathic therapeutics.
17
 - 18 5. Demonstrate a thorough understanding of the principles, dynamics and nature of
19 health and disease from the perspective of a homeopath.
20
 - 21 6. Illustrate the ways the homeopathic view differs from the allopathic view, and other
22 views of health and disease, both current and historical.
23
 - 24 7. Demonstrate knowledge and understanding of the theories, principles, and
25 methods put forth by Hahnemann and other respected homeopaths in their various
26 writings including:
27 a. Requirements of the homeopathic practitioner, as enumerated in Aphorism
28 # 3¹ of *The Organon*

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

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

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

In this way, recovery must result.

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

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

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

- 1 b. Principles of Cure, as taught by Hahnemann
- 2 c. Understanding disease
- 3 d. Taking the case
- 4 e. Acquiring knowledge of remedies
- 5 f. Homeopathic management of disease (on all levels)
- 6 g. Intermittent diseases
- 7 h. Case management (both theoretical and practical)
- 8 i. Differences among the concepts of homeopathy, isopathy and allopathy
- 9 j. Primary and secondary actions of homeopathic and allopathic medicines
- 10 k. The action of potentized remedies
- 11 l. Preparation/manufacture of homeopathic remedies
- 12 m. Different potency scales, including: X, C, D, K, LM, and Q
- 13 n. Administration of homeopathic remedies, including the forms in which they
- 14 can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)
- 15 o. Possible responses to remedies, including models put forward by respected
- 16 teachers and clinicians in homeopathy

17

18 8. Demonstrate the ability to discern the direction of case progress and related aspects

19 of principles, theory, philosophy and methods of homeopathy as enumerated by

20 authors recognized by the global homeopathic community.

21

22 **Educational Standards**

23

24 Educational programs impart a thorough understanding of the theories, principles and

25 mechanisms of homeopathy that guide its clinical practice. The curriculum familiarizes

26 students with a variety of approaches to attain the competencies stated above, spanning

27 a spectrum from the writings of Hahnemann, Kent and others. Programs may include

28 teachings of contemporary respected homeopaths including current emerging scientific

29 theories. Each educational organization may select a manner in which to accomplish this.

30 The curriculum prepares all students of homeopathy to weigh the benefits and limitations

31 of different approaches to understanding the principles, theory, philosophy and methods

32 of homeopathy, and addresses the following key topics:

33 Fundamental Concepts of Homeopathy

- 34 ● Concept of health, disease and healing.
- 35 ● Differences between homeopathy, isopathy and allopathy
- 36 ● Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of
- 37 *The Organon*.
- 38 ● Concept of susceptibility and causative factors.

[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.

- 1 ● Concept of the Vital Force.
- 2 ● Case management according to the Law of Similars.
- 3 ● Principles of homeopathy.
- 4 ● Definition of basic homeopathic terms.
- 5 ● Concept of the dose.
- 6 ● The single remedy.
- 7 ● Potency scales, including: X, C, D, K, LM, Q.

8

9 Symptoms

- 10 ● Characteristic symptoms (constant, striking, found throughout)
- 11 ● Strange, rare and peculiar symptoms.
- 12 ● Common and uncommon symptoms.
- 13 ● Hierarchy of symptoms.
- 14 ● Classification of symptoms.
- 15 ● Suppression of symptoms.

16 Classification of diseases

- 17 ● Miasms
- 18 ● Natural and Artificial
- 19 ● Acute and Chronic
- 20 ● Etiology
- 21 ● Suppressed disease
- 22 ● One-sided disease
- 23 ● Stages of disease process
- 24 ● Epidemics and genus of epidemics
- 25 ● Mental and Emotional diseases
- 26 ● Intermittent diseases

27

28 Case Management

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

37 **3. The Materia Medica of Homeopathy**

38

39 The direct sources of homeopathic remedies include extracts from plants, minerals,
40 animal materials, and other substances. Descriptive information about the recognized
41 homeopathic remedies is referred to as the “materia medica” (the collected body of
42 knowledge about the therapeutic properties of substances used in homeopathy.) A
43 practitioner decides which homeopathic remedy is most likely to relieve the suffering of

1 an individual by matching the symptoms of that particular person to symptoms of one of
2 the remedies as described in the materia medica and other writings.

3
4 Also broadly included in materia medica are the innumerable books, lectures, and other
5 types of information about particular homeopathic remedies or groups of remedies. Much
6 of this was written in the past several decades by respected homeopathic practitioners
7 who have combined their reading of earlier texts and understanding of the source material
8 with their clinical experience to present to their colleagues new ways of understanding
9 the full, rich, and unique characteristics of homeopathic remedies and to connect them to
10 illnesses.

11 **Competencies**

12 The professional homeopath is able to:

- 13
- 14
- 15
- 16 1. Cite the various sources of information for materia medica;
- 17
- 18 2. Demonstrate the ability to make effective, efficient, and critical use of relevant
- 19 source materials to study remedies;
- 20
- 21 3. Identify and assess that which is curative in particular remedies from the reading
- 22 of provings and materia medica texts;
- 23
- 24 4. Make effective differentiation between the curative action of one remedy and
- 25 another seemingly similar remedy;
- 26
- 27 5. Conduct thorough and accurate research in a wide range of materia medica
- 28 sources - not only standard materia medica reference works but also provings,
- 29 homeopathic software, and the internet;
- 30
- 31 6. Use information gained from biology, botany, toxicology, chemistry, physics,
- 32 mythology, folklore, herbology and culture to identify and utilize the various
- 33 attributes of remedies including (as applicable):
- 34 a. Proving symptoms, modalities, generalities, mental/emotional symptoms,
- 35 delusions, fears and dreams
- 36 b. Characteristic symptoms (constant; striking; found throughout)
- 37 c. Clinical symptoms/pathology
- 38 d. Keynote and confirmatory symptoms
- 39 e. Local symptoms
- 40 f. Concomitant symptoms
- 41 g. Miasmatic relationships
- 42 h. Sensation and function
- 43 i. Etiology
- 44 j. Organ and system affinities
- 45 k. SRP (strange, rare and peculiar symptoms)
- 46

- 1 7. Have familiarity with:
 - 2 a. Remedy relationships
 - 3 b. Relationships within the materia medica
 - 4 c. Relationships of substances
 - 5 d. Antidotes, affinities, inimicals, complementaries, remedies that follow well
 - 6 e. Acute / first aid uses
 - 7 f. Comparative and differential study
 - 8 g. Progressive stages of pathology of remedies
 - 9 h. Chemistry/biology of the substance
 - 10 i. The differences among polychrests, so-called 'small remedies', nosodes,
 - 11 sarcodes, isopathics, tautopathics, gemmotherapeutics, tissue salts, flower
 - 12 essences and imponderables
 - 13
- 14 8. Perform the following:
 - 15 a. Use information gained from case studies (live, paper, video)
 - 16 b. Use journals and electronic sources in the study of materia medica
 - 17 c. Use repertory comparisons
 - 18 d. Understand remedy indications for different stages of human development
 - 19 e. Demonstrate a variety of ways to learn and understand remedies.
 - 20 f. Endeavor to continually expand knowledge of remedies.
 - 21 g. Demonstrate several techniques to most easily access information about
 - 22 remedies with which they are not familiar - particularly to enable identification
 - 23 of "small" remedies that may better fit the symptoms of the case or to find a
 - 24 similar remedy to ones being considered when those remedies do not
 - 25 adequately cover the case.
 - 26 h. Apply critical thinking skills, in relationship to materia medica, e.g. Where does
 - 27 the information come from? Where is the case published? Is it published in a
 - 28 primary, secondary or tertiary source?
 - 29
- 30 9. Demonstrate the capacity to understand the difference between information found
- 31 on web sites, secondary information not verified, commentary and opinion on
- 32 websites.
- 33
- 34 10. Consider remedies in various ways, and be able to categorize them in groupings
- 35 such as:
 - 36 a. Remedies that are often used in differentials when a client's key symptoms are
 - 37 difficult to match to a single remedy;
 - 38 b. Remedies that can be expected to apply to numerous cases in clinical practice;
 - 39 c. Essential remedies for first aid, crisis management.
 - 40

41 A list of 155 remedies that a competent homeopathic practitioner should know has been
42 used as a guide for many years by the Council for Homeopathic Certification. Some of
43 the remedies on this list are often used and need to be studied in detail. Others are less
44 frequently used or have little information available about them. Those in the former
45 category need to be studied thoroughly, from many aspects. Those in the latter group
46 should primarily be studied for symptoms that distinguish them ("keynotes"), especially

1 symptoms that would be used in performing a differential between remedies, or for
2 remedies that are best known for specific uses (e.g. right-sided sore throat).

3 [See Appendix 2 – List of Homeopathic Remedies](#)

5 **Educational Standards**

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

- 10
- 11 1. Knowledge of the major writers and books: from Hahnemann to the present day.
- 12
- 13 2. How to compare and contrast information about remedies to appreciate what is
14 similar and what is different about them. Methods for this include using categories
15 such as relationship of remedies grouped according to their constituents. These
16 categories may bring into consideration a less used or less familiar remedy by
17 referencing its similarities to another remedy, including demonstrating critical
18 thinking skills.
- 19
- 20 3. Performing a “differential” by identifying aspects of the materia medica that are
21 different among several remedies that may otherwise seem to match the
22 symptoms of an individual.
- 23
- 24 4. How to evaluate materia medica sources (thoroughly proven, partially proven, and
25 unproven data; data collection, editing, short cuts, etc.).
- 26

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

- 30
- 31 1. Sources for homeopathic remedies—using aspects like biology, botany, chemistry,
32 physics, doctrine of signatures, mythology, folklore, culture, applications, and use
33 in other forms of healing
 - 34 a. The history, culture and behavior of the substance in the natural world.
 - 35 b. Toxicology
 - 36 c. Pathogenesis
 - 37 d. Pharmacology
 - 38 e. Nomenclature
 - 39 f. Homeopathic proving – Authors and methodology, Clinically confirmed
40 symptoms, Repertory rubrics, Etiology
- 41
- 42 2. Different approaches to symptomatology
 - 43 a. Totality of symptoms
 - 44 b. Characteristic symptoms

- 1 c. Individualizing symptoms ('strange, rare, and peculiar')
- 2 d. Mental/emotional (including delusions, fears and dreams)
- 3 e. Concomitant symptoms
- 4 f. Symptoms suggestive of miasmatic influence
- 5 g. Organ affinities
- 6 h. Pathognomonic symptoms
- 7 i. Modalities
- 8 j. Sensation and function
- 9 k. Acute and first aid uses
- 10
- 11 3. How materia medica applies to other approaches or aspects of remedy study
- 12
- 13 4. Clinical application
- 14 a. Remedy relationships
- 15 b. Comparative Materia Medica
- 16 c. Differential Materia Medica
- 17 d. Successful cases
- 18
- 19 5. Awareness of how Materia Medica is constantly evolving
- 20
- 21 6. Awareness of ways in which, electronic tools, databases and techniques lend
- 22 themselves to learning remedy indications and comparison in the study of materia
- 23 medica.

24 4. Provings in Homeopathy

25
26 Homeopathic provings were the initial way that the homeopathically-useful properties of
27 substances were identified by Hahnemann, his associates, and early adherents of
28 homeopathy. This knowledge was supplemented by toxicology (studies of poisonings).
29 In the succeeding 225 years, clinical experience was added to enrich the knowledge of
30 substances, and all of these sources produced the homeopathic "materia medica".

31 **Competencies**

32
33 The professional homeopath is able to:

- 34
- 35 1. Demonstrate an understanding of the basic purpose of provings, types of provings
- 36 and their importance to the evolution of the homeopathic materia medica.
- 37
- 38 2. Be familiar with national and international standards for conducting homeopathic
- 39 proving—including the standards used by the HPCUS, and harmonized 2015
- 40 LIGA, ECH and ECCH guidelines.
- 41
- 42 3. Ensure that groups of provers are as diverse as possible in terms of gender, sexual
- 43 orientation, culture, race and ethnicity.

- 1 4. Demonstrate the electronic digital skills to be able to search for modern provings
2 that are often only available electronically.
3
- 4 5. Demonstrate an understanding of the importance of supporting efforts to conduct
5 provings, including:
6 a. voluntarily participating in provings themselves;
7 b. conducting provings according to strict protocols established by respected
8 homeopathic research organizations;
9 c. following appropriate informed consent procedures including those related
10 to privacy and confidentiality; and,
11 d. implementing ethical standards for research involving human subjects in
12 accordance with review by an Institutional Review Board.

13 **Educational Standards**

14
15 Programs educating professional homeopaths provide students with a basic
16 understanding of the principles of homeopathic research, and provings in particular. The
17 curriculum includes:

- 18
19 1. Fundamental knowledge of homeopathic proving method
20
21 2. The purpose of provings.
22
23 3. The history of provings (Hahnemann through modern methodologies)
24
25 4. Types of provings (informal/partial through Hahnemannian).
26
27 5. Provings in comparison to allopathic drug trials.
28

29 Programs will impart information covering:

- 30
31 1. Guidelines and protocols for provings
32 a. The substance
33 i. Natural History of a Substance
34 b. Preparation of the substance to be proven
35 c. The structure of a proving group, including the importance of diversity among
36 provers
37 d. Posology
38 e. Record keeping
39 f. Supervisor or prover contact and frequency
40 g. Basics of data management for provings
41 i. Extraction of data, including primary and secondary distinctions
42 ii. Collation of data
43 iii. Statistical evaluation of data
44 iv. Converting data into old and new repertory language and materia medica
45 v. Publishing the results
-

- 1 h. Ethical and legal issues related to provings, including use of Institutional
- 2 Review Boards
- 3 i. Informed consent and blind studies
- 4 j. Knowledge of use of placebos in provings

5. Research in Homeopathy

6
7 Research into the basic science, clinical research and some practice-based research has
8 been prevalent in homeopathy for a number of decades. Only recently however, has basic
9 skill in research become important to the foundational education of professional
10 practitioners and, thus included in school curriculum.

11 **Competencies**

12
13 Professional homeopaths demonstrate familiarity with, and understanding of, current
14 research in homeopathy, research exploring the mechanism of action of homeopathic
15 remedies and general health sciences research. Professional homeopathic practitioners
16 demonstrate a foundational understanding of how to evaluate research in homeopathy
17 and are able to weigh the value of research they are conducting or reading.

18
19 The professional homeopath is able to:

- 20
- 21 1. Demonstrate familiarity with contemporary research on homeopathic medicines
- 22 and their biological action
- 23 .
- 24 2. Demonstrate familiarity with general health sciences research
- 25
- 26 3. Demonstrate the ability to comprehend and evaluate trade and journal articles
- 27 describing homeopathic and medical research studies, community science
- 28 research in homeopathy, peer reviewed, published research papers on provings
- 29 and other relevant research such as clinical outcomes research, practice-based
- 30 outcomes research, observational research and educational research.

31 **Educational Standards**

32
33 Educational programs provide students with a basic understanding of the principles of
34 how to interpret research - homeopathic, general health sciences, and other. The
35 curriculum addresses the following topics:

- 36
- 37 1. Relevant research methodologies including clinical trials, outcomes studies
- 38 and case reports.
- 39
- 40 2. Review of the most significant landmark historical studies contributing to the
- 41 body of research in homeopathy
- 42

- 1 3. Contemporary Research
2 a. Clinical research developments
3 b. Basic science research developments that document the action of high
4 dilutions and the mechanism of action of remedies
5 c. Surveys of practice patterns
6 d. Critical evaluation regarding the degree of completeness of the
7 Repertory (compared to proving information and clinical experience)
8 e. Outcome studies
9 f. Case reports and case series
10 g. Research evaluating demographics, cost and efficacy of homeopathic
11 practice within the homeopathic community through the use of surveys
12 and other tools
13 h. Appropriate research tools and techniques that can be used to enhance
14 homeopathic practice.

15 **6. The Repertory in Homeopathy**

16
17 In homeopathy, a repertory is a book or other textual format that provides, in effect, an
18 index to the materia medica. The importance of using a repertory is that it provides a quick
19 way to identify which remedies may be most closely associated with a particular symptom
20 without having to search through the entire materia medica. Mastering the use of
21 repertory is a critical skill for identifying a list of remedies that should be closely examined
22 and considered in the effort to select a remedy to match the mistunement of the vital force
23 in the case and bring about restoration of health. Computer software specific to the
24 practice of homeopathy has helped repertories to evolve and has provided other ways to
25 search materia medica. Advanced repertory skills must be mastered by all professional
26 homeopaths.

27 **Competencies**

- 28
29 The professional homeopath is able to:
30
31 1. Demonstrate knowledge of the structure, purpose, and limitations of the various
32 repertories and use of a range of repertories in case analysis.
33
34 2. Demonstrate knowledge of ways of analyzing a case other than by repertorization.

