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**STANDARDS FOR HOMEOPATHIC EDUCATION  
AND COMPETENCIES FOR THE PROFESSIONAL  
HOMEOPATHIC PRACTITIONER  
IN NORTH AMERICA**

**FINAL DRAFT  
SEPTEMBER, 2013**

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102 **INTRODUCTION**

103 ***Organization of This Document***

104 This document has a significant amount of content that has been extensively discussed  
105 and evaluated by representatives of a wide spectrum of American and Canadian  
106 national-level homeopathic organizations. For easier comprehension and future  
107 updating, it has been structured with general principles, guidelines, and objectives being  
108 placed in the body of the document while lists, details, historical references, and other  
109 information are given in the appendices. Some redundancies in the text are present in  
110 order to allow individual sections to be referred to in a standalone manner.

111  
112 The main body of this document reflects the current state of standards and  
113 competencies as identified during the 2010 Summit. The participants at that Summit  
114 identified other areas which also need discussion; due to limitations of time, specifics  
115 could not be finalized and these areas were considered as potential goals for a future  
116 state of standards and competencies. To eliminate confusion regarding what is a  
117 present standard and what is a future goal, the main body of the document only  
118 includes present standards. An AFTERWORD is attached which includes those future  
119 goals for consideration during the next revision and update process.

120 ***History of This Document***

121 This document has been created from input solicited from all the key stakeholders in  
122 homeopathy in the United States and Canada to establish a consensus on the  
123 standards and competencies required for the professional practice of homeopathy in  
124 North America at this time. Although time and translation issues have made it difficult to  
125 do so yet, a future goal will be to include representatives from Mexico.

126  
127 This document revises and updates a similar document that was issued following a  
128 meeting on January 28 to 30, 2000 of invited representatives of key homeopathic  
129 organizations in the United States. The Council on Homeopathic Education (CHE), [now  
130 the Accreditation Commission for Homeopathic Education in North America (ACHENA)],  
131 with the support of the Homeopathic Community Council (HCC), held a Summit Meeting  
132 in 2000 for invited representatives of key homeopathic organizations. The CHE was  
133 founded in 1982 with the mission to accredit homeopathic schools and educational  
134 programs. In 1999, the CHE identified the establishment of consensus on standards and  
135 competencies for homeopathic education as a priority necessary to achieve its mission.  
136 Also, the accreditation of educational institutions, which ACHENA confers, is a vital  
137 element in the growth and wide-spread recognition of homeopathy as a profession.

138 [\(See Appendix 1 – Initial CHE-sponsored Summit in 2000 for more information on the](#)  
139 [document issued in 2000.\)](#)

140  
141 The contributors to this current version of the document include homeopathic educators,  
142 homeopathic professional and specialty organizations and associations, the National

143 Center for Homeopathy (NCH) which has a large public membership, the Council for  
144 Homeopathic Certification (CHC) which is an independent organization that certifies  
145 professional practitioners of homeopathy in North America, and ACHENA, an  
146 independent agency that assesses homeopathic training programs in the United States  
147 and Canada. The process for compiling this document also relied on similar efforts in  
148 Europe by groups like the European Central Council of Homeopaths (ECCH).  
149 [\(For more information on the participants, see Appendix 2 – Canadian and US](#)  
150 [Homeopathic Standards Summit in 2010.\)](#)

151

### 152 ***Future Revisions and Updates***

153 The consensus at the 2010 Summit was that this document should be continually  
154 reviewed and updated as conditions warrant. In any case, a review should probably be  
155 undertaken within five years following the official release of this document.

156

### 157 ***A Note About the Practice of Homeopathy and the Range of*** 158 ***Professional Homeopaths***

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

172

### 173 ***Purposes of This Document***

174 Homeopathy is a well established profession in many parts of the world with profound  
175 teachers, educational opportunities, and research literature from many countries  
176 including North America. In the US alone, in the early 1900s there were 22  
177 homeopathic medical schools, more than 100 homeopathic hospitals, over 60 orphan  
178 asylums and old people's homes, and 1,000+ homeopathic pharmacies. However  
179 homeopathy in North America experienced a decline in the first half of the 20th century  
180 due to the dominant focus and utilization of allopathic conventional medicine in the US.  
181 In the past three decades there has been a resurgence of the use of homeopathy  
182 because Americans are returning to the use of integrative and holistic medicine and  
183 complementary and alternative medicine (CAM). Homeopathy is one of the main CAM  
184 professions.

185

186 This document presents the consensus within the profession reached among those  
187 attending a meeting in 2010 on the standards and competencies by which the public,  
188 other healthcare professions and other professional organizations can judge the  
189 standing of homeopathy as a profession. The ways in which this document may be  
190 used include:

- 191
- 192 • As a guide to assist homeopathic educators in establishing what they teach
- 193 • As a guide to assist in accrediting educational programs, seminars, etc.
- 194 • As a guide to certifying bodies as to the competencies they expect practitioners
- 195 to be able to demonstrate
- 196 • As a guide to members of the homeopathic profession as to the knowledge and
- 197 competencies expected of them by their colleagues
- 198 • As a statement to the public and other interested parties of the status that
- 199 homeopathy has as a profession
- 200 • As a statement to other professional organizations and homeopathy's self-
- 201 regulatory bodies of the standards and competencies by which the homeopathic
- 202 profession is identified—within a spectrum of various ways in which homeopathy
- 203 is practiced
- 204

205 The means of acquiring the competencies described in this document can include  
206 formal instruction, supervised clinical experience, and individual study. Ideally it should  
207 include all three. The competencies and standards presented in this document are not  
208 intended to be a comprehensive outline for the structure of a curriculum or of an  
209 assessment tool but rather guidelines to assist those who are developing curricula and  
210 certification processes. Taken together, they are meant to be an expression of what the  
211 community holds as the core skills, attitudes, and knowledge required to practice  
212 homeopathy effectively.

213

## 214 **Educational Standards and Professional Competencies**

215 Consensus on standards for homeopathic education has important implications and  
216 benefits for the interdependent components of the homeopathic community, including:  
217 schools and their students, accreditation organizations, certification boards, and  
218 professional organizations. Indeed, these standards have laid the groundwork for the  
219 continuing growth of homeopathy as an independent profession in North America.

220

221 In the process of the current revision of this document, it became clear to several  
222 organizations that in order to be most effective and applicable to the homeopathic  
223 community, it was best divided into competencies for professional practitioners and  
224 standards for educators training professional homeopaths.

225

226 However, it was apparent that completely separating these two categories as if they  
227 existed in a vacuum would be senseless. One informs the other. Thus our intention in  
228 each section is to first state a competency for the educator/practitioner and then to

229 identify the areas of study or the standards for education needed to deliver training that  
230 would produce an educator/practitioner with the given competencies.

231  
232 As a consequence, it was recommended that the document needed a more  
233 comprehensive name: “Standards for Homeopathic Education and Competencies for  
234 the Professional Homeopathic Practitioner”. Through this format, ACHENA can more  
235 easily extract the standards for education while certifying bodies can extract the  
236 competencies for testing or evaluation. While there has been an attempt to describe a  
237 current level of competency in each area, the competencies section will need further  
238 revision and augmentation as these specifications are revised in the future.

239  
240 This document seeks to create one standard for homeopathic practice as a whole. The  
241 subsets within the profession may have additional training and or requirements, in  
242 addition to the training required to be a competent homeopath described in this  
243 document; those additional trainings or requirements do not create a separate  
244 standard(s) for the profession as a whole. Some individuals may need or want to  
245 acquire additional education and experience given the manner in which they expect to  
246 practice. The homeopathic standards and competencies contained here serve to define  
247 the competent homeopath.

248  
249 It is understood that the means of acquiring the competencies set forth in this document  
250 will vary, and it is not the intent of this document to require or dictate a specific means of  
251 achieving the desired results. The important point is that the steps to attain competency  
252 shall be based on definable standards and that graduating students shall be able to  
253 demonstrate these competencies and proficiencies by the standardized measurements  
254 utilized by homeopathic certification boards and bodies.

### 255 256 ***Terminology Used in This Document***

257 In creating this document, for the sake of simplicity, the term “client” is used as a neutral  
258 word referring to anyone who seeks homeopathic care. While “patient” is appropriate  
259 for health care professionals holding a state or provincial license, such as nurses and  
260 medical doctors, the term “client” is used by independent unlicensed homeopaths. Also,  
261 lists of items that appear at various points in the text preceded by words like “including”  
262 or “such as” are by way of illustration and are not intended to be complete or definitive.

263  
264 Homeopathy is a means of restoring health that was first described over 200 years ago  
265 by a German medical doctor, Samuel Hahnemann, in his *Organon of Medicine*. His  
266 definition of cure, as he and other homeopathic philosophers taught was simply stated  
267 as “to restore the sick to health”.

268  
269 The practice of homeopathy as a healing art can take many forms depending on the  
270 education and training of the practitioners, on how providing homeopathic services fits  
271 within the laws of a state or province, and on the circumstances created by the setting in  
272 which the homeopathic services are provided.

273

274 Homeopathic medicines are listed in the *Homœopathic Pharmacopœia of the United*  
275 *States* (HPUS) which was first published in 1897 and is now available as an on-line  
276 reference at *www.hp.us.com* (by subscription). The HPUS is recognized as an official  
277 compendium in the Federal Food Drug and Cosmetic Act of 1938 as well as in  
278 numerous state laws and/or regulations. Homeopathic medicines are regulated by the  
279 FDA and must adhere to the requirements of the HPUS as well as certain provisions of  
280 the Code of Federal Regulations.

281  
282 Homeopathic medicines (usually referred to as remedies) are different from  
283 conventional drugs in several important ways. Homeopathic remedies are prepared  
284 from a wide variety of materials, including minerals, plants, and animal substances.  
285 They generally are highly diluted, and thus tend to be non-toxic, with minimal side  
286 effects. Homeopathic remedies are chosen based on a holistic appraisal of each  
287 individual rather than a medical diagnostic categorization that makes little distinction for  
288 individual differences. To emphasize that homeopathic medicines are very different  
289 from the conventional drugs used in a medical practice, this document will generally use  
290 the term homeopathic remedies.

291

## 292 ***Designing an Educational Curriculum***

293 There are a number of models for the actual design of a curriculum. Within the most  
294 complete curriculum design, there can be many programs or schools that offer some or  
295 all of the subject matter. Practicing homeopaths have found ways to accumulate the  
296 necessary training from a variety of sources.

297  
298 The following curriculum design guidelines were excerpted from a document prepared  
299 by the European Central Council of Homeopaths (ECCH).

300

### 301 **Objectives**

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

306  
307 Learning activities and opportunities in the course, and the assessment of student  
308 progress, are designed in such a way that all the study topics are covered, and students  
309 can show evidence that:

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

315

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

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

322  
323 The course provider will develop the curriculum in ways that guide the teaching,  
324 learning and assessment towards these objectives.

325  
326

## 327 **HOMEOPATHY AND HOMEOPATHIC PRACTICE**

328

### 329 ***Homeopathy***

330 Homeopathy has been used for 200 years to restore the sick to health by providing “the  
331 most rapid, gentle, and permanent restoration of health, or removal and annihilation of  
332 disease, in its whole extent, in the shortest, most reliable, and most harmless way, on  
333 easily comprehensible principles”. *Organon of Medicine*, Dr. Samuel Hahnemann

334

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

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

348

349 Homeopathy is a complete system of healing that has its own time-tested principles of  
350 care. These principles are fundamentally different from those of the allopathic (western,  
351 bio-medical or conventional) medical model of disease diagnosis and treatment.

352 Therefore, homeopathic standards and competencies are not expressed in, nor  
353 constrained by, the terminology and concepts of allopathic medical methodologies.

354 Although homeopaths are expected to demonstrate certain competencies in health  
355 sciences, these are not expected to be used in the same way as in the allopathic  
356 medical model. That said, it is expected that homeopathic practitioners who are  
357 licensed or regulated by states, provinces, or other jurisdictions will observe appropriate  
358 steps to comply with that status in their practices.

359 ***Homeopathic Practice***

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

365  
366 The spectrum of homeopathic practitioners ranges from homeopaths that practice in  
367 states or provinces where certification, registration, or licensure of homeopaths is not  
368 required to homeopathic practitioners that also hold a license as another health care  
369 professional, such as: MD (H), MD, ND, DO, DC, RN, NP, PA, DOM, Lac, HMA (not a  
370 complete list).

371  
372 The purpose of this document is to describe the standards and competencies that are  
373 specific to the professional practice of homeopathy. The document consciously does  
374 not seek to address the specific aspects of how homeopathy is, or might be, combined  
375 with other modalities in the context of the various types of healthcare practices within  
376 the spectrum above.

377  
378 Regardless of an individual’s manner of practicing homeopathy, members of the  
379 homeopathic profession expect that he or she will adhere to professional standards  
380 which invariably include confidentiality, truthfulness, safety, and ongoing professional  
381 development. There is also the necessity of upholding the good name of the  
382 profession.

383  
384 Skills in team care are recommended for all healthcare practitioners. Increasingly,  
385 homeopathic practitioners are being included in integrated medical practices or are  
386 giving referrals to or receiving referrals from practitioners in other healthcare disciplines.  
387 Knowledge of other healthcare systems and the practices of colleagues in other fields  
388 provide a necessary beginning to these cooperative efforts.

389  
390 ***Overview of the Current Political-Legal Environment for Homeopathy***

391 The current legal status of homeopathic practice varies among the countries in North  
392 America and within their political jurisdictions (states, provinces, etc.). Most regulation  
393 of the practice of healthcare is at the state or provincial level, and over the past 150  
394 years homeopathy has gone from being widely accepted, to being, at best, tolerated, to  
395 its current reemergence as a recognized part of the healthcare spectrum.

396 [This topic is discussed in Appendix 3 – Details of Current Political-Legal Environment](#)  
397 [for Homeopathy in North America.](#)

398

399 ***Homeopathic Accreditation and Certification Organizations***

400 The Accreditation Commission for Homeopathic Education in North America  
401 (ACHENA), the Council for Homeopathic Certification (CHC), and multiple national,  
402 state, and provincial professional associations provide an infrastructure for the  
403 homeopathic profession. There are a variety of homeopathic educational programs.  
404 Homeopathic pharmacies are well organized and prospering.

405  
406 ACHENA’s job of accrediting schools would not be possible without the agreed-upon  
407 standards and competencies of the homeopathic community. Clear standards and  
408 competencies are the foundation of any profession. ACHENA’s mission to create,  
409 uphold, and maintain standards is in alignment with good practice for any profession.  
410 Agreed upon standards and competencies unify the profession and provide clear  
411 guidelines and goals to focus on as we move forward to establish homeopathy as a  
412 leading healthcare choice.

413  
414 ACHENA accredits schools of homeopathy and is building its capacity and planning to  
415 submit an application to seek US Department of Education recognition as an accrediting  
416 body. When and if this is achieved, this will be an important step which will help bring  
417 homeopathy on par with regulated and recognized healthcare disciplines.

418  
419 The Council for Homeopathic Certification (CHC), which was founded in 1991, is an  
420 independent organization that certifies professional practitioners of homeopathy in North  
421 America. The CHC is currently pursuing accreditation by the Institute for Credentialing  
422 Excellence (ICE), a national association of competency assessment organizations that  
423 is the gold standard for certifying bodies in many allied healthcare professions.

424  
425 ACHENA and the CHC are representing homeopathy as active members of the  
426 Academic Consortium for Complementary Alternative Health Care (ACCAHC). This  
427 provides an important opportunity to engage with other CAM professions in furthering  
428 recognition and integration of CAM into the conventional health care system.

429

430

431 **PART I: HOMEOPATHIC EDUCATION**

432

433 ***A. Basic Health Sciences***

434

435

436 **COMPETENCIES**

437

438 Homeopaths demonstrate the knowledge, skills and attitudes necessary to make  
439 recommendations that will be safe and effective. A professional homeopath views his or  
440 her work through the distinct paradigm of homeopathy while being able to dialogue  
441 effectively with clients and health care practitioners who may view and communicate  
442 about the case through the paradigm and language of conventional medicine.

443 A professional homeopath cultivates the attitude of fascination with the human organism  
444 at its dynamic and material levels. Homeopaths engage in a lifelong study of the  
445 process by which mistunements in the dynamic plane result in pathology and disease at  
446 the material plane and, similarly, engage in the study of how outward manifestations of  
447 pathology and disease provide the homeopath with a view into the state of the inner  
448 dynamis of the organism.

449  
450 A professional homeopath is best prepared to work with a wide range of clients when he  
451 or she has a basic understanding of health sciences and an awareness of common  
452 conventional health care diagnoses and treatments. In addition to competence in  
453 homeopathic analysis and case management, the professional homeopath  
454 demonstrates a basic understanding of anatomy, physiology, pathology and disease in  
455 order to be able to:

- 456  
457 1. Clearly discern what is mistuned in the human organism when in a state of  
458 imbalance or disease;
- 459  
460 2. Clearly discern the action that a given homeopathic remedy will have on the  
461 human organism at the dynamic and material level;
- 462  
463 3. Identify the range of normal and abnormal physical, mental and emotional  
464 development for various ages;
- 465  
466 4. Apply knowledge of anatomy, physiology, pathology and medical terminology  
467 needed to effectively repertorize client symptoms;
- 468  
469 5. Correctly assess the depth of the energetic mistunement and the seriousness of  
470 pathology or disease present in a case;
- 471  
472 6. Distinguish between common symptoms of various illnesses and those that are  
473 more useful for homeopathic prescribing;
- 474  
475 7. Correctly assess whether a case is moving in the direction of greater balance  
476 and wellness;
- 477  
478 8. Recall common conventional medical diagnoses and treatments to facilitate  
479 effective communication with the client;
- 480  
481 9. Dialogue with non-homeopathic practitioners about the care of their clients;
- 482  
483 10. Identify cases where it is appropriate to refer a client to a more experienced  
484 homeopath;
- 485  
486 11. Identify appropriate times to refer the client to a conventional primary medical  
487 care provider;

488 12. Identify situations where a client may be in need of emergency services.  
489

490

491 **EDUCATIONAL STANDARDS**

492

493 Educational programs use a variety of instructional and assessment methods to assure  
494 that the homeopathic student possesses a working knowledge of anatomy, physiology,  
495 pathology, disease and medical terminology in order to correctly assess the level of  
496 energetic mistunement present in a case, including the depth of pathology, carry out  
497 homeopathic analysis, repertorization, case management and dialogue with clients and  
498 other providers. The standard is completion of a three credit college level course in  
499 anatomy and physiology and a three credit college course in pathology and disease.

500

501 Homeopathic schools strengthen the education of the professional homeopath by  
502 incorporating basic information about botany and chemistry in the course of studying  
503 materia medica, exposing students to elements of chemistry and physics as they  
504 explore emerging information about the mechanism of action of homeopathic remedies  
505 and discussing common conventional diagnoses in the context of teaching case  
506 management and case analysis.

507

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

510

511 1. Discern dynamic and material mistunements and correctly assess the level of  
512 imbalance or pathology present in a case;

513

514 2. Correctly match the mistunement of the human organism, as expressed in  
515 outward physical symptoms, to the realm of action of a well indicated  
516 homeopathic remedy;

517

518 3. Identify various stages of mental, emotional and physical development  
519 throughout life and use this information for case analysis;

520

521 4. Define anatomical and other medical terms as required for appropriate  
522 repertorization of client symptoms;

523

524 5. Recall illnesses and conventional medical diagnoses likely to be seen in a  
525 homeopathic practice as needed to promote effective communication with clients  
526 and health care providers;

527

528 6. Dialogue with his or her clients and their non-homeopathic health care providers  
529 about conventional medical treatments for major diagnostic categories;

530

531 7. Differentiate between common and individualizing symptoms in a client's case  
532 (especially characteristic and strange, rare, and peculiar symptoms);

- 533 8. Identify resources for obtaining health sciences information as needed to ensure  
534 safe practice;  
535
- 536 9. Identify realistic expectations regarding the outcome of homeopathic care, given  
537 a client's health status;  
538
- 539 10. Identify cases where it is appropriate to refer a client to a more experienced  
540 homeopath;  
541
- 542 11. Identify appropriate times to refer the client to a conventional medical care  
543 provider;  
544
- 545 12. Identify situations where a client may be in need of emergency services.  
546  
547

## 548 ***B. History & Development of Homeopathy***

549

### 550 **COMPETENCIES**

551

552 The homeopathic practitioner:  
553

- 554
- 555 1. Cite the development of homeopathy and the social forces that have influenced  
556 its practice over its 200-year history.  
557
  - 558 2. List the philosophers and authors who have had major influences on  
559 homeopathic thought and be able to place them in context.  
560
  - 561 3. Demonstrate awareness of homeopathy's current place in the healthcare  
562 landscape both in terms of trends of practice of the discipline and the current  
563 legal and political climate.  
564
- 565

### 566 **EDUCATIONAL STANDARDS**

567

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

578 importance of both practice promotion and profession promotion and, if desired, how  
579 they may contribute as leaders in the profession.

580  
581 Curriculum includes:

- 582 1. History of Medicine: Hippocrates to Galen and Paracelsus
- 583
- 584 2. History of Vitalism: Paracelsus to Hahnemann
- 585
- 586 3. History of Homeopathy
- 587 a. Hahnemann and his contemporaries
- 588 b. Familiarity with the Organon and its different editions
- 589 c. Familiarity with early generations of homeopathic authors
- 590
- 591 4. World History of Homeopathy
- 592 a. The spread of homeopathy and its proponents
- 593
- 594 5. History of Homeopathy in North America
- 595 a. The spread of homeopathy to NA, and its proponents
- 596 b. Familiarity with philosophers, and authors that have had major influences on
- 597 the homeopathic discipline and profession as it developed
- 598
- 599 6. Summary Overview of the history of other forms of holistic medicine:
- 600 Naturopathy, traditional oriental medicine (acupuncture and herbal), and
- 601 Ayurveda.
- 602
- 603
- 604

### 605 ***C. Homeopathic Philosophy, Principles, and Methodology***

606  
607 Professional practitioners have a thorough understanding of the principles and  
608 mechanisms of homeopathy that inform its theories and guide implementation in clinical  
609 practice. The principles and philosophy of homeopathy are based on foundations that  
610 are over 200 years old. These have stood the test of time - expanded, but not  
611 significantly changed. Modern physics is now able to demonstrate the mechanisms  
612 explaining homeopathy's action. Practitioners demonstrate familiarity with current  
613 research that explains mechanisms behind homeopathy's action. It is essential that  
614 homeopaths raise public awareness of what makes homeopathy unique, because  
615 practice according to the principles and philosophy of homeopathy is safe, effective, and  
616 cost effective.

### 617 618 619 **COMPETENCIES**

620 Homeopathic practitioners:  
621  
622

- 623 1. Relate the principles of and mechanisms behind homeopathy that guide its  
624 theories and implementation in clinical practice;  
625  
626 2. Identify that principles and philosophy of homeopathy are based on foundations  
627 that are over 200 years old;  
628  
629 3. Demonstrate familiarity with currently emerging mechanisms behind  
630 homeopathy;  
631  
632 4. Possess knowledge of the natural world and the human body sufficient to  
633 understand homeopathic philosophy and homeopathic therapeutics  
634  
635 5. Demonstrate a thorough understanding of the principles, dynamics and nature of  
636 health and disease from a homeopathic perspective.  
637  
638 6. Illustrate the ways the homeopathic view differs from the allopathic view, and  
639 other views of health and disease, both current and historical;  
640  
641 7. Demonstrate knowledge and understanding of the theories, principles, and  
642 methods put forth by Hahnemann and other respected homeopaths in their  
643 various writings including:  
644 a. Requirements of the homeopathic practitioner, as enumerated in Aphorism  
645 # 3<sup>1</sup> of *The Organon*  
646 b. Principles of cure, as taught by Hahnemann  
647 c. Understanding disease  
648 d. Taking the case

---

<sup>1</sup> 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.

