MEDICAL HOMEOPATHIC EDUCATION STANDARDS

FOR LMHI AND ECH ALLIED SCHOOLS

LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS, 2005

EUROPEAN COMMITTEE FOR HOMEOPATHY, 2001

LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS AND
EUROPEAN COMMITTEEE FOR HOMEOPATHY, 2008

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Preamble

Homeopathy is part of medicine

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INTRODUCTION

OVERVIEW

Aims of the booklet

This document presents the minimum standards of education and training in homeopathic medicine for medical doctors, pharmacists, veterinarians and dentists, agreed by the European Committee for Homeopathy (ECH) and the Liga Medicorum Homoeopathica Internationalis (LMHI). The ECH and the LMHI represent organisations responsible for the teaching of homeopathic medicine in the member states of the European Union and the rest of the world that are committed to using the programme. Its constitution is described more fully later in the document.

The ECH, its Education Sub-committee as well as the LMHI and its working team for Education, which have been responsible for creating this document, do not claim the authority to impose its requirements. They are advisory rather than prescriptive, as later paragraphs in this section make plain, but it is hoped that the requirements themselves are sufficiently authoritative to command respect, and to gain acceptance as the standard for medical homeopathic education in the world.

There is great diversity of regulations governing the practice of homeopathy worldwide. The document relates exclusively to the education and training of fully qualified medical practitioners.

The document sets out the essential core elements - knowledge, understanding, skills and attitudes - of this commonly agreed curriculum. It provides a consensus framework of training requirements for a safe and effective practice of medical homeopathy (the practice of homeopathy by medically qualified practitioners), and outlines the syllabus for examinations leading to a qualification in homeopathic medicine conferred by the organisations represented in the ECH and LMHI.

The document also provides a basis for the accreditation by the ECH and LMHI of courses for medical practitioners taught by organisations affiliated to the ECH and LMHI, should such accreditation be formally required in the future. It is not intended to stifle innovation or diversity of teaching styles and methodologies, or limit the scope of the material taught. It should be used by those providing or developing courses as a framework to ensure that appropriate educational objectives are achieved.

Therefore the curriculum found in this document reflects standards which are considered a minimum to be a safe and knowledgeable medically qualified homeopathic practitioner. In many countries, professional and registering organisations surpass these standards and set standards to reflect the practice of homeopathy in their country. As an example, Appendix 5 provides several pages of a detailed curriculum from the UK.

The detail in the document assumes at least a basic knowledge of the principles of homeopathic medicine. At the same time, the broad structure of the document and its main components will demonstrate the general nature of the subject and the quality and professionalism of the programme to readers who are not well acquainted with homeopathic medicine, but who wish to understand its role in medical education.

STRUCTURE OF THE BOOKLET

After a brief introduction to homeopathic medicine for readers unfamiliar with the discipline, the document describes the evolution of the ECH and its educational programme as well as of the LMHI and its teaching guidelines. It then presents a profile of a homeopathic doctor; a broad description of the professional attributes that the programme is intended to develop. This is followed by an outline model of the educational process which the programme follows.

The curriculum is then summarised in a table showing the relationship between its elements. These are: the tasks and responsibilities that are central to the role of a homeopathic doctor, the learning objectives and learning outcomes relevant to these and the assessment. Each element is then described separately and more fully.

INTRODUCTION TO HOMEOPATHY

The brief introduction to homeopathy which follows is adapted from the 'Homeopathy in Europe' booklet. This information is included for the benefit of readers who are not familiar with the subject. It will provide a perspective which will make the rest of the document easier to understand.

A short history

Homeopathy is a method of medical practice that originated with the work of the early nineteenth-century German doctor Samuel Hahnemann (1755-1843). From his knowledge of the history and literature of medicine, his observations of natural history of disease, and his own empirical experiments he realised that disease processes can interact in very special ways.

At a certain period of his life, Hahnemann translated the Materia Medica from an English man, the Doctor William Cullen with whom he disagreed about the action of the cinchona-bark (which will give birth to the homeopathic remedy "china"). This medicine was used against malaria that was still endemic in Europe. Hahnemann himself had suffered from that disease and he knew the symptoms very well. When reading Cullen's work he was enchanted and his thought led him to an amazing experience; he got the idea of experimenting the medicine upon himself, which was in the mood of the times.

Numerous experiments on himself and other people were conducted with meticulous care and gave similar and constant results: everybody felt the symptoms of a feverish state similar to the one that cinchona could treat. By logical deduction Hahnemann was led to the following principle:

"Cinchona which treats fever causes fever-like symptoms in healthy people".

Fortified by the constancy of his results and indisputable proofs he found out, both logically and intuitively, the principle of the Law of Similars, "like cures like".

During the following years he accumulated facts, experiments, read books mainly from the Antic and the Middle Ages where he found corroborating information.

He gradually laid down the principle of a new therapeutic method that he named Homeopathy (from the Greek "homoios, same/similar" and "pathos, suffering"), a method based on the Law of Similars: " In order to treat radically some chronic affections we must look for remedies which normally provoke the same disease". The new method was taking shape and it was the birth of Homeopathy.

So he experimented numerous substances first on himself and then on his friends and he accurately noted down the symptoms produced. 103 drugs were experimented forming "drug pictures" he published in his first "Materia Medica".

Then he explained the principle of his doctrine in a book called The Organon of the Medical Art. This book will be corrected, reviewed and published 6 times.

According to Hahnemann, there are no diseases, there are only patients programmed by their family history. In other words, there are people who are receptive or resistant to different types of morbidity, but this morbidity will develop more or less rapidly and strongly depending on the mode of living, habits, and hygiene of the patient.

He wrote a second book: "the chronic diseases" because he realized the cases he treated were considered only on a punctual picture and the clinical picture might be modified from one consultation to another while the deep constitution stayed the same.

Hahnemann's ideas about Homeopathy became gradually more refined.

So he changed the nosological frame of thinking to embrace the concept of specific, individual ways of suffering.

By systematic study of the known toxicology and 'proving' effects of substances and from clinical experience of the results of their therapeutic use in patients with similar symptomatology (disease pictures), he confirmed the effectiveness of remedies used according to this 'homeopathic ' principle. He found out that potentized remedies (potentization), not only reduced or abolished their toxic or proving effects which might occur with remedies in higher doses, but also, paradoxically, increased their curative effect.

One of Hahnemann's successor, Constantine Hering, formulated the three (laws) criteria (that bear his name) to determine the evolution of healing in chronic diseases, after taking a homeopathic remedy.

The direction of the symptoms must be as follows:

From above downwards

From within outwards (eczema that follows asthma is an improvement of health) and if the patient originally suffer from both asthma will improve first and eczema after.

In the reverse order of their appearance

Previous symptoms may reappear, chronologically, from the latest to the oldest ones.

Bearing in mind this historical evolution of understanding, a definition of homeopathy can be given.

Definition

Homeopathy is a method of medical practice, aimed at improving the level of health of an organism by the administration of proven* potentised* medicines, which are individually selected in accordance with the law of similars*.

As homeopathy is fully individualized and considers physical, emotional, mental, constitutional, biographical and environmental factors it is medicine of the whole person.

The word homeopathy comes from Greek: *homoion pathos* derived from *homoios*, similar, and *pathos*, illness.

*Proven ~ a proven substance is one which has been pharmacologically tested on healthy human beings for eliciting reactive and reversible symptoms. All symptoms of a particular remedy, collected from provings on many human beings, constitute a picture of the remedy.

*Potentised ~ processed in a specific way, namely by serial (standardized according to the pharmacopea) succussion of dilutions and successions.

*Law of similars ~ a substance, capable of provoking symptoms in a healthy organism, acts as curative agent in a diseased organism in which the same symptoms are manifested: *similia similibus curentur*: let likes be cured by likes. As it is mentioned in the ***Organon*** of Hahnemann, "to cure in a mild, prompt, safe, and durable manner, it is necessary to choose in each case a medicine that will excite an affection similar to that against which it is employed".