35 **Educational Standards**

36
37 Educational programs that prepare professional homeopaths introduce students to the
38 importance of use of repertory in identifying a list of remedies that should be considered
39 in the case. The curriculum exposes students to a range of repertories, how each is
40 organized, the vocabulary and syntax of repertories and the strengths and drawbacks of
41 different repertories. Students are exposed to repertories in book format and computer
42 format and are prepared to employ repertory skills in practice. The curriculum covers:

- 1 1. Introduction to repertory:
 - 2 a. Purpose, history, additions and organization of repertories
 - 3 b. Boenninghausen's repertory (the first repertory)
 - 4 c. Kent through modern repertories, including computerized repertories
 - 5
 - 6 2. The general layout of repertories and limitations of various repertories:
 - 7 a. Grading of symptoms/rubrics in each
 - 8 b. Organization: Kent's through newer organizing techniques
 - 9 c. Strengths and limitations of older repertories, especially Kent's
 - 10 d. Structure of various repertories
 - 11 e. Using the repertory in homeopathic case analysis
 - 12 f. Understanding the basic organization of each section of the repertory
 - 13 g. Understand the structure of computerized repertories including their strengths
 - 14 and limitations (and why they have different entries into similar or the same
 - 15 rubric)
 - 16
 - 17 3. Purpose of rubrics and sub-rubrics and how they are developed and organized:
 - 18 a. Common and confusing rubrics
 - 19 b. Cross referencing important rubrics
 - 20 c. How to choose the best rubrics for a case
 - 21 d. Combining rubrics
 - 22 e. Errors in rubric indenting
 - 23
 - 24 4. Terminology and abbreviations used in the repertories, including contemporary
 - 25 and anachronistic medical terminology
 - 26
 - 27 5. Ways to translate contemporary language and meaning into the language of a
 - 28 repertory (or the materia medica) and ways to interpret the language of a repertory
 - 29 (or the materia medica)—within its historical and social context—into
 - 30 contemporary language and meaning
 - 31
 - 32 6. Various tabulation tools—their strengths, limitations and uses:
 - 33 a. Computer repertory
 - 34 b. Paper and graphs
 - 35 c. Other techniques
 - 36 d. Their use in modern practice
 - 37
 - 38 7. Different roles of repertorization in selecting a remedy:
 - 39 a. How to use the repertory effectively
 - 40 b. Different types of repertory analysis
 - 41 c. Limitations of repertories
 - 42 d. Omissions in existing repertories of rubrics for much of women's health and
 - 43 gender non-conforming including transgender individuals, and how to remedy
 - 44 this
 - 45 e. Omissions in existing repertories related to symptoms unique to different skin
 - 46 tones and racial backgrounds.
-

- 1 8. Gaining familiarity with a range of current computer programs and the repertories
2 available in that program and being able to select and use a well-matched
3 repertory for a given case.
4 a. Examples of computer programs include those made by Miccant, Synergy,
5 Zeus, Complete Dynamics, Zomeo, HomeoQuest, etc
6 b. Specific repertories that may be functional with a given computer program or in
7 book form include *Schroyen's: Synthesis*, *Van Zandvoort's: Complete*
8 *Repertory*, *Boennighausen*, *Dimitriadis' TBR2*, *Boger*, *Knerr*, *Kunzli's*
9 *Repertorium Generale*, *Murphy's Clinical Repertory*
10
11 9. Awareness of methods other than repertorization to review and study materia
12 medica
13

14 Specific areas of study:

15
16 Structure (schema of Kent's Repertory, using the Final General edition)
17

- 18 1. Rubrics, sub-rubrics, grading of symptoms
19
20 2. Construction of symptom arrangement: (CLAMS, STEMLS)
21 a. Timings
22 b. Sides
23 c. Sensation
24 d. Location
25 e. Modalities
26 f. Extension
27
28 3. Content of the main sections
29
30 4. Detailed examination of specific general sections of the repertories with definition
31 of pathological terms in historical context:
32 a. Generalities
33 b. Chill
34 c. Fever
35 d. Perspiration
36 e. Others
37
38 5. Content and modern use of the Mind section
39
40 6. Rubric groupings and foundations for rubric definition—differentiating between
41 similar rubrics.
42
43 7. Problems, omissions and mistakes in Kent and other repertories
44
45 8. Additions
46

1 Different Approaches and techniques of repertorization:

2

3 Combination and elimination

4 1. Instruction on the use of repertory grid

5 2. Others

6 **7. Posology in Homeopathy**

7

8 Posology refers to the selection of potency, dosage and methods of administration of
9 remedies. In homeopathy, while the selection of the correct remedy is of paramount
10 concern, in some cases the homeopathic potency of the remedy and how often it is
11 administered and in what manner it is administered may be equally important. These
12 topics are generally considered under the heading of posology.

13 **Competencies**

14

15 The professional homeopath is able to:

16

17 1. Demonstrate the ability to adeptly choose a remedy in the correct potency and in
18 the dosage and method of administration most suited to each case, including
19 consideration of the client's vitality and age, and the onset, duration and
20 intensity/severity of symptoms.

21

22 2. Define the expectations for the selected potency and dosage, evaluate the
23 progress of the case accordingly, and alter the potency and dosage if appropriate.

24 **Educational Standards**

25

26 Educational programs that prepare professional homeopaths address posology in the
27 context of both didactic and clinical training. The curriculum addresses the following
28 topics:

29

30 1. How the client's vitality, age and onset, duration and intensity/severity of symptoms
31 impact the selection of potency and frequency of dosing.

32

33 2. The methods of administration of a remedy, including dry dose, wet dose, split
34 dose, topical, olfaction, suppository, as per the different editions of the Organon.

35

36 3. Remedy potency and frequency of administration in acute versus chronic (and
37 acute in the course of chronic)

38

39 4. Appropriate circumstances for the use of lower or higher potencies, including exact
40 match in chronic cases (simillimum), young otherwise healthy person with acute
41 symptoms, etc.

42

8. Pharmacy in Homeopathy

A working knowledge of pharmacy in homeopathy is critical for the contemporary professional practitioner. Practitioners should understand the legal classification of homeopathic remedies in the United States. Homeopathic remedies were included in the Federal Food, Drug, and Cosmetic Act (FD&C Act) in 1938. Since then, homeopathic remedies have been classified as drugs and marketed as over-the-counter (OTC) products. Professional practitioners should understand the role of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS) in publishing the Homeopathic Pharmacopoeia of the United States (HPUS). The manufacture of homeopathic remedies must comply with specific standards that are outlined in the HPUS.

Note: Not including information in educational programs about regulatory issues in homeopathic pharmacy will create a void and liability that can jeopardize homeopathy.

Competencies

The professional homeopath has a working knowledge of:

1. The role of the Homeopathic Pharmacopoeia Convention of the United States (HPCUS) in publishing the Homeopathic Pharmacopoeia of the United States (HPUS) which sets standards for the manufacture of homeopathic remedies
2. The manufacture of remedies
 - a. the difference between a manufacturing and a dispensing pharmacy
 - b. the sources of all remedies
 - c. the process by which remedies are made into mother tinctures according to the different directives in the Organon and in the Chronic Diseases
 - d. the changes in pharmacy as a consequence of different editions of the Organon
 - e. the traditions of homeopathy versus the modern commercial realities of remedy manufacture (photo chromatography)
3. The dispensing of remedies
 - a. methods of administering remedies to clients
 - b. the scales of dynamization - starting with mother tincture
 - c. the different scales used - decimal, centesimal, 50 millesimal
 - d. the different methods of preparation – multiple vial Hahnemann, single vial Korsakoff
 - e. the model of potentization through succussion
 - f. 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

1 **Educational Standards**

2
3 Educational programs prepare students to have a working knowledge of:

- 4
5 1. The role of the Homeopathic Pharmacopoeia Convention of the United States
6 (HPCUS) in publishing the Homeopathic Pharmacopoeia of the United States
7 (HPUS) which sets standards for the manufacture of homeopathic remedies
8
9 2. The manufacture of remedies
10 a. the difference between a manufacturing and a dispensing pharmacy
11 b. the sources of all remedies
12 c. the process by which remedies are made into mother tinctures according to
13 the different directives in the *Organon* and in the *Chronic Diseases*
14 d. the changes in pharmacy as a consequence of different editions of the
15 *Organon*
16 e. the traditions of homeopathy versus the modern commercial realities of
17 remedy manufacture (photo chromatography)
18
19 3. The dispensing of remedies
20 a. methods of administering remedies to clients
21 b. the scales of dynamization - starting with mother tincture
22 c. the different scales used - decimal, centesimal, 50 millesimal
23 d. the different methods of preparation – multiple vial Hahnemann, single vial
24 Korsakoff
25 e. the model of potentization through succussion
26 f. the application of the concepts of dilution and succussion in the choice of
27 homeopathic remedy potency and dosage as it pertains to the sensitivity of
28 the individual and to his or her vital force

29 **9. Case Taking in Homeopathy**

30
31 Taking a homeopathic case requires mastery of specifically defined skills. These skills
32 should grow sequentially with appropriate educational training and clinical experience and
33 supervision.
34

35 Hahnemann, in Aphorisms 82 through 104 of the *Organon*, states that a well-taken case
36 is essential to a well-managed case. A well-taken case is the basis for sound analysis,
37 repertorization, prognosis, and follow-up. In professional practice, a great deal of acumen
38 and ability is required for its execution and application.
39

40 The most critical skills include: ‘unprejudiced observation’, attentive listening, perception,
41 freedom from bias or judgment, and the ability to ask well-phrased, empathetic, open-
42 ended questions that elicit useful information that leads the practitioner to a base of
43 knowledge about the client that allows the homeopath to explore relevant issues.
44

1 Current research indicates that genetics and individual choices contribute about 20% of
2 an individual's likelihood of positive health outcomes, while Social Determinants of Health
3 (SDOH) where we live, how much money we have, our access to healthy food, etc. -
4 account for about 80% of our likelihood of well-being and positive health outcomes. Health
5 Policy in Brief: RWJF. Therefore, professional competencies and educational standards for
6 professional homeopaths address the importance of gathering information about social
7 determinants of health as part of the case taking process.

8
9 The competencies outlined focus on relevant homeopathic information. Homeopaths
10 consciously do not follow the information-gathering methods that are used in a
11 conventional medical setting, although information that is offered by the client about their
12 medical history, conventional medical diagnosis, treatment history and other related
13 information is noted.

14 **Competencies**

15
16 The professional homeopath is able to:

- 17
18 1. Demonstrate an ability to assess the suitability of the case to homeopathic care
19 and independently conduct a comprehensive professional homeopathic interview
20 and assessment.
- 21
22 2. Demonstrate taking a case in a confidential, efficient, non-judgmental, accurate,
23 and complete manner and in a professional setting, including:
 - 24 a. listens, elicits and records information in sufficient detail that will lead to the
25 successful analysis of each individual client's case;
 - 26 b. differentiate various types of cases (minor first aid, acute or chronic illness)
 - 27 c. determines a relevant case taking strategy.
- 28
29 3. Explore client SDOH to assist in understanding the etiology, maintaining causes
30 and obstacles to cure at initial appointments and periodic follow-up appointments.
31 Questions should explore client access to:
 - 32 a. Healthy, affordable food from a conveniently located grocery store
 - 33 b. Safe and healthy housing and neighborhood
 - 34 c. Safe and healthy employment/ work environment with adequate income
 - 35 d. Accurate health information and health literacy
 - 36 e. Transportation to facilitate meeting day to day needs
 - 37 f. Social support
 - 38 g. Freedom from all forms of oppression and the ability to express
39 themselves to their highest purpose
- 40
41 4. Expand understanding of the etiology, maintaining cause and obstacles to cure
42 during initial appointments and periodic follow-up appointments by including
43 questions exploring how current trauma, past trauma, early childhood abuse, inter-
44 generational trauma and racialized trauma may be impacting health and well-being
45 of the client.

- 1 5. Employs the principles of trauma-informed care to create a safe, therapeutic
2 relationship with clients and to avoid re-traumatization in the context of care. This
3 includes integrating the following principles into interactions with clients:
4 a. Taking steps to establish safety;
5 b. Demonstrating trustworthiness;
6 c. Working in a collaborative manner;
7 d. Focusing on client empowerment;
8 e. Moving past cultural stereotypes and biases, leveraging the healing value
9 of traditional cultural connections, and recognizing and addressing
10 historical trauma;
11 f. Not insisting that any particular event, emotion, or response to a potential
12 past trauma be divulged in any given therapeutic session, or ever;
13 g. Avoid having clients repeatedly tell their experiences of traumatic
14 events(s).
15
16 6. Demonstrate consultation skills through:
17 a) A clarity of perception whereby a professional homeopath possesses sufficient
18 knowledge of health on the mental, emotional and physical levels, to be able to
19 perceive vital disturbance and what needs to be healed in each client
20 b) The ability to recognize obstacles to cure, including:
21 i. The relationship between the physical, social, emotional and
22 economic contexts in which people live and their health and well-
23 being understanding those that are within the client's control, and
24 those that may be attributed to opportunity, inequity, and social and
25 environmental injustice.
26 ii. The implications for health and disease of personal and family health
27 history, life events and environmental factors.
28 iii. The potential effect of lifestyle (for example, diet, smoking, alcohol
29 consumption, poor sleep, sedentary indoor living, etc.) on an
30 individual's health and social well-being.
31 iv. The resources available to individuals to make changes in their
32 circumstances and lifestyles.
33 v. How personal beliefs and preferences affect individuals' lives and the
34 choices they make, the context in which they live and their health and
35 well-being.
36 c) Discern accurately the difference between what is pathological vs. lifestyle, or
37 cultural/community norms that differ from the practitioner- i.e., religious/cultural
38 practices, LGBTQ+ communities, etc.
39 d) Discern how medical, chemical and recreational drugs and alcohol can
40 sometimes result in masking, suppressing and/or alteration of individualizing
41 characteristic symptoms of the original disease symptoms.
42

43 In addition, the professional homeopath demonstrates:
44

- 1 1. Effective and sensitive interviewing attitudes and techniques that will enable
2 individuals to reveal and talk through relevant issues in their physical, mental and
3 emotional health.
- 4
- 5 2. The ability to recognize and interpret significant aspects of a client's appearance,
6 body language, speech and behavior.
- 7
- 8 3. The ability to observe and identify the widespread impact of trauma- physical and
9 emotional- on the body, and recognize those signs and symptoms of trauma in
10 clients.
- 11
- 12 4. The ability to integrate knowledge about the impact and signs of trauma into all
13 interactions with clients- initial meeting, case-taking, case management, and follow
14 up, so as not to retraumatize and trigger clients.
- 15
- 16 5. An understanding of how intergenerational trauma and institutional bias' affect
17 Black, Indigenous, People of Color (BIPOC), religious minority, and the lesbian,
18 gay, bisexual, transgender, queer and others (LGBTQ+) communities
19 disproportionately.
- 20
- 21 6. The ability to explain to clients the nature and depth of homeopathic case taking,
22 and sensitivity to concerns and difficulties that can arise during this process.
- 23
- 24 7. The ability to take clear and coherent notes according to the standards and
25 conventions of the healing professions.
- 26
- 27 8. Knowledge of when it may be necessary or useful to involve someone besides the
28 client in consultation (for example, when treating children). This includes
29 recognizing the potential for reticence, misrepresentation and misunderstanding
30 when others are involved in these discussions, and being able to minimize those
31 risks.
- 32
- 33 9. An awareness of the dangers of imposing one's own beliefs, values and attitudes
34 on individuals and of the importance of respect for the client's beliefs, values and
35 attitudes, both personal and cultural.