[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.

- 649 e. Acquiring knowledge of remedies  
650 f. Homeopathic management of disease (on all levels)  
651 g. Intermittent diseases  
652 h. Case management  
653 i. Differences among the concepts of homeopathy, isopathy and allopathy  
654 j. Primary and secondary actions of homeopathic and allopathic medicines  
655 k. The action of potentized remedies  
656 l. Preparation/manufacture of homeopathic remedies  
657 m. Different potency scales, including: X, C, D, K, LM, and Q  
658 n. Administration of homeopathic remedies, including the forms in which they  
659 can be given (i.e. liquid, powder, tablet, globules, inhalation, or others)  
660 o. Possible responses to remedies, including models put forward by  
661 respected teachers and clinicians in homeopathy  
662  
663 8. Demonstrate the ability to discern the direction of case progress and related  
664 aspects of homeopathic philosophy as enumerated by authors recognized by the  
665 global homeopathic community.  
666  
667

## 668 EDUCATIONAL STANDARDS

669  
670 Programs impart a thorough understanding of the principles and mechanisms of  
671 homeopathy that guide its theories and implementation in clinical practice.  
672 Homeopathic educational programs familiarize students with a variety of approaches to  
673 attain the competencies stated above, spanning a spectrum from the writings of  
674 Hahnemann to the writings and teachings of contemporary respected homeopaths  
675 including current emerging scientific theories and studies that demonstrate mechanisms  
676 for the action of remedies. Each educational organization may select a manner in which  
677 to accomplish this. However, all students of homeopathy will be able to weigh the  
678 benefits and limitations of many different approaches to understanding homeopathic  
679 philosophy, principles, and methodology.  
680

### 681 Fundamental Concepts of Homeopathy

- 682 ● Concept of health, disease and healing.
- 683 ● Differences between homeopathy, isopathy and allopathy
- 684 ● Requirements of the homeopathic practitioner, as enumerated in Aphorism # 3 of  
685 *The Organon*.
- 686 ● Concept of susceptibility and causative factors.
- 687 ● Concept of the Vital Force.
- 688 ● Case management according to the Law of Similars.
- 689 ● Principles of homeopathy.
- 690 ● Definition of basic homeopathic terms.
- 691 ● Concept of the dose.
- 692 ● The single remedy.
- 693 ● Potency scales, including: X, C, D, K, LM, Q.

694      Symptoms

- 695      • Strange, rare and peculiar symptoms.
- 696      • Common and uncommon symptoms.
- 697      • Hierarchy of symptoms.
- 698      • Classification of symptoms.
- 699      • Suppression of symptoms.

700

701      Classification of diseases

- 702      • Miasms
- 703      • Natural and Artificial
- 704      • Acute and Chronic
- 705      • Etiologies
- 706      • Suppressed disease
- 707      • One-sided disease
- 708      • Stages of disease process
- 709      • Epidemics and genus of epidemics
- 710      • Mental and Emotional diseases
- 711      • Intermittent diseases

712

713      Theory of Case Management

- 714      • Primary and secondary action
- 715      • Evaluation of client response to remedy
- 716      • Second prescription
- 717      • Direction of cure, as taught by Hahnemann and other homeopathic philosophers
- 718      • Obstructions to cure, as taught by Hahnemann and other homeopathic
- 719      philosophers
- 720      • Management of disease on all levels
- 721      • Posology-including the forms in which remedies can be given (i.e. liquid, powder,
- 722      tablet, globules, inhalation, or others).

723

724      *(REFERENCE: European Guidelines for Homeopathic Education, 2<sup>nd</sup> Edition,*

725      *June 2000)*

726

727

728      ***D. Homeopathic Materia Medica***

729

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

734      A practitioner decides which homeopathic remedy is most likely to relieve the suffering  
735      of an individual by matching the symptoms of that particular person to symptoms of one

736 of the remedies as described in the materia medica and other writings. The matching  
737 process used in homeopathy follows the “Law of Similars,” i.e. like cures like. By this  
738 matching of individual symptoms, a homeopathic practitioner seeks to remove the true  
739 (underlying) cause of the person’s illness-which may be unobservable, and possibly  
740 unknowable in our era.

741  
742 The traditional means by which substances are added to the materia medica is  
743 controlled experiments called “provings”. (See *Section E – Homeopathic Provings and*  
744 *Research* for a description of how provings are conducted and reported.) The first  
745 provings were conducted by the originator of homeopathy, Dr. Samuel Hahnemann,  
746 over 200 years ago. The provings and other information from the materia medica are  
747 part of the process by which substances become recognized medicines in the  
748 Homeopathic Pharmacopeia of the United States (HPUS) which has been part of the  
749 US Food, Drug, and Cosmetic Act since 1938.

750  
751 Two hundred years of homeopathic research via homeopathic provings and clinical  
752 observations has greatly expanded the materia medica and new substances are added  
753 continuously. Understanding this body of information requires a deep and critical  
754 approach. The study of original homeopathic proving symptoms is the basis of every  
755 remedy study. Toxicology and clinical experiences are other important sources of  
756 information.

757  
758 Also broadly included in materia medica are the innumerable books, lectures, and other  
759 types of information about particular homeopathic remedies or groups of remedies.  
760 Much of this was written in the past several decades by respected homeopathic  
761 practitioners who have combined their reading of earlier texts with their clinical  
762 experience to present to their colleagues new ways of understanding the full, rich, and  
763 unique characteristics of homeopathic remedies and to connect them to illnesses.  
764 A practitioner will devote his or her career to mastering as much as possible of the  
765 materia medica. Seminars, webinars, journals, books, and other resources are key  
766 ways for the professional homeopath to learn more materia medica and how to apply it  
767 to practice. The continuing study of remedies by all homeopaths using botany,  
768 zoology, chemistry, geology, and plant and animal taxonomy as well as personal  
769 experience and insights will enhance greatly the knowledge of the healing properties of  
770 all substances in our world.

771  
772 The materia medica for remedies is constantly growing and evolving, so it is  
773 recognized that some vital symptoms may be missing from what has been recorded to  
774 date. However, for practical purposes, the broad range of remedies is typically divided  
775 into “major” remedies and “smaller” remedies.

776  
777 These categories can be used in several ways:

- 778  
779 1. Remedies for which many well-substantiated symptoms have been recorded  
780 (e.g. *Sulphur*) versus ones for which we have few well-substantiated symptoms

- 781 2. Remedies that are frequently used for common illnesses (e.g. *Lycopodium* or  
782 *Calcarea carbonica*) versus ones that are used less frequently (e.g. *Equisetum*)  
783

784 Although in general practice a homeopath can attain very good results using the major  
785 remedies, the ability to select smaller remedies when appropriate is one essential skill  
786 that distinguishes a higher level of competence.  
787

788

## 789 **COMPETENCIES**

790

791 The professional homeopath is able to:

792

793 1. Cite the various sources of information for materia medica. Identify major writers,  
794 from Hahnemann to the present.  
795

796

797 2. Demonstrate ability to make effective, efficient, and critical use of relevant source  
798 materials to study remedies;  
799

800

801 3. Demonstrate that which is curative in particular remedies;  
802

803

804 4. Make effective differentiation between the curative action of one remedy and  
805 another seemingly similar remedy;  
806

807

808 5. Conduct thorough and accurate research in a wide range of materia medica  
809 sources - not only standard materia medica reference works but also provings,  
810 homeopathic software, and the internet.  
811

812

813 6. Using information gained from biology, botany, chemistry, physics, mythology,  
814 folklore, herbology and culture, identify and utilize the various attributes of  
815 remedies including (as applicable):  
816

817

818 a. The history, culture and behavior of the substance in the natural world.  
819

820

821 b. The Doctrine of Signatures  
822

823

824 c. Toxicological history  
825

826

827 d. Proving symptoms  
828

829

830 e. Sensation and function  
831

832

833 f. Mental / Emotional symptoms (including delusions, fears and dreams)  
834

835

836 g. SRP (strange, rare and peculiar symptoms)  
837

838

839 h. Generalities  
840

841

842 i. Modalities  
843

844

845 j. Clinical symptoms/pathology  
846

847

848 k. Etiology  
849

850

851 l. Local symptoms  
852

853

854 m. Organ and system affinities  
855

856

857 n. Keynote and confirmatory symptoms  
858

- 826 o. Concomitant symptoms
- 827 p. Miasmatic relationships
- 828 q. Remedy relationships
- 829 r. Relationships within the materia medica
- 830 s. Relationships of substances
  - 831 i. Periodic table relationships, animal, botanical, fungi and bacterial
  - 832 groupings
  - 833 ii. Antidotes, affinities, inimicals, complementaries, remedies that follow
  - 834 well
- 835 t. Acute / first aid uses
- 836 u. Comparative and differential study
- 837 v. Progressive stages of pathology of remedies
- 838 w. Chemistry/biology of the substance
- 839 x. The differences among polychrests, so-called 'small remedies', nosodes,
- 840 sarcodes, isopathics, tautopathics, gemmotherapeutics, tissue salts, flower
- 841 essences and imponderables
- 842 y. The use of case studies (live, paper and video)
- 843 z. The use of journals and electronic sources in the study of materia medica
- 844 aa. The use of repertory comparisons
- 845 bb. Remedy indications for different stages of human development/stages of
- 846 life

847

848 7. Demonstrate a variety of ways to learn and understand remedies. Endeavor to

849 continually expand knowledge of remedies. Demonstrate several techniques to

850 most easily access information about remedies with which not familiar -

851 particularly to enable identification of "small" remedies that may better fit the

852 symptoms of the case or to find a similar remedy to ones being considered when

853 those remedies do not adequately cover the case.

854

855 8. Consider remedies in various ways, and be able to categorize them in

856 groupings like:

- 857 a. Remedies that are often used in differentials when a client's key
- 858 symptoms are difficult to match to a single remedy;
- 859 b. Remedies that can be expected to apply to numerous cases in clinical
- 860 practice;
- 861 c. Essential remedies for first aid, crisis management, and prophylaxis.

862

863 The list of remedies that a competent homeopathic practitioner should know has been

864 developed by the participants at the homeopathic summit. An additional list is included

865 in the Afterword for future consideration.

866

867 The first list of 154 remedies (Study List of Homeopathic Remedies) has been used as a

868 guide for many years by the Council for Homeopathic Certification. It was the

869 consensus of the 2010 homeopathic summit that practitioners will demonstrate

870 familiarity with the remedies on this list. Some of the remedies on this list are often used

871 and need to be studied in detail. Others are less frequently used or have little  
872 information available about them. Those in the former category need to be studied  
873 thoroughly, from many aspects. Those in the latter group should primarily be studied for  
874 symptoms that distinguish them (“keynotes”), especially symptoms that would be used  
875 in performing a differential between remedies, or for remedies that are best known for  
876 specific uses (e.g. right-sided sore throat).

877 [\(See Appendix 4 – List of Homeopathic Remedies\)](#)

878

879

## 880 **EDUCATIONAL STANDARDS**

881

882 Educational programs provide students with a thorough appreciation of the homeopathic  
883 materia medica. The programs should adequately cover the subject matter in  
884 HOMEOPATHIC MATERIA MEDICA COMPETENCIES (above), including:

885

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

887

888 2. How to compare and contrast information about remedies to appreciate what is  
889 similar and what is different about them. Methods for this include:

890 a. Using categories such as “families” (remedies grouped according to plant or  
891 mineral constituents) to bring into consideration a less used or less familiar  
892 remedy by referencing its similarities to another remedy

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

896

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

899

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

903

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

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

908 b. Toxicology

909 c. Pathogenesis

910 d. Pharmacology

911 e. Nomenclature

912 f. Homeopathic proving –Authors and methodology

913

914 2. Clinically confirmed symptoms

- 915 3. Repertory rubrics  
916
- 917 4. Etiology  
918
- 919 5. Different approaches to symptomatology  
920 a. Totality of symptoms  
921 b. Individualizing symptoms ('strange, rare, and peculiar')  
922 c. Mental/emotional (including delusions, fears and dreams)  
923 d. Concomitant symptoms  
924 e. Symptoms suggestive of miasmatic influence  
925 f. Organ affinities  
926 g. Pathognomonic symptoms  
927 h. Modalities  
928 i. Sensation and function  
929 j. Acute and first aid uses  
930 k. Remedy relationships (family groupings)  
931 i. Mineral groupings and relationships, animal and botanical groupings  
932 ii. Chemistry/biology of the substance  
933 iii. Antidotes, affinities, inimicals, complementaries, remedies that follow well  
934 iv. Polychrests, so-called 'small remedies', nosodes, sarcodes, isopathics,  
935 bacteria and fungi, and 'imponderables'  
936 v. Tautopathics and tissue salts  
937
- 938 6. How materia medica applies to other approaches or aspects of remedy study -  
939 a. Constitutional types  
940 b. Essences  
941 c. Core elements  
942 d. Central delusion  
943 e. Central disturbance  
944 f. Developmental stages in remedies from the picture in health through to deep  
945 pathology  
946 g. Remedy indications for different stages of human development/stages of life  
947 h. Miasmatic influences, and newer methods  
948
- 949 7. Clinical application  
950 a. Remedy relationships  
951 b. Comparative Materia Medica  
952 c. Differential Materia Medica  
953 d. Successful cases  
954
- 955 8. Awareness of how Materia Medica is constantly evolving  
956  
957  
958

959 **E. Homeopathic Provings and Research**

960  
961 **Provings**

962  
963 Homeopathic provings were the initial way that the homeopathically-useful properties of  
964 substances were identified by the originator of homeopathy, Dr. Samuel Hahnemann,  
965 his associates, and early adherents of homeopathy. This knowledge was supplemented  
966 by toxicology (studies of poisonings). In the succeeding 200 years, clinical experience  
967 was added to enrich the knowledge of substances, and all of these sources produced  
968 the homeopathic “materia medica”.

969  
970 Homeopathic provings are conducted in accordance with the “Law of Similars”  
971 discovered (or re-discovered) by Hahnemann, because it has been established that the  
972 symptoms caused by a small (diluted and potentized) dose of a substance will indicate  
973 what symptoms (and their underlying causes) a homeopathic dose of the same  
974 substance will restore to a healthy state. Therefore, it is important to observe in a group  
975 of healthy individuals the effects of a small (non-toxic) amount of a given substance and  
976 to record and collate these reports. While the methodology of proving has evolved to  
977 embrace modern scientific and statistical concepts, the basic principles have remained  
978 unchanged.

979  
980  
981 **COMPETENCIES**

- 982  
983 1. Homeopathic practitioners demonstrate an understanding of the basic purpose of  
984 conducting provings, types of provings and their importance to the evolution of  
985 the homeopathic “materia medica”.
- 986  
987 2. Homeopathic practitioners are familiar with national and international standards  
988 for conducting homeopathic proving—including the standards used by the HPUS  
989 and the ECCH guidelines.
- 990  
991 3. Homeopaths demonstrate understanding of the importance of supporting  
992 research efforts to conduct provings, including conducting or voluntarily  
993 participating in provings themselves, according to strict protocols established by  
994 respected homeopathic research organizations and appropriate informed  
995 consent procedures.

996  
997  
998 **EDUCATIONAL STANDARDS**

999  
1000 Homeopathic educational programs provide students with a basic understanding of the  
1001 principles of homeopathic research, and provings in particular, including:

- 1002  
1003 1. Fundamental knowledge of homeopathic proving method

- 1004 2. The purpose of provings.  
1005  
1006 3. The history of provings (Hahnemann through modern methodologies  
1007  
1008 4. Types of provings (informal/partial through Hahnemannian).  
1009  
1010 5. Provings in relation to allopathic drug trials.  
1011

1012 Programs will impart information covering:  
1013

- 1014 1. Guidelines and Protocols for Provings  
1015 a. The substance  
1016 i. Natural History of a Substance  
1017 b. Preparation of the substance to be proven  
1018 c. The structure of a proving group  
1019 d. Posology  
1020 e. Record keeping  
1021 f. Supervisor or prover contact and frequency  
1022 g. Data Management  
1023 i. Extraction of data, including primary and secondary distinctions  
1024 ii. Collation of data  
1025 iii. Statistical evaluation of data  
1026 iv. Converting data into old and new repertory language and materia medica  
1027 v. Publishing the results  
1028 h. Ethical and legal issues related to provings  
1029 i. Informed consent and blind studies  
1030 j. Knowledge of use of placebos in provings  
1031  
1032

## 1033 **Research**

1034  
1035

## 1036 **COMPETENCIES**

1037

1038 Homeopaths demonstrate familiarity and understanding of current homeopaths and  
1039 health sciences research as well as research in the field of physics as it pertains to  
1040 homeopathy and its guiding theories and mechanism. Homeopathic practitioners  
1041 demonstrate a fundamental understanding of how to evaluate research in homeopathy  
1042 and are able to weigh the value of research they are reading. This includes:  
1043

- 1044 1. Basic Science Research - Peer reviewed, published research papers on provings  
1045 and other relevant research  
1046  
1047 2. Trade articles and journals - especially as they relate to research in the field of  
1048 homeopathy

1049 **EDUCATIONAL STANDARDS**

1050

1051 Homeopathic educational programs provide students with a basic understanding of the  
1052 principles of how to interpret research - homeopathic, medical, and other, including the  
1053 following topics:

1054

1055 1. Philosophy

1056

1057 2. Methodology

1058

1059 3. Historical Research

1060

1061 4. Current Research

1062

a. Clinic trials

1063

b. Basic science research documenting the action of high dilutions

1064

c. Basic science research into the mechanism of action of remedies

1065

d. Provings

1066

e. Surveys of practice patterns

1067

f. Literature research regarding the completeness of the Repertory as a  
1068 reflection of provings and clinical experience.

1069

1070

1071

***F. Homeopathic Repertory***

1072

1073 In homeopathy, a repertory is a book or other textual format that provides, in effect, an  
1074 index to the materia medica. It lists for certain symptoms or attributes of an individual  
1075 the homeopathic remedies that are commonly associated with that symptom or  
1076 attribute. There are many repertories, some general, some limited to specific organs or  
1077 disease conditions. Many repertories are organized in a hierarchy created by James T.  
1078 Kent, MD, but there are other repertories organized in other ways. Most repertories list  
1079 remedies in a way that helps identify which remedies have been most strongly or  
1080 typically associated with a particular symptom (often with a 1 to 3 ranking).

1081

1082 The advantage of using a repertory is that it provides a quick way to identify which  
1083 remedies may be most closely associated with a particular symptom of a specific client  
1084 without having to search through the materia medica. There are several recognized  
1085 disadvantages. The index is not complete and may contain errors. Also, some of the  
1086 symptom language in earlier repertories, like Kent's, is archaic and may reflect  
1087 terminology, medical knowledge, and cultural biases of that earlier era. Homeopathic  
1088 computer software has helped repertories to evolve and has provided better ways to  
1089 search materia medica. However, basic repertory skills must be mastered by all serious  
1090 homeopaths because they form the basis of how homeopathic literature is written and  
1091 how the literature is used in analyzing cases.

1092

1093

1094 **COMPETENCIES**

1095

1096 1. The homeopathic practitioner demonstrates knowledge of the structure, purpose,  
1097 and limitations of the various repertories and demonstrates competent use of a  
1098 range of repertories in case analysis.

1099

1100 2. The homeopathic practitioner demonstrates knowledge of ways of analyzing a  
1101 case other than by repertorization.

1102

1103

1104 **EDUCATIONAL STANDARDS**

1105

1106 General areas of study:

1107

1108 1. Introduction to repertory:

1109 a. Purpose, history, additions and organization of repertories

1110 b. Boenninghausen's repertory (the first repertory)

1111 c. Kent through modern repertories, including computerized repertories

1112

1113 2. The general layout of repertories and limitations of various repertories:

1114 a. Grading of symptoms/rubrics in each

1115 b. Organization: Kent's through newer organizing techniques

1116 c. Strengths and limitations of older repertories, especially Kent's

1117 d. Structure of Kent's repertory

1118 e. Using Kent's repertory in homeopathic case analysis

1119 f. Understanding the basic organization of each section of the repertory

1120 g. Understand the structure of computerized repertories including their strengths  
1121 and limitations

1122

1123 3. Purpose of rubrics and sub-rubrics and how they are developed and organized:

1124 a. Common and confusing rubrics

1125 b. Cross referencing important rubrics

1126 c. How to choose the best rubrics for a case

1127 d. Combining rubrics

1128 e. Errors in rubric indenting

1129

1130 4. Terminology and abbreviations used in the repertories, including contemporary  
1131 and anachronistic medical terminology

1132

1133 5. Ways to translate contemporary language and meaning into the language of a  
1134 repertory (or the materia medica) and ways to interpret the language of a  
1135 repertory (or the materia medica)—within its historical and social context—into  
1136 contemporary language and meaning

1137

1138 6. Various tabulation tools—their strengths, limitations and uses:

- 1139 a. Paper graphs, computers, and other techniques
- 1140 b. Their use in modern practice
- 1141
- 1142 7. Different roles of repertorization in selecting a remedy:
- 1143 a. How to use the repertory effectively
- 1144 b. Different types of repertory analysis
- 1145 c. Limitations of repertories—not 100% inclusive
- 1146
- 1147 8. Gaining familiarity with a range of current computer programs and the repertories
- 1148 available in that program and being able to select and use a well-matched
- 1149 repertory for a given case.
- 1150 a. Examples of computer programs include Isis/Cara, MacRepertory,
- 1151 Opus/Radar, Reference Works, Similia, and others
- 1152 b. Specific repertories that may be functional with a given computer program or
- 1153 in book form include *Schroyens: Synthesis*, *Van Zandvoorts: Complete*
- 1154 *Repertory*, *Boennighausen*, *Boger*, *Knerr*, *Kunzli: Repertorium Generale*,
- 1155 *Barthel: Klunker*, *Synthetic Repertory*, *Murphy*
- 1156
- 1157 9. Awareness of methods other than repertorization to review and study materia
- 1158 medica

1159

1160 Specific areas of study:

1161

1162 Structure (schema of Kent's Repertory, using the Final General edition)

1163

- 1164 1. Rubrics, sub-rubrics, grading of symptoms
- 1165 2. Construction of symptom arrangement:
- 1166 a. Timings
- 1167 b. Sides
- 1168 c. Sensation
- 1169 d. Location
- 1170 e. Modalities
- 1171 f. Extension
- 1172 3. Content of the main sections
- 1173 4. Detailed examination of specific general sections of the repertories with definition
- 1174 of pathological terms in historical context:
- 1175 a. Generalities
- 1176 b. Chill
- 1177 c. Fever
- 1178 d. Perspiration
- 1179 e. Others
- 1180 5. Content and modern use of the Mind section
- 1181 6. Rubric groupings and foundations for rubric definition—differentiating between
- 1182 similar rubrics.
- 1183 7. Problems and mistakes in Kent and other repertories

- 1184 8. Omissions—Kent’s repertory does not include all information available to him  
1185 9. Additions

1186

1187 Different Approaches and techniques of repertorization:

1188

1189 Combination and elimination

- 1190 1. Instruction on the use of repertory grid

- 1191 2. Others

1192

1193 ***G. Posology***

1194

1195 Posology refers to the dosage (and methods of administration) of remedies. In  
1196 homeopathy, while the selection of the correct remedy is of paramount concern, in  
1197 some cases the homeopathic strength of the remedy and how often and in what manner  
1198 it is administered may be equally important. In homeopathy, these issues are generally  
1199 considered under the topic of posology.

1200

1201

1202 **COMPETENCIES**

1203

1204 Homeopathic practitioners demonstrate the ability to adeptly choose a remedy in the  
1205 correct potency and in the dosage and method of administration most suited to each  
1206 case, including consideration of the client’s vitality and age, and the onset, duration and  
1207 intensity/severity of symptoms. For case management, the homeopathic practitioner is  
1208 able to define the expectations for the selected potency and dosage, evaluate the  
1209 progress of the case accordingly, and alter the potency and dosage if appropriate.

