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

An On-Line Course in Homeopathic Medicine for Healthcare Professionals

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Unit 4c

Safety

In this section we consider the question of risk in homeopathic practice.

There are a number of articles listed below which engage the question of safety both in Medcine in General and Homeopathy in particular.

It is worth scanning through these papers and opinion pieces. We hope that they will help you to form a perspective, both on the issue of risk, and comparative risk between homeopathy, conventional and integrated practice.

After you have looked through the following, do your own on-line search and read through the commentary overleaf.

Homeopathy

Do homeopathic medicines provoke adverse effects?
A systematic review.
Dantas F., Rampes H. www.ncbi.nlm.nih.gov/pubmed/10939781

Safety of homeopathic products
Brian J Kirby www.ncbi.nlm.nih.gov/pmc/articles/PMC1279671/

Risk in homeopathy
Stub, T., Kristoffersen, A., Alraek T., Musial F., Steinsbekk A.
munin.uit.no/bitstream/handle/10037/7911/article.pdf

Homeopathic aggravation with quinquagintamillesimal potencies
Rossi E., Bartoli P. Bianchi A., Endrizzi C., Da Fre M.
www.ncbi.nlm.nih.gov/pubmed/22487371

Herbal

Quality and safety of herbal products: Part 1
New Legislation and Production

Conventional Medicine

'First do no harm? I wish.'
Opinion piece bma.org.uk/secretdoctor @TheSecretDr
(see supplementary reading)

First do no harm: the impossible oath
BMJ 2019; 366 doi: https://doi.org/10.1136/bmj.l4734

Commentary

The final articles, in the list you have looked at, discuss harm within conventional medical settings. You will notice that the authors make a clear distinction between preventable harm and non-preventable harm. In the category of non-preventable harm they include the 'appropriate prescribing of a drug that causes a drug reaction.'

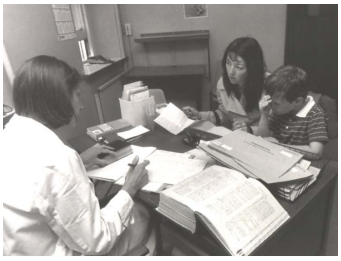
This begs the question of whether, in a non-life threatening situation', the incidence of this 'non-preventable' harm might be reduced by routinely using a facilitatory treatment (eg. homeopathic) as the first line approach. This doesn't remove the option of subsequently moving to drug intervention if clinical improvement does not take place.

How much harm might be avoided if a well selected homeopathic remedy were introduced early in a treatment programme, providing an opportunity for spontaneous resolution, placebo phenomena, or even a (!) remedy-mediated healing process? We might argue that such prescribing is legitimate, even while acknowledging that homeopathy is not a panacea. Like any other intervention, it may fail to act for the patient's benefit. Just as in conventional practice, patient non-response may mean that the treatment options need to be reconsidered.

All practioners are bound to practice within the limits of their knowledge and experience. In this introductory course you will notice that much of the prescribing relates to self-limiting acutes and non-morbid conditions (eg PMS). You should maintain a clear awareness of your treatment boundaries, in the knowledge that the scope of your practice will broaden in the course of your Intermediate and Membership-Level training.

At the moment, for example, you may choose to continue much of your conventional prescribing and introduce homeopathy as an adjunct, or perhaps, in some cases, use it as a preliminary to conventional prescribing while you gain experience. For example, you may wish to provide a patient with *Cantharis* for cystitis, while also providing a back-up prescription for an appropriate antibiotic, to use if their symptoms don't show improvement within, say, 24 hours.

Critics suggest that there are operational risks from homeopathy relating to missed diagnoses and delayed treatment. Evidence for this is hard to find and, once again, any practitioner who is practicing within the bounds of their competence and properly assessing the prognosis in each case, will understand the time-frames in which they should treat and review their patients.



Complaints against homeopathic practitioners are extremely rare, because your training inevitably helps you to communicate at a higher level of attention and 'patient-centredness' and detailed medical histories improve every aspect of the treatment decision process.

Avoiding Aggravation

You should perhaps restrict yourself to 6c, 12c and 30c potencies at this stage. Highly sensitive patients are encountered by every new prescriber. It is possible to aggravate unneccessarily in, for example, eczemas using high potencies of *Sulphur*, particularly in young children.

High potencies of *Nux vomica* (200c and above) can also cause aggravations in some acute and sub-acute states. We will introduce these remedies at some depth in a future module.

Homeopathy is generally considered safe in pregnancy.

Activity:

For the clinical examples you have encountered so far, decide whether the presenting problem is predominantly

A. Functional
B. Pathophysiological
C. Pathological or
D. mixed

On the basis of the prognosis in each case, consider:
a) if there are any safety issues raised by the history,
b) what considerations would subtend conventional treatment as a first-line approach, as opposed to homeopathic,
c) how long you would wait to evaluate, firstly, a conventional drug and, secondly, a homeopathic prescription:

1. *Ipecacuanha* case - Chronic cough of 8 years duration (Introductory Video case)
2. *Arnica* case - Chronic pain of 20 years duration (see materia medica video)
3. *Tabaccum* case - Loss of eyesight gradually over months
4. *Arsenicum album* case - Post herpetic neuralgia, anxiety

Contributors:

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