These three homeopathic principles (the proven and potentised remedy, selected in accordance with the law of similars) have to be applied together to treat a patient according to Hahnemann's instructions, as described in the ***Organon*** *(6. edition).*

The symptoms of a diseased organism, the 'disease picture', are classified and interrelated in such a way as to identify patterns that match with the 'remedy picture', i.e. the symptoms of a remedy provoked in a healthy organism. The more peculiar the individual symptoms are, the more indicative for a certain remedy. Common symptoms are the least important in this process of matching 'disease picture' and 'remedy picture'.

If the similarity is great enough, the organism adequately strong and the potency appropriate, the original disease or complaint does not recur after discontinuing the administration of the remedy. In case of incomplete similarity only partial or temporary or no effects are noticeable. Hering's criteria are used for the assessment of the long-term therapeutic effect.

In summary, the fundamental principles of homeopathy which all must be applied:

- Law of Similars *(similia similibus curentur)*

- proving on healthy human individuals

- potentized remedies

- vital force or energetic dynamism

- natura morborum medicatrix

- minimal dose

- individuality of the patient's characteristics

- individuality of the remedy, single remedy

- concept of chronic diseases and Hering's criteria to assess long-term therapeutic effects in the treatment of chronic diseases

Prescribing homeopathic remedies or products of botanical origin is not identical with homeopathy unless they are prescribed according to the law of similars, as defined above. Homeopathy is to be distinguished from, for example, anthroposophic medicine, homotoxicology and phytotherapy. In anthroposophic medicine and homotoxicology, homeopathic remedies are used among others, but in a completely different way and not based on drug provings and the law of similars. In phytotherapy the law of similars is not considered either; the plant extracts are used in their crude form and not potentised as in homeopathy.

Hierarchy of symptoms

Practical experience has shown that in homeopathy a hierarchy of symptoms plays a role in the application of the law of similars. Symptoms and signs that arise from higher functions appear to be more important for the choice of the remedy and for evaluating the remedy

action within the frame of reference of the law of similars. The process of classifying and interrelating symptoms and signs is called hierarchisation.

Symptoms that correspond with higher hierarchical levels are:

- mental and emotional symptoms, e.g. fears, misconceptions of reality
- causative factors, i.e. symptoms that originate from e.g. a reaction to grief, cold, trauma etc.
- detailed specification of symptoms:
    - modifying factors ('modalities') i.e. environmental factors that change the symptom (e.g. weather, temperature, noise etc.);
    - concomitants, i.e. symptoms associated in time with the main affection;
    - sensations, localisations and extension of pains.
    - "complete symptom" (location, sensations, modalities, concomitants and etiology)

A further category of features that can help to choose a remedy are symptoms or properties of a person's susceptibility to disease:

- personal constitutional features (e.g. prone to chilliness, perspiring feet, aversion to milk);
- modifications of the constitution arising from previous diseases, accidents, vaccinations, effects of lifestyle, etc.;
- family history

Even if the patient seeks help for somatic complaints (like warts), all hierarchical levels of the patient-mental, emotional and physical- are methodically screened and the highest level of disturbance - from a hierarchical point - is detected. Unspecified local symptoms correspond with the lowest hierarchical level.

A living example

The following example will illustrate the depth and possibilities of homeopathy. A man or woman comes to see the doctor, having had stomach pain for a considerable period of time. The stomach is very sensitive to pressure. There is a feeling of pressure in the stomach as of a stone, several hours after eating; the pressure of tight clothes is not well tolerated. Coffee and alcohol, usually liked very much, are not tolerated now. The patient has nausea and a sour taste in the mouth in the morning. S/he cannot sleep due to thoughts about work. S/he is very irritable, especially in the morning on waking. S/he is impatient, competitive, ambitious (a 'workaholic'), easily offended, sensitive to noise and angry if objects are not in their proper place. S/he likes to smoke, to eat spicy food and to drink alcohol and coffee. In general s/he is a person prone to chilliness and is easily constipated.

For a homeopathic doctor the diagnosis 'peptic ulcer' (see on the X-ray, gastroscopy or Helicobacter results) is not enough. On the contrary, all the above mentioned information is important and comprises the 'disease picture'. The appropriate homeopathic prescription for this patient is Nux Vomica. That remedy will not only stimulate healing of the peptic ulcer but will also, even in the first place, improve the patient's well-being, i.e. the patient will become much more relaxed and will be able to sleep soundly again. Actually, the objective of a homeopathic treatment is not only relief of a certain complaint but amelioration of the patient's health in general.

Concept of health and disease

The example in the previous section indicates that in homeopathy the physical pathological change at the material level, in this case a peptic ulcer, is only a small part of the information needed to apply the law of similars. A great many other signs and symptoms also appeared to be indispensable. The peptic ulcer belongs to the material aspect of disease, it can even be seen in a dead body, which only consists of matter. The other symptoms mentioned can only exist in an individual that is alive, and cannot be explained by the mere existence of the peptic ulcer alone; most of these symptoms had even existed before a peptic ulcer developed. Thus, homeopathic prescribing is based on both the symptoms belonging to the dynamic as well as the material aspects of the disease.

Generally speaking, the first symptom of disease (= dis-ease) is a feeling of uneasiness. Later on, disease starts revealing itself through a succession of symptoms. As the disharmony progresses, more definite indications start appearing, first in the form of subjective symptoms, i.e. abnormal sensations and complaints, then followed by objective symptoms ('signs'), i.e. abnormal data like disordered functioning of affected organs and systems, and later on even structural alterations in the tissues and organs, detectable by means of tests and other measuring procedures. Subjective and objective symptoms together furnish the 'external' evidence of disease. In homeopathy these very symptoms point to a curative remedy.

Homeopathy assumes the concept that functional disturbances usually precede structural changes in tissues and organs. Thus, pathological changes do not represent the cause of disease but its effects.

The basis in homeopathic thought is that health is not a static condition but a stage of development, i.e. a dynamic process that tends towards homeostasis. This concept presupposes a built-in self-regulation mechanism, which protects equilibrium against loss of balance. Disease reflects an attempt to restore an out-of-balance state, resulting from disturbing physical, chemical, genetic and emotional factors. Disease is conditioned by susceptibility and it manifests itself through symptoms in the mental/intellectual, emotional and physical plane. The self-regulation mechanism is regarded as responsible for protection against the loss of balance as well as for its recovery. All that a doctor can do towards cure (as opposed to palliation, supression or alation), is to assist the process of recovery, to stimulate this self-regulation mechanism.

Homeopathic remedies appear to induce a process of re-establishing vital functions by stimulating this self-regulation mechanism. This is most likely to result in complete cure in cases where only functional derangement has occurred. The more structural the changes that have been caused by the disorder, the more partial a recovery will be. If a disease process has come to an end and the tissue damage has become irreversible, homeopathy will only have a palliative effect.

A homeopathic treatment can be rapidly successful in acute illness but in chronic illness recovery may take a considerable time in view of the necessary internal re-establishing of the patient's constitution.

Homeopathy in actual medical practice

Homeopathy is a medical discipline. High quality homeopathic care warrants a full medical qualification, as well as a high quality training and qualification in homeopathy. Thus homeopathy is provided within a safe medical context and within a broader care plan, which includes, as a must the knowledge of conventional medical diagnosis, prognosis, and treatments. Homeopathy can often be an alternative to conventional therapies, at times it is a complement to other approaches, and at times it is not indicated like any specific medical method.

Homeopathy takes considerable training because the therapeutic objective, as well as the practical approach to illness, differs widely in homeopathy, as compared to conventional medicine. The homeopathic case-taking and subsequent analysis can be very time consuming and it requires a very high level of skill and perception on the part of the prescribing doctor in order to achieve consistently successful results. In individualized homeopathic practice, doctors attempt to identify the single remedy that corresponds to a patient's constitution, a complex picture incorporating current illness, medical history, personality and behavior.

Although homeopathy offers a different approach to the concept of illness and its relationship to the patient, homeopathic doctors work in much the same way as their conventional colleagues. History, examination, and investigation are all in once in patient management. Homeopathic prescribing, is based on a holistic assessment as well as pathological indications. All aspects of the case and of the patient are important. The selection of the homeopathic remedy is based on objective symptoms (´signs`) and subjective symptoms, emotional and physical reactions to the illness, tolerance and reactions to weather and environment, the patients personality prior to onset of disease, genetic markers like physical build, skin and any events in family history of particular diseases.