1210

1211

1212 **EDUCATIONAL STANDARDS**

1213

1214 Homeopaths develop an understanding of the principles and possible effects of:

1215

- 1216 1. The scales of dilution—starting with mother tincture  
1217 2. The model of potentization through succussion  
1218 3. The application of the concepts of dilution and succussion in the choice of  
1219 homeopathic remedy potency and dosage as it pertains to the sensitivity of the  
1220 individual and to his or her vital force  
1221 4. The circumstances of the client’s vitality and age, and the onset, duration and  
1222 intensity/severity of symptoms  
1223 5. The methods of administration of a remedy, including dry dose, wet dose, split  
1224 dose, topical, inhalation, suppository  
1225 6. The frequency of dosing  
1226 7. Remedy potency and frequency of administration in acute versus chronic (and  
1227 acute in the course of chronic)

- 1228 8. Appropriate circumstances for the use of lower or higher potencies, including  
1229 exact match in chronic cases (simillimum), young otherwise healthy person with  
1230 acute symptoms, etc.  
1231

## 1232 ***H. Homeopathic Case Taking***

1233  
1234 Taking a homeopathic case requires special skills. These skills should grow with  
1235 experience.  
1236

1237 Hahnemann, in Aphorisms 82 through 104 of the *Organon*, states that a well-taken case  
1238 is essential to a well-managed case. A well-taken case is the basis for sound analysis,  
1239 repertorization, prognosis, and follow-up; however, in actual practice, a great deal more  
1240 acumen and artistry is required for its application.  
1241

1242 The most critical skills include: attentive listening, perception, freedom from bias or  
1243 judgment, a base of knowledge that allows a homeopath to explore relevant issues, and  
1244 the ability to ask well-phrased, empathetic, open-ended questions that elicit useful  
1245 information.  
1246

1247 The competencies as expressed here focus on homeopathically-relevant information.  
1248 They consciously do not address the information-gathering methods that are used in a  
1249 conventional medical setting, although any such information that is offered by the client  
1250 that may be appropriate, such as information about current or past diagnoses and  
1251 treatment by others, may be noted.  
1252

1253

## 1254 **COMPETENCIES**

1255

1256 The professional homeopathic practitioner:

1257

- 1258 1. Demonstrates her or his ability to assess the suitability of the case to  
1259 homeopathic care and independently conduct a comprehensive homeopathic  
1260 interview.  
1261
- 1262 2. Demonstrates taking a case in a confidential, efficient, non-judgmental, accurate,  
1263 and complete manner; listens, elicits and records information in sufficient detail  
1264 that will lead to the successful analysis of each individual client's case;  
1265 differentiate types of cases (acute, chronic) and, determines a relevant case  
1266 taking strategy.  
1267
- 1268 3. Demonstrates consultation skills. Specifically, the practitioner shows:
  - 1269 a. Clarity of perception: homeopaths should have sufficient knowledge of health  
1270 on the mental, emotional and physical levels, to be able to perceive what  
1271 needs to be healed in others.

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1307
- b. The ability to recognize obstacles to cure, including:
    - i. The relationship between the physical, social, emotional and economic contexts in which people live and their health and wellbeing
    - ii. The implications for health and disease of personal and family health history, life events and environmental factors.
    - iii. The potential effect of lifestyle (for example, diet, smoking, alcohol consumption) on an individual's health and social wellbeing.
    - iv. The resources available to individuals to make changes in their circumstances and lifestyles.
    - v. How personal beliefs and preferences affect individuals' lives and the choices they make, the context in which they live and their health and wellbeing.
    - vi. How drugging results in masking, suppressing and/or alteration of individualizing characteristic symptoms of the original disease symptoms.
  - 4. Demonstrates effective and sensitive interviewing attitudes and techniques that will enable individuals to reveal and talk through relevant issues in their physical, mental and emotional health.
    - a. The ability to recognize and interpret significant aspects of a client's appearance, body language, speech and behavior.
    - b. The ability to explain to clients the nature and depth of homeopathic case taking, and sensitivity to concerns and difficulties that can arise during this process.
    - c. The ability to take clear and coherent notes according to the standards and conventions of the healing professions
    - d. Knowledge of when it may be necessary or useful to involve someone besides the client in consultation (for example, when treating children). This includes recognizing the potential for reticence, misrepresentation and misunderstanding when others are involved in these discussions, and being able to minimize those risks.
    - e. Awareness of the dangers of imposing one's own beliefs, values and attitudes on individuals and of the importance of respect for the client's beliefs, values and attitudes, both personal and cultural.

1308 **EDUCATIONAL STANDARDS**

1309  
1310 Taking a homeopathic case requires special skills. These skills should grow with  
1311 experience. A well taken case is the basis for sound analysis, repertorization,  
1312 prognosis, and follow-up; however, in actual practice a great deal more acumen and  
1313 artistry is required for its application.  
1314

1315 The program provides the student the opportunity to observe and take cases with a  
1316 wide range of pathology and stages of disease in both children and adults so that the  
1317 student is prepared for real life practice. The program ensures that:

- 1318  
1319 1. The student is familiar with case taking from a diverse range of respected  
1320 homeopathic authors and teachers.
- 1321  
1322 2. The student examines the ways in which various analysis approaches can  
1323 require the gathering of different kinds of information.
- 1324  
1325 3. The student has sufficient opportunity to observe several experienced  
1326 homeopaths taking cases, ideally in person as well as from cases on video  
1327 (always subject to the permission of the client). In this aspect of the student's  
1328 education, the mentoring homeopath should elucidate the strengths and  
1329 weaknesses of the way in which each case was taken, the ways in which the  
1330 case-taking methods were adapted to the situation of the individual client, and  
1331 other learning points.
- 1332  
1333 4. The student, alone or in a group of students, has sufficient opportunity to take  
1334 cases in a setting mentored by an experienced homeopath that provides direct  
1335 feedback on the art and techniques in a manner that enables the student to hone  
1336 his or her case-taking skills.
- 1337  
1338 5. The student, through reading and experience, acquires a thorough understanding  
1339 of the way in which case taking over a series of visits forms a fabric by which the  
1340 success of a course of homeopathic care can be managed, and the course  
1341 adjusted as necessary.
- 1342  
1343 6. Although the types of records to be kept will vary depending on the practice style  
1344 or licensing requirements for each homeopath, the student understands how  
1345 case records shall make appropriate references to medical information that is  
1346 provided by or mentioned by the client.
- 1347  
1348 7. The student, by reading and observation, acquires sufficient understanding of the  
1349 nature, individualization, sensitivity, confidentiality, and accurate recording of  
1350 information that together form the setting in which cases should be taken.
- 1351  
1352 8. The student reads numerous well-respected homeopathic journals to observe the  
1353 manner in which cases are recorded, learning the highest standards of accuracy,  
1354 specificity and comprehensiveness.
- 1355  
1356 9. The student will observe a sufficient and wide range of cases that exemplify  
1357 varying pathologies, etiologies, severity, and stages of illness (acute versus  
1358 chronic) in children and adults.
- 1359

1360 *For additional details on this subject (at a higher level than may be taught presently):*

1361 [\(See Appendix 5 – Specific Skills for Homeopathic Case Taking\)](#)

1362

## 1363 ***I. Homeopathic Case Analysis***

1364

1365

### 1366 **COMPETENCIES**

1367

1368 1. Analyze gathered data, identify essential features of the case and their  
1369 relationships, assesses the relative value of all the information, and determine  
1370 what information, if any, is missing that is needed for a proper homeopathic  
1371 analysis.

1372

1373 2. Demonstrate ability to synthesize disparate information into a homeopathically  
1374 meaningful totality and understanding of disease categories and from that  
1375 develop a case management strategy based on sound homeopathic principles.

1376

1377 3. Analyze what needs to be addressed in a case; identify the central disturbance or  
1378 center of gravity and themes of the case; identify what is distinguishing and  
1379 characteristic within the "totality" of symptoms in the mental, emotional and  
1380 physical spheres -combined. Determine and record the effect on the case  
1381 analysis of any information that is judged to be missing, incomplete, or  
1382 contradictory.

1383

1384 4. Assess previous and current therapeutic history/treatment, including  
1385 homeopathy, allopathy, and other therapeutic modalities.

1386

1387 5. Describe the sensations and functioning of the individual and evaluate the vitality  
1388 and health of the person (in homeopathic terms, the "vital force"). Record and  
1389 evaluate the client's personal and family history; miasmatic history; susceptibility;  
1390 suppression; organ affinities and systemic effects. Prioritize symptoms and  
1391 explain the hierarchy of symptoms according to homeopathic principles.  
1392 Demonstrate knowledge and utilization of modalities (such as: time of day, side  
1393 of the body, and aggravation or amelioration) that are striking for a particular  
1394 individual. Apply in analysis the circumstances and timing of the onset of  
1395 symptoms, aspects of causation and etiology, and their duration and intensity or  
1396 severity. Identify and isolate "concomitant" symptoms that may have been  
1397 present at the same time but are due to separate (usually transitory or  
1398 extraneous) causes.

1399

1400 6. Differentiate between strange, rare, and peculiar symptoms and common  
1401 symptoms. In distinguishing common from characteristic (individualizing)  
1402 symptoms, consider the client's apparent pathology based on allopathic

- 1403 diagnosis and recognize symptoms common to that pathology. Evaluate the  
1404 effect of any etiological, exciting, or maintaining causes, as well as any  
1405 underlying susceptibilities.  
1406
- 1407 7. Present case analysis in a manner that can be readily understood by other  
1408 homeopathic and health care professionals. Demonstrate diversity of case  
1409 analysis strategies.  
1410
- 1411 8. Translate the client's symptoms into repertory language, and repertorize the case  
1412 in a manner appropriate to the case presented. Convert observed symptoms into  
1413 repertory language. Employ research, evaluate and ultimately apply information  
1414 gathered through various sources – including: materia medica, provings,  
1415 journals, databases, and the internet. Demonstrate use of other resources to  
1416 determine how issues of physiology and pathophysiology may influence the  
1417 case. Illustrate the value, limitations, and use of medical reports in homeopathic  
1418 case analysis.  
1419
- 1420 9. Produce a differential analysis of the main remedies considered, noting the key  
1421 points for and against each choice. Distinguish and articulate other case  
1422 management and analysis strategies, and apply them as appropriate. Identify  
1423 various types of computer analysis techniques and differentiate their strengths  
1424 and weaknesses.  
1425
- 1426 10. Examine the effects of different potencies and their relevance to a case. Select  
1427 the appropriate frequency and method of administering remedies (posology).  
1428
- 1429 11. Document and evaluate identified obstacles such as antidoting, environmental  
1430 interference, and iatrogenic influences. Identify possible means to overcome  
1431 identified obstacles and discuss options with the client.  
1432
- 1433 12. Order and evaluate the resources available to clients in assessing whether they  
1434 are able to make important changes in their lives that may be beneficial.  
1435
- 1436 13. Determine a reasonable prognosis. Identify an appropriate case management  
1437 strategy and where appropriate determine both short-range and long-range  
1438 goals.  
1439
- 1440 14. Record all pertinent information for the case at the time of the client's visit.  
1441 Record research and analysis appropriately into case records.  
1442

1443 For a discussion of potency and administration issues: see Section G – Posology

1444  
1445 *For a list of information that a case analysis includes - as the circumstances of the case*  
1446 *dictate:* [See Appendix 6 – Particulars of Homeopathic Case Analysis](#)  
1447

1448 **EDUCATIONAL STANDARDS**

1449

1450 Educational programs impart the ability to:

1451

1452 1. Demonstrate how to assess the strength of the vital force, center of gravity, and  
1453 susceptibility of the client;

1454

1455 2. Evaluate the onset, duration, and intensity/severity of symptoms;

1456

1457 3. Determine the nature of the illness in terms of acute or chronic and analyze  
1458 accordingly

1459

1460 4. Assess previous and current therapeutic history/treatment, including  
1461 homeopathy, allopathy, and other therapeutic modalities;

1462

1463 5. Demonstrate diversity of case analysis strategies;

1464

1465 6. Translate the client's symptoms into repertory language, and repertorize the case  
1466 in a manner appropriate to the case presented;

1467

1468 7. Employ research, evaluate and ultimately apply information gathered through  
1469 various sources – including: materia medica, provings, journals, databases, and  
1470 the Internet;

1471

1472 8. Examine the effects of different potencies and their relevance to a case as well  
1473 as selecting the appropriate frequency and method of administering remedies  
1474 (posology);

1475

1476 9. Distinguish and articulate other case management and analysis strategies, and  
1477 apply them as appropriate;

1478

1479 10. Identify various types of computer analysis techniques and differentiate their  
1480 strengths and weaknesses;

1481

1482 11. Illustrate the value, limitations, and use of medical reports in homeopathic case  
1483 analysis; and

1484

1485 12. Order and evaluate the resources available to clients in assessing whether they  
1486 are able to make important changes in their lives that may be beneficial.

1487

1488

1489 ***J. Homeopathic Case Management***

1490

1491 Effective management of homeopathic cases in clinical practice can be a highly  
1492 complex issue. Individualization is the key to homeopathic case management since

1493 each person will express his or her symptoms in his or her own way, especially those  
1494 that lead to the “simillimum” of a case. The simillimum is the remedy that most closely  
1495 fits the person and that addresses the broadest and most fundamental aspects of the  
1496 case.

1497  
1498 In the broadest sense, case management includes case taking, case repertorization and  
1499 analysis, posology, and other aspects of addressing health and disease  
1500 homeopathically. However, effective management of homeopathic cases demonstrates  
1501 an integration of the fundamentals of homeopathic theory and philosophy with the  
1502 practical aspects of maintaining an effective practitioner-client relationship. It begins  
1503 with ensuring that a case is appropriate for homeopathic care and includes determining  
1504 a prognosis and following the case until the best possible results have been achieved.  
1505

1506 Effective case management requires proper interpersonal skills for:

- 1507
- 1508 1. Exercising perceptiveness in taking and following cases
  - 1509 2. Practicing effective and attentive listening skills
  - 1510 3. Practicing good observation skills
  - 1511 4. Displaying open-mindedness
  - 1512 5. Maintaining unconditional positive regard
  - 1513 6. Using appropriate, effective, and sensitive communication
  - 1514 7. Managing the understandable concerns of a client who is not experiencing the  
1515 level of results she or he had hoped for
  - 1516 8. Maintaining appropriate aspects of the client confidentiality relationship in  
1517 situations where consideration must be given to contacting outside parties (e.g.  
1518 child protective services)
  - 1519 9. Managing situational issues, such as forgetting to follow through on a task for  
1520 which a commitment had been made to a client
  - 1521 10. Collaborating with others including health-care professionals, clients, and  
1522 families
  - 1523 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay  
1524

1525 All healthcare professions require a clinical component to education where the student  
1526 is required to demonstrate an understanding of the body of knowledge taught for that  
1527 discipline. Most presently require continuing professional development to enhance and  
1528 deepen professional and personal understanding and practice. As homeopathy  
1529 becomes a viable integrative therapeutic model within the universal healthcare system,  
1530 it too will require perfecting clinical skills, including successful case and client  
1531 management.

1532

1533

## 1534 **COMPETENCIES**

1535

1536 The competencies that a homeopathic practitioner demonstrates in his or her  
1537 management of cases include:

- 1538 Carefully determining the initial remedy selection—including potency and dosing  
1539 1. Conducting proper follow-up sessions  
1540 2. Assessing the multifaceted action of a remedy  
1541 3. Identifying and managing any remedy aggravations  
1542 4. Evaluating the possible antidoting of a remedy  
1543 5. Evaluating palliation or suppression  
1544 6. Assessing the susceptibility of the client  
1545 7. Assessing obstacles to cure, as taught by Hahnemann  
1546 8. Employing intercurrent remedies, when indicated  
1547 9. Determining when to make a second remedy choice and how to select it  
1548 10. Effectively utilizing resources such as: material medica, therapeutic guides,  
1549 repertories, *Physicians' Desk Reference (PDR)*, and the Internet  
1550 11. Effectively utilizing coaching/mentoring/preceptoring for assistance in case  
1551 management (especially the new practitioner).  
1552 12. Ensuring that homeopathic care achieves the greatest possible improvement with  
1553 minimal disruption to the vital force  
1554 13. Synthesize homeopathic knowledge and experience in order to evaluate and  
1555 supervise the entire course of homeopathic care as an ongoing and cumulative  
1556 process - an extended cycle of reflection and response. Justify strategies for  
1557 homeopathic care.  
1558 14. Maintain clear and transparent records of case management so that the aim and  
1559 feasibility of homeopathic care is kept constantly under review. Demonstrate  
1560 knowledge of a hierarchy of change within a healing process and demonstrate  
1561 ability to provide appropriate communication to clients both during and between  
1562 follow-ups.

1563  
1564 The competencies as expressed here focus on homeopathically-relevant information.  
1565 They consciously do not address the information-gathering and recording methods that  
1566 are used in other medical settings, although any such information that is offered by the  
1567 client that may be appropriate, such as information about current or past diagnoses and  
1568 treatment by others, may be included.

## 1569 **SCOPE OF CASE MANAGEMENT**

1570  
1571  
1572 For the homeopathic practitioner, case management has several aspects:

- 1573  
1574 1. Management of the practitioner-client relationship  
1575 2. Homeopathic management of the evolution of the case  
1576 3. Homeopathic management of the dynamics of the case  
1577 4. Management of the case records

1578 The basic manner in which these are done and the competencies needed to perform  
1579 them effectively will be the same for all homeopathic practitioners. However, how the  
1580 practitioner-client relationship and the case records are managed will be influenced by  
1581 the license or regulations, if any, under which each individual practices. Since the  
1582 purpose of this document is to describe competencies for homeopathy, it will not

1583 attempt to address in detail any additional requirements that various practitioners may  
1584 need to consider in addition to the homeopathic aspects.

1585  
1586 **An overview of the above four aspects of case management is presented below.**  
1587 **Additional details are provided in:**

1588 [Appendix 7 – Homeopathic Case Management Guidelines](#)

1589  
1590 Management of the practitioner-client relationship

1591  
1592 Prior to an initial visit, the practitioner employs appropriate methods to ensure that the  
1593 client will be aware of the nature of homeopathy (including the basic aspects of the  
1594 homeopathic philosophy of illness and cure, the nature of the homeopathic interview,  
1595 the typical course of homeopathic care and follow-up, the general scope and limitations  
1596 of homeopathy as they may apply to this client, and the training, credentials, and mode  
1597 of practice of the homeopath). This is conducted in a manner that determines the  
1598 suitability of homeopathic care for that client at that particular time, the urgency of the  
1599 case, and other possible alternatives the prospective client ought to consider -  
1600 especially the possible choice of urgent care by a licensed medical professional.

1601  
1602 If the homeopathic practitioner expects to record (video or otherwise) the case, the  
1603 client should be informed of the reasons for this (such as: teaching or practitioner  
1604 review) and, without being pressured to do so, the client must give written consent for  
1605 recording to proceed. From time to time, a homeopathic practitioner may wish to make  
1606 a presentation of a video case to a professional audience for teaching purposes or a  
1607 written presentation of a case for a journal. The homeopath must always demonstrate  
1608 respect for the client and the client's confidentiality by ensuring that any identifying  
1609 information such as the client's name or unusual identifying details are excluded.

1610  
1611 Homeopathic management of the evolution of the case

1612  
1613 The practitioner demonstrates awareness of and control over a wide range of issues  
1614 that might arise during the duration of a case. This begins with establishing reasonable  
1615 expectations and continues with ensuring effective awareness and participation by the  
1616 client. It concludes with obtaining valid closure (regardless of the outcome of the case).  
1617 For details:

1618 [See Appendix 7 – Homeopathic Case Management Guidelines – \*management of the\*](#)  
1619 [\*evolution of the case\*](#)

1620 Homeopathic management of the dynamics of the case includes:

1621  
1622 The practitioner demonstrates awareness and control over a wide range of changes that  
1623 might arise during the duration of a case. This begins with establishing reasonable  
1624 expectations and continues with ensuring effective awareness and participation by the  
1625 client. It concludes with obtaining valid closure (regardless of the outcome of the case).

- 1626 [See Appendix 7–Homeopathic Case Management - dynamics of the case for details.](#)  
1627  
1628 1. Maintaining appropriate communication to clients both during consultations and  
1629 between follow-ups  
1630 2. Maintaining appropriate scheduling of follow-ups based on a strategy of  
1631 anticipated remedy action, prognosis, and the client’s needs  
1632 3. Ensuring, at each client contact, a thoughtful assessment of remedy action  
1633 4. Demonstrating knowledge of how to apply case evaluation concepts that include  
1634 simillimum, similar, layers, miasms, and zigzagging.  
1635 5. Demonstrating comprehension of each individual’s motivation and commitment  
1636 to homeopathic care and other factors which may affect client compliance and  
1637 the outcome.  
1638 6. Managing acute health problems that arise during chronic care.  
1639 7. Using intercurrent remedies (if appropriate to a case).  
1640 8. Assessing the value and limitations of medical reports in homeopathic case  
1641 management.  
1642 9. Demonstrating the ability to manage the cases of clients taking medications  
1643 (prescription or other).  
1644 10. Demonstrating familiarity with resources available to individuals to make  
1645 changes in their circumstances and lifestyles.  
1646 11. Demonstrating familiarity with appropriate ways to bring closure after a case  
1647 taking session to help the client and the practitioner to regain balance -  
1648 especially after an intensive interview.  
1649 12. Demonstrating proper therapeutic closure if a client is being referred to another  
1650 practitioner or there is termination of care, including a re-cap of what progress  
1651 has been made and clear recommendations to the client for further care.

1652  
1653 Management of case records  
1654

1655 How the case records are managed will be influenced by the license or regulations, if  
1656 any, under which each individual practices. At time of this writing, there was not  
1657 sufficient consensus to include a comprehensive discussion of case records as core  
1658 competencies in this document. The list below presents general issues with the  
1659 recognition that the competencies are not fully defined. See Appendix 7.

1660  
1661 [Appendix 7 – Homeopathic Case Management – Management of case records](#)  
1662

1663 Demonstrate appropriate management of case records:

- 1664 1. Confidentiality– Written case records (and any videos or other media) are  
1665 maintained in a safe and secure manner that precludes viewing or access by  
1666 anyone other than the practitioner (and, on a need to know basis, colleagues  
1667 who will be bound by duties of confidentiality).  
1668  
1669 2. Accuracy – Case records written in a chronological manner that fully and  
1670 understandably records all salient homeopathic information for each visit or

1671 conversation with a client as well as any other pertinent information or paperwork  
1672 provided by the client.

1673  
1674 3. Objective and Subjective Information – The homeopathic “data” for the case is  
1675 adequately recorded in a manner that is consistent with the way in which it is  
1676 expected that the case will be analyzed. The analysis is clear to a well informed  
1677 reader what homeopathic process was being followed. Ideally, information  
1678 relevant to other possible approaches to analyzing a case would be noted.  
1679 Case clearly differentiates subjective elements (personal observations and  
1680 perspectives) and objective elements (data collected by the homeopath or  
1681 others).

1682  
1683 4. Assessment and Plan – Assessment includes both the likely homeopathic  
1684 prognosis for the case, and, as appropriate, other considerations for the case.  
1685 The assessment includes a differential for several key homeopathic remedies  
1686 that were considered. The plan records which homeopathic remedy was chosen,  
1687 the potency, and the frequency for taking it. Plan includes any instructions,  
1688 cautions, requests, or other instructions given to the client. Plan includes an  
1689 interval after which a follow-up visit or report should be made by the client.  
1690 Longer term strategy for the case recorded (and subsequently updated) to  
1691 provide a means of tracking progress over time.

1692  
1693 5. Periodic review (audit) of case records conducted to ensure his or her personal  
1694 progress in maintaining good records and improving case management skills.

1695  
1696

## 1697 **EDUCATIONAL STANDARDS**

1698  
1699 Standards for education in case management may vary according to the teaching styles  
1700 and clinical mentoring styles of various homeopathic programs. However, the  
1701 educational standards below are met in an appropriate manner.

