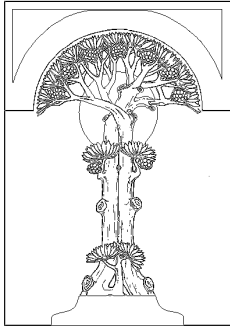


Centre for Integrative Medical Training
In Association with London Integrated Medical Health Education

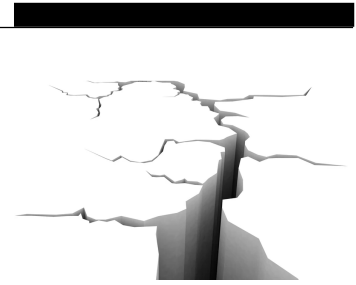


Pre-membership Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

Unit 70

Principles of Practice Notes - Weeks 13 & 14



Exploring the Ideological Schism in Homeopathy

At this stage in your studies you have been introduced to a wide variety of prescribing styles. We have intentionally introduced ideas from across the homeopathic spectrum. Armed with what we hope has been an eclectic programme, we anticipate that you will be in a good position to provide informed and balanced arguments, particularly when you are confronted with uncompromising statements on homeopathic prescribing methodology at future congresses, meetings or in written articles.

Some of the world's pre-eminent training programmes in homeopathic medicine are very explicit in their support for one or other of our two main therapeutic traditions. From your parallel reading in the spring semester you will recall the background to the so-called schism in homeopathic philosophy.

The Two Camps

What 'Kentian Unicists' sometimes deride as Clinical Prescribing is criticised for being 'poorly individualised', non-holistic, organ prescribing and, by implication, considered by its critics as commercialised, simplistic and not deep-acting.

What 'Clinical Prescribers' sometimes deride as 'Kentian Metaphysics' is criticised for being speculative, cultist and overly dependent on suggestion, psychological modelling and, by implication, probably placebo dependent and poorly reproducible.

Pragmatism or Commercialism

Clinical schools like CEDH (in association with the French homeopathic manufacturer Boiron) are accused by some in the Unicist camp of having a vested interest in the broad uptake of homeopathy by clinicians. Their education programmes are orientated to, what we have called on this course, 'therapeutic pointers' ie targeted prescribing by condition or system.

The main idea behind this approach is that a few differentiating features can be provided for a targeted list of remedies linked to any given diagnosis. This short-list with cut-down indicating information is said to allow prescribers to use homeopathy quickly alongside other treatment modalities in their day to day practise. The critics of this approach believe out that it is populist, superficial, protocol-driven (like some aspects of conventional practice) and commercially driven, rather than truly patient-centred.

Medical and Non-medical Standpoints

Hahnemann, as you know, was a firebrand when it came to the guiding principles of clinical practice. Today the same heated and sometimes divisive rhetoric still exists in divergent parts of the homeopathic community.

Trends in Non-Medical Homeopathic Practice

- *is it too idealistic for modern medicine?*

In the UK, since the 1970s, non-medical homeopathy has been largely 'Post-Kentian' in its philosophy: strongly advocating individualisation as far as it can be taken in every case. Newer forms of thematic analysis can be considered as an extension of Kent's 'mind-orientated' model for case analysis. In the absence of a traditional pro in bac round some new remedies have been added to the materia medica based on dream pro in s or on a shamanistic inter-pretation of their uidin mind themes

Another, much lauded, approach is the *Sensations Method*. This framework-based method is a hybrid combination of 1. miasmatic groupings (using Sankaran's extended categories); 2. Boenninghausen's complete symptom (emphasising the importance of fully elucidated subjective symptoms) and 3. a Kentian symptom hierarchy with strong emphasis on the Mind.