Indications for homeopathic treatment

As homeopathy stimulates the self-regulation mechanism, it is easy to see that, in principle, most illnesses can benefit from homeopathic treatment. The therapeutic possibilities, of course, depend on the extent to which the organism is able to recover. Limitations for example are specific surgical indications, and gross anatomical changes, like a tumour, that has evolved. However, in incurable stages of a disease homeopathic treatment may relieve the patient.

Homeopathic doctors treat patients with diseases, ranging from asthma to arthritis, migraine, skin disease, depression etc. can be successfully treated with homeopathic remedies. Homeopathy offers therapeutic options where conventional treatments have failed or stagnate, where they do not exist for the problem, where they are contraindicated or not tolerated.

There are no contraindications for homeopathy, but, in particular cases, other methods can be more useful. As a method for MD's, physicians have to know the indications and limits of homeopathy, and, in part, the limits depend upon their education and their experience.

Homeopathic treatment is compatible with other medication, (but a homeopathic doctor seeks to reduce medication when possible). Moreover, *homeopathy can often be used as a first option in certain problems, keeping more costly and potentially toxic treatment as a second option.*

As a medical method, homeopathy can be used in general and specialized medicine. Following the principles of homeopathy, both general practitioners and specialists have to

seek to integrate the most relevant symptoms and signs of the person in selecting the correct treatment.

a. Homeopathy in General Medicine
Most homeopathic doctors are practising as general practitioners. Depending on their education and experience, they use homeopathy as and when appropriate.

b. Homeopathy and medical specialties
Specialists make the diagnosis in their specialty. But as with all homeopathic doctors they must look at the totality of symptoms and constitutional signs of the patient to select the appropriate treatment.

c. Homeopathy in acute disease
When indicated, homeopathy in acute diseases can act very fast depending on the selection of the right remedy and the possibilities of regulation of the patient's organism. Case taking in acute diseases takes less time than in chronic cases, considering mainly the acute symptoms, as described before as the ´complete symptom`.

d. Homeopathy in epidemic diseases
The symptoms of the epidemic disease are more important than constitutional symptoms. There is much experience in treating patients in epidemics since the 19th century.

e. Homeopathy in chronic diseases
Homeopathy can objectively heal chronic diseases or ameliorate objectively, or at least ameliorate subjectively the quality of life. It also can be a help as a palliative method and for treating side effects of conventional therapy.

f. Homeopathy and psychosomatic diseases
Often a psychological origin can be found in psychosomatic diseases. Concerning this origin, it is possible to find a homeopathic remedy which is able to change reactions or bring illnesses into health.

g. Homeopathy in pregnancy, birth and lactation
As a method without side effects, homeopathy can be indicated to help women during pregnancy, in labor and delivery, as well as during nursing of the infant.

h. Homeopathy in childhood
Children react generally in a prompt and positive manner to homeopathic remedies. Homeopathy helps on the individual to raise health and to prevent chronic diseases.

i. Homeopathy in geriatrics
Physical reactions of older people are often slower than those of young people, but, even in an advanced age, homeopathy can cure and enhance the quality of life.

j. Homeopathy in Trauma and Surgery
The healing process after injuries, traumas and surgery can be helped by homeopathy. In certain cases of non urgent surgical intervention, operations even could be avoided.

k. Homeopathy and Veterinary medicine
The objective effects of homeopathy on animals proves that it acts also when a phenomenological approach to diagnosis is adopted.

l. Homeopathy in Dentistry

The dentist has also to look for the totality of the symptoms of the patient when treating local conditions of the mouth.

m. Homeopathy and Pharmacy

Many countries already have an official homeopathic pharmacopoeia. Pharmacy students should be informed about the general basis of homeopathy. A certificate course for pharmacists in homeopathy exists in many countries.

THE HISTORY AND DEVELOPMENT OF THE EUROPEAN COMMITTEE FOR HOMEOPATHY AND THE WORK OF ITS EDUCATION SUB-COMMITTEE
THE HISTORY END DEVELOPMENT OF THE LIGA MEDICORUM HOMOEOPATHICA INTERNATIONALIS AND ITS WORKING COMMITTEE FOR EDUCATION

HISTORY

In 1990, the European Committee for Homeopathy (ECH) was founded by the European National Vice Presidents of the Liga Medicorum Homoeopathica Internationalis (LMHI) during the 45 th Congress of the LMHI in Barcelona. From the very start it has been intended to strive to represent all homeopathic doctors in Europe.

The ECH is comprised of multiple subcommittees, and the Education subcommittee is just one. There are also ECH subcommittees for Political Affairs, Research, Pharmacology, Materia Medica and Homeopathic Provings, Veterinary Homeopathic Medicine and Patient Affairs.

From the beginning, it has been clear that teaching homeopathy methodically is one of the main activities the profession should ensure. The first paper on this theme was presented in Vienna during the congress of the Liga Medicorum Homeoepathica Internationalis (LIGA) in 1993: 'The Programme of Basic Teaching Standards'. It was published in the booklet 'HOMOEOPATHY IN EUROPE' (1994). It is a clear and concise summary of aims and objectives of homeopathic teaching. But the degree of implementation in the homeopathic schools in the member countries was variable. To tackle this problem the Dutch foundation for Homoeopathic Education organised the 'First European Conference on Homoeopathic Teaching' in Loosdrecht, Holland in 1994. The main goal of this conference was to assist the implementation process in all the member countries by bringing together colleagues from all over Europe.

In 1996 a questionnaire was sent out to all allied schools in order to obtain an inventory of the level of implementation and the state of development of the teaching programmes in the different schools at that time. The results made clear that there was a need for more comprehensive guidelines for developing homeopathic teaching and programme design.

During the Teachers' Congress in Crieff, Scotland, a continuation of the Loosdrecht conference, it was decided to re-write the PBTS (Programme of Basic Teaching Standards) in such a way that it could function as a guideline for developing programmes and as a touchstone for the existing ones. In 1999, the Viennese homeopathic school organised the third international teachers meeting, after Loosdrecht and Crieff.

The Liga Medicorum Homoeopathica Internationalis (LMHI) was founded 1925. The purposes of the association are the development and securing of homeopathy worldwide and the creation of a link among licensed homeopaths with medical diplomas and societies and persons who are interested in homeopathy. The LMHI is currently representing 70 countries worldwide.

The LMHI is comprised of different working areas and the working committee for Education, directed by the Secretary for Education, is just one. There are also LMHI secretaries for Research, Public Relations, Dentistry, Pharmacy, Veterinary, Newsletter and Archives.

In 2005,in Köthen, Germany, during the 60th Congress of the LMHI, a working committee of the LMHI, under the guidance of the Secretary for Education designed and developed the "Guidelines on Basic Training and Safety in Homeopathy" (Medical Homeopathic Education Standards). These Guidelines have been adopted in 2005 by the International Council of the LMHI.

OBJECTIVES

The final aim of these activities is to achieve a consensus about the homeopathic body of thought together with a clear description of its controversial elements. As long as controversies give rise to competing doctrines, a lot of energy will be lost. In the past this has been the case. It is an aim of the Committee(s) of the ECH and LMHI that we use these debates to further development of the method, not to fragment our efforts.

Although it will never be the aim to eliminate cultural differences in the schools as they have been developed in different countries, while programmes need not be identical, they should become equivalent.

One of the main means of achieving these aims is through a systematic and structured exchange of information, experience and knowledge. The three teachers' conferences, as they have been organised so far, have made good progress in this direction.

In addition to this, there needs to be a systematic reporting and evaluation of the activities and achievements of allied schools. This will lead to an accumulation of documentation as a source for future reference and further development.

The result of all these activities is presented in this booklet:
MEDICAL HOMOEOPATHIC EDUCATION STANDARDS

PROFILE OF A QUALIFIED HOMEOPATHIC PHYSICIAN

All doctors are entitled to practise medicine by virtue of their medical qualification. The therapeutic objective as well as the practical approach to illness differs in homeopathy as compared to conventional medicine.