36 **Educational Standards**

37
38 The program provides the student sequential learning opportunities to observe and take
39 cases in a clinical setting with a wide range of pathology and stages of disease in both
40 children and adults to prepare the student for professional practice. The program ensures
41 that:

- 42
- 43 1. The student is familiar with case taking from a diverse range of respected
44 homeopathic authors and teachers.
- 45

- 1 2. The student learns various analytical approaches that require the gathering of
2 different kinds of information
3
- 4 3. The student has sufficient opportunity to observe several experienced homeopaths
5 taking live cases, telehealth cases, as well as video cases (always subject to the
6 permission of the client) with guided facilitation by a skilled supervisor. In this
7 stage of the student's education, the mentoring homeopath should elucidate the
8 strengths and weaknesses of the way in which each case was taken, the ways in
9 which the case-taking methods were adapted to the situation of the individual
10 client, and other learning points.
11
- 12 4. The student, alone or in a group of students, has sufficient opportunity to take
13 cases in a setting mentored by an experienced homeopath that provides direct
14 feedback on the art and techniques in a manner that enables the student to hone
15 his or her case-taking skills. The patient, supervisor and case taker shall be
16 together in person or virtually for these cases.
17
- 18 5. The student will identify and develop awareness of how conscious and
19 unconscious prejudice may negatively influence case-taking.
20
- 21 6. The student will always show compassion and sensitivity in case taking. The
22 student will create a safe therapeutic environment to support the client in
23 expressing the thoughts, feelings and memories needed to take the case. The
24 student learns to take a case without prejudice and with respect for boundaries,
25 not only in cases of trauma.
26
- 27 7. The student, through self-reflective learning materials, and repeated case taking
28 practice and feedback experiences, acquires a thorough understanding of in-depth
29 case taking techniques over a series of visits which form the fabric by which the
30 continuity of homeopathic care can be confidently and successfully managed and
31 the course of care adjusted as necessary.
32
- 33 8. The student is made aware of how power differentials in the clinic may be
34 expressed, and how to create therapeutic relationships based on equity and
35 mutual respect.
36
- 37 9. The student understands how case records shall include medical information that
38 is provided by the client - although the types of records kept may vary depending
39 on the practice style or licensing requirements for each homeopath. These records
40 are to be HIPAA compliant.
41
- 42 10. The student, by reading and observation, acquires sufficient understanding of the
43 nature, individualization, sensitivity, confidentiality, and accurate recording of
44 information that together form the professional setting in which cases should be
45 taken.
46

- 1 11. The student reads a range of well-respected homeopathic journals to observe the
2 manner in which cases are recorded, learning the highest standards of accuracy,
3 specificity and comprehensiveness.
4
- 5 12. The student will observe a sufficiently wide range of cases that exemplify varying
6 pathologies, etiologies, severity, and stages, minor first aid, acute and chronic
7 illnesses in children and adults. As much as possible, the student will be exposed
8 to diverse clientele, for example social groups, ethnic and cultural backgrounds,
9 religious affiliations, sexual and gender identifications. Such diversity of exposure
10 will allow students opportunities to practice the art of being an unprejudiced
11 observer, to identify and examine those experiences that reveal their own biases,
12 and to create a therapeutic, respectful relationship with a diverse clientele.
13
- 14 13. The student will develop the ability to explore client access to SDPH and their
15 relationship to etiology and maintaining cause and obstacle to cure, including:
16 a. Healthy, affordable food from a conveniently located grocery store
17 b. Safe and healthy housing and neighborhood
18 c. Safe and healthy employment/ work environment with adequate income
19 d. Accurate health information and health literacy
20 e. Transportation to facilitate meeting day to day needs
21 f. Social support
22 g. Freedom from all forms of oppression and the ability to express oneself to
23 their highest purpose
24
- 25 14. The student will be prepared to employ the principles of trauma-informed care to
26 create a safe, therapeutic relationship with clients and to avoid re-traumatization
27 in the context of care. This includes education about how to integrate the following
28 principles into interactions with clients:
29 a. Taking steps to establish safety;
30 b. Demonstrating trustworthiness;
31 c. Working in a collaborative manner;
32 d. Focusing on client empowerment;
33 e. Moving past cultural stereotypes and biases, leveraging the healing value
34 of traditional cultural connections, and recognizing and addressing
35 historical trauma;
36 f. Not insisting that any particular event, emotion, or response to a potential
37 past trauma be divulged in any given therapeutic session, or ever;
38 g. Avoiding having clients repeatedly tell their experience of a traumatic
39 event(s).
40

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

42 [\(See Appendix 3 – Specific Skills for Case Taking in Homeopathy\)](#)

10. Case Analysis in Homeopathy

Case analysis involves skillfully analyzing the data gathered during case taking and coming to a clear understanding of what needs to be addressed in the case. It requires careful application of homeopathic philosophy and methodology in the context of the individual case. Accurate case analysis requires the professional homeopath to consider the factors that may have contributed to the disturbance of the vital force as well as identification of any maintaining causes or obstacles to cure. Case analysis informs a meaningful repertorization of the case and, as such, is central to selection of the similimum. Accurate case analysis is needed to determine posology and establish reasonable expectations regarding remedy response. Insights gained from careful case analysis contribute to how the professional homeopath proceeds with case management after the initial remedy is taken. Professional homeopaths employ case analysis skills throughout the case taking and case management process.

Competencies

The professional homeopath is able to:

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. Demonstrate the 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.
3. Analyze what needs to be addressed in a case; identify the central disturbance or center of gravity and themes of the case; and 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.
4. Prioritize symptoms and explain the hierarchy of symptoms according to homeopathic principles.
5. Assess previous and current therapeutic history/treatment, including homeopathy, allopathy, and other therapeutic modalities.
6. 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").

- 1 7. Evaluate the client's personal and family history, miasmatic history, evidence
2 of intergenerational trauma, susceptibility, suppression, organ affinities and
3 systemic effects.
4
- 5 8. Consider how broad, social factors may impact outcomes and exist as
6 maintaining causes.
7
- 8 9. Demonstrate knowledge and utilization of modalities (such as: time of day, side
9 of the body, and aggravation or amelioration) that are striking for a particular
10 individual.
11
- 12 10. Consider as part of case analysis the circumstances and timing of the onset of
13 symptoms, causation and etiology, and duration and intensity/severity of
14 symptoms.
15
- 16 11. Identify and isolate "concomitant" symptoms that may have been present at the
17 same time but are due to separate (usually transitory or extraneous) causes.
18
- 19 12. Differentiate between strange, rare, and peculiar symptoms, characteristic and
20 common symptoms. In distinguishing common from characteristic
21 (individualizing) symptoms, consider the client's apparent pathology based on
22 allopathic diagnosis and recognize symptoms common to that pathology.
23
- 24 13. Evaluate the effect of any etiological, exciting, or maintaining causes, as well
25 as any underlying susceptibilities. Be aware of the impact of trauma, and social
26 determinants of health that may be compounding maintaining causes or
27 obstacles to cure.
28
- 29 14. Present case analysis in a manner that can be readily understood by other
30 homeopathic and health care professionals.
31
- 32 15. Demonstrate a knowledge and understanding of the diversity of case analysis
33 strategies.
34
- 35 16. Employ research skills, evaluate and ultimately apply information gathered
36 through various sources to the case including: materia medica, provings,
37 journals, databases, and the internet.
38
- 39 17. Demonstrate use of appropriate resources to determine how issues of
40 physiology and pathophysiology may influence the case. Reference culturally
41 and socially specific sources where indicated. Illustrate the value, limitations,
42 and (where appropriate) the use of medical reports in homeopathic case
43 analysis.
44

- 1 18. Document, identify and evaluate obstacles such as antidoting, environmental
2 interference, and iatrogenic influences. Identify possible means to overcome
3 identified obstacles and discuss options with the client.
4
- 5 19. Demonstrate sensitivity and respect for cultural and social differences, as well
6 as social inequities that impact BIPOC, minority religious communities, and
7 LGBTQ+.
8
- 9 20. Determine where additional support and services may be needed to help
10 mitigate the impacts of lack of access to social determinants of health and make
11 culturally and socially appropriate referrals.
12
- 13 21. Determine a reasonable prognosis. Identify an appropriate case management
14 strategy and where appropriate determine both short-range and long-range
15 goals.
16
- 17 22. Record all pertinent information for the case at the time of the client's visit in
18 accordance with HIPAA requirements. Document research and analysis
19 appropriately into case records.
20

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

22
23 *For a list of information that a case analysis includes - as the circumstances of the case*
24 *dictate: [See Appendix 4 – Particulars in Case Analysis in Homeopathy](#)*

25 **Educational Standards**

26
27 Educational programs that prepare professional homeopaths provide progressive
28 opportunities for students to learn and apply homeopathic principles from the Organon
29 and other writings in the context of individual case analysis. Effective educational
30 programs integrate lessons on case analysis throughout the course of both didactic and
31 clinical training, helping the student to synthesize lessons from each to build their
32 knowledge and skills in case analysis. Students should have multiple opportunities to
33 examine how the professional homeopath uses the information from case taking to
34 perform a thoughtful case analysis and then how case analysis informs effective
35 repertorization, selection of a remedy and case management. Teaching case analysis is
36 critical to helping students learn to truly think homeopathically, and apply homeopathic
37 theory in practice. As such, it has a central place in all educational programs that prepare
38 professional homeopaths and teaching it should span both didactic and clinical training.
39 The curriculum includes ample opportunities to:

- 40
- 41 1. Assess the strength of the vital force, center of gravity, and susceptibility of the
42 client.
43
- 44 2. Evaluate the onset, duration, and intensity/severity of symptoms.
45

- 1 3. Determine the nature of the illness in terms of acute or chronic and analyze
2 accordingly.
- 3
- 4 4. Consider the impact of social determinants of health, trauma and multi-
5 generational trauma when conducting case analysis.
- 6
- 7 5. Assess previous and current therapeutic history/treatment, including homeopathy,
8 allopathy, and other therapeutic modalities. Demonstrate diversity of case analysis
9 strategies.
- 10
- 11 6. Employ research, evaluate and ultimately apply information gathered through
12 various sources – including: materia medica, provings, journals, databases, and
13 the Internet.
- 14
- 15 7. Examine the effects of different potencies and their relevance to a case as well as
16 selecting the appropriate frequency and method of administering remedies
17 (posology).
- 18
- 19 8. Distinguish and articulate a variety of case analysis strategies, and apply them as
20 appropriate.
- 21
- 22 9. Identify various types of computer analysis techniques and differentiate their
23 strengths and weaknesses.
- 24
- 25 10. Illustrate the value, limitations, and use of medical reports in homeopathic case
26 analysis;
- 27
- 28 11. Order and evaluate the resources available to clients in assessing whether they
29 are able to make important changes in their lives that may be beneficial.

30 **11. Case Management in Homeopathy**

31
32 The management of cases in homeopathy is critical to success in practice. Case
33 management is all about what happens after the prescription and action of the first
34 remedy. Understanding traditional and contemporary skills and strategies in case
35 management enhances clinical success. The effective management of cases in clinical
36 practice can be a highly complex issue.

37
38 Effective management of homeopathic cases demonstrates an integration of the
39 fundamentals of homeopathic theory with the practical aspects of maintaining an effective
40 and respectful practitioner-client relationship. It begins with ensuring that a case is
41 appropriate for professional homeopathic care by determining an acceptable prognosis
42 and accepting the responsibility to follow the case until the best possible results have
43 been achieved.

44

1 Traditional case management skills involve putting into practice the instructions provided
2 by Hahnemann in the Organon, evaluating the action of the remedy, mastering the skills
3 needed to select an appropriate 'second prescription, and determining if and when to
4 repeat the remedy. Additionally, the relationship between a homeopath and his or her
5 client is a therapeutic one, and the practitioner must recognize that the influence of his or
6 her style of communication and interaction is as important as the clinical management. In
7 order to create and cultivate a healing clinical experience for a culturally, socially and
8 racially diverse clientele, the practitioner must be aware of and actively engage with his
9 or her own limitations, bias and areas for personal introspection and growth. Effective
10 case management requires knowledge of the cases management strategies of
11 Hahnemann, Kent, Close, Roberts and other traditional authors.

12
13 Effective case management also requires the application of interpersonal skills and
14 responsibility for:

- 15
- 16 1. Exercising perceptiveness in taking and following cases.
- 17 2. Practicing respectful, effective and attentive listening skills.
- 18 3. Practicing non-judgmental observation skills.
- 19 4. Displaying respect and open-mindedness.
- 20 5. Maintaining unconditional positive regard.
- 21 6. Using appropriate, effective, and sensitive communication.
- 22 7. Managing the understandable concerns of a client who is not experiencing the
23 level of results they had hoped for.
- 24 8. Maintaining appropriate aspects of the client confidentiality relationship in
25 situations where consideration must be given to contacting outside parties (e.g.
26 child protective services).
- 27 9. Managing situational issues which arise from unmet client expectations,
28 practitioner errors or oversights, in a manner that ensures professional integrity.
- 29 10. Collaborating with others including, health-care professionals, clients, and families
- 30 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.
- 31 12. Getting back to a patient in a timely manner by phone, email or text.

32 **Competencies**

33
34 The professional homeopath is able to:

- 35
 - 36 1. Understand the response to the remedy and take the correct action
 - 37
 - 38 2. Conduct meaningful follow-up sessions. including:
 - 39 a. Assessing the multifaceted action of a remedy.
 - 40 b. Identifying and managing any remedy aggravations.
 - 41 c. Evaluating the possible antidoting of a remedy.
 - 42 d. Identifying any return of symptoms.
 - 43 e. Identifying any new symptoms.
 - 44 f. Identifying any proving symptoms.
-

- 1 g. Evaluating palliation or suppression.
- 2 h. Assessing the susceptibility of the client.
- 3 i. Assessing obstacles to cure, as taught by Hahnemann.
- 4 j. Employing intercurrent remedies, when indicated.
- 5 k. Determining when to make a second remedy choice and how to select it.

- 6
- 7 3. Effectively utilize resources such as: materia medica, therapeutic guides,
- 8 repertories, *Physicians' Desk Reference (PDR)*, and resources found on the
- 9 internet.
- 10
- 11 4. Effectively utilize coaching/mentoring/preceptoring for assistance in case
- 12 management. Professional homeopaths acknowledge that professional maturity is
- 13 required to self-identify practitioner limitations in case management to reduce risks
- 14 and optimize client clinical outcomes.
- 15
- 16 5. Ensuring that homeopathic care achieves the greatest possible improvement with
- 17 minimal disruption to the vital force.
- 18
- 19 6. Synthesizing homeopathic knowledge and experience in order to evaluate and
- 20 supervise the entire course of homeopathic care as an ongoing and cumulative
- 21 process - an extended cycle of reflection and response. Justify strategies for
- 22 homeopathic care.
- 23
- 24 7. Maintaining clear and transparent records of case management so that the aim
- 25 and feasibility of homeopathic care is kept constantly under review. This record
- 26 keeping, on paper, online, cloud, computer, needs to be secure and HIPPA
- 27 compliant.
- 28
- 29 8. Demonstrating knowledge of a hierarchy of change within a healing process and
- 30 demonstrate ability to provide appropriate communication to clients both during
- 31 and between follow-ups.
- 32

33 The scope of case management includes the following:

- 34
- 35 1. Management of the practitioner-client relationship.
- 36
- 37 2. Homeopathic management of the evolution of the case.
- 38
- 39 3. Homeopathic management of the dynamics of the case.
- 40
- 41 4. Management of the case records.
- 42

43 [See Appendix 5 – Case Management Guidelines in Homeopathy](#)

1 Management of the practitioner-client relationship

2
3 Prior to an initial visit, the practitioner employs appropriate methods to ensure that the
4 client will be aware of the nature of homeopathy (including the basic perspectives of the
5 homeopathic theory of 'illness' and 'cure', the nature of the homeopathic interview, the
6 typical course of homeopathy care and follow-up, the general scope and limitations of
7 homeopathy as they may apply to this client, and the training, credentials, and mode of
8 practice of the homeopath). This is conducted in a manner that determines the suitability
9 of homeopathic care for that client at that particular time.

10
11 It is the responsibility of the professional to understand the issues of risk management,
12 including but not limited to the capacity to judge the urgency of the case and other
13 possible alternatives the prospective client ought to consider, especially the immediate or
14 diagnostic care by a licensed medical professional.

15
16 [See Appendix 6: Signs and Symptoms Suggesting Referral to Another Medical Provider](#)

17
18 In cases where the homeopathic practitioner seeks to video or voice record the client, the
19 reasons for conducting the recording are explained, (for example, to support clinical
20 learning) how the recording will be used is explained, and informed consent is obtained.
21 The professional homeopath demonstrates respect for the client's right to confidentiality.
22 All identifying information such as the client's name or other personal identifying details
23 must be excluded from all verbal or written teaching materials. Professional homeopaths
24 only transmit records in a manner that is HIPAA compliant.

25
26 Homeopathic management of the evolution of the case

27
28 The professional practitioner demonstrates awareness of and understanding of a wide
29 range of issues that might arise throughout the duration of a case. This begins with
30 establishing reasonable expectations and continues with ensuring effective informed
31 awareness and participation by the client in their own healing and recovery. It concludes
32 with obtaining valid closure (regardless of the outcome of the case). For details:

33 [See Appendix 5 – Case Management Guidelines in Homeopathy](#)

34
35 Homeopathic management of the dynamics of the case

36
37 The practitioner demonstrates the skills of:

- 38
39 1. Maintaining appropriate communication with clients both during consultations and
40 between follow-ups.
41
42 2. Maintaining appropriate scheduling of follow-ups based on a strategy of
43 anticipated remedy action, prognosis, and the client's needs in a timely manner.
44

- 1 3. Ensuring, at each client contact, a thoughtful assessment of remedy action
- 2
- 3 4. Demonstrating knowledge of how to apply case evaluation concepts that include
- 4 similimum, similar, layers, miasms, and zigzagging.
- 5
- 6 5. Demonstrating comprehension of each individual's motivation and commitment to
- 7 homeopathy care and other factors which may affect client compliance and the
- 8 outcome.
- 9
- 10 6. Managing acute health problems that arise during chronic care.
- 11
- 12 7. Using intercurrent remedies (if appropriate to a case).
- 13
- 14 8. Assessing the value and limitations of medical reports in homeopathy case
- 15 management.
- 16
- 17 9. Demonstrating the ability to manage the cases of clients taking medications
- 18 (prescription or other).
- 19
- 20 10. Demonstrating familiarity with resources available to individuals to make changes
- 21 in their circumstances and lifestyles.
- 22
- 23 11. Demonstrating familiarity with appropriate ways to bring closure after a case-
- 24 taking session to help the client and the practitioner regain personal composure,
- 25 especially after an intensive interview.
- 26
- 27 12. Demonstrating proper therapeutic closure if a client is being referred to another
- 28 practitioner or there is termination of care, including a re-cap of what progress has
- 29 been made and clear recommendations to the client for further care.