Trends in Medical Homeopathic Practice

- *has it lost its ethical compass?*

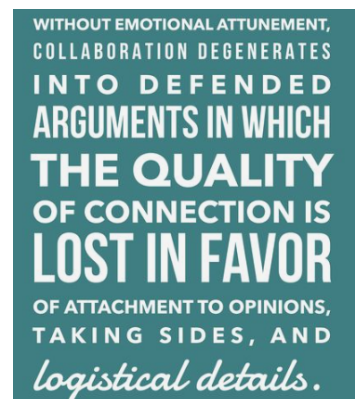
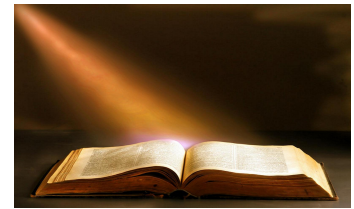
By contrast to non-medical homeopathy, medical homeopathy in the UK, has a much longer tradition and has benefited from a certain degree of collectivism, integration and a high case-load for many decades. The daily challenge of meeting the clinical demands of this heavy mixed caseload has stimulated a continuous internal debate on our homeopathic philosophy and clinical method but, perhaps in the course of this long debate, medical homeopaths have lost their ideological edge and uidin principles ?

Eclecticism

Although the homeopathic medical community in the UK still has vocal proponents of one or another 'school of thought', the existence of this constant dialogue between our 'pragmatists' and 'idealists' has helped to preserve eclecticism and tolerance in the Faculty's schools when it comes to teaching and practice.

Overall, the Faculty's curriculum supports a unicist approach, nevertheless it does not exclude the teaching of practical therapeutics. Faculty teachers and examiners are largely in agreement that the demands of a busy mixed practice requires adaptability. Today's generalist needs to be able to discriminate between those patients who will benefit from maximal individualisation and those who require practical organ prescribing in the first instance.

It is always a challenge to provide guidance on these clinical fundamentals. You have already been introduced to the decision framework, provided again on page #. Nevertheless, as you approach the end of your formal training, it is worth revisiting these guidelines and discussing them once more.



Prescribing of Compound Remedies (Complexes)

A final point should be made regarding complex prescribing. This two has two polarities.

1. Proprieties

One version of complex prescribing is the proprietary remedy mixture. For example, Boiron's Homeovox - a mixture of remedies for vocal strain / fatigue. Or Nu Era's Hayfever complex. The commercial mixtures run the gauntlet regarding: evidences for their specific therapeutic claims, their proprietary nature and their anti-individualised approach.

2. Quasi-individualised formulations

The other manifestation of the homeopathic complex is the quasi-customised prescription, where two remedies are selected for a patient to run concurrently. This is the antithesis of Hahnemannian Unicist practice. In the past, highly experienced homeopaths with an individualised but non-conformist mind-set might select two 'compatible' remedies and graft them both onto the same solid form, thereby attempting to address two co-existing clinical 'strands' in the individual patient. James Compton-Burnett describes clinical scenarios where this appeared to be a successful strategy.

It is possible that at Membership level you could be asked for your understanding of the potential advantages and disadvantages of this mode of practice, or your opinions concerning the legitimacy of this style of prescribing. We would advise that you round off your studies by researching the range and nature of proprietary and non-proprietary complexes so that you can engage in an informed discussion on the matter.

Prescribing Strategies

(Ranging from Simple unicist to Strategic sequences)

Over the last 4 semesters we have provided you with case examples of the following modes of prescribing:

Single remedy, acute

Single remedy, chronic aetiological

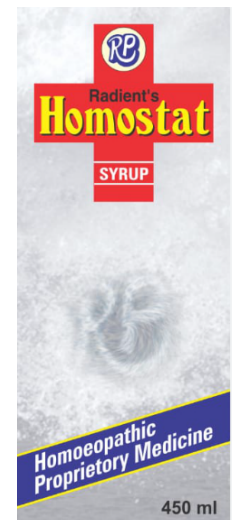
Single remedy, constitutional or totality

Single remedy, chronic pathological / organotropic

Single remedy, thematic / group analysis

Sequential prescribing high potency eg nosode / constitutional

Sequential prescribing, mixed high and low potency eg nosode / organotropic or pathological



In a final spirit of open-mindedness and eclecticism, we now include two final 'masterclass' works, for you to mull over at your leisure. Firstly Eizayaga's *Unicist Lectures* and, secondly, Welborn's controversial *Triune Homeopathics*

1. UNICIST

Notes from a late seminar by the South American master homeopath Francisco Eizayaga in 1985.