A homeopathic physician will be a fully qualified medical practitioner additionally trained in homeopathy, and qualified to integrate it into patient care within the context of general medical practice, conventional specialist practice or full-time homeopathic practice. S/he will bring to the consultation all the ethical and professional values, competence and responsibility that are expected of a medical practitioner; forming an all round assessment of the patient's needs, and collaborating with other health care practitioners whose care the patient is already receiving or may need.

The general qualities of a homeopathic physician

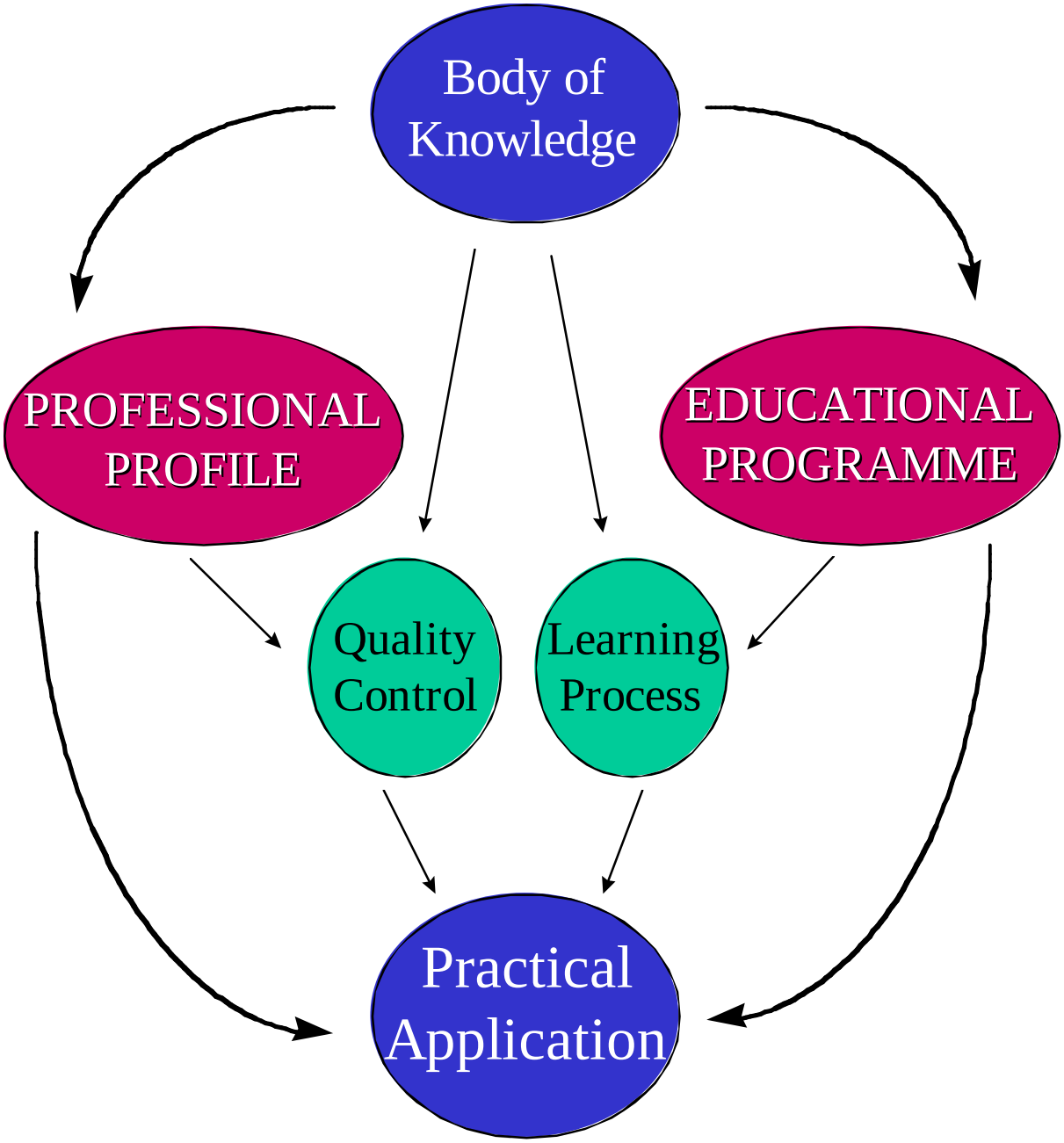
- Awareness of the scope and value of homeopathy for the physician's own patients or the community in which they work, and the ability to understand and integrate its contribution to patient care
- Fuller understanding of health and of the dynamics of illness, and a new outlook on chronic disease
- Renewed and broadened interest in clinical medicine
- Clinical and communication skills; particularly in case taking and in the ability to listen attentively to the details of the patient history, and to study carefully the 'march of events' in the development of the disease
- Perceptiveness of the patient as an individual and as a person, and of all aspects of the human condition
- Awareness of the capacity for self-regulation and self-healing, and the possibility of stimulating these processes
- Understanding of the importance of the therapeutic encounter itself
- Awareness of the scientific implications of the subject, its evidence base, and the arguments that surround it
- Enhanced therapeutic repertoire
- Increased quality of patient care and vocational satisfaction

This profile is more fully described in the list of tasks and learning objectives in the curriculum.

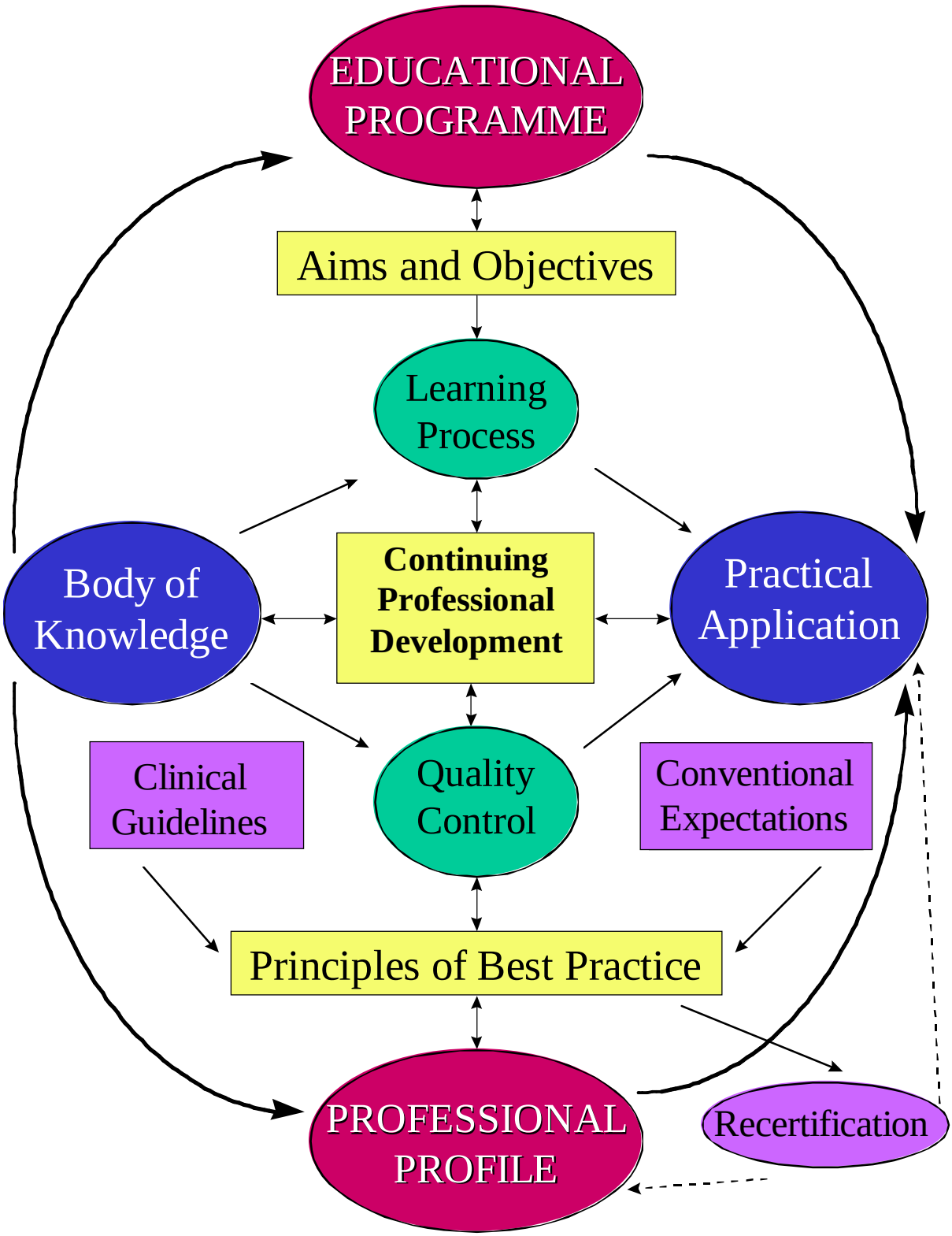
Doctors who have completed the training described in this curriculum may be working in any clinical setting, and will apply their knowledge and skill in a way that is appropriate to that setting. Their usual medical work may continue to be their core clinical activity complemented by the use of homeopathy. Alternatively, *and usually*, part or all of their working time will be dedicated to the use of homeopathy as their main therapeutic method, as generalist or a specialist in particular medical field (e.g. gynaecology or paediatrics). Subject to the regulations prevailing in their own country, they will have the ability and authority to manage a wide range of clinical problems in patients consulting them directly or referred by other colleagues that lie within the scope of their own conventional clinical expertise.