30 Management of case records

31
32
33 How the case records are managed may be influenced by regulation, location of practice
34 and practitioner license, if any, under which each individual practices. The list below
35 presents important issues that should be addressed. See [Appendix 5 – Case](#)
36 [Management Guidelines in Homeopathy – Management of case records](#)

37
38 The practitioner of homeopathy is able to demonstrate appropriate management of case
39 records:

- 40
 - 41 1. Confidentiality – Written case records (and any videos or other media) are
 - 42 maintained in a safe and secure manner (under lock and key or computer
-

1 passcode, or cloud security) that precludes viewing or access by anyone other
2 than the practitioner (and, on a need-to-know basis, colleagues who will be bound
3 by duties of confidentiality).
4

5 2. Accuracy – Case records written in a chronological manner that fully and
6 understandably records all salient homeopathic information for each visit or
7 conversation with a client as well as any other pertinent information or paperwork
8 provided by the client.
9

10 3. Objective and Subjective Information – The homeopathy “data” for the case is
11 adequately recorded in a manner that is consistent with the way in which it is
12 expected that the case will be analyzed. The analysis is clear to a well-informed
13 reader what homeopathic process was being followed. Ideally, information
14 relevant to other possible approaches to analyzing a case would be noted. The
15 case clearly differentiates subjective elements (personal observations and
16 perspectives) and objective elements (data collected by the homeopath or others).
17

18 4. Assessment and Plan – Assessment includes both the likely homeopathic
19 prognosis for the case, and, as appropriate, other considerations for the case. The
20 assessment includes a differential for several key homeopathic remedies that were
21 considered. The plan identifies which homeopathic remedy was chosen, the
22 potency, and the frequency for taking it. The plan also includes any instructions,
23 cautions, requests, or other instructions given to the client and includes an interval
24 after which a follow-up visit or report should be made by the client. Longer term
25 strategy for the case is recorded (and subsequently updated) to provide a means
26 of tracking progress over time.
27

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

30 **Educational Standards**

31

32 It is expected that all educational programs teach the traditional case management
33 strategies of Kent, Roberts, Close, Vithoukas etc. Specific class time is devoted to
34 understanding how these authors’ case management directives predominantly focus on
35 Hahnemann’s 4th edition of the Organon. Specific instruction is devoted to the 5th and 6th
36 editions and how those case management directives are different. At the end of the
37 program, students will be competent and confident in understanding the reasons for the
38 differences in clinical case management directives. Educational programs integrate
39 didactic and clinical training, including live clinic in real time, to support students in
40 acquiring skill in case management. The curriculum includes the following:
41

42 1. The student shall read numerous well-respected homeopathic journals to observe
43 the manner in which cases are recorded, noting the highest standards of accuracy,
44 specificity, and comprehensiveness and the manner in which cases are managed.
45

- 1 2. During clinical training, the student shall receive mentoring that improves her or
2 his skills in case management. This includes client interactions, keeping
3 appropriate case records, managing the progress of cases, and ways to find
4 necessary information or assistance to achieve the best possible outcomes for the
5 client.
6
- 7 3. The student shall have access to teachings and writings on case management
8 from a range of respected homeopathic authors and teachers.
9
- 10 4. The education of the student examines the ways in which various analysis and
11 case management approaches can require the gathering of different kinds of
12 information.
13
- 14 5. The student must have sufficient opportunity to observe several experienced
15 homeopaths managing cases, ideally in person as well as from cases on video
16 (always subject to the permission of the client). In this aspect of the student's
17 education, the mentoring homeopath shall elucidate the strengths and
18 weaknesses of the way in which each case was managed, the ways in which the
19 case management methods were adapted to the situation of the individual client,
20 and other learning points.
21
- 22 6. Through reading and experience the student acquires a thorough understanding
23 of the way in which case taking over a series of visits forms a fabric by which the
24 success of a course of homeopathic care can be managed, and the course
25 adjusted as necessary.
26
- 27 7. The student shall understand how a case should document appropriate references
28 to medical information that is provided by or mentioned by the client.
29

30 By reading and observation, the student shall acquire sufficient understanding of the
31 nature, individualization, sensitivity, confidentiality, and accurate recording of information
32 that together form the basis for case management and, if appropriate, discussion of the
33 case with other health-care professionals.
34

35 Programs will teach interpersonal skills necessary for case management:
36

- 37 1. Exercising perceptiveness in taking and following cases.
- 38 2. Practicing effective, respectful and attentive listening skills.
- 39 3. Practicing non-judgmental observation skills.
- 40 4. Displaying open-mindedness.
- 41 5. Maintaining unconditional positive regard.
- 42 6. Employing appropriate, effective, and sensitive communication.
- 43 7. Managing the understandable concerns of a client who is not experiencing the
44 level of results she or he had hoped for.

- 1 8. Maintaining appropriate aspects of the client confidentiality relationship in
2 situations where consideration must be given to contacting outside parties (eg.
3 child protective services).
- 4 9. Managing situational issues, such as forgetting to follow through on a task for
5 which a commitment had been made to a client.
- 6 10. Collaborating with others including, health care professionals, clients, and
7 families.
- 8 11. Displaying adeptness in dealing with clients who are unable or unwilling to
9 pay.

10 **12. Basic Health Sciences: The Intersection of Homeopathy** 11 **with the Conventional Health Care System and Other** 12 **Systems**

13
14 The manner in which a professional homeopath interfaces with the conventional health
15 care system and other Traditional, Complementary and Integrative Medicine (TCIM)
16 healthcare providers, may vary greatly based on a number of factors, including: the extent
17 to which the conventional health care system or practice site is open to incorporating
18 professional homeopaths and other TCIM practitioners; other training or health-related
19 licensure held by the professional homeopath; the range of clients or presenting problems
20 the professional homeopath serves; the chosen professional practice site of the
21 practitioner, and evolving national or state law impacting the practice of homeopathy. A
22 professional homeopath may work in private practice, in a conventional health care
23 setting, in a setting that integrates homeopathy or in a facility providing only homeopathic
24 or TCIM services.

25
26 In many cases, the professional homeopath will provide services to clients who are also
27 seeing other conventional health care or TCIM practitioners. Professional homeopaths
28 who serve a wide range of clients have the knowledge, skills and attitudes needed to
29 establish effective relationships with other practitioners engaged in the client's care, to
30 the extent that the client authorizes such communication.

31
32 The professional homeopath who is not a licensed health care practitioner and without
33 prescribing privileges does not advise a client with regards to their prescription
34 medications or advise a client to alter any treatment. The professional homeopath is
35 expected to refer clients with questions or concerns about their conventional health care
36 medications or treatments back to the health care provider who prescribed them or to
37 another similarly qualified health care professional whom the client trusts.

38
39 Regardless of practice site, clients may bring in, or refer to, their prescription drugs, herbal
40 medicines, and dietary supplements or ask about ones they have heard about or read
41 about. Homeopathic practitioners who work with a wide range of clients benefit from being
42 familiar with commonly prescribed medications and terminology relating to prescription
43 medication or TCIM treatments. Professional homeopaths read labels and research
44 information on the therapeutic uses, side effects, typical adverse reactions, drug

1 interactions, possible contra-indications of medications being taken and are alert to
2 information that will assist or improve the homeopathic analysis or management of the
3 case.

4
5 A homeopath views his/her work through the distinct paradigm of homeopathy while being
6 able to dialogue effectively with clients and health care practitioners who may view and
7 communicate about the case through the paradigm and language of conventional
8 medicine. Of particular importance is the ability of the professional homeopath to educate
9 clients about key philosophical principles of homeopathy as they relate to ongoing
10 decisions about case management.

11
12 **Knowledge of Basic Health Sciences (Anatomy Physiology and Patho-physiology**
13 **Chemistry etc)**

14
15 **Competencies**

16
17 The professional homeopath is able to:

- 18
19 1. Recognize the signs and symptoms of common diseases encountered in his or her
20 practice with an emphasis on assessing the depth of mistunement present in the
21 case.
22
23 2. Distinguish between common symptoms of a given illness and those that are most
24 useful for homeopathic prescribing.
25
26 3. Identify the diverse presentations of signs and symptoms for certain conditions on
27 male vs. female bodies, (i.e. heart disease, heart attack) as well as a spectrum of
28 skin tones (skin conditions).
29
30 4. Apply knowledge of conventional medical diagnoses to make safe decisions about
31 the range of individuals he or she will accept as clients and identify when it would
32 be appropriate to refer the client to a more experienced homeopath or conventional
33 medical provider.
34
35 5. Identify signs and symptoms that may suggest a referral to emergency services or
36 a conventional health care provider is needed; [See Appendix 6 - Signs and](#)
37 [Symptoms Suggesting Referral to Another Medical Provider.](#)
38
39 6. Dialogue with clients and other practitioners about a client's conventional diagnosis
40 and symptoms while maintaining a focus on viewing their work through the distinct
41 paradigm of homeopathy.
42
43 7. Educate clients about the unique paradigm of homeopathy as needed to facilitate
44 gathering information about the full range of the client's symptoms, explain the
45 rationale for case management decisions and assist the client in understanding
46 the range and timeline of potential outcomes of homeopathic services.
-

- 1 8. Engage in case conferencing with conventional or TCIM providers to the extent
2 authorized by the client.
3
- 4 9. Gather reliable information about prescription medications, supplements and
5 herbal medicines with an emphasis on applying this information to homeopathic
6 analysis or management of the case.
7
- 8 10. Demonstrate familiarity with the purpose of common diagnostic and laboratory
9 tests and be able to research other tests that a client undergoes in order to help
10 guide homeopathic analysis and case management.
11
- 12 11. Identify the dangers and consequences of an individual's withdrawing from drugs
13 and substances, both prescribed and self-administered and recognize the danger
14 of interfering with regimens of prescribed medications.
15
- 16 12. Refer a client with a question about a conventional medication or treatment back
17 to the provider who prescribed the medication or treatment or to an equally
18 qualified health care practitioner whom the client trusts.
19
- 20 13. Discern when it is appropriate to make referrals to other TCIM providers including
21 massage, body work, acupuncture, osteopathic, chiropractic care and other fields
22 present in the communities within which he or she practices.
23
- 24 14. Demonstrate knowledge of the psychological and emotional functioning of
25 individuals and how this may affect their health and well-being, including
26 a. Familiarity with the normal stages of child and adult development
27 b. Familiarity with the normal stages of response to stressful life events (e.g.,
28 death and dying, child and adult responses to trauma).
29 c. An appreciation of the dynamics of family and other relationships and their
30 impact on the client's life circumstances and mental and physical health; and
31
- 32 15. Observe appropriate steps to comply with the legal status of homeopathic practice
33 in his or her jurisdiction and place of practice;
34
- 35 16. Demonstrate knowledge of the structure and opportunities within integrative health
36 care practice.
37
- 38 17. Demonstrate community service and leadership and organizational and policy
39 awareness to promote homeopathy as part of the national healthcare landscape.
40

41 [See Appendix 6 - Signs and Symptoms Suggesting Referral to Another Medical Provider](#)

42 **Educational Standards**

43
44 Homeopathy programs provide the student with a model of the human being in health
45 and disease and address conventional health sciences including anatomy, physiology,

1 pathology and disease in the context of homeopathic philosophy, case analysis and case
2 management. The program imparts knowledge of the current and evolving healthcare
3 landscape including a homeopath's place in Integrative Health Care Practices. The
4 program shall prepare the student for relevant community service including leadership
5 roles. The program shall make students aware of the homeopathic profession's
6 organizational structures, including relevant policy aspects with the aim of teaching
7 students how to promote homeopathy as part of the national healthcare landscape. A
8 professional homeopath is best prepared to work with a wide range of clients when he or
9 she has a basic understanding of health sciences and an awareness of common
10 conventional health care diagnoses and treatments.

11
12 Educational programs preparing homeopaths to work with a wide range of clients impart
13 the knowledge, skills and attitudes required to enable the homeopath to:

- 14
15 1. Discern dynamic and material mistunements and correctly assess the level of
16 imbalance or pathology present in a case.
- 17
18 2. Correctly match the mistunement of the human organism, as expressed in
19 outward physical symptoms, to the realm of action of a well indicated
20 homeopathic remedy.
- 21
22 3. Identify various stages of mental, emotional and physical development
23 throughout life and use this information for case analysis.
- 24
25 4. Define anatomical and other medical terms as required for appropriate
26 repertorization of client symptoms.
- 27
28 5. Recall illnesses and conventional medical diagnoses likely to be seen in a
29 homeopathic practice as needed to promote effective communication with clients
30 and health care providers.
- 31
32 6. Dialogue with his or her clients and their non-homeopathic health care providers
33 about conventional medical treatments for major diagnostic categories.
- 34
35 7. Differentiate between common and individualizing symptoms in a client's case
36 (especially characteristic and strange, rare, and peculiar symptoms).
- 37
38 8. Identify resources for obtaining health sciences information as needed to ensure
39 safe practice.
- 40
41 9. Identify realistic expectations regarding the outcome of homeopathic care, given
42 a client's health status.
- 43
44 10. Identify cases where it is appropriate to refer a client to a more experienced
45 homeopath.

1 11. Identify appropriate times to refer the client to a conventional medical care
2 provider.

3
4 12. Identify situations where a client may be in need of emergency services.
5

6 The curriculum also provides the student with ample opportunities to:
7

8 1. Reflect upon and define professional goals with regard to site of practice and foster
9 the ability to make responsible decisions about the range of clients and presenting
10 problems he or she will serve
11

12 2. Develop the observational and clinical judgment skills required to identify signs and
13 symptoms requiring referral to emergency medical services, a conventional health
14 care professional, to a more experienced homeopath or an appropriate TCIM
15 provider
16

17 3. Gain specific knowledge of the human body and its functions and develop the
18 ability to identify functional disorders and pathological processes with reference to
19 the following systems:

- 20 a. integumentary (skin and connective tissues)
- 21 b. musculo-skeletal
- 22 c. gastrointestinal
- 23 d. respiratory
- 24 e. cardiovascular and hematological
- 25 f. immunological
- 26 g. reproductive, including obstetrics
- 27 h. urinary
- 28 i. endocrine
- 29 j. neurological
- 30 k. special senses (e.g. vision, smell)
- 31 l. mental/emotional
32

33 4. Gather reliable information about prescription medications, supplements and
34 herbal medicines with an emphasis on applying this information to homeopathic
35 analysis or management of the case
36

37 5. Demonstrate the capacity to distinguish between common symptoms of disease
38 and those symptoms that are most useful for identifying the homeopathic
39 simillimum
40

41 6. Recognize significant deviations from normal psychological functioning and normal
42 human development with an emphasis on recognizing symptoms most useful for
43 identifying an effective homeopathic remedy and assessing client progress toward
44 a greater sense of wellness
45

- 1 7. Effectively dialogue with conventional or TCIM professionals engaged in the
2 client's care, as authorized by the client
3
- 4 8. Practice educating clients about the unique paradigm of homeopathy especially as
5 required to gather the full range of the client's symptoms, explain the rationale for
6 decisions regarding case management and assisting the client in understanding
7 the range and timeline of potential outcomes of homeopathic services
8
- 9 9. Identify credible resources for learning about conventional medical diagnoses or
10 treatments that a client reports, as needed to maximize communication with the
11 client and make safe and appropriate decisions related to case management
12
- 13 10. Practice responding appropriately to client questions or concerns about
14 prescription medication and conventional treatments by referring the client back to
15 the prescribing provider or a similarly qualified conventional health care provider
16
- 17 11. Observe, refine and practice making sound case management decisions
18 consistent with professional practice standards and the legal realities of the
19 jurisdiction in which he or she is practicing

20 **13. Consumer Education in Homeopathy**

21
22 All professional homeopaths should educate their clients about the safe and appropriate
23 use of homeopathy. An important activity undertaken by some professional homeopaths
24 is offering formal consumer education classes, facilitating study groups or hosting on-line
25 forums about the safe and appropriate home use of homeopathy. One of the strengths of
26 homeopathy is that educated consumers can safely use remedies that are available over
27 the counter for minor first aid conditions and to treat self-limiting conditions. During the
28 1970's renaissance of homeopathy, home-based "study groups" emerged and became
29 popular among non-professionals. The advent of the information age at the turn of the
30 last century has increased awareness about, and accessibility to, homeopathy among the
31 public. Formal homeopathy education study groups are now accessible through social
32 networking media (i.e., Facebook groups). The internet marketplace offers convenient
33 sales of homeopathic remedies. However, some 'homeopathic remedies' that are being
34 sold online are in fact herbal products or supplements. The 21st century has ushered in
35 distance learning platforms (private, for-profit, short online courses) to the homes of non-
36 professionals interested in homeopathy's many uses beyond self-limiting conditions.
37 Professional homeopaths who provide consumer education must offer it in a manner that
38 acknowledges the appropriate and inappropriate use of homeopathy by consumers for
39 home use, i.e. not under the direct guidance of a professional homeopath. This is critical
40 for the profession as a whole to: 1) avoid any negative health outcomes that may arise
41 when an inexperienced individual attempts to a treat complex condition; and, 2) avoid the
42 public perception that homeopathy is ineffective, when in fact, the issue is lack of
43 knowledge and experience in how to use homeopathy on the part of the untrained

1 individual. In light of this, the following competencies and standards should guide the
2 actions of professional practitioners and homeopathy schools.