1702  
1703 1. The student shall read numerous well-respected homeopathic journals to  
1704 observe the manner in which cases are recorded, noting the highest standards of  
1705 accuracy, specificity, and comprehensiveness and the manner in which cases  
1706 are managed.

1707  
1708 2. During clinical training, the student shall receive mentoring that improves her or  
1709 his skills in case management. This includes client interactions, keeping  
1710 appropriate case records, managing the progress of cases, and ways to find  
1711 necessary information or assistance to achieve the best possible outcomes for  
1712 the client.

1713  
1714 3. The student shall have access to guidance on case management from respected  
1715 homeopathic authors and teachers.

- 1716 4. The education of the student examines the ways in which various analysis and  
 1717 case management approaches can require the gathering of different kinds of  
 1718 information.  
 1719
- 1720 5. The student must have sufficient opportunity to observe several experienced  
 1721 homeopaths managing cases, ideally in person as well as from cases on video  
 1722 (always subject to the permission of the client). In this aspect of the student's  
 1723 education, the mentoring homeopath shall elucidate the strengths and  
 1724 weaknesses of the way in which each case was managed, the ways in which the  
 1725 case management methods were adapted to the situation of the individual client,  
 1726 and other learning points.  
 1727
- 1728 6. Through reading and experience the student acquires a thorough understanding  
 1729 of the way in which case taking over a series of visits forms a fabric by which the  
 1730 success of a course of homeopathic care can be managed, and the course  
 1731 adjusted as necessary.  
 1732
- 1733 7. Although the types of records to be kept will vary depending on the practice style  
 1734 or licensing status for each individual, the student shall understand how a case  
 1735 should document appropriate references to medical information that is provided  
 1736 by or mentioned by the client.  
 1737

1738 By reading and observation, the student shall acquire sufficient understanding of the  
 1739 nature, individualization, sensitivity, confidentiality, and accurate recording of  
 1740 information that together form the basis for case management and, if appropriate,  
 1741 discussion of the case with other health-care professionals.  
 1742

1743 Programs will teach interpersonal skills necessary for case management:  
 1744

- 1745 1. Exercising perceptiveness in taking and following cases
- 1746 2. Practicing effective and attentive listening skills
- 1747 3. Practicing good observation skills
- 1748 4. Displaying open-mindedness
- 1749 5. Maintaining unconditional positive regard
- 1750 6. Employing appropriate, effective, and sensitive communication
- 1751 7. Managing the understandable concerns of a client who is not experiencing the  
 1752 level of results she or he had hoped for
- 1753 8. Maintaining appropriate aspects of the client confidentiality relationship in  
 1754 situations where consideration must be given to contacting outside parties (e.g.  
 1755 child protective services)
- 1756 9. Managing situational issues, such as forgetting to follow through on a task for  
 1757 which a commitment had been made to a client
- 1758 10. Collaborating with others including, health care professionals, clients, and  
 1759 families
- 1760 11. Displaying adeptness in dealing with clients who are unable or unwilling to pay.

1761 ***K. Intersection of Homeopathy with the Conventional Health Care***  
1762 ***System and CAM***  
1763

1764 The manner in which a professional homeopath interfaces with the conventional health  
1765 care system and other Complimentary and Alternative healthcare providers (CAM), may  
1766 vary greatly based on a number of factors, including: the extent to which the  
1767 conventional health care system or practice site is open to incorporating professional  
1768 homeopaths and other CAM practitioners; other training or health-related licensure held  
1769 by the professional homeopath; the range of clients or presenting problems the  
1770 professional homeopath serves; the chosen professional practice site of the practitioner;  
1771 and evolving national or state law impacting the practice of homeopathy. A professional  
1772 homeopath may work in private practice, in a conventional health care setting, in a  
1773 setting that integrates homeopathy or in a facility providing only homeopathic or CAM  
1774 services.

1775  
1776 In many cases, the professional homeopath will provide services to clients who are also  
1777 seeing other conventional health care or CAM practitioners. Professional homeopaths  
1778 who serve a wide range of clients have the knowledge, skills and attitudes needed to  
1779 establish effective relationships with other practitioners engaged in the client's care, to  
1780 the extent that the client authorizes such communication.

1781  
1782 The professional homeopath who is not a licensed health care practitioner with  
1783 prescribing privileges does not advise a client with regards to his or her prescription  
1784 medications or advise a client to alter any treatment. The professional homeopath refers  
1785 clients with questions or concerns about their conventional health care medications or  
1786 treatments back to the health care provider who prescribed them or to another similarly  
1787 qualified health care professional whom the client trusts.

1788  
1789 Regardless of practice site, clients may bring in, or refer to, their prescription drugs,  
1790 herbal medicines, and dietary supplements or ask about ones they have heard about or  
1791 read about. Homeopathic practitioners who work with a wide range of clients benefit  
1792 from being familiar with commonly prescribed medications and terminology relating to  
1793 prescription medication or CAM treatments. Professional homeopaths read labels and  
1794 research information on the therapeutic uses, side effects, typical adverse reactions,  
1795 drug interactions, possible contra-indications of medications being taken and be alert to  
1796 information that will assist or improve the homeopathic analysis or management of the  
1797 case.

1798  
1799 A homeopath views his/her work through the distinct paradigm of homeopathy while  
1800 being able to dialogue effectively with clients and health care practitioners who may  
1801 view and communicate about the case through the paradigm and language of  
1802 conventional medicine. Of particular importance is the ability of the professional  
1803 homeopath to educate clients about key principles of homeopathic philosophy as they  
1804 relate to ongoing decisions about case management.  
1805

1806 **SPECIFIC COMPETENCIES**

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The professional homeopath has the capacity to:

1. Recognize the signs and symptoms of common diseases encountered in his or her practice with an emphasis on assessing the depth of mistunement present in the case;
2. Distinguish between common symptoms of a given illness and those that are most useful for homeopathic prescribing;
3. Apply knowledge of conventional medical diagnoses to make safe decisions about the range of individuals he or she will accept as clients and identify when it would be appropriate to refer the client to a more experienced homeopath or conventional medical provider;
4. Identify signs and symptoms that may suggest a referral to emergency services or a conventional health care provider is needed; (See Signs and Symptoms Chart - Appendix 8)
5. Dialogue with clients and other practitioners about a client's conventional diagnosis and symptoms while maintaining a focus on viewing his or her work through the distinct paradigm of homeopathy;
6. Educate clients about the unique paradigm of homeopathy as needed to facilitate gathering information about the full range of the client's symptoms, explain the rationale for decisions regarding case management and assist the client in understanding the range and timeline of potential outcomes of homeopathic services;
7. Engage in case conferencing with conventional or CAM providers to the extent authorized by the client;
8. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;
9. Demonstrate familiarity with the purpose of common diagnostic and laboratory tests and be able to research other tests that a client undergoes in order to help guide homeopathic analysis and case management;
10. Recall the dangers and consequences of an individual's withdrawing from drugs and substances, both prescribed and self-administered and recognize the danger of interfering with regimes of prescribed medications;

- 1851 11. Refer a client with a question about a conventional medication or treatment back  
1852 to the provider who prescribed the medication or treatment or to an equally  
1853 qualified health care practitioner whom the client trusts;  
1854
- 1855 12. Discern when it is appropriate to make referrals to other CAM providers including  
1856 massage, body work, acupuncture, osteopathic, chiropractic care and other fields  
1857 present in the communities within which he or she practices;  
1858
- 1859 13. Demonstrate knowledge of the psychological and emotional functioning of  
1860 individuals and how this may affect their health and wellbeing, including:  
1861 a. Familiarity with the normal stages of child and adult development.  
1862 b. Familiarity with the normal stages of response to stressful life events (e.g.,  
1863 death and dying, child and adult responses to trauma).  
1864 c. An appreciation of the dynamics of family and other relationships and their  
1865 impact on the client's life circumstances and mental and physical health; and  
1866 d. Observe appropriate steps to comply with the legal status of homeopathic  
1867 practice in his or her jurisdiction and place of practice;  
1868
- 1869 14. Demonstrate knowledge of the structure and opportunities within Integrative  
1870 Health Care Practice. Demonstrate community service and leadership and  
1871 organizational and policy awareness to promote homeopathy as part of the  
1872 national healthcare landscape.

1873 [See Appendix 8 – Guidelines for Signs and Symptoms That May Suggest That a](#)  
1874 [Referral Is Appropriate](#)

1875

1876

## 1877 **EDUCATIONAL STANDARDS**

1878

1879 Homeopathy program curriculum provide the student with a model of the human being  
1880 in health and disease and address conventional health sciences including anatomy,  
1881 physiology, pathology and disease in the context of homeopathic philosophy, case  
1882 analysis and case management.

1883 The program shall impart knowledge of the current, developing and always evolving  
1884 healthcare landscape including a homeopath's place in Integrative Health Care  
1885 Practices.

1886

1887 The program shall prepare the student for relevant community service including  
1888 leadership roles. The program shall make students aware of the homeopathic  
1889 professions organizational structures, including relevant policy aspects with the aim of  
1890 teaching students how to promote homeopathy as part of the national healthcare  
1891 landscape.

1892

1893 The curriculum provides the student with ample opportunities to:

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1938
1. Reflect upon and define professional goals with regard to site of practice and foster the ability to make responsible decisions about the range of clients and presenting problems he or she will serve;
  2. Develop the observational and clinical judgment skills required to identify signs and symptoms requiring referral to emergency medical services, a conventional health care professional, to a more experienced homeopath or an appropriate CAM provider;
  3. Observe the work of experienced practitioners and develop their ability to Identify functional disorders and pathological processes of the human being with reference to disorders of the following systems:
    - a. integumentary (skin and connective tissues)
    - b. musculo-skeletal
    - c. gastrointestinal
    - d. respiratory
    - e. cardiovascular and hematological
    - f. immunological
    - g. reproductive (including obstetrics)
    - h. urinary
    - i. endocrine
    - j. neurological
    - k. special senses
    - l. mental and emotional
  4. Gather reliable information about prescription medications, supplements and herbal medicines with an emphasis on applying this information to homeopathic analysis or management of the case;
  5. Demonstrate the capacity to distinguish between common symptoms of disease and those symptoms that are most useful for identifying the homeopathic simillimum;
  6. Recognize significant deviations from normal psychological functioning and normal human development with an emphasis on recognizing symptoms most useful for identifying an effective homeopathic remedy and assessing client progress toward a greater sense of wellness;
  7. Effectively dialogue with conventional or CAM professionals engaged in the client's care, as authorized by the client;
  8. Practice educating clients about the unique paradigm of homeopathy especially as required to gather the full range of the client's symptoms, explain the rationale for decisions regarding case management and assisting the client in

- 1939 understanding the range and timeline of potential outcomes of homeopathic  
 1940 services;  
 1941  
 1942 9. Identify credible resources for learning about conventional medical diagnoses or  
 1943 treatments that a client reports, as needed to maximize communication with the  
 1944 client and make safe and appropriate decisions related to case management;  
 1945  
 1946 10. Practice responding appropriately to client questions or concerns about  
 1947 prescription medication of conventional treatments by referring the client back to  
 1948 the prescribing provider or a similarly qualified conventional health care provider;  
 1949  
 1950 11. Observe, refine and practice making sound case management decisions  
 1951 consistent with professional practice standards and the legal realities of the  
 1952 jurisdiction in which he or she is practicing.  
 1953

1954 ***L. Ethical and Professional Considerations for Homeopathic Practice***

1955  
 1956 Homeopathic practitioners demonstrate sufficient knowledge of, and act in accordance  
 1957 with a comprehensive code of ethics. Professional homeopaths are aware of national,  
 1958 provincial, state and local regulatory and legal oversight of their mode of practice and  
 1959 conduct their services in a manner that is within the regulatory framework.  
 1960

1961  
 1962 **COMPETENCIES**

1963  
 1964 The homeopathic practitioner demonstrates the ability to:

- 1965  
 1966 1. Practice with integrity and responsibility;;  
 1967 2. Promote the well being of clients;  
 1968 3. Obtain informed consent of the client, as appropriate;  
 1969 4. Encourage and participate in the development of understanding between  
 1970 colleagues;  
 1971 5. Distinguish between ethical and legal issues in a given case and use skill in working  
 1972 with both when these conflict.  
 1973

1974 The homeopathic practitioner demonstrates the ability to adhere to professional standards  
 1975 by:

- 1976  
 1977 1. Maintaining freedom from bias in all areas in order to ethically take cases;  
 1978  
 1979 2. Being alert to recognize when to refer to a different homeopathic practitioner  
 1980 when one cannot be unbiased;  
 1981  
 1982 3. Maintaining healthy senses and astute observation;

- 1983 4. Maintaining a well developed sense of professionalism;
- 1984
- 1985 5. Demonstrating ongoing professional, ethical interactions with clients, and
- 1986 collaboration with fellow homeopaths and other practitioners;
- 1987
- 1988 6. Maintaining awareness of state/provincial and national laws and regulations that
- 1989 apply to his/her mode of practice and taking steps to comply with them (to the
- 1990 greatest extent possible);
- 1991
- 1992 7. Refraining from misleading or false advertising to clients, including “guaranteeing
- 1993 a cure”;
- 1994
- 1995 8. Refraining from making medical diagnoses, unless licensed to do so.
- 1996
- 1997

**EDUCATIONAL STANDARDS**

The educational process prepares students to:

- 2001
- 2002 1. Explore, define and promote professional integrity
- 2003
- 2004 2. Understand how their personal ethical values can limit or support the successful
- 2005 practice of homeopathy
- 2006
- 2007 3. Establish their own personal code of ethics compatible with the code of ethics of
- 2008 the homeopathic profession and that of healthcare professions in general
- 2009
- 2010 4. Be able to set appropriate boundaries with clients that establish standards of
- 2011 behavior for the practitioner and for the client including, but not limited to,
- 2012 avoiding any form of sexual misconduct.
- 2013
- 2014 5. Establish appropriate ways to react to the awareness that a colleague may be
- 2015 impaired by alcohol, by substance abuse, or by inappropriate self-treatment,
- 2016 including appropriate ways to report such concerns
- 2017
- 2018 6. Establish appropriate ways to react to the apparent incompetence of a colleague
- 2019 or situations where a colleague may be practicing outside the scope of his or her
- 2020 legitimate scope of practice, including appropriate ways to report such concerns
- 2021
- 2022 7. Establish an understanding of how to distinguish between the professional and
- 2023 ethical aspects of a situation, when that is necessary
- 2024
- 2025 8. Develop a clear and objective understanding of the laws and regulations affecting
- 2026 homeopathic practice – including a historical perspective, the nature of medical
- 2027 practice statutes, the scope of practice for other healthcare professions, and

- 2028 specific national, state/provincial laws or regulations that either provide a basis  
2029 for homeopathic practice (including “health freedom” provisions) or that limit (or  
2030 even prohibit) homeopathic practice.  
2031  
2032 9. Safeguard client information including confidentiality and teaching use of cases  
2033  
2034 10. Appreciate and cultivate professional & collegial relationships and the boundaries  
2035 implicit in these.  
2036  
2037 11. Understand conflict of interest in terms of financial gain and appropriate  
2038 disclosure to clients, students, conferences and peers  
2039  
2040 12. Refraining from misleading or false advertising to clients, including “guaranteeing  
2041 a cure”  
2042  
2043 13. Refraining from making medical diagnoses, unless licensed to do so.  
2044

2045 **General Topics:**

- 2046 Prejudices  
2047 Confidentiality versus social and legal responsibility  
2048 Respect for life  
2049 Life and death issues  
2050 Client’s right of choice  
2051 Ethical conflicts  
2052 National and state/provincial legal issues  
2053 Ethical dilemmas regarding medical interventions: vaccination, abortion, organ transplants  
2054  
2055  
2056

2057 **PART II: PERSONAL & PROFESSIONAL DEVELOPMENT**

2058  
2059 Practitioner and practice development are essential components of a homeopathy  
2060 course curriculum. Their inclusion facilitates students in establishing and managing a  
2061 successful practice capable of meeting the diverse needs of their clients.  
2062

2063 Important areas to be covered as part of the curriculum are:

- 2064 1. Personal and professional development
- 2065 2. Practice management and running a business
- 2066 3. Practitioner and client relationship
- 2067 4. Practice promotion

2068  
2069 Students come to study homeopathy from a variety of personal and professional  
2070 backgrounds. In order to become a competent and successful homeopath, the student  
2071 needs to be prepared to combine studying, including clinical experience, with their  
2072 personal and professional development. Personal development is integral to an  
2073 effective homeopathy curriculum, and is also a lifelong process that fosters expertise in  
2074 identifying a client's individual healthcare needs. Students should also be aware of their  
2075 own emotional and physical needs, and be prepared to develop their reflective and  
2076 interpersonal communication skills. Ongoing supervision and an in-depth  
2077 comprehension of the importance of ethical practice are essential components of the  
2078 student's professional development. The following broad areas should form part of an  
2079 effective homeopathy curriculum.  
2080

2081 **Reflective skills, that include:**

- 2082 1. Critical analysis
- 2083 2. Assessment
- 2084 3. Observation, awareness and perception
- 2085 4. Research and problem solving
- 2086 5. Organizational skills
- 2087 6. Self-awareness and self-management
- 2088 7. Time management
- 2089 8. Decision making

2090  
2091 **Interpersonal and communication skills, that include:**

- 2092 1. Listening
- 2093 2. Speaking
- 2094 3. Presentation (written and non-written)
- 2095 4. Face-to-face communication
- 2096 5. Communication with clients, their families, healthcare professionals, colleagues,  
2097 media
- 2098 6. Awareness of non-verbal communication, body language, facial expression etc.

2099  
2100 **Personal development that includes:**

- 2101 1. Listening skills

- 2102 2. Empathy
- 2103 3. Trust
- 2104 4. Intuition
- 2105 5. Self-awareness
- 2106 6. Self-confidence
- 2107 7. Personal belief systems: e.g. awareness of attitude towards finances, failure,
- 2108 success
- 2109 8. Ethics

2110

**Personal health management, that includes:**

- 2112 1. Skills for practitioners preserving and promoting their own health, development
- 2113 and well-being
- 2114 2. Evaluating work / life balance
- 2115 3. Stress management
- 2116 4. Assertiveness
- 2117 5. Boundary setting, e.g. client-practitioner relationship, work hours, when to
- 2118 answer phone calls
- 2119 6. Identifying and developing individual and ongoing personal and professional
- 2120 support systems

2121

2122 Students should be encouraged to identify their individual strengths, weaknesses, and  
 2123 needs in relation to the above areas. They should also be required to prepare an action  
 2124 plan during the first year of study, which allows them to monitor and assess their own  
 2125 progress throughout their homeopathic education. Students need to be encouraged to  
 2126 consider and develop their own individuality as practitioners.

2127

2128 Approaching personal and professional development in a structured way enables the  
 2129 student to take on continuing personal and professional development (CPD) after  
 2130 graduation. This includes such issues as academic work, clinical supervision, multi-  
 2131 disciplinary collaboration, developing a private practice and mastery of homeopathy  
 2132 skills.

2133

**Practice management and running a business**

2134 Managing a practice well is an essential component for the foundation of a successful  
 2135 career in homeopathy. Homeopathy courses should enable students to develop those  
 2136 skills that will result in the establishment of a professional, effective and financially  
 2137 viable practice. To ensure the necessary skills for building and maintaining a successful  
 2138 practice, the following areas need to be considered.

2140

**Regulatory issues that include:**

- 2142 1. National and local legislation relating to the practice of a healthcare profession
- 2143 2. Tax reports / returns, obligatory taxes and V.A.T (Value Added Tax)
- 2144 3. Recording income and expenses, and managing bank accounts
- 2145 4. National and local insurance requirements for a practitioner and health insurance
- 2146 schemes for clients

- 2147 5. Registering with a professional association: For many potential clients a
- 2148 professional association is the first point of contact in looking for a competent
- 2149 homeopath
- 2150 6. Confidentiality issues and awareness of disclosure legislation; i.e. situations in
- 2151 which client information must be passed on to another party
- 2152 7. National requirements for the maintenance, retention and destruction of client
- 2153 records
- 2154 8. Awareness of the national requirements for pension contributions and the
- 2155 personal implications of planning for retirement provision
- 2156 9. Awareness of national legislation
- 2157

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

- 2159 1. Choosing suitable premises with regard to the physical design of the practice
- 2160 (e.g. with regard to access for the disabled)
- 2161 2. Awareness of confidentiality issues
- 2162 3. Deciding hours, availability and appropriate coverage during times of
- 2163 unavailability (A homeopath should specify the hours when she/he is available
- 2164 and maintain a healthy balance between work and free time.)
- 2165 4. Managing phone calls, answer phone messages, etc.
- 2166 5. Setting fees appropriate to local conditions and making it clear which services
- 2167 are covered by the fees. There should be clarity regarding the costs for an initial
- 2168 consultation and for subsequent appointments, including discounts where
- 2169 appropriate
- 2170 6. The preparation of a business plan (regularly monitored) including the amount of
- 2171 client fees, costs, salary expectations, etc. This will help students to better
- 2172 understand the functioning of a small business
- 2173 7. Record keeping including case notes, remedies considered and selected,
- 2174 appointments, etc.
- 2175 8. Create client referrals and a network for reciprocal referrals: other homeopaths,
- 2176 therapists, doctors, healthcare professionals, homeopathic pharmacies
- 2177 9. Clinical audit / practice audit: Clinic and practice audit skills enable the
- 2178 homeopath to evaluate the effectiveness of their practice. This also helps to build
- 2179 a body of knowledge that can be used for research purposes and for sharing
- 2180 information with peers
- 2181 10. Advertising, including business cards and targeted advertising, flyers, listings in
- 2182 printed or web based directories, local radio stations and newspapers, personal
- 2183 website, social media, and other web based promotion
- 2184

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

- 2186 1. Planning a weekly schedule: planning time for clients and case analysis, setting
- 2187 client telephone times, sending out remedies, personal supervision, case
- 2188 support, etc.
- 2189 2. Ability to differentiate clients' demands on time, to give priority where appropriate
- 2190 and to have clear professional boundaries.
- 2191

2192 **Electronic and Data Management, including:**

- 2193 1. Data protection legal requirements  
2194 (Homeopaths need to be aware of national and international legislation  
2195 concerning the electronic filing of information.)  
2196 2. Homeopathic software  
2197 (Schools should provide the opportunity for students to become familiar with the  
2198 various homeopathic software programs available.)  
2199 3. Backing up data  
2200 (It is good risk management to do regular backups and to consider alternatives  
2201 for safe storage [especially off-site].)  
2202

2203 **Practitioner and Client Relationship**

2204 Homeopathic courses should develop the student's professionalism by providing  
2205 opportunities to discuss and rehearse the following:

- 2206 1. Booking the appointment.  
2207 2. Managing the first contact (either through the practitioner or a receptionist).  
2208 Clients should feel safe and motivated to commit to a course of homeopathic  
2209 care.  
2210 3. The practitioner needs to succinctly describe the framework of their practice such  
2211 as when they see people for follow-ups, how they stay in touch in between  
2212 appointments, costs, a description of the homeopathic interview, and clarification  
2213 of the client's current understanding of the homeopathic process.  
2214 4. Discuss ways to encourage clients to follow through with homeopathic care.  
2215 5. Explore ways in which to advise and support clients with changing a maintaining  
2216 cause that is a significant aspect of their current lifestyle.  
2217 6. Determine when and how to involve other persons, such as family or other  
2218 healthcare professionals.  
2219 7. Explain to clients that homeopathy is a holistic system of medicine which may be  
2220 an appropriate option for future complaints.  
2221 8. Encourage accurate evaluation of progress from the client's perspective.  
2222 9. Clients may look for advice for a variety of concerns. Homeopaths need to  
2223 provide clients with information in order to help them make their own informed  
2224 decisions on wider healthcare and personal welfare issues.  
2225

2226 **Practice Promotion**

2227 Practice promotion is a crucial skill for the newly qualified homeopath to develop. It is an  
2228 ongoing process that should be commenced during study years, and then applied while  
2229 working as a homeopath. Homeopaths do not practice in isolation; they are part of a  
2230 wider professional community, and many client referrals come as a result of personal  
2231 recommendation. It is therefore important to help each student to define how they want  
2232 to promote themselves and their practice.  
2233

2234 It is recommended that students consider the following in order to identify their practice  
2235 preferences:  
2236

- 2237 1. What are your individual characteristics as a homeopath? What makes you  
2238 special?  
2239 2. What motivates you to be a homeopath?  
2240 3. Would you like to work as a sole practitioner or be part of a group practice or  
2241 multi disciplinary practice?  
2242 4. Would you like to specialize and work with a specific group of clients?  
2243 5. What kind of homeopath would you like to be for your clients?  
2244

2245 Providing excellent service and getting consistently good clinical results is the single  
2246 most important factor in generating referrals. With this in mind, course providers should  
2247 include the following subjects that are valuable in practice promotion:

- 2248 1. Research how homeopaths and other healthcare professionals promote their  
2249 practices  
2250 2. Learn how to create a referral network that should include other homeopaths,  
2251 therapists, doctors, healthcare professionals, pharmacies etc.  
2252 3. Develop effective presentation skills in order to deliver introductory talks and  
2253 courses on homeopathy  
2254 4. Contact well-respected homeopathic pharmacies for handouts for lectures, as  
2255 well as:  
2256 a. Present local workshops in order to promote yourself and homeopathy  
2257 b. Offer lectures to general public, health professionals, and client groups at  
2258 health food stores, libraries, and other facilities.  
2259 c. Taking a stall at health event  
2260 d. Creating own handouts for distribution during lectures  
2261 e. Creating a logo which reflects your individuality as a homeopath  
2262 f. Make effective use of internet based resources  
2263 g. Approach local media resources such as radio stations and newspapers,  
2264 offering to provide interviews and/or written articles  
2265

## 2266 **STANDARDS FOR CONTINUING PROFESSIONAL DEVELOPMENT**

2267 In the ever evolving and developing world of homeopathy it is important that  
2268 practitioners continue to nourish and be responsible for their continued professional and  
2269 personal development. Continued professional development is an ongoing process of  
2270 reinforcing, enhancing and extending one's existing understanding, knowledge, skills  
2271 and competencies. Also, a homeopathic professional should support the importance  
2272 and value of taking leadership roles in the socio-political dimensions of the homeopathic  
2273 profession as an integral part of professional responsibility.  
2274

2275 There are numerous professional development activities ranging from structured to  
2276 unstructured ones. For example:

- 2277 1. Attending conferences, courses, seminars, and workshops including:  
2278 a. (e-learning, distance learning)  
2279 b. Videoconferencing  
2280  
2281

- 2282 2. Self –directed learning
- 2283 3. Peer learning/development groups
- 2284 4. Working groups/Collaboration
- 2285 5. Supervision/mentoring
- 2286 6. Clinical Audit
- 2287 7. Teaching, Coaching
- 2288 8. Research
- 2289 9. Case studies and presentations
- 2290 10. Publication of professional articles
- 2291 11. Investigating numerous approaches to homeopathic care
- 2292 12. Reflection
- 2293 13. Awareness of the importance of lifelong learning in the service of one’s practice  
2294 and the homeopathic community.
- 2295 14. Building a well developed sense of professionalism.