THE EDUCATIONAL MODEL

The learning process is formalised in an educational programme. The quality control, that is needed to guarantee good medical practice, is based on a formulation of what a homeopathic doctor is meant to be, which is the professional profile. The professional profile is described by the body of knowledge the practitioner has learnt through the educational programme and is kept up to date by quality control efforts and an on-going learning process. From this the practitioner distils the best practical application of the body of knowledge.



This diagram describes how all educational endeavours feed into the practitioner profile and eventually into the practical application of homeopathy. The practical application and continuing professional development inform the body of knowledge and over time change the education process and the professional profile. The importance of this diagram is the illustration of the interconnectivity of all elements, and when key elements in the diagram change and evolve, other elements should also change and evolve.



TEACHING, CLINICAL EXPERIENCE AND SUPERVISION; FORMATIVE ASSESSMENT

As has been implied already, course design and teaching methods will be the responsibility of individual teaching centres, or lead organisations within member states, provided that they meet the learning objectives described in this curriculum. The state of affairs in different countries is described in the last section of this document. One essential component of the educational process, however, is supervised clinical experience. This will include experience of the student observing the teacher at work, and of the teacher observing the student, as well as discussion and analysis of the student's cases on paper, in various combinations at various stages of a course; but all these methods are expected to form part of the student's learning experience.

This part of the training, together with assignments, will contribute to the continuous assessment of students' progress, according to the practice of individual schools.

CURRICULUM

THE ECH – LMHI EDUCATIONAL REQUIREMENTS IN OUTLINE

The broad outline of the curriculum shows the immediate relationship between the task domains and responsibilities - the specific components of the general profile of a homeopathic physician which has already been described, the broad learning objectives, the more specific learning outcomes in brief, and the relevant assessment of these. These elements of the curriculum are described more fully in the text which follows.

This structured, postgraduate training programme qualifies medical doctors to use homeopathy in any clinical setting (such as General Practitioner; Paediatrician etc.) and enables them to apply their knowledge and skill in a way that is appropriate to that setting. It leads to the standard homeopathic qualification

HOMEOPATHIC KNOWLEDGE AND SKILLS

- Comprehensive knowledge of the history, principles and concepts of homeopathic medicine, as described by Hahnemann in his Organon, 6. edition; the ability to communicate these to others
- A clear understanding of the possibilities of homeopathic treatment, and its limitations for individual patients
- Good skills in homeopathic case taking and analysis
- Comprehensive knowledge of the Materia Medica and comparative Materia Medica of a specified list of homeopathic medicines
- Knowledge of the key features of a specified list of minor homeopathic medicines
- The ability to identify the indicated medicines reliable and to differentiate between them
- The ability to apply their knowledge of homeopathy appropriately to all health needs, including chronic and complex disease
- Thorough understanding of the homeopathic therapeutic method
- Understanding and discrimination of the role of homeopathy in integrated patient care
- The ability to communicate to non-homeopathic colleagues the role of homeopathy in patient care, particularly in the shared care of individual patients
- General understanding of the principles and methods of homeopathy pharmacy
- Awareness of scientific issues, research activities and evidence relating to homeopathy; the ability to communicate these

This training should comprise 600 hours including a minimum of 350 hours class teaching, The training has to include sufficient clinical training and clinical experience recommended to be completed in a period of 3 years. Due to medical education training within Europe, the ECH standards for accreditation will apply.

This training programme corresponds to /covers the contents of the teaching programmes of LMHI and ECH and is applied by most of the homeopathic schools worldwide.

PROFILE

A homeopathic doctor will be a fully qualified medical practitioner additionally trained in homeopathic medicine and qualified to integrate the practice of homeopathy into patient care, within the context of general medical practice, conventional specialist practice or specialist homeopathic practice. The extent of the homeopathic component of practice will depend on the level of training in homeopathic medicine to which s/he has progressed.

FULLER SPECIFICATION OF THE CURRICULUM

Synopsis

On successful completion of training, in addition to the attributes already described in the profile, doctors will have

- comprehensive knowledge of the history, principles and concepts of homeopathic medicine; (natura morborum medicatrix, the law of similars (*similia similibus)*, individuality of the patient and the remedy, pure experimentation, minimal dose and potentized remedies, the homeopathic concept of chronic disease and the vital force) and the ability to communicate these to others
- sufficient, supervised clinical experience in homeopathic medicine
- enhanced skills in doctor-patient relationships and communication
- good skills in homeopathic case taking and analysis
- a comprehensive knowledge of the Materia Medica and comparative Materia Medica of a specified list of major homeopathic medicines
- knowledge of the key features of a specified list of less frequently used homeopathic medicines
- the ability to identify the indicated medicines reliably and to differentiate between them
- a thorough understanding of therapeutic method
- the ability to apply their knowledge appropriately *to a wide range of* health needs, including chronic and complex disease
- understanding and discrimination of the role of homeopathy in integrated patient care
- understanding of the relationships and interaction of homeopathic and conventional regimes, including the problem of suppression
- a disciplined and informed approach to inter-professional care
- the ability to communicate to non-homeopathic colleagues the role of homeopathy in patient care, particularly in the shared care of individual patients
- awareness of the limits of their personal competence and when and how to seek specialist assistance
- knowledge of the scientific issues, research activities and evidence relating to homeopathy; the ability to communicate these
- understanding of the basic principles of research methodology; some experience of auditing their use of homeopathy in clinical practice
- understanding of the principles of good practice as they apply to homeopathic medicine; a commitment to life-long learning and clinical audit

Doctors trained to this level will be eligible to sit the qualifying examinations of the official regulating organisations for homeopathic physicians in their respective counties. Their status must be maintained by fulfilling the requirements for continuing professional development in homeopathy and in the relevant core medical discipline proposed by those organisations.

Doctors who have completed training may be working in any clinical setting, and will apply their knowledge and skill in a way that is appropriate to that setting. Their usual medical work may continue to be their core clinical activity complemented by the occasional use of homeopathy. Alternatively, all or part of their working time will be dedicated to the use of homeopathy as the main therapeutic method.

Syllabus

Learning objectives are shown in italics. The more specific learning outcomes are shown in plain type.

THE CARE PROCESS

The role of homeopathy:
The student will understand the appropriateness of homeopathy to the needs of the patient.
The student will know the scope and limitations of homeopathy, the indications for its use and the obstacles to its effectiveness; be able to judge the indications for homeopathy or another form of treatment; and be able to assess the case from an allopathic point of view. S/he will be able to assess the indications for use of the homeopathic method in relation to the disease' presented by the patient. (The concept of a 'natural disease', as understood in homeopathic philosophy, is discussed elsewhere in this document.)