3 **Competencies**

4
5 The professional homeopath is able to:

- 6
7 1. Educate their clients about the safe and appropriate use of homeopathy.
- 8
9 2. Provide formal or informal general consumer education about homeopathy in the
10 form of teaching classes, facilitating study groups, or hosting social media or on-
11 line platforms. Such consumer education shall:
 - 12 a. Focus instruction on addressing minor, first aid and self-limiting conditions;
 - 13 b. Help consumers distinguish between homeopathic and non-homeopathic
14 products;
 - 15 c. Offer strong warnings advising consumers not to attempt to use complex
16 homeopathic treatment protocols that may be available on-line or in books to
17 treat complex chronic conditions for themselves or others without direct
18 consultation with a professional practitioner;
 - 19 d. Offer strong warnings advising consumers to avoid treating themselves or
20 others with nosodes, sarcodes or remedies in high potencies;
 - 21 e. Advise consumers to seek care from a professional practitioner or licensed
22 health care provider for chronic conditions and whenever a seemingly minor
23 health condition is not improving in response to home treatment;
 - 24 f. Educate consumers about symptoms for which they should seek immediate
25 medical care;
 - 26 g. Help consumers learn to identify reputable homeopathic practitioners by
27 educating them about the four community-recognized credentials; CCH,
28 DABHM., DHANP, and RSHom;
 - 29 h. Educate consumers about levels of expertise in homeopathy and how to
30 pursue further education to become a professional homeopath.

31 **Educational Standards**

32
33 The educational process prepares students to understand and to appropriately educate
34 consumers to:

- 35
36 1. Recognize the different levels of education and practice of homeopathy including:
 - 37 a. Basic level- Formal or informal, first-aid courses for consumers for home use,
38 self-care, and family care.
 - 39 b. Integrative Health Care Training for Licensed Medical Provider Level - Limited
40 certificate programs for licensed medical providers to integrate homeopathy
41 into the practice of medicine within a defined scope of practice.
 - 42 c. Professional, Board-Certified, Practitioner Level - Formal and sequential
43 educational programs, including didactic education, clinical observation, clinical

- 1 practice and supervision as articulated in the standards and competencies for
2 professional practice outlined in this document.
- 3 d. Advanced Level - Typically integrated within formal and sequential education
4 programs. Includes advanced clinical training and supervision, for
5 professionals-in-training and/or matriculated experienced professionals, as
6 articulated in the standards and competencies for professional public practice
7 outlined in this document.
- 8
- 9 2. Explain the scope of practice for each level of education and describe the training
10 and scope of practice of the four community-recognized credentials: CCH,
11 DABHM, HANP, RSHom(NA). Note: See [Appendix 1](#) - Recognized Certifications
12 in Homeopathy Practice.
- 13
- 14 3. Establish a clear understanding of the appropriate scope of consumer education
15 to include:
- 16 a. Focus instruction on addressing minor, first aid and self-limiting conditions;
17 b. Help consumer distinguish between homeopathic and non-homeopathic
18 products;
19 c. Offer strong warnings advising consumers not to attempt to use complex
20 homeopathic treatment protocols that may be available on-line or in books to
21 treat complex chronic conditions for themselves or others without consulting
22 with a professional practitioner;
23 d. Offer strong warnings advising consumers to avoid treating themselves or
24 others with nosodes, sarcodes or remedies in high potencies;
25 e. Advise consumers to seek care from a professional practitioner or licensed
26 health care provider for chronic conditions and whenever a seemingly minor
27 health condition is not improving in response to home treatment;
28 f. Educate consumers about symptoms for which they should seek immediate
29 medical care.
30 g. Educate consumers about levels of expertise in homeopathy and how to
31 pursue further education to become a professional homeopath.

32 **14. Ethical and Professional Considerations for the Practice of** 33 **Homeopathy**

34
35 Homeopathy practitioners demonstrate sufficient knowledge of, and act in accordance
36 with a comprehensive code of ethics. Professional homeopaths are aware of national,
37 provincial, state, and local regulatory and legal oversight of their mode of practice and
38 conduct their services in a manner that is within the regulatory framework. It is important
39 for educators, students and practitioners to remain abreast of the political and legal
40 context for the practice of homeopathy, especially since it varies by jurisdiction and is
41 subject to change. An important up-to-date resource for this information is titled
42 *Homeopathy Practice and the Law: A Guide for Homeopathy Practitioners in the United*
43 *States and Canada* and can be found on the NASH website at <https://homeopathy.org/>
44 and the CHC website at <https://www.homeopathicdirectory.com/>.

1 **Competencies**

2
3 The professional homeopath is able to:

- 4
- 5 1. Identify the political and legal regulations and guidelines that impact their practice
6 of homeopathy and operate within these regulations and guidelines.
7
 - 8 2. Practice with integrity, responsibility and in accordance with the CHC Code of
9 Ethics or the Code of Ethics associated with their specific credential.
10
 - 11 3. Promote the well-being of all clients regardless of race, gender, sexuality, or
12 religious preference.
13
 - 14 4. Obtain informed consent of the client, as appropriate
15
 - 16 5. Encourage and participate in the development of understanding between
17 colleagues
18
 - 19 6. Distinguish between ethical and legal issues in a given case and manage them
20 with professional integrity.
21

22 The professional homeopath also demonstrates the ability to adhere to professional
23 standards by:

- 24
- 25 1. Maintaining freedom from bias in all areas to ethically take cases.
26
 - 27 2. Being alert to recognize when to refer to a different homeopathy practitioner
28 when one cannot be unbiased.
29
 - 30 3. Using experiences that reveal one's bias as a springboard for personal reflection
31 and development, and an opportunity to expand one's capacity.
32
 - 33 4. Maintaining healthy senses and astute observation.
34
 - 35 5. Maintaining a well-developed sense of professionalism.
36
 - 37 6. Refraining from misleading or false advertising to clients, including "guaranteeing
38 a cure".
39
 - 40 7. Refraining from making medical diagnoses, unless licensed to do so.

41 **Educational Standards**

42
43 The educational program integrates opportunities to explore ethical and professional
44 considerations during didactic and clinical training. Students are provided resources,

1 practical scenarios and opportunities for personal reflection on these topics. The
2 educational program prepares students by creating opportunities to:

- 3
- 4 1. Become familiar with reliable sources of information on legality of homeopathy
5 practice, in particular *Homeopathy Practice and the Law: A Guide Homeopathy*
6 *Practitioners in the United States and Canada* available on the NASH website at
7 <https://homeopathy.org/>
8
- 9 2. Operate within the political and legal regulations and guidelines appropriate for
10 their level of education, certification or licensure and jurisdiction of practice.
11
- 12 3. Identify and understand each element of the CHC Code of Ethics or the code of
13 ethics which guides their profession.
14
- 15 4. Explore, define, and promote professional integrity.
16
- 17 5. Understand how their personal ethical values can limit or support the successful
18 practice of homeopathy.
19
- 20 6. Establish their own personal code of ethics compatible with the code of ethics
21 of the homeopathic profession and that of healthcare professions in general
22
- 23 7. Set appropriate boundaries with clients that establish standards of behavior for
24 the practitioner and for the client including, but not limited to, avoiding any form of
25 sexual misconduct.
26
- 27 8. Establish appropriate ways to react to the awareness that a colleague may be
28 impaired by alcohol, by substance abuse, or by inappropriate self-treatment,
29 including appropriate ways to report such concerns to the appropriate authorities.
30
- 31 9. Establish appropriate ways to react to the apparent incompetence of a colleague
32 or situations where a colleague may be practicing outside the scope of his or her
33 legitimate scope of practice, including appropriate ways to report such concerns.
34
- 35 10. Safeguard client information including confidentiality and teaching use of cases.
36
- 37 11. Appreciate and cultivate professional & collegial relationships and the boundaries
38 implicit in these.
39
- 40 12. Understand potential conflict of interest in terms of financial gain and appropriate
41 disclosure to clients, students, conferences and peers.
42
- 43 13. Refraining from misleading or false advertising to clients, including “guaranteeing
44 a cure”.
- 45
- 46 14. Refraining from making medical diagnoses, unless licensed to do so.

1 **General Topics to be addressed in school settings:**

2 Ethics and Moral Philosophy

- 3 • Ethical theories and principles
- 4 • Ethic issues, conflicts and dilemmas regarding medical interventions that may
- 5 arise in practice: vaccination, abortion, organ transplants, etc.
- 6 • Prejudices
- 7 • Respect for life
- 8 • Life and death issues
- 9 • Client's right of choice

10 **PART II: Personal and Professional**
11 **Development and Conduct**

12
13 Continuous and sequential practitioner and practice improvement are essential and
14 integral components of education for professional homeopathy practitioners. Their
15 inclusion prepares students to establish and manage a successful and sustainable
16 professional practice capable of meeting the diverse needs of their clients. Professional
17 homeopaths ought to receive early instruction about their public role and encouragement
18 to work collaboratively to advance the profession as a whole and their individual careers.
19 Foundational training encourages the expectation to seek out lifelong personal and
20 professional development opportunities, especially through professional organizations.

21
22 Important areas to be covered as part of the curriculum are:

- 23
- 24 1. Personal and professional development
- 25
- 26 2. Practice promotion, practice management, and running a business
- 27
- 28 3. Practitioner and client relationship
- 29
- 30 4. Speaking Publicly

31
32 **Personal and Professional Development**

33
34 Students come to study homeopathy from a variety of personal and professional
35 backgrounds. In order to become a competent and successful homeopath, the student
36 needs to be prepared to combine studying, including clinical experience, with their
37 personal and professional development. Personal development is integral to an effective
38 homeopathy curriculum, and is also a lifelong process that fosters expertise in identifying
39 a client's individual healthcare needs. Students should also be aware of their own
40 emotional and physical needs, and be prepared to develop their reflective and
41 interpersonal communication skills and ability to deliver true unbiased care. Ongoing
42 supervision and an in-depth comprehension of the importance of ethical practice are

1 essential components of the student's professional development. The following broad
2 areas should form part of an effective homeopathy curriculum.

3
4 Reflective skills, include but are not limited to:

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

13
14 Interpersonal and communication skills, that include, but are not limited to:

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

24
25 Personal development that includes, but is not limited to:

- 26 1. Listening skills
- 27 2. Empathy
- 28 3. Trust
- 29 4. Intuition
- 30 5. Self-awareness
- 31 6. Self-confidence
- 32 7. Personal belief systems, explicit and implicit bias awareness: e.g. awareness of
33 attitudes towards race, culture, nationality, ethnicity, religion, gender identity and
34 sexuality

35
36 Personal health management, that includes but is not limited to:

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

1 Students should be encouraged to identify their individual strengths, weaknesses, and
2 needs in relation to the above areas. They should also be required to prepare an action
3 plan during the first year of study, which allows them to monitor and assess their own
4 progress throughout their homeopathic education. Students need to be encouraged to
5 consider and develop their own individuality as practitioners.
6

7 Approaching personal and professional development in a structured way enables
8 students to take on continuing personal and professional development (CPD) after
9 graduation. This includes academic work, clinical supervision, multi-disciplinary
10 collaboration, developing a private practice and mastery of homeopathy skills.
11

12 **Practice promotion, management and running a business**

13 Practice Promotion

14 Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an
15 ongoing process that should be commenced during study years, and then applied while
16 working as a homeopath. Homeopaths do not practice in isolation; they are part of a wider
17 professional community, and many client referrals come as a result of personal
18 recommendation. It is therefore important to help students define how they want to
19 promote themselves and their practices.
20

21 It is recommended that students consider the following in order to identify their practice
22 preferences:
23

- 24 1. What are your individual characteristics as a homeopath? What makes you
25 special?
- 26 2. What motivates you to be a homeopath?
- 27 3. Would you like to work as a sole practitioner or be part of a group practice or
28 multi-disciplinary practice?
- 29 4. Would you like to specialize and work with a specific group of clients?
- 30 5. Are there politico-legal regulations or guidelines shaping the practice of
31 homeopathy in the areas where you plan to practice and how will you ensure that
32 your practice is in line with these regulations or guidelines
- 33 6. What kind of homeopath would you like to be for your clients?
34
35

36 Providing excellent service and achieving consistently good clinical results is the single
37 most important factor in generating referrals. With this in mind, course providers should
38 include the following subjects that are valuable in practice promotion:
39

- 40 1. Research how homeopaths and other healthcare professionals promote their
41 practices
- 42 2. Learn how to create a referral network that should include other homeopaths,
43 therapists, doctors, healthcare professionals, pharmacies etc.
- 44 3. Develop effective presentation skills in order to deliver introductory talks and
45 courses on homeopathy

- 1 4. Contact well-respected homeopathic pharmacies for handouts for lectures, as
2 well as:
 - 3 a. Present local workshops to promote yourself and homeopathy
 - 4 b. Offer lectures to the general public, health professionals, and client groups at
5 health food stores, libraries, and other facilities.
 - 6 c. Take a booth or stall at health events
 - 7 d. Create unique handouts for distribution during lectures
 - 8 e. Create a logo which reflects your individuality as a homeopath
 - 9 f. Make effective use of internet-based resources
 - 10 g. Place advertisements in local media\
 - 11 h. Obtain media training with professional advisors to homeopathy organizations
12 to provide quality, conscientious interviews and information to the public
13 through media channels.
 - 14 i. Create social media content
 - 15 j. Create a web presence for your services
 - 16 k. Utilize available resources on practice- and business-building (both general
17 and specific to homeopathy/health), such as books, workbooks, counselors,
18 coaches, and classes
 - 19 l. Create and post testimonials and reviews of your services, which can be
20 posted on various websites and your own web site. (Note that testimonials
21 for homeopaths are not legal in all jurisdictions in North America.
 - 22 m. Utilize promotion capabilities within HIPAA-compliant Client Relationship
23 Management (CRM) software programs.

24
25 Managing a practice well is an essential component for the foundation of a successful
26 career in homeopathy. Homeopathy courses should enable students to develop those
27 skills that will result in the establishment of a professional, effective and financially viable
28 practice. To ensure the necessary skills for building and maintaining a successful
29 practice, the following areas need to be considered:
30

31 Regulatory issues that include:

- 32 1. National and local legislation relating to the practice of a healthcare profession
33 and the practice of homeopathy
 - 34 2. In accordance with the Americans with Disabilities Act and other national, state
35 and local laws, human rights provisions, and the CHC Code of Ethics, the
36 professional homeopath provides care in a manner that does not discriminate on
37 the basis of race, ethnicity, sexual preference, religion, age or gender identity.
 - 38 3. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
 - 39 4. Recording income and expenses, and managing bank accounts
 - 40 5. National and local insurance requirements for a practitioner and health insurance
41 schemes for clients
 - 42 6. Registering with a professional association. For many potential clients a
43 professional association is the first point of contact when looking for a competent
44 homeopath
 - 45 7. Confidentiality issues and awareness of disclosure legislation; i.e., situations in
46 which client information must be passed on to another party
-

- 1 8. National requirements for the maintenance, retention, and destruction of client
- 2 records
- 3 9. Awareness of the national requirements for pension contributions and the
- 4 personal implications of planning for retirement provision
- 5 10. Awareness of national legislation
- 6 11. Business licenses, local and county levels

7
8 Practice management and business development issues that include:

- 9 1. Choosing suitable premises with regard to the physical design of the practice (e.g.
- 10 with regard to access for the disabled)
- 11 2. Awareness of confidentiality issues
- 12 3. Deciding hours, availability and appropriate coverage during times of unavailability
- 13 (A homeopath should specify the hours when she/he is available and maintain a
- 14 healthy balance between work and free time.)
- 15 4. Managing phone calls, answering phone messages, email, texting, social media,
- 16 etc.
- 17 5. Setting fees appropriate to local conditions and making it clear which services are
- 18 covered by the fees. There should be clarity regarding the costs for an initial
- 19 consultation and for subsequent appointments, including discounts where
- 20 appropriate
- 21 6. Preparing a business plan (regularly monitored) including the amount of client fees,
- 22 costs, salary expectations, etc. This will help students to better understand the
- 23 functioning of a small business
- 24 7. Professional homeopaths who seek to grow their practice, benefit from clearly
- 25 demonstrating their offer of non-discriminatory, affirming services to people of all
- 26 races, ethnicities, religions, sexual orientations and genders. Professional
- 27 homeopaths acknowledge the very real interest in natural, holistic health that is
- 28 found across all demographic groups of individuals residing in North America and
- 29 benefit from serving a diverse clientele.
- 30 8. Record keeping including case notes, remedies considered and selected,
- 31 appointments, etc.
- 32 9. Creating client referrals and a network for reciprocal referrals: other homeopaths,
- 33 therapists, doctors, healthcare professionals, homeopathic pharmacies
- 34 10. Clinical audits / practice audits: Clinic and practice audit skills enable the
- 35 homeopath to evaluate the effectiveness of their practice. This also helps to build
- 36 a body of knowledge that can be used for research purposes and for sharing
- 37 information with peers
- 38 11. Advertising, including business cards and targeted advertising, flyers, listings in
- 39 printed or web- based directories, local radio stations and newspapers, personal
- 40 website, social media, and other web-based promotion

41
42 Time management and working hours, including:

- 43 1. Planning a weekly schedule: planning time for clients and case analysis, setting
- 44 client telephone and email times, sending out remedies, personal supervision,
- 45 case support, etc.