2296

2297 Professional Involvement

- 2298 1. Participation in professional association organizing
- 2299 2. Advocacy for homeopathy
- 2300 3. Volunteer work in homeopathy

2301

2302 Statutory and regulatory requirements to maintain membership with professional  
2303 organizations differ. At a minimum, professional homeopaths complete sufficient  
2304 continuing professional development activities to meet the requirements of  
2305 organizations that have granted them certification or of associations to which they  
2306 belong.

2307

2308 Source: ECCH Guidelines, 2011: Practitioner and Practice Development

2309

2310

2311 **PART III: CLINICAL TRAINING**

2312

2313 Comprehensive clinical education and training is an essential requirement in the  
2314 education of homeopaths. While much homeopathic theory, history and materia medica  
2315 can be learned from books, it is only possible to gain clinical competence with practical  
2316 clinical training and experience.

2317

2318 Clinical training is an essential requirement of homeopathic education and should be  
2319 included as an integral part of a homeopathic teaching program, ideally running  
2320 concurrently with theoretical studies at appropriate stages. In order to gain competence  
2321 and confidence, the student takes part in the practical experience of clinical case taking  
2322 and case management.

2323 Clinical training should include the art of listening without prejudice or interpretation of  
2324 the client’s words, as well as observation and gaining an understanding of the client as  
2325 a whole. The skills and attitudes needed in order to be a proficient homeopath are  
2326 acquired by practicing them rigorously over time.

2327 **COMPETENCIES**

- 2328
- 2329 1. Demonstrate adherence to the theories, principles, and methods put forth by
- 2330 Hahnemann and other respected homeopaths in their various writings.
- 2331
- 2332 2. Demonstrate the ability to discern the direction of case progress and related
- 2333 aspects of homeopathic philosophy as enumerated by authors recognized by the
- 2334 global homeopathic community.
- 2335
- 2336 3. Recognize the importance of undergoing a qualified homeopathic care in order
- 2337 to appreciate the role of the client, understand the action of remedies and to have
- 2338 direct experience of case taking.
- 2339
- 2340 4. Understand and adhere to the current National Occupational Standards (where
- 2341 available) and the professional association's Code of Ethics. Adheres to
- 2342 standards and ethics in the management of live cases.
- 2343
- 2344 5. Perform homeopathic case taking, case analysis, and case management as
- 2345 outlined in relevant sections above.
- 2346
- 2347 6. Conduct oneself in a professional and respectful manner; create and establish an
- 2348 atmosphere that is conducive to mutual respect and open communication.
- 2349
- 2350 7. Maintain confidentiality / demonstrate knowledge of confidentiality standards
- 2351
- 2352 8. Employ personal coping strategies to cope with unexpected/uncomfortable
- 2353 events
- 2354

2355 Being a Homeopathic Provider requires competency in the safe administration of

2356 homeopathic remedies, including the safety of both the client and the homeopath. The

2357 practitioner also has the ability to manage the clinical case using clinical skills.

2358

2359 Necessary competencies include:

2360

- 2361 1. Demonstration of appropriate use of referrals for emergency care, medical
- 2362 evaluation, acupuncture, osteopathic or chiropractic care and other types of
- 2363 evaluation and treatment.
- 2364
- 2365 2. Demonstration of appropriate use of supervision and homeopathic consultation.
- 2366 3. The ability to use feedback from others, including clients and colleagues.
- 2367
- 2368 4. Recognition of maintaining effective collaborative relationships.
- 2369
- 2370 5. The ability to engage in self-evaluation.
- 2371

- 2372 6. The ability to access and integrate new information to assist in decision-making.  
2373  
2374 7. The ability to use research, including provings, audits and case studies, to plan  
2375 implement and critically evaluate concepts and strategies leading to  
2376 improvements in care.  
2377  
2378 8. The ability to critically evaluate professional knowledge, legislation, policy and  
2379 research in order to refine clinical practice.  
2380  
2381 9. The ability to predict the development and limit the effect of difficult situations in  
2382 clinical practice.  
2383  
2384

## 2385 **EDUCATIONAL STANDARDS**

2386  
2387 Clinical training is an essential element of homeopathic education and it is included as a  
2388 main focus of a homeopathic teaching program, ideally running concurrently with  
2389 theoretical studies throughout the entire course. In order to gain competence and  
2390 confidence, the student shall take part in the practical experience of clinical case taking  
2391 and case management.  
2392

2393 The program provides a clinical education program of sufficient volume, variety, and  
2394 quality to fulfill its educational purposes. The number of clinical supervisors is sufficient  
2395 to ensure effective instruction of and safe practice by interns. Student interns receive  
2396 training from a variety of clinical faculty members.  
2397

2398 The skills and attitudes needed in order to be a proficient homeopath are acquired by  
2399 practicing them rigorously over time. The educational program engages students and  
2400 prepares the professional homeopath to:  
2401

- 2402 1. Follow standards for ethics, collegiality, client relations  
2403  
2404 2. Maintain a professional demeanor – conducts oneself in a professional manner  
2405 while performing duties as homeopath  
2406  
2407 3. Maintain consistent, clear, closed records  
2408  
2409 4. Follow a clear process for clients regarding intake, contacting people and  
2410 ongoing contact  
2411  
2412 5. Follow a standard process to obtain informed consent  
2413  
2414 6. Have a clear understanding of the following roles – student, administrator,  
2415 supervisor  
2416

- 2417 7. Maintain a productive relationship between student and supervisor –  
 2418 clear/appropriate expectations, boundaries  
 2419  
 2420 8. Follow established grievance processes (students and clients)  
 2421  
 2422 9. Be involved in entire process of cases (continuity of care)  
 2423  
 2424 10. Move through stages from observation through groups to independent work  
 2425  
 2426 11. Ensure cases are screened appropriately for the school clinic setting  
 2427  
 2428 12. Ensure students have a variety of cases – age, condition, etc.  
 2429  
 2430 13. Conduct a clinical audit of cases  
 2431

2432 Preferably, a training course should be able to offer 2 main strands:  
 2433

- 2434 1. Clinical training in class - giving students opportunities to observe an  
 2435 experienced clinician carrying out consultations with clients, including  
 2436 opportunities to discuss any central and arising issues  
 2437  
 2438 2. Clinical training in smaller groups and one-on-one with a clinical training  
 2439 supervisor, where the student is in the clinician role.  
 2440

2441 Many courses include video cases and/or live cases from the beginning of the  
 2442 education. Practitioners are required to practice various aspects of case taking,  
 2443 analysis, and management on a regular basis with increasing levels of complexity and  
 2444 increasing degrees of autonomy. Reflective processes and regular supervision with  
 2445 appropriate feedback are important tools to ensure continuous honing of these skills.  
 2446

2447 While providing the best learning opportunities for students, it is imperative that course  
 2448 providers carefully consider the responsibility to the clients throughout any and all  
 2449 stages of clinical training. This includes client confidentiality issues, continuity of case  
 2450 management, and ensuring that high-quality care is given at all times.  
 2451

2452 **Objectives**

- 2453 1. To acquire the knowledge, practical skills and professional ethics and attitudes  
 2454 essential to clinical practice  
 2455 2. To gain experience in the application and integration of all course components  
 2456 3. To acquire the knowledge and skills needed in order to consider different  
 2457 approaches and strategies adopted by experienced homeopaths  
 2458 4. To establish an individual, flexible framework within which to develop a personal  
 2459 but effective approach to case work  
 2460 5. To learn how to record clinical data and participate in clinical research and audit

- 2461 6. To devise personal coping strategies in response to unexpected reactions,  
2462 demands and expectations of clients  
2463 7. To provide a pool of professional experiences to be shared with future  
2464 professional colleagues or to be used as teaching material  
2465 8. To learn how to respond in practice to ethical issues, both during and after the  
2466 clinical intervention  
2467

### 2468 **Clinical settings**

2469 Clinical education will be most effective if it can be delivered in a variety of  
2470 settings and cover a wide range of issues. For example:

- 2471 1. Guided and structured observation and analysis of:  
2472 a. Experienced practitioners working live in a clinical setting  
2473 b. Video relay of practitioners or practitioners taking live cases  
2474 c. Video recordings of experienced practitioners working  
2475  
2476 2. Case taking and case management under supervision of experienced  
2477 homeopaths:  
  
2478 a. Individually (preceptorship)  
2479 b. In a group with peer supervision  
2480 c. Analysis of real and simulated client-practitioner interactions within  
2481 a group setting  
2482  
2483 3. Management of clients with potentially life threatening conditions  
2484  
2485 4. Hospital training with in-clients (where possible)  
2486  
2487 5. Clinical audit  
2488

2489 In addition to all other clinical casework that is done during the course, students should  
2490 have been actively involved in the supervised case taking and case management of a  
2491 minimum of 30 clients, covering a range of conditions over a number of consultations  
2492 before becoming qualified practitioners. The student should have been the primary case  
2493 taker in at least 1/3 of the cases seen.  
2494

2495 It is essential that students have the opportunity to *practice* independent case taking  
2496 repeatedly in order to develop their own skills and attitudes. While video cases provide  
2497 a tool which allows students to observe the dynamics between practitioner and client,  
2498 they cannot replace actual experience with clients.

2499 Students should submit comprehensive case studies (case analysis, rubrics and  
2500 repertorization, remedy differentiation, remedies selected and response thereto) each  
2501 including at least two, follow-up visits for each individual client.  
2502

2503 Where possible, it is advisable that student and supervisor be in the same room as the  
2504 client so that the supervisor can observe the dynamics of case taking by the student  
2505 and provide guidance as necessary. Another option is to follow the practitioner’s case  
2506 taking via close circuit TV or one-way mirror, etc.

2507  
2508 Including clinical training throughout the homeopathic teaching program will enable the  
2509 student to develop into a proficient, safe, confident and competent homeopathic  
2510 practitioner.

2511  
2512  
2513

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2515

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2529

## **PART IV: ELECTRONIC AND DISTANCE LEARNING**

### **Introduction**

The development of information technology (IT) has made it possible to deliver education from anywhere in the world, and has opened the way for a variety of possible teaching methods to be employed (Biggs 2003, Garrison & Anderson 2003). This flexibility of teaching approaches can also be applied to the education of homeopaths. The terms e-learning, distance learning, web-based learning and online learning have different definitions, and are often confused with each other.

In order to establish adequate and appropriate learning approaches in e-learning and distance learning programs, it is important to thoroughly understand the distinctive characteristics of each individual concept. This includes exploring and evaluating alternative approaches, selecting the best solutions, and promoting effective learning practices (Tsai S. et al. 2008). E-learning is usually associated with web-based learning which uses web-browser technology, normally delivered via the internet or intranets (Collison et al. 2000, Driscoll 2002, Hall 1997, Horton 2000, Khan 2001, Rosenberg 2000). According to Schank (2001) "Learning activities involving computer networks are usually referred to as 'e-learning', however e-learning is not exclusive to distance learning."

The concept of online learning pre-dates the appearance of the World Wide Web, but in current times online learning usually refers to materials delivered over the internet or intranets (Malopinsky et al. 2000, Schank 2001, PBS 2001.) Learning focus has now moved from how teachers teach, to an emphasis on how students learn. This commonly involves the development of different learning methods such as problem-based learning, resource-based learning, student centered learning and e-learning (Gibbs 2003). It is important to be aware that the quality of teaching and learning may be affected by a "virtual learning environment" (Biggs 2003)

The primary characteristic of the learning activity differentiates between each of the following concepts: Web-based learning, online learning and distance learning. Intensive use of the defining feature is required. Incidental or occasional use of a characteristic feature is not sufficient to qualify for a certain type of learning. Ideally concepts and methods are merged to facilitate broader learning and accommodate ethical concerns.

### **E-Learning – Technology/Resources and Pedagogies**

E-learning assists in the positive development of project-orientated problem based learning (PBL) as well as developing flexible learning formats (Bienzle 2008). E-learning contributes to the development of quality learning by enabling process orientated

2573 teaching methods. The interests and motives students bring with them from their spare  
2574 time, study and/or work life may become the building blocks for teaching and learning  
2575 processes applied in virtual project and group work (Biggs 2003, Georgsen &  
2576 Bennedsen 2004, Palloff & Pratt 1999).

2577  
2578 Because an e-learning course is based on open learning processes, the student takes  
2579 primary responsibility for their own learning. Online tutorials can serve as an aid to keep  
2580 track of the learning process, and the student is expected to study written material and  
2581 keep up to date with the material published on the teaching site (Georgsen &  
2582 Bennedsen 2004). The student should be supported in their ongoing learning process,  
2583 with the aim of encouraging continuation of learning and a sense of belonging.

2584  
2585 Whenever possible, the choice of e-learning tools should reflect, rather than determine,  
2586 the pedagogy of a course. However, as a general rule, how the student uses the  
2587 technology is more important than which technology they use (Nichols 2008).

2588  
2589 E-learning is a means to education, and can be applied to varying pedagogies. (Thorpe  
2590 2002). Weller (2002) lists the following pedagogies:

- 2591  
2592 1. constructivism  
2593 2. resource-based learning  
2594 3. collaborative learning  
2595 4. problem-based learning  
2596 5. narrative-based teaching  
2597 6. situated learning

2598  
2599 Technology is a neutral learning tool because it can support any and all of the  
2600 pedagogies listed above. Educational technology (ET) and information technology (IT)  
2601 are different approaches to virtual learning. ET has great potential in helping achieve  
2602 educational aims and objectives: in managing learning, in engaging students in  
2603 appropriate learning activities, in assessing learning and in enabling off-campus learning  
2604 (Biggs 2003).

2605  
2606 The benefit of e-learning requires significant up-front investment. However, substantial  
2607 gains in student outcomes and efficiency can result directly from e-learning  
2608 interventions. These interventions have varying degrees of the following six key  
2609 characteristics (Twigg 2003):

- 2610  
2611 1. Whole course/program redesign (to remove duplication of effort and to ensure  
2612 consistency).  
2613 2. Active learning (focusing students on doing).  
2614 3. Computer-based learning resources (including online exercises and low stakes  
2615 quizzes).  
2616 4. Mastery learning (modular, self-paced course design with clear learning  
2617 objectives).

- 2618 5. On-demand help (crucial for student satisfaction).  
2619 6. Alternative staffing (through specialization, freeing academics to concentrate on  
2620 teaching).

2621  
2622 Training in homeopathy taught via an e-learning model must facilitate basic training in  
2623 the subjects advised elsewhere in these guidelines, Students can attain encouraging  
2624 evidential benefits from learning via an e-learning model, but ethical issues in relation to  
2625 clinical training and live cases, must be considered. Much technology provided by  
2626 professionals does have features which support confidentiality. However, emphasis on  
2627 engagement with the client-practitioner relationship, and development of personal and  
2628 professional skills, will require live clinics and supervision where practical, so that  
2629 students can obtain the objectives and learning outcomes of clinical training.

2630  
2631 Although these skills are more usually associated with classroom teaching, they can  
2632 also be achieved in an e-learning setting. The virtual teaching room is well suited for  
2633 student engagement, and part of the teaching strategy are to have group presentations,  
2634 which is weighed with a considerable percentage of the assessment strategy.

2635  
2636 E-learning is project oriented and resembles varieties of problem-based learning. It is  
2637 easy for students to access resources and build on each others' online resources.  
2638 Students develop easily and become more critical, more active and more constructive.  
2639 Because the students are more active, the quality of learning becomes much higher,  
2640 (Georgsen & Bennedsen 2004).

2641  
2642 There are high expectations of the quality of student presentation material. Because of  
2643 the high standard expected, it can be justified that group work covers 25 percent of the  
2644 total assessment. All learners in a group are able to profit from the tabling of similar or  
2645 thoughtfully contrasting examples, which had been encountered by their peers, which is  
2646 why the students can be asked to make presentations on the same topic (Cowan 2006).

2647  
2648 Kolb's expanded learning cycle (1984) of Concrete Experience, Reflective Observation,  
2649 Abstract Conceptualisation and Active Experimentation is suited for homeopathy  
2650 teaching, especially clinical training, as it forms itself around these concepts and is  
2651 easily applied using the e-learning model.

## 2652 2653 **Assessment for E-learning**

2654  
2655 Educational technology can be used for designing both summative and formative  
2656 assessment. The assessments equivalent of a bachelor degree level, and a variety of  
2657 other assessment methods, are available to be used by course providers according to  
2658 preference (Biggs 2003).

2659  
2660 The European Credit Transfer and Accumulation System (ECTS) is a standard for  
2661 comparing the study attainment and performance of students of higher education across  
2662 the European Union and other collaborating European countries. The ECTS point

2663 system, as recommended by the Bologna Declaration, is the most appropriate  
2664 framework for assessing the quality of the student's learned skills. The old system of  
2665 accrediting learning according to contact hours is not applicable with e-learning as very  
2666 few contact hours are needed to obtain quality learning. The main objective is to assess  
2667 the student's progress, skills and standard attained, all of which should reflect the topics  
2668 of the guided learning for each module.

2669

2670 **Source:** ECCH document; E-Learning section

2671 **APPENDICES**

2672 ***Appendix 1 - Initial CHE-sponsored Summit in 2000***

2673 [Return to See Appendix 1 in text](#)

2674 As mentioned in the INTRODUCTION, this document revises and updates a similar  
2675 document that was issued following a meeting on January 28-30, 2000 of invited  
2676 representatives of key homeopathic organizations in the United States.

2677  
2678 The Accreditation Commission for Homeopathic Education in North America (CHE), with  
2679 the support of the Homeopathic Community Council (HCC), held a Summit Meeting in  
2680 2000 for invited representatives of key homeopathic organizations. The Accreditation  
2681 Commission for Homeopathic Education in North America was founded in 1982 with the  
2682 mission to accredit homeopathic schools and educational programs. In 1999, the CHE  
2683 identified the establishment of consensus on standards and competencies for  
2684 homeopathic education as a priority necessary to achieve its mission. Also, the  
2685 accreditation of educational institutions, which the CHE conducts, is a vital element in  
2686 the development and recognition of homeopathy as a profession.

2687  
2688 The intention of the Summit in 2000 was to develop an initial consensus on the  
2689 homeopathic and medical competencies and standards necessary for the practice of  
2690 homeopathy in North America. The draft document from the original Summit was  
2691 circulated to the North American homeopathic community for comment and review. In  
2692 2001, a document representing the final version of these competencies and standards  
2693 was issued.

2694  
2695 ORGANIZATIONS invited to send representatives to the first summit in 2000 included:

- 2696  
2697 American Association of Homeopathic Pharmacies (AAHP)  
2698 American Board of Homeotherapeutics (ABHT)  
2699 American Institute of Homeopathy (AIH)  
2700 Council for Homeopathic Certification (CHC)  
2701 Accreditation Commission for Homeopathic Education in North America (CHE)  
2702 Homeopathic Association of Naturopathic Physicians (HANP)  
2703 Homeopathic Community Council (HCC)  
2704 Homeopathic Nurses Association (HNA)  
2705 Homeopathic Pharmaceutical Association (HPhA)  
2706 National Board of Homeopathic Examiners (NBHE)  
2707 National Center for Homeopathy (NCH)  
2708 North American Society of Homeopaths (NASH)

2709  
2710  
2711  
2712

2713 LIST OF ATTENDEES  
2714  
2715 Edward Chapman, MD, DHt, Summit Chair  
2716 President, CHE; Treasurer, HCC; Trustee, AIH; Primary Care Coordinator, ABHT  
2717 Peggy Chipkin, FNP, CCH  
2718 Board, CHC; Board, HCC; Member, HNA  
2719 Jane Chicchetti, RSHom (NA)  
2720 Member, NASH Schools Committee; Board, CHE (representing NASH)  
2721 (Resigned prior to draft of final documents)  
2722 Joyce Frye, DO, MBA  
2723 President, NCH; First Vice President, AIH  
2724 Kathy Lukas  
2725 Secretary, CHE  
2726 Christopher Phillips, CCH  
2727 Board, CHE (representing CHC)  
2728 Richard Pitt, RSHom, CCH  
2729 President, CHC  
2730 Josette Polzella  
2731 Treasurer, CHE  
2732 Iris Hagen Ratowsky, RSHom (NA), CCH  
2733 Registrar, NASH; Board, CCH  
2734 Caroline Rider, JD  
2735 Associate Professor of Management and Chair of the Department of  
2736 Management, School of Management, Marist College, Poughkeepsie, N.Y.  
2737 Todd Rowe, MD, MD(H), CCH, DHt  
2738 Vice President, NCH; Board, CHC; Board, CHE  
2739

2740 “INTRODUCTION” FROM THE ORIGINAL SUMMIT DOCUMENT

2741  
2742 The Council for Homeopathic Education (CHE), with the support of the Homeopathic  
2743 Community Council (HCC), held a Summit Meeting of invited representatives of key  
2744 homeopathic organizations on January 28-30, 2000. The intention of this Summit was to  
2745 achieve consensus on the homeopathic and medical competencies and standards  
2746 necessary for the practice of homeopathy in North America. The draft document was  
2747 circulated to the North American homeopathic community for comment and review. This  
2748 document represents the final version of these competencies and standards.