The role of the physician:
The student will understand the attributes, responsibilities and personal work style of the homeopathic physician vis-à-vis her/his conventional role and the role of other healthcare practitioners.
The student will be aware of his/her role and responsibilities in context of the national healthcare system, and will understand that a homeopathic physician's attitude towards providing care does not differ essentially from that of any graduate physician. S/he will understand the fact that in homeopathy the patient's existential subjectivity is highly valued, and that it is therefore the physician's task and responsibility to be self-aware. This means that, standing firmly in the knowledge and skills s/he has acquired, s/he is able to show professional objectivity, free from prejudice, conscious of the influence of personal emotions and aware of personal shortcomings and characteristics which may affect the doctor-patient relationship.

S/he will learn to understand her/his personal style of, how it affects the consultation, and how to apply it appropriately and effectively.

The role of the patient:
The student will understand the motivation of the patient and his/her responsibility in the care process.
The student will acquire knowledge and understanding of patient centred factors in the consultation and care process, including patient motivation and expectations, and ability to take account of these in discussing and planning treatment.

The consultation process:

The student will enhance his/her understanding and skills relating to the doctor-patient relationship.

The student will understand more fully the subjectivity of the patient's experience of illness, the importance of the physician's self-awareness and reflective practice and the dynamics of the doctor-patient relationship, and become more skilful applying this understanding in consultation and case taking.

Continuity of care and record keeping:
The student will develop best practice in record keeping for continuity of care and for maintaining clinical standards.
The student will know and be able to apply the essentials of good record keeping for care planning and effective follow-up care, audit and research. S/he will have the necessary knowledge and skills to be able to keep a full record of consultation, case taking and analysis, differential diagnosis and treatment that will allow continuous assessment of the progress of the case, and facilitate communication with others involved in the care of the patient, and when appropriate allow participation in data collection, audit and research purposes.

Integrated care:
The student will develop best practice in procedures to ensure effective integration of care.
The homeopathic physician will understand his/her role of providing a second opinion in relation to other health care workers, and the responsibility and ethical issues that attach to this. S/he will develop an attitude of openness, mutual respect and partnership towards communication with colleagues, the broader medical community and the public. S/he will develop best practice in documentation and communication for liaison with colleagues and other health care practitioners, and for informing the patient and their family about the intended therapy, its possibilities and limitations.

Patient information:
The student will develop best practice in providing information to patients and the public.
The student will be able to communicate timely, appropriate and sufficient information regarding the aims, expectations and process of treatment to individual patients and the public. S/he will be able to give the patient appropriate information about the treatment and the remedy, and about the possibilities and limitation of homeopathy in general and in this particular case.

Students will be able to explain homeopathy as a method and their personal way of practising it for the benefit of colleagues or the public.

CASE MANAGEMENT AND CLINICAL METHOD

History and principles:
The student will have thorough knowledge of the principles of homeopathic method and its historical and contemporary development.
The student will have a thorough knowledge and understanding of the homeopathic body of thought, of the homeopathic concepts of disease and healing, potentisation, drug action and miasmatic theory, and their systematic application in acute as well as chronic disease. S/he will have sufficient knowledge of the historical development of the concepts and models that constitute the homeopathic method, as they are implied in the original literature, and their interpretation and development in contemporary thought and practice, including a knowledge of the different prevailing homeopathic schools and doctrines, and awareness of the controversial subjects within the homeopathic scientific community. S/he will be able to assess the indication for the use of the homeopathic method as it relates to the complaints presented by the patient.

The evidence base:

The student will have knowledge of relevant research methods and evidence relating to homeopathy.
The student will have outline knowledge of in vivo, in vitro, cellular, plant, animal and human experiments, basic and clinical research, and significant trials, meta-analyses.

Case taking and analysis:
The student will have a thorough knowledge of methods of case taking and analysis; skill in their application.
The student will be skilled in eliciting, formulating, analysing and recording history, symptomatology, individuality, differential diagnosis, and repertorisation (knowledge of the set-up and the use of different repertories), in short and long-term case management. S/he will have all the necessary skills, particularly communication skills, to take and analyse a case: to collect all necessary data for the choice of a remedy, by means of interrogation, physical examination and all further indicated means; to check if the collected data are complete (totality of symptoms); to assess the relative value of relevant symptoms (hierachisation, valorisation); to select the simillimum, by synthesis or pattern recognition, repertorisation and knowledge of materia medica, and to identify other treatment strategies; to detect obstruction to homeopathic treatment and identify any possible means of eliminating them; to assess the reaction to the remedy (Hering's law); to analyse an acute case; to perform a constitutional analysis in a chronic case; to analyse an acute episode during the treatment of chronic disease.

The student will understand the prognosis of homeopathic treatment in relation to the vitality, age and medical history of the patient, and the general medical-nosological diagnosis. S/he will have the skill to keep long-term case management transparent, so that the aim and feasibility of the treatment is kept constantly under review.

The student will be skilled in repertorisation, using books and/or computer repertories, including the selection of repertory rubrics and the use of different repertorisation strategies.

The student will be skilled in eliciting and analysing the reactions to the remedy.

Materia medica:
The student will have extensive knowledge of the materia medica of homeopathic medicines, according to the prescribed list of homeopathic medicines and the required depth of knowledge of each.

The student will know the sources and development (origin of the substance, pathophysiologic and toxic effects, pathogenic symptoms in the original sources, the picture of the remedy, developed from the experience of many generations of homeopathic practitioners, proving symptoms, clinical symptoms, relationship to other remedies), categories, drug pictures (symptom patterns), differential diagnosis and relationships, of the prescribed homeopathic medicines; the origin of the homeopathic materia medica, including provings, clinical verification; the relationship of remedies (differential diagnosis); the development, characteristics and use of different, materia medicas and different repertories. A prescribed minimum list of 100 remedies will be defined by the school responsible for education and training in each country, subject to general consensus.

Therapeutics:
The student will possess thorough knowledge and understanding of therapeutic methods, and skill in their application.
The student will have a thorough knowledge of therapeutic indications, prescribing strategies and the use of potencies, and be skilled in applying this knowledge throughout the progress of the case. S/he will have the knowledge and ability to choose a strategy that fits the case; to choose the appropriate potency, having a sufficient knowledge of different potency scales and their effects; to determine the indications for homeopathic treatment in general and in a given acute or chronic case; to choose and justify the strategy in a given acute or chronic case; to determine and justify all practical steps that should be taken on the basis of the case analysis; to undertake chronic and long-term case management; to recognise and interpret the reactions to the *remedy,* and develop the strategy accordingly; to recognise and treat intercurrent acute states during the treatment of chronic disease; to understand the principles which determine the prognosis of homeopathic treatment in relation to the chosen strategy, remedy and potency.

Clinical experience:
The student will acquire practical skill in homeopathic clinical method.
Students will acquire homeopathic clinical skills by exposure to patients under the supervision of experienced homeopathic physicians appointed by their school. Clinical practice must include practical and clinical work, besides the theoretical aspects. Several forms of training are proposed, as follows:

a. Hospital and out-patient clinics

b. In the presence of the training course supervisor, the student

. either observes the consultation

. or takes the responsibility for the consultation under the supervision of the training course supervisor

c. Consultation without the training course supervisor presence, and clinical exercises (paper cases, video cases, life cases).

The objective of this aspect of training programme is to ensure that the student is able to demonstrate the ability to use homeopathic knowledge and clinical management and therapeutic skills.

If possible, the students should have taken part in a proving, as this enhances their observational capacities.

Pharmacy:
Students will acquire knowledge of methods of homeopathic pharmacy.
Students will know the various methods of preparation of medicines, the different potency scales and their application, the variety of dosage forms and their application.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Of the physician:

The student will be motivated towards participation in continuing education, and will be expected to follow the requirements for CPD that prevail in his/her own country, or that may be proposed by his/her own school of homeopathy, to enhance both homeopathic and conventional knowledge and skills.

