

Centre for Integrative Medical Training  
In Association with the Centre for Integrative Care &  
The Academic Department, Royal London Hospital for Integrated Medicine



# Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Part 5.9

## ***How to support your patient during specialist homeopathic treatment***

The place of homopathy within western medicine remains a point of controversy and argument. Collectively, our idea of what the institution of medicine should be shifts and changes over time.

Sometimes we resonate with the 'Art of Medicine' ie. individualised communication, humnism and the art of care. At other times we appear to be more preoccupied with politics, strategy, resource-management and science.

In the midst of all this, *Integrated Medicine* in general, and homeopathy in particular, is concerned with bridging this unnecessary schism. However, in the 'power-play' of modern medicine, a discipline like homeopathy must continually assert its status as a medical speciality in order to avoid marginalisation. So is homeopathy, in fact, a medical speciality?



Every discipline requires a logical framework of basic principles. Yet, to be regarded as a speciality it also requires cultural depth, specific skills for its effective application, the prospect of academic study, rational pathways for development and relevance to contemporary practice. As you approach the end of your Foundation Course, we hope that you can see that homeopathic medicine fulfils these criteria, as a speciality in its own right.

The right to practice as a specialist, however, is based on the knowledge, insight and skill to advise patients appropriately in a very wide range of circumstances, with regard to:

- An understanding of homeopathy within the panoply of their other treatment options.
- Safety - not only of the treatment itself, but in the context of the entire process and its time frames.
- A realistic expectation of outcome, based on the literature and collective clinical experience.
- The practitioner's competence to treat, at an acknowledged level of experience, knowledge and skill.
- Established ethical codes for practice
- Cross-disciplinary communication, where coordination of treatment and care planning is required

At this stage in your studies, you are in a position to advise and treat only within a specific and limited range of conditions. It is both unrealistic and inappropriate to tackle many chronic, unstable and multimorbid patients.

Although you are expected to expand your knowledge and experience, you are also expected to refer cases that are outwith the limits of your competence to treat. For these cases you will need to refer onward to specialists who:

- can work independantly and unsupervised within the speciality
- offer reliable, up to date, professional advice
- Provide effective treatment based on a holistic assessment of the patient's needs
- engage in critical self appraisal and continuous professional development
- have an awareness of the bounds of their own competence and knowledge of other specialist investigation and treatment possibilities appropriate to the case
- adhere responsibly to the ethical codes of practice for the profession as a whole.

In the final module of this course, we will discuss your own further training options. For the moment you should understand that to be a specialist homeopathic healthcare practitioner you require to complete post-membership training according to the criteria set by the Faculty of homeopathy, **and** fulfil all the training conditions for entry onto the Faculty's specialist register.

## Referring to a Specialist Homeopath

In the course of the lectures and seminars in this foundation course, certain patients - whom you have seen personally - may have come to mind with the question of whether they would benefit from homeopathic assessment and treatment. You may have started to form some ideas regarding the kinds of patients that you could envisage treating yourself, or referring onward to a specialist practitioner.



Specialist Providers of homeopathy currently cater extensively (but not exclusively) for patients in the following broad categories:

- those who have plateaued in their response to conventional treatment and who remain symptomatic
- those who have abreacted to, or developed intolerance of standard pharmacological treatments
- those who have failed to recuperate fully after conventional treatment
- those whose outcome from medical or surgical treatment has fallen short of expectation
- those for whom the conventional “treatment of choice” presents an unacceptable level of risk eg. The patient who is labelled as a poor anaesthetic risk.