We include this as the working thesis of a skilled sequential prescriber, working across the entire potency range. There is some speculative content and his therapeutic guidelines for some very serious conditions do need careful consideration in the light of contemporary medical practice.

Nevertheless, Eizayaga's case modelling is both rational and meticulous and it rewards close study. His work is, quite literally, the methodological foundation for today's South American 'schools' of practice.

Note carefully how Eizayaga prioritises the case using symptom hierarchies and models the case as layers before prioritising each part of his remedy sequence according to what is resolvable / curable at these different layers eg. 'The morbid soil', 'The constitution' or the 'Lesional' level.

At this time Eizayaga's Lecture support materials are available (a partially restored copy can be found in your supplemental materials). Sound recordings of Eizayaga's Lectures in Scotland are held at the British Homeopathic Library. Following restoration, these will be available at a later date.

2. COMPLEX

In contrast, to Eizayaga's coherent reworking of Kentian methodology, there are almost no codified approaches to *Complex Prescribing*. One proponent of compound remedies, who claimed to have developed a consistent method for their use, is R.L. Welborn.

You will find his unpublished treatise reproduced and down-loadable from your supplemental materials.

Representing observations from over thirty years of work, how should we evaluate this highly individual and non-traditional approach? How does it read today? Can the observations ever be verified in practice? How does Welborn's key proposition of *'Let the Dynamis Decide'* sit with unicist philosophy or, indeed, our contemporary models for the action of homeopathy?

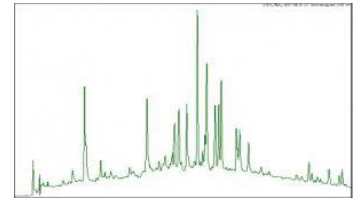
Is Welborn's work the unacknowledged starting place for a new prescribing method - one with a hitherto hidden potential to improve clinical outcomes in our case load - or will it prove to be a cul-de-sac in the history of medicine?



Research on complexes:

Several commercial homeopathic manufacturers produce proprietary and they market these under trademarked product names.

A brief internet search is all that you would require to gain insight into the non-classical world of homeopathy. These preparations are not devoid of research, however. Given their clear commercial market and the simplicity of their use (no individualisation required) these complexes regularly attract some research funding and two fairly recent trials are cited below.



A complex homeopathic preparation for the symptomatic treatment of upper respiratory infections associated with the common cold: An observational study

DOI: [10.1016/j.explore.2005.12.008](https://doi.org/10.1016/j.explore.2005.12.008)

Effectiveness of a homeopathic complex medicine in infantile colic: A randomized multicenter study

<https://doi.org/10.1016/j.ctim.2019.05.026>

Other Long Established Clinical Complexes (30c)

Dispensary prepared (ie grafted from potency onto one solid form) eg

'AAA' = Arg-n., Ambra, Anac

'ABC' = Acon., Bell., Cham.

'AGE' = Ars-i., Gels., Eup-per.

'AHP' = Aesc., Ham., Paonia

'ARR' = Arnica, Rhus-t., Ruta

'PHK' = Puls., Hydr., Kali-bi.

'SSC' = Silica, Sulph., Carb-v

Natural Complexes

Pharmacy prepared

(ie all ingredients potentised together from the raw material):

A. Natural Sources

All mineral waters (see web article in your supplemental materials)

Petroleum

Aqua marina

Various impure rocks and minerals

Gemstones (mineral complexes containing natural impurities)

B. Manufactured

Gunpowder (Carbon, Sulphur, {Potassium nitrate)

Slag silica

Car exhaust gases

(& many toxic effluents and industrial by-products)