2749  
2750 The Council for Homeopathic Education was founded in 1982 with the mission to  
2751 accredit homeopathic schools and educational programs. In 1999, the CHE identified  
2752 the establishment of consensus on standards and competencies as a priority necessary  
2753 to achieve its mission. Accreditation of educational institutions is a function vital to the  
2754 development and recognition of homeopathy as a healthcare profession.

2755  
2756 Homeopathy is currently utilized by a wide variety of healthcare practitioners in the  
2757 United States and Canada. The political-legal environment in which homeopathy is  
2758 practiced is in a state of evolution. This complexity makes the job of the CHE a  
2759 complicated task – one of identifying the core competencies and standards to which  
2760 schools prepare students. It is a task that must be undertaken with sensitivity to many  
2761 perspectives and awareness that healthcare in the North America is heading rapidly  
2762 toward new potentials.

2763  
2764 The Summit group outlined homeopathic and medical standards and competencies. We  
2765 recognize that the means of acquiring these competencies will vary from formal  
2766 instruction, to self-study, to clinical supervision. Actually the ideal training process  
2767 includes all three of these elements. The important thing is that the instruction be based  
2768 on definable standards and that homeopaths are capable of demonstrating these  
2769 competencies and proficiencies by the standardized measurements utilized by  
2770 certification boards.

2771  
2772 This document (*the original standards and competencies document*) was distributed to  
2773 the North American homeopathic community for public comment in the winter of 2000. It  
2774 has been through a series of revisions and reflects commentary from many  
2775 organizations, schools and individuals within the homeopathic community. We wish to  
2776 thank all of the individuals and organizations that participated in the public commentary.

2777  
2778 One positive outcome of the Summit process was the high degree of consensus among  
2779 participants representing diverse segments of the homeopathic community, including  
2780 practitioners with and without medical licenses. We believe this heartening outcome is a  
2781 good omen of a future of creative harmony within the homeopathic profession.

2782  
2783 Statements presented in these documents represent consensus, unless otherwise  
2784 indicated. For those points on which we were unable to agree, we have set forth the

2785 arguments for and against so that the larger homeopathic community can make its  
2786 decision. In fact there were only two such points.

2787  
2788 One area of divergence was whether it was necessary to describe models under which  
2789 homeopaths do or could practice. Some felt this description contributed context and  
2790 substance to the discussion of standards; others felt including this was unnecessary  
2791 and even ill advised at this time. There was also debate about the validity of models  
2792 themselves. Ultimately, it was determined to adopt the model that reflects the reality of  
2793 practice for the majority of homeopathic practitioners in North America.

2794 Second, practitioners have a preference for either the word “client” or the word “patient.”  
2795 In drafting this document, we choose one for the sake of simplicity. We used “client” as  
2796 a neutral word referring to anyone who seeks homeopathic care.

2797  
2798 The Summit process was immeasurably assisted by the monumental efforts of our  
2799 professional colleagues, national and international, who, preceding us, spent many  
2800 hours considering, deliberating and publishing their thoughts on these issues. The  
2801 documents to which we regularly referred are listed in the Selected Bibliography.

2802  
2803 Consensus on standards for classical homeopathic practice will have important  
2804 implications and benefits for the interdependent components of the homeopathic  
2805 community—schools, accreditation organizations, certification boards and professional  
2806 organizations. Indeed, we hope these standards lay the groundwork for the recognition  
2807 of an independent profession of classical homeopathy in the United States.

2808  
2809 Summit participants felt that formalizing the homeopathic and medical requirements for  
2810 the professional practice of homeopathy will lead to greater unity in the profession. This  
2811 was already the case within the Summit group, who were able to agree, not only on  
2812 homeopathic competencies, but on medical competencies as well. While this unity can  
2813 help propel homeopathy into the mainstream, it will be possible only as long as the  
2814 principles of classical homeopathy are honored in the process.

2815  
2816 We submit these documents to the North American homeopathic community with the  
2817 hope that the standards described will become a powerful tool in further strengthening  
2818 the homeopathic profession. These standards represent a beginning. We fully expect  
2819 that given the evolution of homeopathy and the profession the standards will need  
2820 periodic revision. To that end the CHE (\*) will convene another summit to review these  
2821 documents within seven to ten years.

2822 (\*Now ACHENA)

2823  
2824

2825 BIBLIOGRAPHY OF REFERENCE DOCUMENTS FOR INITIAL STANDARDS &  
2826 COMPETENCIES DOCUMENT

- 2827
- 2828 1. Commission on Accreditation of Allied Health Education Programs, "Standards and  
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2853

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2870 **Appendix 2 - Canadian & US Homeopathic Standards Summit in 2010**

2871 [Return to See Appendix 2 in text](#)

2872 LIST OF VOTING ORGANIZATIONS AND ATTENDEES

2873	Academy of Veterinary Homeopathy (AVH)	Betsy Harrison, President
2874	American Board of Homeopathic Diplomates (ABHt)	Todd Hoover
2875	American Institute of Homeopathy (AIH)	Todd Hoover, President
2876	Council for Homeopathic Certification (CHC)	Harry Swope, Treasurer
2877	(ACHENA)	Heidi Schor, President
2878	Homeopathic Academy of Naturopathic Physicians (HANP)	Nadia Bakir, Board
2879	Homeopathic Nurses Association (HNA)	Ann McKay, Past President
2880	North American Network of Homeopathic Educators (NANHE)	Deb Trotta, Chair
2881	North American Society of Homeopaths (NASH)	Allyson Burden, Int. Liaison
2882	National Center for Homeopathy (NCH)	Ann Jerome, Board
2883	National United Professional Association of Trained	
2884	Homeopaths (NUPATH)	Karen Wehrstein, President
2885	Florida Homeopathic Society (FHS)	Kim Purcell, President
2886	Arizona Homeopathic and Integrative Medical	
2887	Association (AHIMA)	Todd Rowe
2888	West Coast Society of Homeopaths (WCHS)	
2889	Syndicate Professional of Homeopaths of Quebec (SPHQ)	Carla Marcelis
2890	Homeopathic Medical Association of Canada	Iman Navab
2891	British Columbia Society of Homeopaths (BCSH)	Marie Lamey, President

2892  
2893 LIST OF OBSERVER ORGANIZATIONS AND ATTENDEES

2894	National United Professional Association of Trained	
2895	Homeopaths (NUPATH)	Sushila Lalsingh
2896	Syndicat professionnel des homéopathes du Québec	Joyce Edge
2897		Lisa DeCandia
2898		Kashka Kril-Atkins
2899		Adriana Volpato
2900		Ginette Beaulieu
2901		Judyanne MacNamara
2902	Homeopathic Medical Educational Ctr of Canada (HMECC)	Taraneh Refahiyat, Faculty
2903	North Toronto Homeopathic Medicine & Welless Clinic	Mario Ringo
2904		Martine Tardife
2905	Canadian Representative School of Homeopathy	Christine Jambrosic
2906	Transitional Council-College of Homeopaths of Ontario (TC-CHO)	Basil Ziv, Registrar
2907		Bhupinder Sharma
2908		John Curran
2909		Whitney Collins
2910		Katharine McEachern
2911		Janet Blanchard

2912 . [Return to See Appendix 2 in text](#)

2913 **Appendix 3 - Details of Current Political-Legal Environment for**  
2914 **Homeopathy in North America**

2915 [Return to See Appendix 3 in text](#)

2916  
2917 Because legal requirements change due to the activities of federal, state and provincial  
2918 legislative and regulatory bodies, the following text best represents the status quo at the  
2919 time of the 2010 Summit. Schools and practitioners are expected to keep up to date  
2920 with Political-Legal environment vis-à-vis homeopathy in the jurisdiction(s) in which they  
2921 practice.

2922  
2923 United States

2924  
2925 The political-legal-social environment in which homeopathy is practiced is in a state of  
2926 evolution. Health freedom laws in many states in the US are removing some barriers to  
2927 the practice of homeopathy, but there are also forces at work that seek to restrict the  
2928 use of homeopathy. This makes it more complicated for ACHENA to identify the core  
2929 level of competencies and standards to which schools prepare students. Since  
2930 attaining competency does not confer a right to practice, it is a task that must be  
2931 undertaken with sensitivity to many perspectives and awareness that healthcare in the  
2932 North America is heading rapidly toward new potentials.

2933  
2934 The healthcare landscape in the United States has shifted dramatically since the 2000  
2935 version of the Standards and Competencies for the Professional Practice of  
2936 Homeopathy in North America was crafted. The passage of the Patient Protection and  
2937 Affordable Care Act in April of 2010 was an historic event that will impact healthcare in  
2938 the US for the foreseeable future. Complementary and Alternative Medicine (CAM)  
2939 professions were able to secure a place in the language of the bill as being part of the  
2940 healthcare work force. Prior to this, as the established healthcare method, allopathic  
2941 medicine has dominated healthcare policy in the US. Now, homeopathy, as a  
2942 profession, has a chance to participate in the wave of change.

2943  
2944 The homeopathic profession has grown enormously in the past several decades. NIH-  
2945 NCCAM has produced a study stating that homeopathy represents a 3 billion dollar  
2946 segment of the healthcare industry (much of it through “out of pocket” payments).  
2947 Mainstream awareness of homeopathy is increasing every day with more and more use  
2948 by the public, increased positive press coverage, and increasing availability of  
2949 practitioners and homeopathic medicines.

2950  
2951 Canada

2952  
2953 Canada’s tradition of access to homeopathic medicine dates back to Dr. J. O.  
2954 Rosenstein, who is recorded as practicing homeopathy in 1845 in Montreal, Quebec. In  
2955 1859, the bill known as "An Act Respecting Homeopathy" was passed in what is  
2956 currently the province of Ontario. In western Canada, the British Columbia Homeopathic  
2957 Act, 1889, permitted homeopathic doctors to register as practitioners in B.C. without

2958 being subject to the jurisdiction of the Provincial Medical Council. By 1925, only 40  
2959 homeopaths were practicing in Canada.

2960  
2961 Currently the practice of homeopathy by a professional homeopath charging a fee for  
2962 service is fully legal in every province except Quebec. Homeopathy is popular in  
2963 Quebec, with a large community of practitioners who take measures to publicly distance  
2964 what they do from practicing medicine.

2965  
2966 The directories of professional homeopaths posted by Canadian Society of Homeopaths  
2967 (CSH), North American Society of Homeopaths (NASH), and The National United  
2968 Association of Trained Homeopaths (NUPATH) list practitioners working in the  
2969 provinces of Alberta, British Columbia, Nova Scotia, Ontario, and Quebec.

2970  
2971 The only province undertaking to regulate homeopathy so far is Ontario, where health  
2972 practice is governed by legislation that is designed to protect the public, and so sets out  
2973 specific health-care procedures. Health professionals are permitted to perform these  
2974 health-care procedures.

2975  
2976 The “Homeopathy Act” was passed in 2007, and the regulation process is currently in  
2977 the hands of an appointed Transitional Council for College of Homeopaths of Ontario  
2978 (TC-CHO). The TC-CHO is tasked with inventorying homeopaths in the province,  
2979 setting standards of entry and practice, and otherwise creating regulatory infrastructure  
2980 towards the point at which a democratic College Council can be elected. Once the  
2981 process is far enough along, the transitional Council will be the only organization that  
2982 assesses applicants and determines who is permitted to call herself or himself a  
2983 homeopath or say they are qualified to practice homeopathy in Ontario.

2984  
2985 Provincial government health insurance currently likely will not cover homeopathic  
2986 services by someone that is solely a professional homeopath, nor is it likely to do so in  
2987 the foreseeable future. Some private extended medical insurance policies cover it,  
2988 either in a distinct category or under ‘paramedical services,’ which covers only the  
2989 eastern part of Canada.

2990  
2991 Mexico

2992  
2993 The following information was found on the internet from sources that seem to be  
2994 reliable, but the information has not yet been confirmed.

2995  
2996 Mexico is a Republic of States, and associations operating in each state need state  
2997 approval. There are schools in the state of Jalisco that teach lay people, and they have  
2998 spurred the Government to re-examine the classification of homeopathic practice. The  
2999 outcome is not known at this time. Legally, only MDs are allowed to practice, but there  
3000 are many other people, many of them in pharmacies, who are prescribing. There are  
3001 probably about 1,500-2,000 practitioners in Mexico.

3002 Homeopathic medicine has been recognized in Mexico since 1896. In Mexico there are  
3003 two schools that grant the MD degree, five post graduate schools, and two homeopathic  
3004 hospitals.

3005  
3006  
3007  
3008  
3009

[Return to See Appendix 3 in text](#)

3010 **Appendix 4 - List of Homeopathic Remedies**

3011 [Return to See Appendix 4 in text](#)

3012  
 3013 From the over 2000 existing homeopathic remedies, the following list of 155 remedies is  
 3014 recommended for initial study as the most used and useful ones. This is the study list  
 3015 that has been used by the Council for Homeopathic Certification for many years. The  
 3016 list is not exhaustive, restrictive, or imperative and shall be adapted to the specific  
 3017 environment; in addition, homeopathic practitioners should, over time, become familiar  
 3018 with additional remedies as they prove helpful to the management of a wider variety of  
 3019 cases. This list of homeopathic remedies is neither complete nor does it suggest that  
 3020 all the remedies listed must be taught. Some schools will teach more remedies, others  
 3021 fewer. *For a perspective on the goals for studying remedies, see the COMPETENCIES*  
 3022 *portion of Section D – Homeopathic Materia Medica.*

3023 **Study List of Homeopathic Remedies**

3024

3025

Aconitum napellus	Aethusa	Agaricus
Allium cepa	Aloe	Alumina
Anacardium	Antimonium crudum	Antimonium tart.
Apis	Argentum metallicum	Argentum nitricum
Arnica	Arsenicum album	Arsenicum iodatum
Asafoetida	Asarum	Aurum
Badiaga	Baptisia	Baryta carbonica
Belladonna	Bellis perennis	Berberis
Borax	Bromium	Bryonia
Cactus	Calcarea carb.	Calcarea flour.
Calcarea phos.	Calcarea sulph.	Calendula
Camphora	Cannibus indica	Cantharis
Capsicum	Carbo animalis	Carbo vegetabilis
Carcinosin	Caulophyllum	Causticum
Chamomilla	Chelidonium	China officinalis
Cicuta	Cimicifuga	Cocculus
Coccus cacti	Coffea	Colchicum
Colocynthis	Conium	Crocus sativus
Crotalus horridus	Cuprum	Cyclamen
Digitalis	Drosera	Dulcamara
Elaps	Equisetum	Eupatorium perf.
Euphrasia	Ferrum met.	Ferrum phos.
Flouricum acid.	Gambogia	Gelsemium
Glonoinum	Graphites	Hamamelis
Helleborus	Hepar sulph	Hyoscyamus
Hypericum	Ignatia	Iodum

Ipecacuanha	Iris versicolor	Kali bichromicum
Kali bromatum	Kali carbonicum	Kali phosphoricum
Kali sulphuricum	Kreosotum	Lac caninum
Lachesis	Latrodectus mactans	Laurocerasus
Ledum	Lillium tigrinum	Lobelia inflata
Lycopodium	Lyssin	Magnesia carbonica
Magnesia muriatica	Magnesia phosphorica	Mancinella
Medorrhinum	Mercurius corr	Mercurius iod flavus
Mercurius iod ruber	Mercurius vivus	Mezereum
Naja	Natrum arsenicum	Natrum carbonicum
Natrum muriaticum	Natrum phos.	Natrum sulphuricum
Nitricum acidum	Nux moschata	Nux vomica
Opium	Palladium	Petroleum
Phosphoric acid	Phosphorus	Phytolacca
Platina	Plumbum	Podophyllum
Psorinum	Pulsatilla	Pyrogenium
Ranunculus bulbosa	Rhus toxicodendron	Rumex crispus
Ruta graveolens	Sabadilla	Sabina
Sambucus nigra	Sanguinaria	Sarsparilla
Sepia	Silica	Spigelia
Spongia tosta	Stannum	Staphysagria
Stramonium	Sulphur	Sulphuric acid
Symphytum	Syphilinum	Tabacum
Tarentul hispanica	Tarentula cubensis	Thuja
Tuberculinum	Urtica urens	Veratrum album
Viburnum	Zincum metallicum	

3026  
3027

3028  
3029  
3030  
3031

[Return to See Appendix 4 in text](#)

3032 **Appendix 5 - Specific Skills for Homeopathic Case Taking**

3033 [Return to See Appendix 5 in text](#)

3034 PRELIMINARY CONSIDERATIONS

3035

3036 The homeopathic practitioner develops sufficient sensitivity with respect to the physical  
3037 surroundings that are most conducive to the client's needs for privacy, confidentiality,  
3038 respect, and reasonable personal comfort and therefore will increase the likely success  
3039 of the homeopath in gathering necessary information. The ability to maintain an  
3040 appropriate setting, safety, and confidentiality must be fully mastered.

3041

3042 (Note: see Section J – Homeopathic Case Management for issues that should be  
3043 explained or clarified prior to scheduling a client to take his or her case, including  
3044 whether homeopathic care is appropriate for this person at this time.)

3045

3046 ABILITY TO DIFFERENTIATE TYPES OF CASES

3047

3048 The homeopathic practitioner is able to ascertain the type of case to be taken and the  
3049 characteristics of the information needed. Any consultation may contain elements of the  
3050 types of cases below, and the homeopath's notes should identify information from each  
3051 category, as necessary. The best example of this is when acute symptoms (for  
3052 example, a cough or cold) appear in the middle of a chronic or constitutional case.

3053

3054 Types of cases include: First Aid; Acute; Chronic/constitutional; Acute symptoms in the  
3055 midst of a chronic case.

3056

3057 ABILITY TO BE NON-JUDGMENTAL

3058

3059 Although a homeopath makes judgments (such as: interpretations, decisions, or  
3060 assessing the reliability of information and possible biases or reticence of the client) the  
3061 homeopath shall not be judgmental (prejudiced, biased, or non-empathetic). The  
3062 homeopath also guards against the possibility of too quickly deciding which  
3063 homeopathic remedy a client needs based on appearance, demeanor, or other personal  
3064 factors.

3065

3066 LISTENING AND ELICITING NECESSARY DETAILS

3067

3068 One of the skills that distinguishes homeopaths is the ability to listen in an open and  
3069 unbiased manner to what the client has to say. A key issue is that information offered  
3070 freely, in the client's own words, and with the client's unforced level of emphasis, may  
3071 be the clearest guide to the client's person, condition, and circumstances.

3072

3073 Homeopaths are keenly aware of the effect they have on the client when they ask the  
3074 client a question. In general, the homeopath asks questions in a manner that is non-

3075 judgmental, open-ended (not expecting either a yes or a no answer), and phrased in an  
3076 empathetic, supportive and non-invasive manner.

3077  
3078 One of the most essential case-taking skills is the ability to manage the discourse of  
3079 clients who do not readily present the information needed for homeopathic analysis.  
3080 Examples include: clients who are loquacious or rambling; clients who are “closed” or  
3081 frightened, clients who have difficulties with expressing themselves, clients who are  
3082 “over-cooperative”, “self-aware” clients who offer interpretations rather than simple facts  
3083 or feelings, as well as special considerations for children, young adults, and seniors.

#### 3084 3085 RECORDING INFORMATION

3086  
3087 (NOTE: see the discussion in the Homeopathic Practice section regarding “medical”  
3088 information.)

3089  
3090 The homeopath develops the ability to take notes—at the same time that he or she is  
3091 listening to the client—that are clear and coherent according to the standards and  
3092 conventions of the homeopathic profession.

3093  
3094 The manner in which a case is taken and recorded will be influenced by many factors,  
3095 the most pertinent of which will be the manner in which it is expected that the case will  
3096 be analyzed. However, a properly-taken case clearly differentiates subjective elements  
3097 and objective elements (data collected by the homeopath or others). The assessment  
3098 of the case may need to include: the prognosis for homeopathic care, an assessment of  
3099 the client’s “vital force,” miasmatic influences, obstacles to cure, as taught by  
3100 Hahanemann and other homeopathic philosophers, and other qualifying factors. As  
3101 much of this as possible is considered during case taking and must be clear from the  
3102 notes taken.

3103  
3104 Any statements by the client that constitute homeopathically-relevant information should  
3105 be recorded in the client’s own words if possible—with the homeopath’s observation of  
3106 the intensity or impression conveyed, including any unusual context of the remarks. As  
3107 homeopathically-appropriate, observations about the client’s manner, bearing, mode of  
3108 dress, way of talking (or not talking), and other personal characteristics should also be  
3109 noted.

#### 3110 3111 3112 **COMPREHENSIVE COMPETENCIES**

3113  
3114 NOTE: The foundation for the skills and abilities listed here should be included in all  
3115 homeopathic education, but the future state would require a higher level of skills and  
3116 abilities that would reflect more training and experience than is typically provided  
3117 currently.