The student will develop the willingness and ability to keep up to date with advances in knowledge, in conventional and homeopathic medicine and to gain from a variety of learning experience; will appreciate the importance of staying informed about recent developments by reading literature, attending refresher courses and congresses, etc. On an individual level s/he will develop the habit of continuously evaluating the results of treatment, and working within the bounds of his/her therapeutic skill. On an inter-colleague level, s/he will develop the habit of discussing his/her work with colleagues, individually or in peer-groups, and, if necessary with representatives of other disciplines. S/he will learn to translate the learning gained from professional publications into consequences for his/her own professional behaviour. S/he will be able to read scientific literature, judge its quality and benefit from it . S/he will be informed about methodological problems in homeopathic research, and familiar with the ways in which new knowledge is to be distributed by means of publication in journals, on the internet, contributing to congresses, etc.

Of the profession:

The student will accept responsibility for dissemination of personal experience and new knowledge.

The student will have an awareness of, and willingness and ability to use opportunities to disseminate his/her own learning and new knowledge within conventional and homeopathic medicine. On an inter-colleague level, s/he will discuss his/her work with colleagues, individually or in peer-groups, and with representatives of other disciplines. S/he will be able to contribute to the development and distribution of the materia medica by means of documentation and evaluation of his/her own patient data. S/he will be committed to informing the profession of new knowledge and insights from publications or other sources about conventional medicine which are relevant for the homeopathic profession. The student will be stimulated to develop a willingness to contribute to teaching, tuition and supervision.

ETHICAL, SOCIAL AND POLITICAL RESPONSIBILITIES

Patient information: see under Care Process.

Accountability:

The student will understand and accept responsibility to maintain and demonstrate best practice, developing the habit of self-criticism and reflective practice, and involvement in peer evaluation and revalidation.

Regulation:

The student will understand and accept his/her responsibilities within the statutory regulatory framework.

The student will understand and accept his/her responsibility to regulatory bodies for revalidation, and requirements for or restrictions on homeopathic practice, and will know the legal implications of his work as a homeopathic physician.

Political issues:
The student will understand the political status of homeopathy in the world.

STANDARDS FOR EXAMINATION IN HOMEOPATHY

1 The examination will be open only to medical practitioners registered with appropriate medical authorities in their own country who have completed a course of training which conforms to the standards set out in previous sections of this document.

2 The panel of examiners should include a majority of doctors with a minimum of five years experience in the practice of homeopathy, approved by the representative organisation of homeopathic doctors in that country.

3 The examination will ensure that successful candidates fulfil the medical homeopathic educational requirements specified in this document in respect of the profile of the homeopathic physician. That is, the description presented here of the roles, functions and responsibilities of a homeopathic physician appropriate to the clinical setting in which s/he works.

4 The examination will test the learning objectives

- Knowledge, skills and attitudes, specified in this curriculum:
  - homeopathic principles and the history of their development (the law of similar and its application to therapy;
  - the concept of individualisation; the perception and evaluation (hierarchy) of the totality of symptoms;
  - the process of searching for the most suitable remedy that has shown to provoke, in a healthy organism, the symptoms manifested by the patient;
  - the determination of the dose and the appropriate dilution, as well as its correct administration;
  - the evaluation of the reactions of the patient to a homeopathic remedy;
  - knowledge of the conditions for repeating the dose and dilution;
  - the concept of chronic disease; the development of illness and disease; the prevention of illness;
  - the ways in which remedies have been found to have homeopathic value and, in particular, the conduct necessary for the proving of remedies by controlled experiments;
  - the approach used in emergencies, defective and terminal cases, mental disorders, one-sided cases etc..;
  - knowledge of the indications and limits of the homeopathic method, the concept of palliation and incurability;
  - long term case management; Comprehension of nosologic entity and differential diagnostic (cross references).

- Clinical and therapeutic methods
- Case taking and analysis
- Repertorisation
- Materia medica
- Prescribing strategies
- Consultation techniques, including communication skills and the doctor-patient relationship
- Knowledge of homeopathic pharmacy
- Case management and following up
- The scientific and evidence base of homeopathy
- The integration of homeopathic medicine within the broad spectrum of medical care.

It will ensure that they can be applied competently and sensitively across a wide spectrum of morbidity and human need, both in the context of the practice of homeopathic medicine and of general medical practice.

5 The examination will expect the physician to possess the competencies appropriate to his or her general medical training and any other specialist training s/he has received and makes available to the public. It will not necessarily, however, take this for granted and the candidate may be expected to demonstrate a satisfactory level of general medical competence, sufficient to enable him or her to practice with the degree of independence required of a general practitioner or independent private medical practitioner, and that will satisfy the requirements of the relevant accrediting and regulating authority for medical practice in his/her country.

6 The examination will consist of a mix of assessment techniques which require candidates to demonstrate their theoretical and practical knowledge, skills and attitudes. For example:

- written papers, which may include (at the discretion of the examining body) multiple choice questions, essay type questions, modified essay questions (clinical problem solving scenarios), standardised cases, or other such methods
- presentation of cases managed by the candidate in his/her own practice which demonstrate general clinical competence, a good relationship with the patient, and homeopathic skills in case-taking and analysis, prescribing and follow-up care
- face-to-face appraisal, using live patients and/or case studies to explore the candidate's knowledge, understanding and competence in case analysis and management.
- practical test of homeopathic pharmacy

These techniques should be shown to conform to the prevailing standards of professional assessment

7 The examination may be conducted wholly or in part either centrally or by accredited schools within a member state, according to the approved method for implementing these standards by the lead organisation for homeopathic medicine within each member state and its Board of Examiners. Where responsibility for any part of the assessment is delegated to a school affiliated to that lead organisation, the organisation will be responsible for accrediting and moderating the process

8 The examination may be set in separate stages to assess different parts of the syllabus at different times, at the discretion of the lead organisation, provided that it meets these standards in every other respect.

9 A dissertation may be required by some examining bodies, but is not regarded as an appropriate form of assessment at this level of qualification, although it might be required for a higher level of qualification.

10 The standard of performance required to pass the exam (the pass mark) will be established by the examining board in each member state, and a common standard recommendation is to be elaborated.

SPECIALIST HOMEOPATHIC QUALIFICATION

Apart from the standard homeopathic qualification, there is a need for a specialist homeopathic qualification. The specialist training level is comparable in scope and depth to other specialist medical disciplines and requires a minimum of 4 years fulltime theoretical and clinical training after their basic medical training.

The aim is the title of a MEDICAL SPECIALIST IN HOMEOPATHY.

Homeopathic knowledge and skills

- A deep understanding of the nuances of the patients constitution and symptomatology from the homeopathic perspective
- A broad knowledge of a comprehensive range of homeopathic medicines, their essential characteristics, their relationships and comparisons
- A full gasp of the subtleties of homeopathic case taking and analysis and case management
- A thorough knowledge of homeopathic treatment methods and how to develop treatment strategies for patients with different needs
- The ability to employ their skills and experience in identifying homeopathy medicines and treatments strategies in the most complex cases, medically or homeopathically
- The ability to develop the homeopathic treatment to its fullest potential in the individual patient
- An understanding of the implications of homeopathic medicine for medical science, clinical practice, integrated health care and service delivery
- Knowledge of the scientific issues, research activities and evidence relating to homeopathy; the ability to communicate these. Ideally acquired through attendance on research methods courses.
- Knowledge of homeopathic pharmacy
- The ability to represent the role and potential value of homeopathy in patient care with authority, to other specialists and general practitioners, and to administrators
- The ability to supervise other health care practitioners in their study and practice of homeopathy

PROFILE OF A MEDICAL SPECIALIST IN HOMEOPATHY

Doctors who have completed the specialist training in homeopathy are able to work in a hospital or community setting or in private practice. They will have the ability to manage independently any clinical problems that are referred to them, and to accept the most complex problems referred to them by other homeopathic doctors. They will have the expertise to develop the provision of homeopathic services in their region. They will be expected to supervise junior colleagues in training, and to undergo training themselves for this purpose.

APPENDICES

As the LMHI and ECH include also dentists, veterinary surgeons and pharmacists as members, the respective teaching guidelines are included in the following appendices.