2. Differentiating 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 – professional 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

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. Succinctly describing 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. Discussing ways to encourage clients to follow through with homeopathy care.
5. Exploring ways in which to advise and support clients with changing a maintaining cause that is a significant aspect of their current lifestyle.
6. Determining when and how to involve other persons, such as family or other healthcare professionals.
7. Explaining to clients that homeopathy is a holistic system of medicine which may be an appropriate option for future health issues.
8. Encouraging accurate evaluation of progress from the client's perspective.
9. Providing clients with information to help them make their own informed decisions on wider healthcare and personal welfare issues, while remaining within their scope of practice

Providing Services via Virtual Platforms

Educational programs should prepare students to provide services via virtual platforms, communicate effectively with clients regarding use of the technology, and discuss different advantages, drawbacks and requirements of using telehealth, including:

1. Demonstrate skills to guide the client through use of technology during a virtual session
2. Ask specific questions to ensure that the results of the virtual case taking is equal to or accommodating differences from face-to-face case taking
3. Ensure that confidentiality and privacy is attended to (door closed, privacy concerns, ensuring the focus of the client is on the consultation,

- 1 4. Ask for images, photos to best display visible symptoms
- 2 5. Explain the advantages and disadvantages of virtual case taking
- 3 6. Learn to assess a client's health status from a virtual consultation
- 4 7. Be aware of practices and legalities of electronic storage
- 5 8. Learn to specifically ask extra questions that (in a face-to-face environment are
- 6 usually visible and obvious
- 7 9. Conduct pre-consultation tech tests
- 8 10. Acknowledge the value of home-based care
- 9 11. Incorporate digital storage and collation in the client file consultation
- 10 augmentations (digital photos, text, image, emails, scans, tests)

11

12 **Speaking Publicly**

13

- 14 1. When speaking publicly, practitioners should use of the term homeopathy in a
- 15 manner that is aligned with homeopathic principles and philosophy.
- 16
- 17 2. Prior to speaking or presenting about homeopathy on radio, television, podcasts,
- 18 media, or in the press, the professional homeopath should seek training on
- 19 advocacy and media relations. The National Center for Homeopathy is a good
- 20 resource, as are other national organizations such as Americans for Homeopathy
- 21 Choice. It is important to refer to professional bodies for acceptable language with
- 22 regards to promotion of oneself or homeopathy as a healing system, and make
- 23 sure that claims, testimonials and reviews are honest, accurate and presented with
- 24 due respect for legal considerations.
- 25
- 26 3. When speaking or producing media targeted to the public, it is important to speak
- 27 on classical homeopathy, adhere to "best practices" within the homeopathic
- 28 community, and avoid speaking about treating disease or promising a cure to a
- 29 disease. Additionally, a professional homeopath never publicly recommends a
- 30 specific treatment to an individual who is not their client and has not completed the
- 31 appropriate legal forms and legal protections. Recommending remedies based on
- 32 a limited description of symptoms or in response to a post on social media is never
- 33 an acceptable form of practice or promotion.

34 **Standards for Continuing Professional Development**

35

36 Continued professional development is an ongoing process of reinforcing, enhancing and

37 extending one's existing understanding, knowledge, skills and competencies. In the ever

38 evolving and developing world of homeopathy, professional homeopaths are aware of the

39 importance of lifelong learning and professional development in their career.

40

41 Clinical experience is key for newly certified homeopaths to build confidence and deeper

42 understanding of the nuances of homeopathy. It is recommended that homeopaths, once

43 certified, join their professional organization which will offer avenues of further

44 professional and personal development.

45

1 At a minimum, professional homeopaths complete sufficient continuing professional
2 development activities to meet the requirements of organizations and regulatory bodies
3 that have granted them certification or of associations to which they belong. Statutory and
4 regulatory requirements to maintain membership with professional organizations differ.
5 See Appendix1 for current requirements for the professional organizations.
6

7 As the profession of homeopathy continues to strengthen its public emergence in North
8 America, professional homeopaths should be aware and involved in the socio-political
9 dimensions of their profession. Professional responsibility stresses the importance and
10 value of involvement and leadership in the community of homeopaths.
11

12 To advance their continuing professional development, professional homeopaths engage
13 in some or all of the following:

- 14 • Professional organization conferences
- 15 • Post-graduate courses
- 16 • Online webinars
- 17 • Self-directed learning
- 18 • Cured Case Studies and Presentations
- 19 • Courses and seminars to expand general knowledge of health sciences,
20 psychology, mental health, substance use prevention and treatment
- 21 • Seminars and workshops to learn self-care skills
- 22 • Conducting clinical audits of their practice. Professional homeopaths
23 benefit from learning and applying the processes and methods of
24 conducting clinical audits that may be shared professionally.
25

26 Cultural and Socioeconomic Outreach and Awareness Activities, including:

- 27 • Create and/or volunteer in low cost or free clinics
- 28 • Offer and implement low cost or free services to those in need
- 29 • Support the work of homeopathic service organizations
- 30 • Advocate for community outreach
- 31 • Promote homeopathy to those unaware in underserved communities
- 32 • Provide equal access and respect for diverse populations
33

34 Participate and support national, regional or state organizations dedicated to advancing
35 homeopathy

- 36 • Volunteer to support the four pillars of the profession: accrediting body, certifying
37 body, council of schools and professional associations
- 38 • Advocate for homeopathy in the national and local political sphere
39

40 Professional homeopaths contribute to providing access to continuing education for other
41 professionals and may participate in offering:

- 42 • Clinical training and structured supervision
 - 43 • Teacher training
 - 44 • Classroom “virtual” instruction/ teaching
 - 45 • Mentoring and Supervision
-

- 1 • Clinical research and collaboration with other research organizations
- 2 • Publication of professional articles and books
- 3 • Mentoring on business management/ office management

4 **PART III: Clinical Training**

5
6 Comprehensive clinical education and training is an essential requirement in the
7 education of homeopaths. While much homeopathic theory, history and materia medica
8 can be learned from books, it is only possible to gain clinical competence with practical
9 clinical training and experience. The student is to experience their clinical training in real
10 world clinical settings. In addition, demonstration of and experience in virtual, live online
11 clinical settings is important for current day and future professional homeopaths.

12
13 Clinical training in the education of future homeopaths should be included as an integral
14 part of a homeopathic teaching program, ideally running concurrently with theoretical
15 studies at appropriate stages.

16
17 Clinical training should include developing the art of listening without prejudice or
18 interpretation of the client's words, as well as observation and gaining an understanding
19 of the client as a whole. The skills and attitudes needed in order to be a proficient
20 homeopath are acquired by practicing them rigorously over time. In order to gain
21 competence and confidence, the student takes part in the practical experience of clinical
22 case taking and case management.

23
24 Telehealth is described as “a collection of means or methods for enhancing health care,
25 public health, and health education delivery and support using telecommunications
26 technologies.” Tele-health encompasses a broad variety of technologies and tactics, such
27 as zoom, skype, google hangouts, etc. Patients and practitioners exhibit increasing
28 willingness to adopt internet, M-health and telehealth applications as part of managing
29 individual health care. Clinical training programs best prepare students for real world
30 practice when they include opportunities for students to 1) observe case-taking using
31 telehealth platforms; 2) practice case-taking using a range of telehealth platforms; and,
32 3) reflect on the unique elements of in-person and telehealth practice.

33
34 There are many practice management software options available for clinical settings that
35 can be relevant and helpful to the professional practitioner of homeopathy. These
36 programs assist clinicians in the management of their practices, bookings, report writing,
37 as well as patient and information management. Clinical training programs that include
38 review and discussion of the benefits and drawbacks of these technologies will help
39 prepare students for real world practice.

40 **Competencies**

41
42 The professional homeopath is able to:
43

- 1 1. Demonstrate adherence to the theories, principles, and methods related to
2 clinical practice put forth by Hahnemann and other respected homeopaths.
3
- 4 2. Demonstrate the ability to discern the direction of case progress and related
5 aspects of homeopathic principles as enumerated by authors recognized by the
6 global homeopathic community.
7
- 8 3. Recognize the importance of participating as a client in homeopathic care in
9 order to appreciate the role of the client, understand the action of remedies and
10 to have direct experience in case-taking from the client perspective.
11
- 12 4. Understand and adhere to the current CHC, NASH, HANP or AIH Code of Ethics
13 and Client Bill of Rights, as relevant to them given the credential they hold.
14
- 15 5. Aware of the unique dynamics of conducting case taking in-person and virtually
16 and, based on their practice preference, is able to tailor case-taking accordingly.
17
- 18 6. Perform homeopathic case taking, case analysis, and case management as
19 outlined in relevant sections above.
20
- 21 7. Conduct oneself in a professional and respectful manner, creating and
22 establishing an atmosphere that is conducive to mutual respect and open
23 communication.
24
- 25 8. Maintain confidentiality / demonstrate knowledge of confidentiality standards.
26
- 27 9. Employ personal coping strategies to best respond to unexpected/uncomfortable
28 events.
29
- 30 10. Be aware of the benefits and drawbacks of practice management software and,
31 based on their practice preference, is able to carry out all elements of practice
32 management digitally or in paper format in a manner that meets all practical and
33 legal requirements.
34

35 Being a provider of homeopathy requires competency in the safe administration of
36 homeopathic remedies, including the safety of both the client and the homeopath. The
37 practitioner also has the ability to manage the case using clinical skills.
38

39 Necessary competencies also include:

- 40
- 41 1. Demonstration of appropriate use of referrals for emergency care, medical
42 evaluation, acupuncture, osteopathic or chiropractic care and other types of
43 evaluation and treatment.
44
- 45 2. Demonstration of appropriate use of supervision and homeopathic consultation.
46

- 1 3. The ability to use feedback from others, including clients and colleagues.
- 2
- 3 4. Recognition of maintaining effective collaborative relationships.
- 4
- 5 5. The ability to engage in self-evaluation and identify personal values, attitudes
- 6 and beliefs that may positively or negatively impact the provider-client
- 7 relationship.
- 8
- 9 6. The ability to provide non-judgmental, affirming services to a diverse caseload or
- 10 clients.
- 11
- 12 7. The ability to access and integrate new information to assist in decision-making.
- 13
- 14 8. The ability to use research, including provings, audits and case studies to plan
- 15 implement and critically evaluate concepts and strategies leading to
- 16 improvements in care.
- 17
- 18 9. The ability to critically evaluate professional knowledge, legislation, policy and
- 19 research in order to refine clinical practice .
- 20
- 21 10. The ability to predict the development and limit the effect of difficult situations in
- 22 clinical practice.

23 **Educational Standards**

24
25 Clinical training is an essential element of homeopathic education and it is included as a
26 main focus of a homeopathic teaching program, ideally running concurrently with
27 theoretical studies throughout the entire course. In order to gain competence and
28 confidence, the student shall take part in the practical experience of clinical case taking
29 and case management.

30
31 The program provides a clinical education program of sufficient volume, variety, and
32 quality to fulfill its educational purposes. Clinical training should provide opportunities for
33 students to observe and take cases across a diverse caseload of clients, including people
34 from different racial, ethnic, social class, sexual preference, religion and gender identity.
35 Students receive training from a variety of clinical faculty members and the number of
36 clinical supervisors is sufficient to ensure effective instruction and safe practice.

37
38 Clinical training programs include opportunities for students to observe cases in a variety
39 of formats, which may include video-cases, in-person cases and telehealth cases and
40 afford opportunities to practice case-taking in-person and using various telehealth
41 formats.

42
43 The skills and attitudes needed in order to be a proficient homeopath are acquired by
44 practicing them rigorously over time. The educational program engages students and
45 prepares the professional homeopath to:

- 1 1. Follow standards for ethics, collegiality, client relations including awareness and
2 use of preferred pronouns for non-binary and transgender clients
3
- 4 2. Maintain a professional demeanor – conducts oneself in a professional manner
5 while performing duties as homeopath
6
- 7 3. Maintain consistent, clear, confidential records
8
- 9 4. Follow a clear process for clients regarding intake, contacting people and
10 ongoing contact
11
- 12 5. Follow a standard process to obtain informed consent
13
- 14 6. Have a clear understanding of the following roles – student, supervisor and clinic
15 administrator
16
- 17 7. Maintain a productive relationship between student and supervisor with clear and
18 appropriate expectations and boundaries
19
- 20 8. Follow established grievance processes (students and clients)
21
- 22 9. Be involved in the entire process of a case from start to finish
23
- 24 10. Move through stages from observation through groups to independent work
25
- 26 11. Ensure cases are screened appropriately for the school clinic setting
27
- 28 12. Ensure students are prepared to serve a diverse caseload of clients, reflecting
29 the community in which they will practice – including individuals of various ages,
30 conditions, races, ethnicities, religious backgrounds, sexual preferences, gender
31 identities, etc.
32
- 33 13. Ensure students have opportunities to become aware of the unique dynamics of
34 conducting case taking in-person and virtually and develop appropriate skill sets
35 to provide care according to their practice preferences.
36
- 37 14. Participate in conducting a clinical audit of cases taken through the school clinic.
38
- 39 15. Be exposed to use of digital practice management tools
40
- 41 16. Develop confidence and competence in managing electronic records
42

43 Preferably, a training course should be able to offer 2 main strands:
44

- 1 1. Clinical training in class - giving students opportunities to observe an
- 2 experienced clinician carrying out consultations with clients, including
- 3 opportunities to discuss any central and arising issues, live or virtually
- 4 2. Clinical training in smaller groups and one-on-one with a clinical training
- 5 supervisor, where the student is in the clinician role.
- 6

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

12
13 While providing the best learning opportunities for students, it is imperative that course
14 providers carefully consider the responsibility to the clients throughout any and all stages
15 of clinical training. This includes opportunities to become familiar with practice
16 management tools and telehealth platforms, manage client confidentiality issues,
17 continuity of case management, and ensuring that high-quality care is given at all times.

18 Training Objectives

- 19 20
- 21 1. To acquire the knowledge, practical skills and professional ethics and attitudes
- 22 essential to clinical practice
- 23 2. To gain experience in the application and integration of all course components
- 24 3. To acquire the knowledge and skills needed in order to consider different
- 25 approaches and strategies adopted by experienced homeopaths
- 26 4. To establish an individual, flexible framework within which to develop a personal
- 27 but effective approach to case work
- 28 5. To learn how to record clinical data and participate in clinical research and audit
- 29 6. To devise personal coping strategies in response to unexpected reactions,
- 30 demands and expectations of clients
- 31 7. To provide a pool of professional experiences to be shared with future
- 32 professional colleagues or to be used as teaching material
- 33 8. To prepare students to conduct an in-person and/or telehealth practice in
- 34 accordance with their practice preference
- 35 9. To learn how to respond in practice to ethical issues, both during and after the
- 36 clinical intervention
- 37

38 Clinical settings

39
40 Clinical education will be most effective if it can be delivered in a variety of settings
41 and cover a wide range of issues. For example:

- 42 1. Guided and structured observation and analysis of:
 - 43 a. Experienced practitioners working live in a clinical setting
 - 44 b. Video relay of practitioners or practitioners taking live cases
 - 45 c. Video recordings of experienced practitioners working

- 1 2. Case taking and case management under supervision of experienced
2 homeopaths:
 - 3 a. Individually (preceptorship)
 - 4 b. In a group with peer supervision
 - 5 c. Analysis of real and simulated client-practitioner interactions within
6 a group setting
- 7
- 8 3. Identify and appropriately refer clients with potentially life-threatening conditions.
- 9
- 10 4. Hospital training with in-patient clients (where possible)
- 11
- 12 5. Community settings serving vulnerable individuals, such as homeless
13 shelters, syringe exchange programs, community-based organizations,
14 and others
- 15

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

21
22 It is essential that students have the opportunity to *practice* independent case taking
23 repeatedly in order to develop their skills and attitudes. While video cases provide a tool
24 which allows students to observe the dynamics between practitioner and client, they
25 cannot replace actual experience with clients.

26
27 Students should submit comprehensive case studies (case analysis, rubrics and
28 repertorization, remedy differentiation, remedies selected and remedy response) each
29 including at least two, follow-up visits for each individual client.

30
31 Where possible, it is advisable that the student and supervisor be in the same room live
32 or live and virtually, as the client so the supervisor can observe the dynamics of case
33 taking by the student and provide guidance as necessary. Other possible options are to
34 follow the practitioner's case taking via video conferencing, close circuit TV or one-way
35 mirror, etc. Including clinical training throughout the homeopathic teaching program will
36 enable the student to develop into a proficient, safe, confident and competent
37 homeopathic practitioner prepared to serve a diverse caseload of clients.