3118

- 3119 1. Conducting a comprehensive homeopathic interview – with the ability to  
3120 individualize the case taking for each client by varying the techniques for eliciting  
3121 information
- 3122 2. Conducting the interview with sensitivity to the client’s needs, privacy, dignity and  
3123 psychological safety (including observing HIPPA or other requirements, as  
3124 appropriate)
- 3125 3. Taking into consideration previous and current therapeutic history and care,  
3126 including homeopathic, allopathic (“accepted”), and other therapeutic modalities
- 3127 4. Obtaining information about modalities of the client’s chief complaint (such as:  
3128 time of day, sidedness, associated sensations)
- 3129 5. Obtaining individualizing information about the client (particularly as they relate to  
3130 symptoms and particularly if they changed after the onset of symptoms) – for  
3131 example: sleep patterns, food preferences, temperature preferences, or energy  
3132 levels
- 3133 6. The ability to recognize individualizing circumstances that may influence the  
3134 analysis and management of a client’s case or that may constitute obstacles to  
3135 cure, as taught by Hahnemann and other homeopathic philosophers, including:  
3136 a. The relationship between the physical, social, emotional and economic  
3137 contexts in which people live and their health and well-being  
3138 b. The implications for health and disease of personal and family health history,  
3139 life events and environmental factors  
3140 c. The potential effect of lifestyle (for example, diet, smoking, alcohol  
3141 consumption) on an individual’s health and social well-being  
3142 d. The resources available to individuals to make changes in their  
3143 circumstances and lifestyles  
3144 e. How personal beliefs and preferences affect individuals’ lives and the choices  
3145 they make, the context in which they live and their health and well-being  
3146 f. How drugging can mask, suppress, or alter both individualizing and  
3147 characteristic disease symptoms  
3148 g. Identifying events, circumstances, and mental or emotional stressors that may  
3149 have preceded (or precipitated) the onset of symptoms (an etiology)
- 3150 7. Eliciting information that can be used to assess the “vital force” of the client
- 3151 8. Taking care to identify any symptoms that are “strange, rare, and peculiar”
- 3152 9. Considering potential obstacles to cure, as taught by Hahnemann and other  
3153 homeopathic philosophers, if they exist
- 3154 10. Employing specialized case taking skills for:  
3155 a. Infants  
3156 b. Children  
3157 c. Adolescents  
3158 d. Elderly  
3159 e. Pregnancy  
3160 f. Closed clients or loquacious clients  
3161 g. Abused or fearful individuals  
3162

- 3163 11. Assessing, based on information collected during the taking of the case, when it  
3164 may be appropriate to consider referring the client to another practitioner –  
3165 homeopathic or other
- 3166 12. Alertness to case characteristics that suggest exposure to epidemic disease (and  
3167 how to explore the relevance of a homeopathic “genus epidemicus”)
- 3168 13. Ability to elicit relevant aspects of personal and family history (health and  
3169 general)
- 3170 14. Understanding in homeopathic case taking the potential value, limitations and  
3171 use of medical information provided by the client and of information provided on  
3172 intake forms
- 3173 15. Knowing when it may be necessary or useful to involve someone besides the client  
3174 in a consultation (for example, when working with children) or to obtain collateral  
3175 information from other sources. This includes recognizing the potential for  
3176 reticence, bias, misrepresentation, and misunderstanding when others are involved  
3177 in these discussions, and being able to minimize those risks  
3178

3179 The personal skills and knowledge the homeopath shall develop includes:  
3180

- 3181 1. The capacity to clearly perceive, including:  
3182 a. Recognizing and interpreting significant aspects of a client’s appearance,  
3183 body language, speech and behavior.  
3184 b. Understanding patterns of health on the mental, emotional and physical  
3185 levels in a way that assists in perceiving what needs to be healed in others.  
3186 c. Assessing the “vital force” of the client.  
3187
- 3188 2. Observing with accuracy and astuteness and developing healthy senses that  
3189 assist in observing  
3190
- 3191 3. Refining listening skills based on patience and openness, including a facility in  
3192 effective and sensitive interviewing attitudes and techniques that will enable  
3193 individuals to reveal and talk through relevant issues in their physical, mental  
3194 and emotional health  
3195
- 3196 4. Freedom from bias, with the ability to empathetically listen and  
3197 communicate, including an appreciation for aspects of religious, ethnic or  
3198 cultural diversity and respect for a client’s personal life choices  
3199
- 3200 5. Awareness of the dangers of imposing one’s own beliefs, values, and  
3201 attitudes on individuals and of the importance of respect for the client’s  
3202 beliefs, values and attitudes both personal and cultural  
3203
- 3204 6. Asking questions effectively (in an authentic and open manner), without  
3205 bias or judgment, and without undue embarrassment to the client  
3206
- 3207 7. Knowledge of concepts of energy, vital force, disease, and wellness as well as

3208 the unity of mind, body, emotion, spirit, and environment and how to apply these  
3209 concepts in taking and assessing individual cases

3210 [Return to see Appendix 5 in text](#)

3211

3212

3213 **Appendix 6 - Particulars of Homeopathic Case Analysis**

3214 [Return to See Appendix 6 in text](#)

3215  
3216 A homeopathic case analysis includes – as the circumstances of the case dictate:

- 3217
- 3218 1. Chief complaint(s) – as expressed by the client
  - 3219 2. Central disturbance – in homeopathic terms
  - 3220 3. Acute versus chronic illness
    - 3221 a. Acute analysis
    - 3222 b. Constitutional analysis
    - 3223 c. Analysis of acute episode during a chronic disease
  - 3224 4. Individuality of client
  - 3225 5. Themes running through case
  - 3226 6. Vitality and health of the person
  - 3227 7. Sensations and function of the organism
  - 3228 8. Totality of the symptoms (physical, mental, emotional, spiritual)
  - 3229 9. Language of symptoms
    - 3230 a. Mental, emotional and physical.
    - 3231 b. Characteristic versus strange, rare, and peculiar
    - 3232 c. Complete symptom: location, sensation, modality, and concomitant
    - 3233 d. Family and personal health (including medications and vaccinations)
  - 3234 10. Miasmatic history
  - 3235 11. Organ Affinities
  - 3236 12. Case analysis strategies (e.g. Totality, Keynote, Organ affinity, Miasmatic,  
3237 Periodic table, Vital Sensation)
  - 3238 13. Distinguish characteristic from common symptoms
  - 3239 14. Obstacles to cure (e.g. antidotes, environmental, iatrogenic influences)  
3240 and the means to their elimination
  - 3241 15. Susceptibility
  - 3242 16. Etiology and/or exciting and maintaining causes
  - 3243 17. Onset, duration, pace, intensity and severity of symptoms
- 3244

3245 [Return to See Appendix 6 in text](#)

3246

3247

3248 **Appendix 7 - Homeopathic Case Management Guidelines**

3249 [Return to initial reference to See Appendix 7 in text](#)

3250  
3251 The detailed aspects of case management presented below should be demonstrated in  
3252 the practice of a competent practitioner.

3253  
3254 **Management of the practitioner-client relationship**

3255  
3256 Initially, or at the first visit, the homeopath discusses with the client issues such as:

- 3257  
3258 1. The typical course of events during homeopathic care – timing of visits, the  
3259 typical course of care for cases of the type and severity experienced by the  
3260 client, contacting the homeopath between follow-ups if certain circumstances  
3261 occur, the need for the client to note and be able to report changes, and other  
3262 matters appropriate to the case – including circumstances that should alert the  
3263 client to seek urgent care either by the homeopath or by a licensed medical  
3264 professional.
- 3265  
3266 2. The problems posed by the use of self-prescribed remedies, as well as by other  
3267 changes that may make interpretation of the client’s progress more difficult.
- 3268  
3269 3. The homeopathic practitioner’s ethical obligations, including confidentiality.
- 3270  
3271 4. Each homeopathic practitioner, in a manner appropriate to his or her practice  
3272 shall determine the type and content of an informed consent form that clients (or  
3273 their parents or guardians) should sign to acknowledge that they understand and  
3274 consent to homeopathic care. (As appropriate, this information and consent  
3275 should conform to applicable aspects of HIPPA regulations and/or state or  
3276 provincial legal requirements.)

3277  
3278 **Homeopathic management of the evolution of the case**

3279 [Return to - Homeopathic management of the evolution of the case in text](#)

3280  
3281 Additional goals for homeopathic management of each case would include:

- 3282  
3283 1. Setting reasonable initial expectations – balancing hopes and aspirations with  
3284 realistic pragmatism
- 3285 2. Ensuring that case information is properly taken at each client contact  
3286 – (See Section H – Homeopathic Case Taking)
- 3287 3. Ensuring that there is a proper assessment and plan at each client contact  
3288 – (See this under Management of case records, below)

- 3289 4. Ensuring appropriate client awareness and participation
- 3290 5. Ensuring appropriate client understanding of time frame for homeopathic care,
- 3291 health issues, possible aggravations, and other pertinent issues
- 3292 6. Advising the client about ways in which an illness may be an opportunity for self-
- 3293 awareness, growth, and balance
- 3294 7. Advising the client about aspects of injury or disease that may not be curable
- 3295 8. Identifying and managing different phases of the case – including: first aid, acute,
- 3296 chronic/constitutional, acute symptoms in the midst of a chronic case
- 3297 9. Managing the process of exploring necessary avenues to a better understanding
- 3298 of the case, including obtaining “missing” information
- 3299

### 3300 **Homeopathic management of the dynamics of the case**

3301 [Return to See - Homeopathic management of the dynamics of the case in text](#)

- 3302
- 3303 1. Maintaining appropriate communication to clients both during and between
- 3304 follow-ups
- 3305
- 3306 2. The homeopathic practitioner demonstrates appropriate communication with
- 3307 clients both during and between follow-ups. This would include, as appropriate:
- 3308 a. Discussion of the client’s progress, including an assessment of how homeopathic
- 3309 care is addressing the level of disturbance in the health of the client, based on
- 3310 homeopathic evidence from observed results in similar cases
- 3311 b. Timely and ethical communication expected to ensure a client understands the
- 3312 appropriate options during the course of homeopathic care
- 3313 c. Maintaining ongoing communication with the client after the initial case taking
- 3314 about the nature of his or her homeopathic care including discussion of possible
- 3315 aggravations and of limitations, if any, in this particular case for homeopathy.
- 3316
- 3317 3. Maintaining appropriate scheduling of follow-ups based on a strategy of
- 3318 anticipated remedy action, prognosis, and the client’s needs
- 3319
- 3320 The scheduling should consider the supervision required to assess homeopathic,
- 3321 mental-emotional, and physical aspects of each case.
- 3322
- 3323 4. Ensuring, at each client contact, a thoughtful assessment of remedy action
- 3324
- 3325 a. Recording the individual’s experience, while being able to assess the
- 3326 accuracy and validity of his or her reporting.
- 3327 b. Evaluating the extent to which the client’s aims and goals have been
- 3328 achieved.
- 3329 c. Evaluating results according to changes in the vital force, the homeopathic
- 3330 definition of cure, as taught by Hahnemann and other homeopathic
- 3331 philosophers, versus palliation or suppression and other influences affecting
- 3332 the case - using Herring’s Law and other fundamentals of homeopathic

- 3333 philosophy and theory.
- 3334 d. Applying models of remedy actions described by respected homeopathic
- 3335 authors including Kent, Herring, and others.
- 3336 e. Knowing how to recognize and manage the possible challenging influences
- 3337 on case progress of:
- 3338 i. Homeopathic aggravation
- 3339 ii. Antidoting
- 3340 iii. Placebo and nocebo (harmful, unpleasant, or undesirable) effects
- 3341 iv. Return of old symptoms – recognizing this situation, whether to act
- 3342 or wait and deciding what, if anything to do
- 3343 f. Knowing how to evaluate and manage possible obstacles to cure, as taught
- 3344 by Hahnemann and other homeopathic philosophers, including:
- 3345 i. Previous evolution of the client’s pathology
- 3346 ii. Prognosis – in homeopathic terms
- 3347 iii. Environmental considerations, poor health habits, and other lifestyle
- 3348 issues
- 3349 iv. Iatrogenic factors
- 3350 v. Possible limitations of homeopathic care
- 3351 g. Knowing when to wait, when to repeat, and when to change remedies
- 3352 and/or potencies.
- 3353 h. Knowing when to retake the case.
- 3354 i. Recognizing proving symptoms.
- 3355 j. Knowing when to refer the case to another homeopath or a practitioner
- 3356 of another modality and how to do it effectively, for the client’s benefit.
- 3357
- 3358 5. Demonstrating knowledge of how to apply case evaluation concepts that
- 3359 include: simillimum, similar, miasms, layers, remedy families, “essences”, cycles
- 3360 and segments, and zigzagging.
- 3361
- 3362 6. Demonstrating comprehension of each individual’s motivation and commitment
- 3363 to homeopathic care and other factors which may affect client compliance and
- 3364 the outcome.
- 3365
- 3366 7. Demonstrating management of acute health problems that arise during chronic
- 3367 cases.
- 3368
- 3369 8. Demonstrating use of intercurrent remedies (if appropriate to a case).
- 3370
- 3371 9. Demonstrating appropriate use of medical reports in homeopathic case
- 3372 management with assessment of their value and limitations in each case.
- 3373
- 3374 10. Demonstrating the ability to manage the cases of clients taking medications
- 3375 (prescription or other):
- 3376 a. By identifying what may be possible side effects
- 3377 b. By taking appropriate steps to combine homeopathic care with the client’s

- 3378 use of prescription medicines  
3379 c. By identifying when this may not be advisable  
3380  
3381 11. Demonstrating familiarity with resources available to individuals to make  
3382 changes in their circumstances and lifestyles.  
3383  
3384 12. Demonstrating familiarity with appropriate ways to bring closure after a case  
3385 taking session to help the client and the practitioner to regain balance -  
3386 especially after an intensive interview.  
3387  
3388 13. Demonstrating proper therapeutic closure if a client is being referred to another  
3389 practitioner or there is termination of care, including a re-cap of what progress  
3390 has been made and clear recommendations to the client for further care.  
3391

## 3392 **Management of case records**

3393 [Return to - See Appendix 7 - Management of case records - in text](#)

3394  
3395 How case records are managed will be influenced by the license or regulations, if any,  
3396 under which each individual practices. For schools seeking accreditation most  
3397 accrediting bodies stipulate record management practices and requirements as  
3398 determined by the Secretary of Education. The list below presents general issues with  
3399 the recognition that the competencies are not fully defined.

### 3400 3401 **Guidelines:**

- 3402
- 3403 1. Confidentiality
  - 3404 2. Accuracy
  - 3405 3. Subjective information
  - 3406 4. Objective information
  - 3407 5. Assessment (including key differentials)
  - 3408 6. Plan (including follow-up)
  - 3409 7. Periodic review (audit) of case records
  - 3410 8. Other general case management issues, including:
    - 3411 a. Video recording skills
    - 3412 b. Skills in providing client education
    - 3413 c. Skills in developing client self-responsibility in client care and diminishing  
3414 dependency
    - 3415 d. Skills in assessing and removing obstacles to cure, as taught by Hahnemann  
3416 and other homeopathic philosophers, in all dimensions of  
3417 our clients' health
    - 3418 e. Skills in supporting client empowerment
    - 3419 f. Skills in relationship centered healing

- 3420 g. Skills in utilizing and applying ethical decisions in practice  
3421  
3422 9. Other advanced case management issues:  
3423 a. The homeopath demonstrates competency in the safe use of homeopathic  
3424 remedies, including the safety of both the client and the homeopath. The  
3425 practitioner also has the ability to manage the clinical case using appropriate  
3426 clinical skills. Necessary areas of knowledge include:  
3427 i. Appropriate use of referrals for emergency care, medical evaluation,  
3428 complementary and alternative medicine (CAM), and other types of  
3429 evaluation and treatment  
3430 ii. Appropriate use of supervision and homeopathic consultation  
3431 iii. The ability to use feedback from others, including clients and  
3432 colleagues  
3433 iv. Maintaining effective collaborative relationships  
3434 v. The ability to engage in self-evaluation  
3435 vi. The ability to access and integrate new information to assist in  
3436 decision-making  
3437 vii. The ability to use research, including provings, audits and case  
3438 studies, to plan, implement, and critically evaluate concepts and  
3439 strategies leading to improvements in care  
3440 viii. The ability to critically evaluate professional knowledge, methodology,  
3441 legislation, policy and research in order to refine clinical practice  
3442 ix. The ability to predict when difficult situations may develop in clinical  
3443 practice and to limit their negative effects  
3444  
3445  
3446

3447 **Appendix 8 - Guidelines for Signs and Symptoms That May Suggest**  
3448 **That a Referral Is Appropriate**

[Return to See Appendix 8 in text](#)

3449  
3450 **Introduction**

3451  
3452 The following guidelines are provided as a sample template and are not complete.  
3453 Homeopathic Practitioners are encouraged to include Medical Providers in the  
3454 healthcare team for clients. Practitioners will want to consider the severity, duration and  
3455 intensity of client's symptoms and when any symptoms may be of concern, appropriate  
3456 referral for diagnosis and treatment is suggested along with homeopathic care.

3457  
3458 **Newborns (0-6 Weeks)**

3459  
**Suggest that client seek additional  
medical advice without delay**

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

3460  
**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

3461  
3462  
3463  
3464  
3465

**Infants (6 Weeks – 24 Months)**

**Suggest that client seek additional medical advice without delay**

Fever >102  
Neck Stiffness  
Passing Out / Loss of Consciousness  
Redness of Eye or around Eye  
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling  
Cough > 5 seconds episodes  
Trouble Breathing  
Excessive Vomiting > 8 oz in 24 hours  
Excessive Diarrhea >4 episodes in 24 hours  
Blood or Black in Bowel Movement  
Sudden or Severe Abdominal Pain  
Blood in urine

Balance or Coordination Troubles  
Fainting Spells  
Shaking Spells  
Sudden Skin Rash (< 48 hours)  
Suspected Child Abuse or Neglect

3466

**Suggest that client seek additional medical advice**

Prolonged Fever <102, > 2 days  
Mis-shaped Head  
Eye Discharge  
Eyes not aligned  
Ear Pain or Pulling  
Hearing loss or concerns  
Nose Discharge prolonged (>3 days)  
Nose Discharge with odor, or color other than white / clear

Sore Throat  
Cough > 2 days  
Recurring cough  
Recurring Vomiting  
Diarrhea <4 episodes in 24 hours  
Bowel Movements less than once every other day

Foul smelling Urine  
Diminished urination  
Failure to move a limb  
Lump on Skin or Bone or other Tissue  
Maternal or Practitioner Concerns about speed of development  
Skin Rash  
Slow growth or loss of weight

3467

3468

3469

**Children (2years – 10 years)**

**Suggest that client seek additional medical advice  
without delay**

Fever >102  
Neck Stiffness  
Sudden or Severe headaches  
Redness of Eye or around Eye

Ear Discharge  
Nose Bleeding

Throat or Tongue Swelling  
Cough > 10 seconds episodes  
Trouble Breathing  
Excessive Vomiting > 4x in 24 hours  
Excessive Diarrhea >5 episodes in 24 hours  
Blood or Black in Bowel Movement  
Sudden or Severe Abdominal Pain  
Blood in urine  
Vaginal discharge or bleeding

Balance or Coordination Troubles  
Fainting Spells  
Shaking Spells  
Passing Out / Loss of Consciousness

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect

Suicidal thoughts or attempts

**Suggest that client seek additional medical advice**

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Eyes not aligned

Ear Pain

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Cough > 2 days

Recurring cough

Recurring Vomiting

Diarrhea <5 episodes in 24 hours

Bowel Movements less than once every other day

Persistent or Recurring Abdominal Pain

Foul smelling Urine

Bed Wetting age 5 yrs age or after becoming continent through the night

Pain with Urination

Joint or Limb Swelling

Refusal or Failure to move or use a limb

Lump on Skin or Bone or other Tissue

Swelling of Joint(s)

Maternal or Practitioner Concerns about speed of development

Slow growth or loss of weight

Skin Rash

Tick Bites

Excessive Fears

Prolonged Temper Tantrums or Breath holding

3470

3471

3472

**Adolescent (10 years – 18 years)**

**Suggest that client seek additional medical advice without delay**

Fever >102  
Neck Stiffness  
Sudden or Severe headaches

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Cough > 10 seconds episodes  
Trouble Breathing  
Excessive Vomiting > 4x in 24 hours  
Excessive Diarrhea >5 episodes in 24 hours  
Blood or Black in Bowel Movement

Blood in urine  
Vaginal or Penile Discharge  
Prolonged or Excessive Vaginal Bleeding  
Balance or Coordination Troubles  
Fainting Spells  
Shaking Spells  
Passing Out / Loss of Consciousness  
Unable to Use Extremity properly

Sudden Skin Rash (< 48 hours)

Suspected Child Abuse or Neglect  
Suicidal thoughts or attempts  
Suspected Drug Dependency  
Suspected Drug or Alcohol intoxication

3473

**Suggest that client seek additional medical advice**

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches  
Eye Discharge

Redness of Eye or around Eye  
Ear Pain  
hearing loss or concerns  
Nose Discharge prolonged (>3 days)  
Nose Discharge with odor, or color other than white / clear  
Sore Throat  
Chest Pain  
Cough > 2 days  
Recurring cough  
Recurring Vomiting  
Diarrhea <5 episodes in 24 hours  
Bowel Movements less than once every other day

Foul smelling Urine  
Pain with Urination  
Premenstrual Difficulties

Light-headedness

Lump on Skin or Bone or other Tissue  
Swelling of Joint(s)  
Back Pain  
Skin Rash  
Slow growth or loss of weight  
Tick Bites

Excessive Fears or Anxiety  
Social Isolation  
Report or Suspicion of Drug / Alcohol Abuse  
Purposeful Vomiting or Laxative Abuse

3474

3475

3476

**Adult (18 years – 60 years)**

**Suggest that client seek additional medical advice  
without delay**

Fever >102  
Neck Stiffness  
Sudden or Severe headaches  
Passing Out / Loss of Consciousness  
Loss of Vision  
Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Sudden or Severe Abdominal Pain

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3477

3478

**Suggest that client seek additional medical advice**

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

Hearing loss or concerns

Nose Discharge prolonged (>3 days)

Nose Discharge with odor, or color other than white / clear

Sore Throat

Palpitations  
Cough > 3 days  
Recurring cough  
Recurring Vomiting  
Diarrhea <5 episodes in 24 hours  
Bowel Movements less than once every other day  
Persistent Change in Bowel Movements  
Persistent or Recurring Abdominal Pain  
Foul smelling Urine  
Pain with Urination

Lump on Skin or Bone or other Tissue  
Swelling of Joint(s)  
Back Pain  
Skin Rash  
Tick Bites  
Light-headedness  
Change in Vision or Hearing  
Weakness or Numbness in an Extremity (not sudden)  
Unexplained Weight Loss  
Excessive Fears or Anxiety  
Social Isolation  
Report or Suspicion of Drug / Alcohol Abuse  
Purposeful Vomiting or Laxative Abuse  
Persistent Sad Mood  
Loss of Energy and Motivation  
Sexual Difficulties

3479

3480 **Pregnancy**

3481

3482 **Suggest that client seek additional medical advice without delay**

***Same List As Adult plus the following:***

Loss of Weight  
Prolonged Vomiting  
Decreased Movement of Baby  
Fall or Injury to Abdomen  
Vaginal Bleeding  
Vaginal Discharge  
Abdominal Pains  
Sudden onset leg swelling late in Pregnancy

3483

**Suggest that client seek additional medical advice**

***Same List As Adult plus the following:***

Unable to Gain Weight

Persistent Nausea

3484

3485

3486

3487

**Senior (Over age 60 – approx.)**

**Suggest that client seek additional medical advice**

**without delay**

Fever >102

Neck Stiffness

Sudden or Severe headaches

Passing Out / Loss of Consciousness

Loss of Vision

Ear Discharge

Nose Bleeding

Throat or Tongue Swelling

Chest Pain

Left Arm or Jaw Pain

Rapid heartbeat or persisting palpitation

Trouble Breathing

Excessive Vomiting > 4x in 24 hours

Excessive Diarrhea >5 episodes in 24 hours

Blood or Black in Bowel Movement

Blood in urine

Prolonged or Excessive Vaginal Bleeding

Red and swollen joint

Sudden Skin Rash (< 48 hours)

Balance or Coordination Troubles

Fainting Spells

Shaking Spells

Sudden Weakness or Numbness of Extremity

Suicidal thoughts or attempts

Suspected Drug Dependency

Suspected Drug or Alcohol intoxication

3488

**Suggest that client seek additional medical advice**

Prolonged Fever <102, > 2 days

Prolonged or recurring headaches

Eye Discharge

Ear Pain

Hearing loss or concerns  
Nose Discharge prolonged (>3 days)  
Nose Discharge with odor, or color other than white / clear  
Sore Throat  
Palpitations  
Cough > 2 days  
Recurring cough  
Recurring Vomiting  
Diarrhea <5 episodes in 24 hours  
Bowel Movements less than once every other day  
Persistent Change in Bowel Movements  
Foul smelling Urine  
Pain with Urination  
Lump on Skin or Bone or other Tissue  
Swelling of Joint(s)  
Back Pain  
Skin Rash  
Tick Bites  
Light-headedness  
Change in Vision or Hearing  
Weakness or Numbness in an Extremity (not sudden)  
Unexplained Weight Loss  
Excessive Fears or Anxiety  
Social Isolation  
Report or Suspicion of Drug / Alcohol Abuse  
Persistent Sad Mood  
Loss of Energy and Motivation  
Sexual Difficulties

3489

3490

3491 END of LIST

3492

3493

*Return to See Appendix 8 in text*

1 **A F T E R W O R D - Possible Topics for Consideration During the**  
2 **Next Round of Revisions and Updates of this Document**

3  
4 Leading up to the 2010 Summit, stakeholders submitted suggested revisions or new  
5 material and sections for the 2010 S&C Document. These were compiled into the  
6 overall document that was then considered at the Summit. During the course of the  
7 2010 summit, there was insufficient time to cover all the topics in the document. Thus,  
8 the final product of the Summit was a document that contained the consensus of the  
9 participants, as well as those topics which the participants concurred/agreed should be  
10 discussed and considered during a subsequent round of revision and update to the  
11 Standards for Homeopathic Education and Competencies for the Professional  
12 Homeopathic Practitioner in North America.