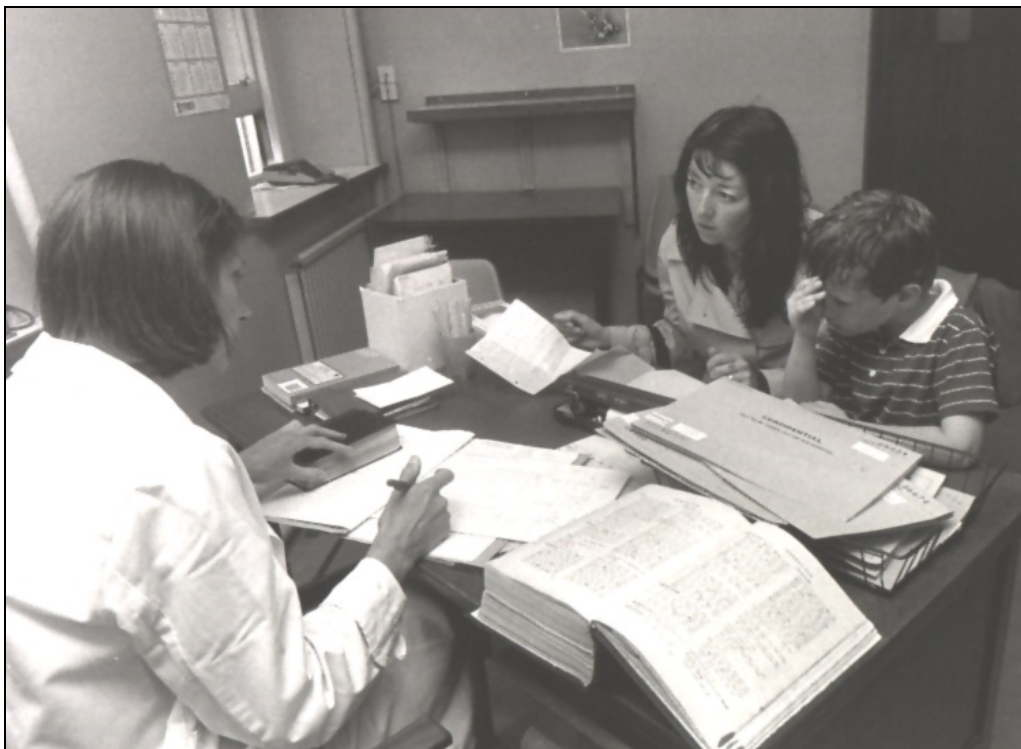
### Does your patient fit in here?

Patients in these categories can often obtain benefit:

- Allergic problems of some severity requiring desensitisation or general management
- Autoimmune and inflammatory conditions, where poorly controlled by conventional treatment
- Psychosomatic and functional disorders, if severe, complex or chronic
- Failure to recover from acute infection or trauma, where recovery would normally be expected
- Susceptibility to repeated infections
- Chronic pain syndromes
- Persisting fatigue states
- Difficulties with management due to drug sensitivities or poor patient compliance
- Patients with multiple pathology leading to problems of assessment or treatment
- Patients requiring a holistic assessment because of complexity or personality
- Patients who refuse standard treatments or who are accustomed to using homeopathic medicines for their complaints
- Patients for whom homopathy has proved particularly helpful in the past - these people often show an enhanced responsiveness in other illnesses too.

Overleaf we have listed some of the ways that you can support effective referral and improve your patient's experience of the treatment process.

1. In correspondence, give a clear summary of the history of the problem and the reason for referral.
2. Forward updates of interrim investigation or treatment from other agencies.
3. Refer early, not 3 weeks before the patient is due for surgical intervention for the same problem.
4. Tell the patient what to expect and explain the rationale behind the referral.
5. Prepare to work with the homoepath to adjust the orthodox drug regimen if this will improve the prospects of clinical response to the homeopathic treatment.
6. Avoid prescribing additional symptomatic drugs in the days/weeks following homeopathic input.
7. If new symptoms arise shortly after homeopathic input, discuss the phenomena with the homeopathic prescriber before suggesting further treatment.
8. Avoid prescribing homeopathically for minor/self limiting problems while the patient is receiving treatment on a constitutional basis. If unsure, discuss the matter with the specialist.



## ***Added intervention - added complication?***

### ***Activity:***



Read the following article in the light of what you have learned in your foundation course so far and consider the questions that follow.



***Using a clinical process map to identify prescribing cascades in your patient***

BMJ 2020; 368 doi: <https://doi.org/10.1136/bmj.m261> (Published 19 February 2020)

1. Why do prescribing cascades occur in conventional practice?
2. To what extent do prescribing cascades occur in integrated medicine, naturopathic and homeopathic practice? (Support your answer from the literature if possible.)
3. Are the underlying reasons for prescribing cascades different between different specialities, including non-conventional practice?
4. What is the relationship between unrecognised or unacknowledged functional disturbances and the emergence of prescribing cascades?
5. Explain how Hahnemann's principle of the single remedy might be reconciled with complex physical and emotional presentations?
6. What clinical behaviours support the emergence of cascade prescribing and what changes in clinical behaviour can help to resolve it?



**If you wish to explore this topic as a part of your CPD, or use it as part of your intermediate training portfolio, then write an essay of 2500 words and submit it to your tutor during your post-foundation training.**