38
39
40 Since the last edition of this document was released in 2013, there has been wide-
41 spread adoption of distance education and digital learning technologies in post-
42 secondary education. Effective models for delivery of education to prepare
43 professional homeopaths now include:

- 1 1. Fully in-person programs, with in-person didactic and clinical learning
2 experiences
- 3
- 4 2. Blended learning programs that integrate virtual and in-person didactic and
5 clinical learning experiences (synchronous and asynchronous); for example,
6 programs that offer virtual weekly classes supplemented by an annual in-
7 person program or quarterly in-person clinic
- 8
- 9 3. Hybrid programs that are structured in a manner such that didactic and
10 clinical learning experiences (synchronous and asynchronous) include
11 students who are participating in-person and students who are participating
12 virtually
- 13
- 14 4. Fully distance learning programs with all didactic and clinical training
15 (synchronous and/or asynchronous) completed virtually and all students
16 attending virtually

17

18 Given the proliferation of on-line and digital learning tools, platforms and learning
19 management systems and the growing role that telehealth is playing in expanding
20 access to homeopathic care, schools dedicated to preparing professional
21 homeopaths may periodically make efforts to assess the distance education and
22 telehealth landscape and adopt new technologies and tools that support their specific
23 school philosophy, culture and community needs.

24 **Standards**

25

- 26 1. All schools that prepare professional homeopaths should plan, at a minimum, to
27 expose students to the provision of homeopathic care via telehealth. This can
28 include either opportunities to observe telehealth sessions conducted by an
29 experienced practitioner and opportunities to practice use of telehealth
30 modalities in their own cases, or referring students to other relevant best practice
31 resources on provision of telehealth.
- 32
- 33 2. Schools that incorporate distance education should clearly delineate to
34 prospective students:
 - 35 a. how distance learning technology will be employed in the program
 - 36 b. all technology requirements needed for full participation in the
37 program
 - 38 c. any additional costs associated with use of technology as part of the
39 program
 - 40 d. resources provided by the school to promote digital literacy and
41 available technical support to the school community, including
42 students, faculty and staff.

43

- 1 3. Use of distance learning technologies should not be employed sporadically solely
2 for the convenience of students, faculty or staff but should be used as part of an
3 overall planned curriculum and course of study.
4
 - 5 4. Institutions and programs that employ distance learning technologies shall take
6 steps to ensure that:
 - 7 e. all faculty are proficient in, and comfortable with, all aspects of distance
8 learning and digital technology used by the program
 - 9 f. all students are proficient in, and comfortable with, all aspects of
10 distance learning and digital technology used by the program
 - 11 g. Adequate tech support is available to address any issues that may
12 disrupt educational activities
 - 13 h. students attending via distance learning can notify the instructor
14 immediately of any malfunction in the technology.
15
 - 16 5. Schools that incorporate distance education should have a process in place to
17 periodically monitor that distance learning technologies are operating as intended
18 without technical malfunction or interruption.
19
 - 20 6. Institutions and programs that employ a hybrid model that establishes a learning
21 environment that includes in-person and distance learning students that are
22 synchronous should establish policies and procedures to ensure:
 - 23 a. meaningful participation of all students in all classroom activities,
24 including: opportunities to ask questions, participate in discussion and
25 benefit from the full range of methods of teaching employed in the
26 classroom.
 - 27 b. faculty monitor the progress of students, are accessible to respond to
28 student questions and maintain regular contact with students via
29 phone, email, on-line or in-person contact
 - 30 c. there are opportunities for feedback about the impact of the use of
31 such technologies on campus-based students and the physical
32 classroom environment.
33
 - 34 7. Institutions and programs employing in-person, blended, and distance learning
35 technologies should routinely evaluate student achievement and compare levels
36 of achievement attained through use of distance education with the level of
37 achievement attained through blended and traditional classroom instruction.
38
 - 39 8. Institutions and programs which employ distance learning technologies should
40 engage in community building activities to promote a unified school community.
41 All students, whether they are distance learning or campus-based students,
42 should have ample opportunities to build meaningful relationships with each
43 other, faculty, administrators, and student services staff.
44
 - 45 9. Institutions and programs which employ distance education technologies as part
46 of their program of study must have processes in place through which the
-

1 institution establishes that the student who registers in a distance education
2 course or program is the same student who participates in and completes the
3 course or program and receives the academic credit.

- 4
5 a. The institution or program must have policies and procedures in place to
6 verify the identity of a student who participates in class or coursework by
7 using methods such as-- (i) A secure login and pass code; (ii) Proctored
8 examinations; and (iii) use of new or other technologies and practices that
9 are effective in verifying student identity

10
11 10. The institution or program must make clear in writing its practices to protect
12 student privacy associated with the verification of student identity at the time of
13 registration or enrollment.

14

1 **Appendices**

2

3 Appendix 1: Recognized Certifications in Homeopathy Practice

4

5 Appendix 2: List of Homeopathic Remedies

6

7 Appendix 3: Specific Skills for Case-Taking in Homeopathy

8

9 Appendix 4: Particulars of Case Analysis in Homeopathy

10

11 Appendix 5: Case Management Guidelines in Homeopathy

12

13 Appendix 6: Signs and Symptoms Suggesting Referral to Another Medical Provider

14

Appendix 1: Recognized Certifications in Homeopathy Practice

Formal Title	Certified Classical Homeopath	Registered Society of Homeopaths North American	Diplomate Homeopathic Academy of Naturopathic Physicians	Diplomate American Board of Homeopathic Medicine
Initials	CCH	RSHom(NA)	DHANP	DABHM
Certifying Body	Council for Homeopathic Certification	North American Society of Homeopaths	Homeopathic Academy of Naturopathic Physicians	American Board of Homeopathic Medicine (ABHM)
Medical training requirement	College courses in Anatomy & Physiology, Human Pathology	College courses in Anatomy & Physiology, Human Pathology, and Psychology	Must be a licensed Naturopathic Doctor (ND)	Must be a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO)
Homeopathy Training requirement	Graduation from an ACHENA or CHO accredited school; 1,000 hours of training including 500 hours clinical training	500 hours of training and ten cured cases; CCH Certification or Transfer of Registration or Competency Review	350 hours of DHANP Core Curriculum	350 hours of approved homeopathic education
Practice Requirement	Included in training requirements	10 cured cases with at least 6 months of follow-up	Practice homeopathy a minimum of three years and treated at least 100 patients	Practice homeopathy for a minimum of 3 years
Exam	Written exam	Written and oral exam	Submit a minimum of 5 cases demonstrating competency; Oral interview	Written exam
Continuing Education	15 hours per year	20 hours per year	10 hours per year	30 hours every 3 years
Accreditation of Credentials	Recognized by National Commission for Certifying Agencies			

Appendix 2: List of Homeopathic Remedies

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
TCIMphora	Cannibus indica	Cantharis
Capsicum	Carbo animalis	Carbo vegetabilis
Carcinosin	Caulophyllum	Causticum
Chamomilla	Chelidonium	China officinalis
Cicuta	Cimicifuga	Cocculus
Coccus cacti	Coffea	Colchicum
Colocynthis	Conium	Crocus sativus

Crotalus horridus	Cuprum	Cyclamen
Digitalis	Drosera	DuTCIMara
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	

1
2
3
4
5
6
7

Appendix 3: Specific Skills for Case Taking in Homeopathy

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 11: Case Management in Homeopathy of this document for more details about issues that should be explained or clarified prior to scheduling a client to take their case.

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.

1 One of the most essential case-taking skills is the ability to manage the discourse of clients
2 who do not readily present the information needed for homeopathic analysis. Examples
3 include: clients who are loquacious or rambling; clients who are “closed” or frightened;
4 clients who have difficulties with expressing themselves; clients who are “over-
5 cooperative”; “self-aware” clients who offer interpretations rather than simple facts or
6 feelings; as well as special considerations for children, young adults, and seniors.
7

8 **Note-Taking and Recording**

9

10 The homeopath develops the ability to take notes—at the same time that he or she is
11 listening to the client—that are clear and coherent according to the standards and
12 conventions of the homeopathic profession.
13

14 The manner in which a case is taken and recorded will be influenced by many factors, the
15 most pertinent of which will be the manner in which it is expected that the case will be
16 analyzed. However, a properly-taken case clearly differentiates subjective elements and
17 objective elements (data collected by the homeopath or others). The assessment of the
18 case may need to include: the prognosis for homeopathic care, an assessment of the
19 client’s vital force, miasmatic influences, obstacles to cure, as taught by Hahnemann and
20 other authors, and other qualifying factors. As much of this as possible is considered
21 during case taking and must be clear from the notes taken.
22

23 Any statements by the client that constitute homeopathically-relevant information should
24 be recorded in the client’s own words if possible—with the homeopath’s observation of the
25 intensity or impression conveyed, including any unusual context of the remarks. As
26 homeopathically-appropriate, observations about the client’s manner, bearing, mode of
27 dress, way of talking (or not talking), and other personal characteristics should also be
28 noted.
29

30 **Competencies**

- 31 1. Conducting a comprehensive homeopathic interview – with the ability to
32 individualize the case taking for each client by varying the techniques for eliciting
33 information
- 34 2. Conducting the interview with sensitivity to the client’s needs, privacy, dignity and
35 psychological safety (including observing HIPAA or other requirements, as
36 appropriate)
- 37 3. Taking into consideration previous and current therapeutic history and care,
38 including homeopathic, allopathic (“accepted”), and other therapeutic modalities
- 39 4. Obtaining information about modalities of the client’s chief complaint (such as:
40 time of day, sidedness, associated sensations)
- 41 5. Obtaining individualizing information about the client (particularly as they relate to
42 symptoms and particularly if they changed after the onset of symptoms) – for
43 example: sleep patterns, food preferences, temperature preferences, or energy
44 levels
45
46

- 1 6. The ability to recognize individualizing circumstances that may influence the
2 analysis and management of a client's case or that may constitute obstacles to
3 cure, as taught by Hahnemann and other authors, including:
 - 4 a. The relationship between the physical, social, emotional and economic contexts
5 in which people live and their health and well-being
 - 6 b. The implications for health and disease of personal and family health history,
7 life events and environmental factors
 - 8 c. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption)
9 on an individual's health and social well-being
 - 10 d. The resources available to individuals to make changes in their circumstances
11 and lifestyles
 - 12 e. How personal beliefs and preferences affect individuals' lives and the choices
13 they make, the context in which they live and their health and well-being
 - 14 f. How drugging can mask, suppress, or alter both individualizing and
15 characteristic disease symptoms
 - 16 g. Identifying events, circumstances, and mental or emotional stressors that may
17 have preceded (or precipitated) the onset of symptoms (an etiology)
- 18 7. Eliciting information that can be used to assess the "vital force" of the client
- 19 8. Taking care to identify any symptoms that are "strange, rare, and peculiar"
- 20 9. Considering potential obstacles to cure, as taught by Hahnemann and other
21 homeopathic philosophers, if they exist
- 22 10. Employing specialized case taking skills for:
 - 23 a. Infants
 - 24 b. Children
 - 25 c. Adolescents
 - 26 d. Elderly
 - 27 e. Pregnancy
 - 28 f. Closed clients or loquacious clients
 - 29 g. Abused or fearful individuals
- 30 11. Assessing, based on information collected during the taking of the case, when it
31 may be appropriate to consider referring the client to another practitioner –
32 homeopathic or other
- 33 12. Alertness to case characteristics that suggest exposure to epidemic disease (and
34 how to explore the relevance of a homeopathic "genus epidemicus")
- 35 13. Ability to elicit relevant aspects of personal and family history (health and general)
- 36 14. Understanding in homeopathic case taking the potential value, limitations and use
37 of medical information provided by the client and of information provided on intake
38 forms
- 39 15. Knowing when it may be necessary or useful to involve someone besides the client
40 in a consultation (for example, when working with children) or to obtain collateral
41 information from other sources. This includes recognizing the potential for
42 reticence, bias, misrepresentation, and misunderstanding when others are involved
43 in these discussions, and being able to minimize those risks
- 44
- 45

- 1 The personal skills and knowledge the homeopath shall develop includes:
2
3 1. The capacity to clearly perceive, including:
4 a. Recognizing and interpreting significant aspects of a client's appearance,
5 body language, speech and behavior
6 b. Understanding patterns of health on the mental, emotional and physical
7 levels in a way that assists in perceiving what needs to be healed in others
8 c. Assessing the vital force of the client
9 2. Observing with accuracy and astuteness and developing healthy senses that assist
10 in observing
11 3. Refining listening skills based on patience and openness, including a facility in
12 effective and sensitive interviewing attitudes and techniques that will enable
13 individuals to reveal and talk through relevant issues in their physical, mental and
14 emotional health
15 4. Freedom from bias, with the ability to empathetically listen and communicate,
16 including an appreciation for aspects of religious, ethnic or cultural diversity and
17 respect for a client's personal life choices
18 5. Awareness of the dangers of imposing one's beliefs, values, and attitudes on
19 individuals and of the importance of respect for the client's beliefs, values and
20 attitudes both personal and cultural
21 6. Asking questions effectively (in an authentic and open manner), without bias or
22 judgment, and without undue embarrassment to the client
23 7. Knowledge of concepts of energy, vital force, disease, and wellness as well as the
24 unity of mind, body, emotion, spirit, and environment and how to apply these
25 concepts in taking and assessing individual cases
26
27

Appendix 4: Particulars of Case Analysis in Homeopathy

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
 - a. Acute analysis
 - b. Constitutional analysis
 - c. Analysis of acute episode during a chronic disease
4. Individuality of client
5. Themes running through case
6. Vitality and health of the person
7. Sensations and function of the organism
8. Totality of the symptoms (physical, mental, emotional, spiritual)
9. Language of symptoms
 - a. Mental, emotional and physical
 - b. Complete symptom: location, sensation, modality, and concomitant
 - c. Characteristic symptoms
 - d. Strange, Rare, and Peculiar symptoms
 - e. Family and personal health (including medications and vaccinations)
10. Miasmatic history
11. Organ Affinities
12. Case analysis strategies (e.g. Totality, Keynote, Contemporary Theories)
13. Distinguish characteristic from common symptoms
14. Obstacles to cure (e.g. antidotes, environmental, iatrogenic influences) and the means to their elimination
15. Susceptibility
16. Etiology and/or exciting and maintaining causes
17. Onset, duration, pace, intensity and severity of symptoms

Appendix 5: Case Management Guidelines in Homeopathy

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

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
3. Ensuring that there is a proper assessment and plan at each client contact
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 ”

- 1 6. Advising the client about ways in which an illness may be an opportunity for self-
2 awareness, growth and balance
3
- 4 7. Advising the client about aspects of injury or disease that may not be curable
5
- 6 8. Identifying and managing different phases of the case – including: first aid, acute,
7 chronic/constitutional, acute symptoms in the midst of a chronic case\
8
- 9 9. Managing the process of exploring necessary avenues to a better understanding
10 of the case, including obtaining “missing” information
11

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

13

- 14 1. The homeopathic practitioner demonstrates appropriate communication with
15 clients both during and between follow-ups. This would include, as appropriate:
16 a. Discussion of the client’s progress, including an assessment of how
17 homeopathic care is addressing the level of disturbance in the health of the
18 client, based on homeopathic evidence from observed results in similar cases
19 b. Timely and ethical communication expected to ensure a client understands the
20 appropriate options during the course of homeopathic care
21 c. Maintaining ongoing communication with the client after the initial case taking
22 about the nature of his or her homeopathic care including discussion of
23 possible aggravations and of limitations, if any, in this particular case for
24 homeopathy.
25
- 26 2. Maintaining appropriate scheduling of follow-ups based on a strategy of
27 anticipated remedy action, prognosis, and the client’s needs
28 a. The scheduling should consider the supervision required to assess
29 homeopathic, mental-emotional, and physical aspects of each case.
30
- 31 3. Ensuring, at each client contact, a thoughtful assessment of remedy action,
32 recording the individual’s experience, while being able to assess the accuracy and
33 validity of his or her reporting.
34 a. Evaluating the extent to which the client’s aims and goals have been
35 achieved.
36 b. Evaluating results according to changes in the vital force, the homeopathic
37 definition of cure, as taught by Hahnemann and other authors versus
38 palliation or suppression and other influences at play in the case - using
39 Herring’s Law and other fundamentals of homeopathic philosophy and
40 theory.
41 c. Applying models of remedy actions described by respected homeopathic
42 authors including Kent, Herring, and others.
43 d. Knowing how to recognize and manage the possible challenging influences

- 1 on case progress of:
- 2 i. Homeopathic aggravation
- 3 ii. Antidoting
- 4 iii. Placebo and nocebo (harmful, unpleasant, or undesirable) effects
- 5 iv. Return of old symptoms – recognizing this situation, whether to act or
- 6 wait and deciding what, if anything to do
- 7 e. Knowing how to evaluate and manage possible obstacles to cure, as taught
- 8 by Hahnemann and other authors, including:
- 9 i. Previous evolution of the client’s pathology
- 10 ii. Prognosis – in homeopathic terms
- 11 iii. Environmental considerations, poor health habits, and other lifestyle
- 12 issues
- 13 iv. Iatrogenic factors
- 14 v. Possible limitations of homeopathic care
- 15 f. Knowing when to wait, when to repeat, and when to change remedies and/or
- 16 potencies.
- 17 g. Knowing when to retake the case.
- 18 h. Recognizing proving symptoms.
- 19 i. Knowing when to refer the case to another homeopath or a practitioner of
- 20 another modality and how to do it effectively, for the client’s benefit.
- 21
- 22 5. Demonstrating knowledge of how to apply case evaluation concepts that include:
- 23 simillimum, similar, miasms, layers, remedy families, “essences”, cycles and
- 24 segments, and zigzagging.
- 25
- 26 6. Demonstrating comprehension of each individual’s motivation and commitment to
- 27 homeopathic care and other factors which may affect client compliance and the
- 28 outcome.
- 29
- 30 7. Demonstrating management of acute health problems that arise during chronic
- 31 cases.
- 32
- 33 8. Demonstrating use of intercurrent remedies (if appropriate to a case).
- 34
- 35 9. Demonstrating appropriate use of medical reports in homeopathic case
- 36 management with assessment of their value and limitations in each case.
- 37
- 38 10. Demonstrating the ability to manage the cases of clients taking medications
- 39 (prescription or other):
- 40 a. By identifying what may be possible side effects
- 41 b. By taking appropriate steps to combine homeopathic care with the client’s
- 42 use of prescription medicines
- 43 c. By identifying when this may not be advisable
-

- 1 11. Demonstrating familiarity with resources available to individuals to make
2 changes in their circumstances and lifestyles.
3
- 4 12. Demonstrating familiarity with appropriate ways to bring closure after a case
5 taking session to help the client and the practitioner to regain balance -
6 especially after an intensive interview.
7
- 8 13. Demonstrating proper therapeutic closure if a client is being referred to another
9 practitioner or there is termination of care, including a re-cap of what progress
10 has been made and clear recommendations to the client for further care.