13  
14 As there was a concern that the hard work that had gone into drafting these topics might  
15 be 'lost' if they were entirely removed from the S&C Document, there was a desire to  
16 note them as topics for future consideration. However, if left within the main body of the  
17 document, there was also a potential that they might be mistook for text upon which  
18 consensus had been reached. Therefore, these topics, with more or less detail from the  
19 drafts leading up to the 2010 Summit, are included in this AFTERWORD and its  
20 appendices so that they can be referred to and act as a starting point for future  
21 discussion and revisions.  
22

23 **A. Study Levels**

24  
25 The goals toward which homeopathic educational programs should grow, with specific  
26 levels of study recommended by subject area are described in:  
27 Appendix 10 – Recommended Hours of Homeopathic Study. The definition of “hours”  
28 and the means of accomplishing these goals still need discussion. Also, the options for  
29 self-directed study versus formal class instruction should to be considered. Other  
30 options, rather than a specified number of hours, could be explored as a way to target  
31 appropriate levels of study and relative focus between various subjects.  
32

33 **B. Curriculum Additions**

34  
35 The curriculum is described in the main body of this document. In future, consideration  
36 should be given to including the following additions to the curriculum (text in italics is  
37 already in main body of document):

- 38  
39 5. *History of Homeopathy in North America-*  
40 a. *The spread of homeopathy to NA, and its proponents*

- 41                    *b. Familiarity with philosophers, authors, activists, and social, political and*  
42                    *economic forces that have had major influences on the homeopathic*  
43                    *discipline and profession as it developed.*  
44  
45                    6. Current Affairs in Homeopathy in the US and Canada  
46                        a. Familiarity with homeopathic organizations, associations and leaders  
47                        b. Familiarity with philosophers, authors, activists, and social, political and  
48                                    economic forces currently influencing the homeopathic discipline  
49                                    and profession today.  
50  
51                    7. Current Legal & Political Affairs US  
52                        a. Affordable Health Care Act and Rules  
53                        b. Legality of Practice  
54                        c. Categories of Practice  
55  
56                    8. Current Legal & Political Affairs Canada  
57                        a. Provincial Regulation  
58  
59                    9. *Summary and Overview of the history of other forms of holistic medicine*  
60                        *a. Naturopathy, traditional oriental medicine (acupuncture and herbal),*  
61                                    *and Ayurveda.*  
62  
63                    10. National Healthcare Landscape-  
64                        a. CAM  
65                        b. Integrative Medicine  
66                                    i. Homeopathy's place in Integrative Healthcare  
67

### 68     **C.     *Provings / Research***

69  
70     The area of Provings and research is described in the main body of this document. In  
71     the future, consideration should be given to including the following additions to the  
72     curriculum:  
73

#### 74     **Research**

#### 75 76     **COMPETENCIES**

77  
78     Homeopaths demonstrate familiarity and understanding of current research and in the  
79     field of physics as it pertains to homeopathy and its guiding theories and mechanism.  
80

81     In addition:

- 82                    1. Community Science Research—Evaluating demographics, cost and efficacy of  
83                    practice within the homeopathic community through surveys and other tools

84 Homeopathic practitioners demonstrate a fundamental understanding of how to:

- 85 1. Plan research
- 86 2. Employ qualitative and quantitative methods
- 87 3. Execute descriptive studies
- 88 4. Conduct controlled trials

89

90 Homeopathic practitioners have a fundamental understanding of practical ways in which  
91 they can use research techniques and research methodology in their daily practice in  
92 order to gather data that advances knowledge of homeopathy and homeopathic  
93 practice.

94

#### 95 ***D. Future Goals for Competencies & Standards in Medical*** 96 ***Knowledge***

97

98 Further discussion is required to determine more detailed Competencies for  
99 Homeopathic Practitioners and Educational Standards for schools in medical matters  
100 within the context of a homeopathic practice, the expressed outcome being to reach a  
101 proper balance that does not detract from the homeopathic perspective on health and  
102 healing while fully educating students so that they are conversant and capable within  
103 the mainstream healthcare landscape.

#### 104 ***E. Herbal Medicines and Dietary Supplements***

105

106 As a future goal, practitioners of homeopathy should be familiar with ways to  
107 research information about common herbal and dietary supplements utilized by  
108 clients.

109

#### 110 **OTHER AREAS FOR FUTURE DISCUSSION:**

111

112 A future discussion might include issues such as:

113

114 Ayurvedic, Traditional Chinese Medicine, other body-based practices.

115

116

117

118 **F. Recommended Hours of Homeopathic Study**

119  
120 At least one participant at the Summit recommended that a specific number of hours of  
121 study be included in the final document. The total hours are 2,400 which equals the  
122 total in the request, although it is broken out differently and in more detail (to allow for  
123 discussion).

124  
125 This list was compiled from several sources and it is not represented as accurate or  
126 complete. While this approach was not adopted this year, many people believe this is a  
127 discussion that we need to begin. Therefore, it is presented as a **future goal** – for  
128 discussion.

- 129  
130 1. Do we want to specify hours as some have requested / suggested?  
131 2. Is the list presented here too specific or not specific enough?  
132 3. Are the topics the right ones?  
133 4. Are the hours in total appropriate?  
134 5. Are the hours by topic too high or too low?

135  
136  
137 Table begins on following page ...

138  
139

140  
141  
142

## **Suggested Hours of Instruction – by Topic**

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

143

144 **G. *Teacher Competency & Development***

145

146 The draft that appears here was offered for discussion. It does not represent current  
147 competencies or standards. Homeopathic educators will need to play a central role in  
148 developing these competencies and standards.

149

150 The primary role of the homeopathic teacher is to support, inspire, and help students  
151 become effective practitioners. The aims and objectives of any homeopathy course are  
152 to facilitate students' development to become competent homeopaths. It is the  
153 responsibility of course providers and teachers to offer an education that facilitates their  
154 students' learning processes and helps bring out the potential in each homeopathy  
155 student so that she/he may become the best homeopath possible.

156

157 Certain qualities, knowledge and skills are needed by teachers in order to support  
158 students in their learning processes. The knowledge and skills needed by teachers  
159 depends on the role they are taking and teachers may take on a number of different  
160 roles. The roles that teachers take on must always be relevant to students' learning  
161 objectives. Some of these roles may include being a resource person, a provider of  
162 knowledge, an administrator, a supervisor, a mentor, a communicator, a researcher and  
163 a student.

164

165

166 **COMPETENCIES**

167

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

171

172

173

174

175

176

177

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

178

179

180

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

181

182

183

184

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

185

186

The course provider will develop the curriculum in ways that guide the teaching, learning and assessment towards these objectives.

187 **EDUCATIONAL AND TRAINING STANDARDS**

188

189 Teachers shall act within the bounds of their competence and have knowledge of:

190

- 191 • subjects being taught
- 192 • appropriate teaching methods (didactic, Socratic, case method, experiential)
- 193 • the school or organization (course provider)
- 194 • the course curriculum
- 195 • any other relevant areas

196

197 Teachers are able to integrate subject knowledge with didactic knowledge. They shall  
198 have a certain amount of experience in the field they are teaching, particularly in  
199 subjects that are closely related to the clinical practice of homeopathy. They are able to  
200 develop a lesson plan in line with the existing aims and objectives of the courses being  
201 taught and employ a variety of teaching methods according to different learning styles in  
202 their students. Teachers are familiar with the following methods of knowledge  
203 acquisition:

204

- 205 • Propositional knowledge - knowing about an issue through theories and ideas,  
206 expressed through written and spoken information
- 207 • Presentational learning – creative, metaphoric or symbolic representation of  
208 material, expressed through i.e. client narrative
- 209 • Experiential learning – expressed through observation, role play, case taking,  
210 problem oriented learning
- 211 • Practical knowledge – knowing about an issue through the acquisition of practical  
212 skills

213

214 Teachers are capable of employing different teaching methods to provide different  
215 learning strategies, including:

216

- 217 1. Audio-visual (video cases)
- 218 2. Lectures
- 219 3. Case studies
- 220 4. Problem based learning
- 221 5. Projects
- 222 6. Presentations
- 223 7. Clinical activities
- 224 8. Self-reflective exercises

225

226 Teachers are capable of identifying and implementing increased levels of teaching and  
227 learning as students' needs increase in complexity. The same topics will be approached  
228 in a descriptive manner, then through comparative or differentiating work and finally at a  
229 level of synthesis and evaluation.

230

231 In order to contribute to students' improved learning, the teacher a be able to  
232 communicate with students and assist them in communicating with each other.

233  
234 Teacher-student relationships should preferably be characterized by mutual respect and  
235 trust. Teachers are aware of the context, culture and framework within which students  
236 and the school exists.

237  
238 Teachers communicate enthusiasm for the subjects they are teaching and for their  
239 students. They have positive expectations toward the students' abilities and provide  
240 students with constructive feedback. Teachers possess awareness of their position of  
241 power and refrain from abusing their power.

### 242 243 1. Qualifications

244  
245 Teachers may be assessed by the following:

- 246
- 247 • their homeopathic education
- 248 • previous experience
- 249 • number of years of full time practice (minimum of 5 years is suggested)
- 250 • publications in homeopathic journals, public lectures, and other media
- 251 • participation in homeopathic education and supervision

### 252 253 2. Teacher Development

254  
255 Since homeopathy is under continuous development, both practitioners and teachers  
256 need to take care of their own development as practitioners and as individuals. It is  
257 necessary for teachers to have open and critical attitudes with regard to old and new  
258 theories and ways to practice homeopathy. A commitment to continued professional  
259 development is necessary. It is important that a teacher has the basic training to enable  
260 her/him to teach and that she/he conducts continuous self-development reflecting on:

- 261
- 262 • her/his subject knowledge and competence as is relevant to clients and the
- 263 society at large
- 264 • teaching skills
- 265 • ethics

266  
267 Additionally, appropriate and effective interaction with students and other teachers is  
268 essential. They are supported by and be able to work effectively with their employers.

### 269 270 3. Assessment

271  
272 Assessment is a feedback process through which both student and course provider  
273 identify learning achievement, needs, and pathways to progress.

274

275 It is designed and planned as an integral part of the entire curriculum. The strategy  
276 adopted agrees with the stated learning objectives and with teaching and learning  
277 methods. An assessment program enhances the students' learning and awareness by  
278 using professional self-appraisal and self-assessment techniques and developing their  
279 critical faculties. These abilities will play an essential role in responsible homeopathic  
280 practice and in also continuing student development.

281  
282 Assessment or evaluation of learning is achieved by describing learning outcomes that  
283 are consistent with the nature of homeopathic principles and practice, i.e. the 'what and  
284 how' of learner performance as a response to their learning experience and effort (this  
285 allows flexibility of application appropriate to the individuality of ethos of each  
286 educational organization). Having defined the learning objectives in a curriculum  
287 document, schools are then in a position to develop their own assessment criteria and  
288 methods to measure the expected learning outcomes for their students.

289  
290 A well-structured assessment program also provides valuable learning opportunities for  
291 the course provider.

292  
293 Assessment can be both formative and summative:

294  
295 Formative assessment is part of learning and provides feedback so that the student can  
296 identify areas for improvement.

297  
298 Summative assessment determines whether the student has achieved the learning  
299 intentions, usually at the end of a block of learning.

300  
301 Objectives:

- 302  
303
- To enable students to develop effective self-assessment practices
  - To provide feedback to students so that they can identify areas for improvement
  - To enable students to correct deficiencies
  - To motivate students and focus their sense of achievement
  - To consolidate student learning
  - To evaluate students' potential to progress
- 308  
309

310 Methods of assessment and moderation:

311  
312 In order to meet the variety of skills and comprehension in students it is important to  
313 have a matrix of assessment modes that is made up of a variety of methods. It is  
314 important to recognize that each assessment method is advantageous to some students  
315 and disadvantageous to others. Assessment necessarily needs to reflect the subject  
316 being taught.

317

318 Methods range from traditional written exams, through many kinds of alternative exam  
319 formats, to a wide variety of other 'measurables' that can be a product of students'  
320 individual or of their collaborative work.

321  
322 It is important to ensure that the standards of assessment, both within a course and  
323 between courses, are themselves assessed and checked. This is called the process of  
324 moderation, and it needs to be carried out both internally and externally in order to  
325 maintain the standard and integrity of awards.

326  
327 Examples for different modes of assessment:

- 328
- 329 • Feedback questionnaires
  - 330 • Oral feedback
  - 331 • Self assessment
  - 332 • Self reflection
  - 333 • Written tests – more or less open questions, multiple choice, paper cases
  - 334 • Oral contributions to lectures
  - 335 • Oral examinations
  - 336 • Casework
  - 337 • Paper presentations
  - 338 • Home assignments
  - 339 • Practical tests
  - 340 • Projects
  - 341 • Supervision
  - 342 • Tutorial

343  
344 *Source: ECCH, International Guidelines, 2011*

345  
346  
347  
348  
349

## 350 **H. Guidelines for Electronic & Distance Learning**

### 351 **Introduction**

352  
353  
354 The following is an attempt to outline the basic differences between terms commonly  
355 used to describe E and Distance learning programs. It describes both traditional, subject  
356 centered, pedagogical learning processes, where the student takes a fundamentally  
357 passive role in their learning, and andragogical learning strategies, where the student is  
358 encouraged to adopt more independent, self motivated approaches to their learning.  
359 This section also makes suggestions in relation to approaches to clinical practice,  
360 including raising awareness and understanding of ethical issues within the virtual  
361 learning/computer based education environment. Technical information is also provided.

### 362 **Definitions**

363  
364  
365 **E-Learning** is mostly associated with activities involving the simultaneous use of  
366 computers and interactive networks. The computer does not need to be the central  
367 element of the activity or provide learning content. However, the computer and the  
368 network must be significantly involved in the learning activity. E-learning has been  
369 defined as a “pedagogy empowered by digital technology”. In the United States e-  
370 learning is defined as a planned teaching/learning experience which uses a wide  
371 spectrum of mainly internet or computer-based technologies, to reach learners. In most  
372 universities, e-learning is now used to define a specific method in which a course or  
373 study program is delivered. Students study online and therefore rarely, if ever, attend for  
374 on-campus access to face-to-face educational facilities.

375  
376 **Web-based learning** is associated with learning materials delivered in a Web browser,  
377 including when the materials are packaged on a CD-ROM or other media.

378  
379 **Online learning** is associated with content readily accessible on a computer. The  
380 content may be on the Web, the Internet, the computer’s hard drive, or simply installed  
381 on a CD-ROM. The concept of online learning surfaced before the development of the  
382 web, and before learning materials were delivered over the internet or networks, so  
383 network use is not necessarily required..

384  
385 **Distance learning** involves interaction at a distance between teacher and student, and  
386 enables the teacher to react and respond to the needs of the student. Simply posting or  
387 broadcasting learning materials to students is not distance learning. Instructors must be  
388 involved in receiving feedback from learners (Keegan 1986, Garrison & Shale 1987).

389  
390 Distance learning is a concept older than most of the others discussed here. It does not  
391 necessarily require the use of computers or networks. It involves interaction between  
392 class members primarily at a distance, and enables the teacher to interact with

393 students. Distance learning is typically associated with televised broadcasts and  
394 correspondence courses, but it also applies to certain E-learning applications.

395  
396 The primary characteristic of the learning activity differentiates between each of the  
397 following concepts: web-based learning, online learning and distance learning. Intensive  
398 use of the defining feature is required. Incidental or occasional use of a characteristic  
399 feature is not sufficient to qualify for a certain type of learning. Ideally concepts and  
400 methods are merged to facilitate broader learning and accommodate ethical concerns.

401

402

403 *Source: ECCH, International Guidelines, 2011*

404

405

406

[Return to See Appendix 13 in text](#)

407

408

409

410 **I. Competencies for Practice in Integrated Environments**

411  
412 Academic Consortium for Complementary and Alternative Health Care (ACCAHC)  
413 Approved by the ACCAHC Board of Directors, August 17, 2010  
414

415 **Preamble:** *Skills in team care are essential for all healthcare practitioners. Knowledge*  
416 *of other healthcare systems and the practices of colleagues in other fields provide a*  
417 *necessary beginning. Inter-and intra-professional education (IPE) that occurs in classes,*  
418 *clinics and research projects, for healthcare practitioners and faculty, enhance the*  
419 *ability to collaborate. For members of the licensed integrative practice disciplines,*  
420 *education in these areas gains importance as patients form their own teams and as*  
421 *health systems open their doors to practice opportunities in interdisciplinary, inpatient*  
422 *and outpatient environments. These competencies and related knowledge areas are*  
423 *guides for collaborative efforts toward better patient care through enhancing mutual*  
424 *respect and understanding across healthcare professions. This document, which*  
425 *assumes that all practitioners are equipped with their own, discipline-specific clinical*  
426 *competencies, is meant to serve as a resource to all parties to these emerging*  
427 *healthcare teams.*

428

429

430 **Healthcare Policy**

431

432 Describe policy issues, structures, emerging clinical and economic models, and other  
433 factors that may impact clinical and financial decisions; discuss how cost, compensation  
434 models and incentive structures influence care decisions; summarize recent history of  
435 integrated care, including varieties of integrated care models; describe best practices,  
436 opportunities and challenges.

437

438 **Institutional Healthcare Culture and Practice**

439

440 Explain inpatient and outpatient health system accreditation standards and protocols;  
441 describe authority structures and decision processes; explain credentialing and  
442 privileging mechanisms; identify and discuss liability issues; contrast provider payment  
443 models; describe the clinical services and processes of care for other disciplines in a  
444 facility; identify and apply common medical terminology; appraise a medical record;  
445 select appropriate medical codes; define relevant short-hand and abbreviations;  
446 evaluate standard charting and documentation in both paper and electronic medical  
447 record formats.

448

449 **Inter-Professional Education (IPE)**

450

451 Describe the various healthcare systems in common practice including both  
452 conventional and the licensed complementary and alternative healthcare fields, as well  
453 as the emerging fields and traditional world medicines; discuss the emphasis each

454 places on disease prevention, wellness and the therapeutic strategies engaged for  
455 health creation.

456

457 **Communication and Inter-professional Relationships**

458

459 Discuss concepts of one's own discipline in terms appropriate for administrators and  
460 practitioners in other disciplines; role-play strategies useful for building appropriate  
461 consultation, referral and co-management relationships; identify decision processes in  
462 complex institutions; demonstrate public speaking and presentation skills to represent  
463 your discipline and practice to larger groups; produce written and presentation materials  
464 suitable for both consumer and professional audiences; identify leadership strategies  
465 useful in fostering institutional change; and integrate the knowledge, skills and values  
466 described in the practitioner-to-practitioner section of *Health Professions Education and  
467 Relationship-Centered Care* (Pew Health Commission, 1994, page 36; attached).

468

469 **Evidence-based Health Care and Evidence-informed Practice**

470

471 Discuss basic research principles and methodologies within the context of both clinical  
472 and mechanistic research; evaluate research; explain the role of scientific evidence in  
473 healthcare in the context of practitioner experience and client preferences and apply  
474 evidence-informed decision making; describe and discuss the research base within  
475 one's own discipline; relate contemporary issues in integrative practice research,  
476 including those relative to measuring whole practices, whole systems and health  
477 outcomes; identify and appraise the positive and negative interactions and  
478 contraindications for one's own modalities and agents; and identify standard research  
479 methods and tools appropriate for assessing one's field in a clinical setting.

480

481 See table on next page:

482

483

<b>Area</b>	<b>Knowledge</b>	<b>Skills</b>	<b>Values</b>
<b>Self awareness</b>	Knowledge of self	Reflect on self and work Learn continuously	Importance of self-awareness
<b>Traditions of knowledge in health professions</b>	Healing approaches of various professions  Healing approaches across cultures  Historical power inequities across professions	Derive meaning from others' work  Learn from experience in a healing community	Affirmation and value of diversity
<b>Building teams and communities</b>	Perspectives on team-building from the social sciences	Communicate effectively  Listen openly Learn cooperatively	Affirmation of mission  Affirmation of diversity
<b>Working dynamics of teams, groups, and organizations</b>	Perspectives on team dynamics from the social sciences	Share responsibility responsibly Collaborate with others Work cooperatively Resolve conflicts	Openness to others' ideas Humility Mutual trust, empathy, and support Capacity for grace

485

486

487

488

489 **J. Remedy Study List Additions**

490  
 491 According to a consensus of the organizations at the 2010 Summit, a list of additional  
 492 remedies was compiled from a variety of sources including the core European  
 493 homeopathic organizations that includes remedies that should be learned as a  
 494 professional homeopath’s career progresses. Learning remedies is a life-long pursuit  
 495 for the professional homeopath. There are many ways to learn and understand them.  
 496 These two lists may be revised and updated from time to time, especially as more  
 497 remedies are documented (by provings, clinical experience, and other means) and more  
 498 is learned about existing remedies. The remedies on the list below were selected from a  
 499 synthesis of several lists of important remedies. Over time, a competent homeopath  
 500 should learn and understand as many of these as possible.

501  
 502 The suggested relative importance of a remedy was indicated in the same manner as  
 503 the degrees in Kent’s Repertory: **Primary**, *secondary*, tertiary.  
 504

Abies-nigra	Abrotanum	Absinthium
<i>Agnus castus</i>	Ailanthus	<b>Ambra grisea</b>
<i>Ammonium carbonicum</i>	<i>Ammonium muriaticum</i>	Androctonus amurreuxi hebraeus
Anhalonium lewinii	Anthracinum	Apocynum cannabinum
Aralia racemosa	<b>Aranea diadema</b>	Aristolochia clematidis
<b>Arsenicum bromatum</b>	<b>Arum triphyllum</b>	Asterias rubens
<i>Aurum muriaticum</i>	<b>Aurum muriaticum natronatum</b>	<b>Bacillinum</b>
Baryta muriatica	Bothrups lanccolatus	<i>Bufo rana</i>
Cadmium sulphuratum	Caladium seguinum	<i>Calcarea sillicata</i>
<i>Cannibus sativa</i>	Carduus marianus	Cedron
Cenchrus contortrix	<b>Cina</b>	Cinnabaris
<b>Clematis erecta</b>	Corallium rubrum	Crataegus oxyacantha
<i>Croton tiglium</i>	Dioscorea villosa	Echinacea angustifolia
Erigeron canadense	Eupatorium purpureum	Gnaphalium
<b>Gratiola officinalis</b>	<b>Guaiaicum</b>	Helonias dioica
Hura brasilensis	<b>Hydrastis canadensis</b>	Juglans regia
<b>Kali arsenicosum</b>	<b>Kali chloricum</b>	<b>Kali iodatum</b>
Kali-muriaticum	<b>Kali-nitricum</b>	Kali-sillicum
Kalmia latifolia	<b>Lac vaccinum defloratum</b>	Lycopus virginicas
<b>Magnesium sulphuricum</b>	Manganum carbonicum	Melilotus officinalis
Mephitis putorius	Millefolium	<b>Moschus moschiferus</b>

<b>Murriaticum acidum</b>	<b>Murex purpurea</b>	Mygale lasiodora
Niccolinum metallicum	Oenanthe crocata	Oleander
Paeonia officinalis	<i>Petroselinum</i>	<i>Picricum acidum</i>
<b>Radium bromatum</b>	Ranunculus sceleratus	Raphanus
Rheum	<b>Rhododendron</b>	<b>Sanicula aqua</b>
<b>Secale cornutum</b>	<i>Selenium</i>	Senecio aureus
Senega	Squilla hispanica	<b>Sticta pulmonaria</b>
<b>Strontium carbonicum</b>	Strophanthus hispidus	Sulphur iodatum
Taraxacum	Tellurium	Terebinthina
Teucrium marum verum	Thallium metallicum	Thea sinensis
<b>Theridion</b>	Valeriana officinalis	<b>Veratum veride</b>
<i>Verbascum thapsiforme</i>	Vinca minor	Viola tricolor
Vipera	Viscum album	

505

506

507 END OF DOCUMENT