11 **Management of case records**

12
13 How case records are managed will be influenced by the license or regulations, if any,
14 under which each individual practices. For schools seeking accreditation most accrediting
15 bodies stipulate record management practices and requirements as determined by the
16 Secretary of Education. The list below presents general issues with the recognition that
17 the competencies are not fully defined.
18

19 **Guidelines:**

- 20
- 21 1. Confidentiality
- 22 2. Accuracy
- 23 3. Subjective information
- 24 4. Objective information
- 25 5. Assessment (including key differentials)
- 26 6. Plan (including follow-up)
- 27 7. Periodic review (audit) of case records
- 28 8. Other general case management issues, including:
 - 29 a. Video recording skills
 - 30 b. Skills in providing client education
 - 31 c. Skills in developing client self-responsibility in client care and diminishing
32 dependency
 - 33 d. Skills in assessing and removing obstacles to cure, as taught by Hahnemann
34 and other authors in all dimensions of our clients' health
 - 35 e. Skills in supporting client empowerment
 - 36 f. Skills in utilizing and applying ethical decisions in practice
- 37
- 38 9. Other advanced case management issues:
 - 39 a. The homeopath demonstrates competency in the safe use of homeopathic
40 remedies, including the safety of both the client and the homeopath. The
41 practitioner also has the ability to manage the clinical case using appropriate
42 clinical skills. Necessary areas of knowledge include:

- 1 i. Appropriate use of referrals for emergency care, medical evaluation,
2 complementary and alternative medicine (TCIM) and other types of
3 evaluation and treatment
- 4 ii. Appropriate use of supervision and homeopathic consultation
- 5 i. The ability to use feedback from others, including clients and colleagues
- 6 ii. Maintaining effective collaborative relationships
- 7 iii. The ability to engage in self-evaluation
- 8 iv. The ability to access and integrate new information to assist in decision-
9 making
- 10 v. The ability to use research, including provings, audits and case studies,
11 to plan, implement, and critically evaluate concepts and strategies
12 leading to improvements in care
- 13 vi. The ability to critically evaluate professional knowledge, methodology,
14 legislation, policy and research in order to refine clinical practice
- 15 vii. The ability to predict when difficult situations may develop in clinical
16 practice and to limit their negative effects
17
18
19

Appendix 6: Signs and Symptoms Suggesting Referral to Another Medical Provider

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 medical advice without delay

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

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

1 **Infants (6 Weeks – 24 Months)**

2

3 Suggest that client seek additional medical advice without delay

4

- 5 - Fever >102
- 6 - Neck Stiffness
- 7 - Passing Out / Loss of Consciousness
- 8 - Redness of Eye or Around Eye
- 9 - Ear Discharge
- 10 - Nose Bleeding
- 11 - Throat or Tongue Swelling
- 12 - Cough > 5 seconds episodes
- 13 - Trouble Breathing
- 14 - Excessive Vomiting > 8 oz in 24 hours
- 15 - Excessive Diarrhea > 4 episodes in 24 hours
- 16 - Blood or Black in Bowel Movement
- 17 - Sudden or Severe Abdominal Pain
- 18 - Blood in Urine
- 19 - Balance or Coordination Troubles
- 20 - Fainting Spells
- 21 - Shaking Spells
- 22 - Sudden Skin Rash (< 48 hours)
- 23 - Suspected Child Abuse or Neglect – Referral to Appropriate Authorities

24

25 Suggest that client seek additional medical advice

26

- 27 - Prolonged Fever <102, > 2 days
- 28 - Mis-shaped Head
- 29 - Eye Discharge
- 30 - Eyes Not Aligned
- 31 - Ear Pain or Pulling
- 32 - Hearing Loss or Concerns
- 33 - Nose Discharge prolonged (>3 days)
- 34 - Nose Discharge with Odor, or Color other than White / Clear
- 35 - Sore Throat
- 36 - Cough > 2 Days
- 37 - Recurring Cough
- 38 - Recurring Vomiting
- 39 - Diarrhea <4 Episodes in 24 hours
- 40 - Bowel Movements Less Than Once Every Other Day
- 41 - Foul Smelling Urine
- 42 - Diminished Urination
- 43 - Failure to Move a Limb
- 44 - Lump on Skin, Bone or Other Tissue
- 45 - Maternal or Practitioner Concerns about Speed of Development
- 46 - Skin Rash

- 1 - Slow Growth or Loss of Weight
2

3 **Children (2 years to 10 years)**
4

5 Suggest that client seek medical advice without delay
6

- 7 - Fever >102
8 - Neck Stiffness
9 - Sudden or Severe headaches
10 - Redness of Eye or Around Eye
11 - Ear Discharge
12 - Nose Bleeding
13 - Throat or Tongue Swelling
14 - Cough > 10 seconds episodes
15 - Trouble Breathing
16 - Excessive Vomiting > 4x in 24 hours
17 - Excessive Diarrhea > 5 episodes in 24 hours
18 - Blood or Black in Bowel Movement
19 - Sudden or Severe Abdominal Pain
20 - Blood in Urine
21 - Vaginal Discharge or Bleeding
22 - Balance or Coordination Troubles
23 - Fainting Spells
24 - Shaking Spells
25 - Passing Out / Loss of Consciousness
26 - Sudden Skin Rash (< 48 hours)
27 - Suspected Child Abuse or Neglect – Referral to Appropriate Authorities
28 - Suicidal Thoughts or Attempts
29

30 Suggest that client seek additional medical advice
31

- 32 - Prolonged Fever <102, > 2 days
33 - Prolonged or Recurring Headaches
34 - Eye Discharge
35 - Eyes Not Aligned
36 - Ear Pain
37 - Nose Discharge prolonged (>3 days)
38 - Nose Discharge with odor, or color other than white / clear
39 - Sore Throat
40 - Cough > 2 days
41 - Recurring Cough
42 - Recurring Vomiting
43 - Diarrhea <5 episodes in 24 hours
44 - Bowel Movements Less Than Once Every Other Day
45 - Persistent or Recurring Abdominal Pain
46 - Foul smelling Urine
-

- 1 - Bed Wetting after 5 years of Age or After Becoming Continent Through the Night
- 2 - Pain with Urination
- 3 - Joint or Limb Swelling
- 4 - Refusal or Failure to Move or Use a Limb
- 5 - Lump on Skin, Bone or Other Tissue
- 6 - Swelling of Joint(s)
- 7 - Maternal or Practitioner Concerns about speed of development
- 8 - Slow growth or loss of weight
- 9 - Skin Rash
- 10 - Tick Bites
- 11 - Excessive Fears
- 12 - Prolonged Temper Tantrums or Breath holding

13

14 **Adolescent (10 years – 18 years)**

15

16 Suggest that client seek medical advice without delay

17

- 18 - Fever >102
- 19 - Neck Stiffness
- 20 - Sudden or Severe headaches
- 21 - Ear Discharge
- 22 - Nose Bleeding
- 23 - Throat or Tongue Swelling
- 24 - Cough > 10 Seconds Episodes
- 25 - Trouble Breathing
- 26 - Excessive Vomiting > 4x in 24 hours
- 27 - Excessive Diarrhea > 5 episodes in 24 hours
- 28 - Blood or Black in Bowel Movement
- 29 - Blood in Urine
- 30 - Vaginal or Penile Discharge
- 31 - Prolonged or Excessive Vaginal Bleeding
- 32 - Balance or Coordination Troubles
- 33 - Fainting Spells
- 34 - Shaking Spells
- 35 - Passing Out / Loss of Consciousness
- 36 - Unable to Use Extremity properly
- 37 - Sudden Skin Rash (< 48 hours)
- 38 - Suspected Child Abuse or Neglect – referral to appropriate authorities
- 39 - Suicidal Thoughts or Attempts
- 40 - Suspected Drug Dependency
- 41 - Suspected Drug or Alcohol intoxication

42

43 Suggest that client seek additional medical advice

44

- 45 - Prolonged Fever <102, > 2 days
- 46 - Prolonged or recurring headaches

- 1 - Eye Discharge
- 2 - Redness of Eye or Around Eye
- 3 - Ear Pain
- 4 - Hearing Loss or Concerns
- 5 - Nose Discharge prolonged (>3 days)
- 6 - Nose Discharge with odor, or color other than white / clear
- 7 - Sore Throat
- 8 - Chest Pain
- 9 - Cough > 2 days
- 10 - Recurring Cough
- 11 - Recurring Vomiting
- 12 - Diarrhea <5 Episodes in 24 hours
- 13 - Bowel Movements Less Than Once Every Other Day
- 14 - Foul smelling Urine
- 15 - Pain with Urination
- 16 - Premenstrual Difficulties
- 17 - Light-headedness
- 18 - Lump on Skin, Bone or Other Tissue
- 19 - Swelling of Joint(s)
- 20 - Back Pain
- 21 - Skin Rash
- 22 - Slow growth or Loss of Weight
- 23 - Tick Bites
- 24 - Excessive Fears or Anxiety
- 25 - Social Isolation
- 26 - Report or Suspicion of Drug / Alcohol Abuse
- 27 - Purposeful Vomiting or Laxative Abuse

28

29 **Adult (18 – 60 years)**

30

31 Suggest that client seek medical advice without delay

32

- 33 - Fever >102
- 34 - Neck Stiffness
- 35 - Sudden or Severe headaches
- 36 - Passing Out / Loss of Consciousness
- 37 - Loss of Vision
- 38 - Ear Discharge
- 39 - Nose Bleeding
- 40 - Throat or Tongue Swelling
- 41 - Chest Pain
- 42 - Left Arm or Jaw Pain
- 43 - Rapid Heartbeat or Persisting Palpitation
- 44 - Trouble Breathing
- 45 - Excessive Vomiting > 4x in 24 hours
- 46 - Excessive Diarrhea > 5 episodes in 24 hours

- 1 - Blood or Black in Bowel Movement
- 2 - Sudden or Severe Abdominal Pain
- 3 - Blood in Urine
- 4 - Prolonged or Excessive Vaginal Bleeding
- 5 - Red and Swollen Joint
- 6 - Sudden Skin Rash (< 48 hours)
- 7 - Balance or Coordination Troubles
- 8 - Fainting Spells
- 9 - Shaking Spells
- 10 - Sudden Weakness or Numbness of Extremity
- 11 - Suicidal Thoughts or Attempts
- 12 - Suspected Drug Dependency
- 13 - Suspected Drug or Alcohol intoxication

14

15 Suggest that client seek additional medical advice

16

- 17 - Prolonged Fever <102, > 2 days
- 18 - Prolonged or Recurring Headaches
- 19 - Eye Discharge
- 20 - Ear Pain
- 21 - Hearing Loss or Concerns
- 22 - Nose Discharge prolonged (>3 days)
- 23 - Nose Discharge with Odor, or Color other than White / Clear
- 24 - Sore Throat
- 25 - Palpitations
- 26 - Cough > 3 days
- 27 - Recurring cough
- 28 - Recurring Vomiting
- 29 - Diarrhea <5 Episodes in 24 hours
- 30 - Bowel Movements Less Than Once Every Other Day
- 31 - Persistent Change in Bowel Movements
- 32 - Persistent or Recurring Abdominal Pain
- 33 - Foul smelling Urine
- 34 - Pain with Urination
- 35 - Lump on Skin, Bone or Other Tissue
- 36 - Swelling of Joint(s)
- 37 - Back Pain
- 38 - Skin Rash
- 39 - Tick Bites
- 40 - Light-headedness
- 41 - Change in Vision or Hearing
- 42 - Weakness or Numbness in an Extremity (not sudden)
- 43 - Unexplained Weight Loss
- 44 - Excessive Fears or Anxiety
- 45 - Social Isolation
- 46 - Report or Suspicion of Drug / Alcohol Abuse

- 1 - Purposeful Vomiting or Laxative Abuse
- 2 - Persistent Sad Mood
- 3 - Loss of Energy and Motivation
- 4 - Sexual Difficulties

5

6 **Pregnancy**

7

8 Suggest that client seek medical advice without delay

9

- 10 - Same list as adults, plus the following:
- 11 - Loss of Weight
- 12 - Prolonged Vomiting
- 13 - Decreased Movement of Baby
- 14 - Fall or Injury to Abdomen
- 15 - Vaginal Bleeding
- 16 - Vaginal Discharge
- 17 - Abdominal Pains
- 18 - Sudden Onset Leg Swelling Late in Pregnancy

19

20 Suggest that client seek additional medical advice

21

- 22 - Unable to gain weight
- 23 - Persistent nausea

24

25 **Senior (Over age 60)**

26

27 Suggest that client seek medical advice without delay

28

- 29 - Fever >102
- 30 - Neck Stiffness
- 31 - Sudden or Severe headaches
- 32 - Passing Out / Loss of Consciousness
- 33 - Loss of Vision
- 34 - Ear Discharge
- 35 - Nose Bleeding
- 36 - Throat or Tongue Swelling
- 37 - Chest Pain
- 38 - Left Arm or Jaw Pain
- 39 - Rapid heartbeat or Persisting Palpitation
- 40 - Trouble Breathing
- 41 - Excessive Vomiting > 4x in 24 hours
- 42 - Excessive Diarrhea > 5 Episodes in 24 hours
- 43 - Blood or Black in Bowel Movement
- 44 - Blood in Urine
- 45 - Prolonged or Excessive Vaginal Bleeding
- 46 - Red and Swollen Joint

- 1 - Sudden Skin Rash (< 48 hours)
- 2 - Balance or Coordination Troubles
- 3 - Fainting Spells
- 4 - Shaking Spells
- 5 - Sudden Weakness or Numbness of Extremity
- 6 - Suicidal Thoughts or Attempts
- 7 - Suspected Drug Dependency
- 8 - Suspected Drug or Alcohol intoxication
- 9 - Suspected Elder Abuse – referral to appropriate authorities

10

11 Suggest that client seek additional medical advice

12

- 13 - Prolonged Fever <102, > 2 days
- 14 - Prolonged or Recurring Headaches
- 15 - Eye Discharge
- 16 - Ear Pain
- 17 - Hearing loss or concerns
- 18 - Nose Discharge prolonged (>3 days)
- 19 - Nose Discharge with odor, or color other than white / clear
- 20 - Sore Throat
- 21 - Palpitations
- 22 - Cough > 2 days
- 23 - Recurring Cough
- 24 - Recurring Vomiting
- 25 - Diarrhea <5 Episodes in 24 hours
- 26 - Bowel Movements Less than Once Every Other Day
- 27 - Persistent Change in Bowel Movements
- 28 - Foul Smelling Urine
- 29 - Pain with Urination
- 30 - Lump on Skin, Bone or Other Tissue
- 31 - Swelling of Joint(s)
- 32 - Back Pain
- 33 - Skin Rash
- 34 - Tick Bites
- 35 - Light-headedness
- 36 - Change in Vision or Hearing
- 37 - Weakness or Numbness in an Extremity (not sudden)
- 38 - Unexplained Weight Loss
- 39 - Excessive Fears or Anxiety
- 40 - Social Isolation
- 41 - Report or Suspicion of Drug / Alcohol Abuse
- 42 - Persistent Sad Mood
- 43 - Loss of Energy and Motivation
- 44 - Sexual Difficulties