APPENDIX 1

GUIDELINES FOR HOMEOPATHIC PHARMACISTS

The homeopathic pharmacist should be capable of the following:

- to understand the process of health-illness within the homeopathic perspective and the principles of homeopathy;

- to have the scientific knowledge, technical capacity, and capabilities to produce homeopathic remedies, with the standards of good manufacturing practice;

- to contribute to the policies of promotion, prevention and recuperation of health;

- to contribute to the advancement of homeopathic science and technology;

- to participate with working scientific teams;

- to follow ethical and responsible principles for the benefit of the individual and the public health;

- to look continuously to increase his knowledge.

The curriculum for a Certificate in Homeopathic Pharmacy should have a minimum of 250 hours and should include the following theoretical and practical subjects:

- Principles of Homeopathy

- History and Philosophy in Relationship to Homeopathy

- Legislation and Ethics

- Homeopathic Semiology

- Homeopathic Pharmaceutical Basic Consultation

- Homeopathic *Materia Medica*

- Homeopathic Pharmacy

- Quality control

- Homeopathic Pharmacotechnics

- Homeopathic Practice in Laboratory

- Bibliography

APPENDIX 2

GUIDELINES FOR HOMEOPATHIC DENTISTS

HOMEOPATHY DENTISTRY SPECIALIST REQUIREMENTS

Formed in an extended post-graduated homeopathic course with deep founded information, capacity and ability.
This course should be coordinates for homeopathic dentist doctors together with homeopathic doctors and pharmacists, giving to the student the scientific knowledge that the illness is a disharmony of the integrated organism function, expressed, over than the physical stage, looking for the emotional and mental harmony.

- *It should make clear the process of health-illness based in the homeopathic law and principles.*

- It should inform the students the rules of homeopathic pharmacy procedures and techniques.

- The course should have the approval of the national homeopathic dentistry association, concerning to the specialty rules of the national dentistry federal department.

- A homeopathic dentist should have the ability to promote the prevention and treatment of mouth diseases and return the health of his patient, preserving and following the professional ethics, developing the habit of self-criticism, maintaining the interrelationship between the other medical specialties.

- He should promote the homeopathic policies and defined homeopathic rules.

- He should contribute for the homeopathic advanced science, participating in homeopathic congresses, seminars and meetings, demonstrating his clinical experiences and increasing his knowledge.

- He should give his contribution and promote the homeopathic efficacy at the public health service.

- Continuous Professional Development

- The Curriculum for a Certificate of Proficiency in Homeopathy should have a minimum of 600 hours and for a Specialist in Homeopathic Dentistry should have a minimum of 1200 hours in the total (theoretical, practical and thesis presentation). The practical lessons must have a limit of 12 students and the half dentistry equipments with the supervisor presence.

CURRICULUM OF THE THEORETICAL LESSONS

- Philosophy and History of Homeopathy – Hahnemann Life and Work
    - Vitalism under Hahnemann View
    - The Similitude Principle history from Hippocrates until Hahnemann
    - Experimentation in a Healthy Man
    - Minimum dose concept and its pharmacodynamics power

- Single remedy - Ill patient individualization and the remedy scientific value
- Hahnemann view about the man and the healthy, illness, unhealthy person and the healing
  - The concept of Energetic Force of life
  - Chronic and Acute Diseases concepts
  - Diathesic Treatment – Miasmatic Dynamic

- Homeopathic Semiology
  - Foundations and Concepts
  - Homeopathic Dentistry Anamnesis - individualisation of the patient and the remedy
  - The Symptoms Analysis – Observance of the patients symptoms in their totality
  - Clinic evaluation
  - Repertories, histories and repertorization techniques
  - Repertory knowledge and use
  - Repertorization practice

- Homeopathic Clinic Therapy
  - Diagnosis
  - Understanding of a case
  - Homeopathic prescription – First Prescription
  - Dynamic and Clinic Prognosis – Homeopathic Aggravation and Suppression
  - Laws of Cure
  - Obstacles to Cure
  - Second Prescription
- Homeopathic Materia Medica

- Homoeopathic Pharmacy
  - Homeopathic Pharmacy History and Rules
  - Homeopathic Remedies Origins, Compositions, Toxicities and Procedures
  - Homeopathic Remedies Classification
  - Theoretical Explanation to exposure the homeopathic dilutions activities

SPECIFICAL DISCIPLINES
- Homeopathic Definition – Homeopathic position at the Dentistry field
- Science and Art of Dentistry
- The Physiological action is not the only aborded point of the remedies actions. Observances of the Physiological treatment
- The interrelationship with the Preventive and Palliative Dentistry, the Immunology, the Chemistry and the homeopathic attitude with the interrelation of the physiological medication
- Palliative and Curative Symptomatic dentistry treatment
- Importance and means of the localization and sensations in the oral pathologies
- Modalities definitions and discussions - symptoms avaliations – perception and evaluation of the totality of symptoms
- Homeopathic Doses Theory – Low and Potentised doses
- Homeopathic appliances - Homeopathic Dentistry prescriptions
- The knowledge of the Specific Dentistry Homeopathic Materia Medica
- Acute and Chronic Dental Diseases
- Constitutional Treatment
- Nosodes Knowledge – Origins and classification

- Homeopathic Procedures in the Dentistry Specialties
- Periodontal and Endodontical pathologies
- Oral Surgery – Pre-Trans and Post-Operative procedures and Implantodontia
- Dental-Pediatric Treatment
- Dentistry
- TMA dysfunctions
- Mouth diseases

APPENDIX 3

GUIDELINES FOR HOMEOPATHIC VETERINARY SURGEONS

Minimum Standards for Specialisation in Veterinary Homeopathy (1999), drawn up by the International Association for Veterinary in Homeopathy - IAVH

I. OBJECTIVES

1. In this programme, only teaching for qualified veterinarians is considered (i.e. postgraduate study).

2 The purpose of these standards is the training of specialised homeopathic veterinarians to be competent to treat their patients effectively, applying the law of similars.

3 The minimum requirements of a homeopathic teaching programme involve the following topics:

a) Understanding and knowledge of the basic principles of classical veterinary homeopathic doctrine, in the veterinary clinical situation.

b) Knowledge of clinical semiology as it is conceived in veterinary homeopathic practice; knowing how to recognise the signs and symptoms that are useful in prescribing.

c) Knowledge of homeopathic materia medica and repertory, especially veterinary homeopathic materia medica and the therapeutic indications, keynotes, and peculiarities for each remedy, such as they are understood in homeopathy.

II. STUDY OF THEORY

The objectives of the study and the teaching of veterinary homeopathic theory include:

1. Therapy according to the law of similars.

2. The concept of individualisation, perception and evaluation of the 'Totality of Symptoms'. The knowledge and skill necessary to collect a complete symptom picture. The understanding that the proper application of the principle of the 'Totality of Symptoms' demands the inclusion of the past medical history of the patient. The knowledge and skill to assess the symptoms and modalities and to apply the principle of hierarchy to them.

3. The search for the most suitable medicine in accordance with the veterinary homeopathic remedy picture, basing this upon:

Coarse toxicological signs

Fine toxicological signs from the remedy proving

Principles involved in the transfer of symptoms from human materia medica to the animal situation.

Clinical applications

4. Homeopathic pharmacy

5. Recognition of cellular and subcellular target functions as part of homeopathic efficacy, including relevant biochemical and pharmacological findings.

The student should acquire the necessary amount of knowledge of the basic principles of classical and clinical veterinary homeopathy. This should include a working knowledge of Hahnemann's *Organon*, as well as of the leading literature of human and veterinary homeopathic medicine. Required coverage includes:

The determination of the minimum useful dose and the correct method of administration.

Possible reactions to a remedy.

When to repeat the dose.

Acute disease.

Chronic disease and an understanding of miasms.

Development of disease and the order of cure (HERING).

An understanding of the various types of nosode, including bowel nosodes.

Prevention of illness.

The provings of remedies.

The approach to be adopted in emergencies and terminal cases.

Palliation and suppression.

III. STUDY OF MATERIA MEDICA

The student should have an in-depth knowledge of the major homeopathic remedies, especially of the remedies commonly used in the day-to-day practice of veterinary homeopathy.
The remedies should be studied in a standard way, including:

a) Name and synonyms (usual name, designations and appropriate abbreviations).

b) Origin of the remedy (physical, chemical, botanical or zoological origin and possible systematic position), composition and active components.

c) Toxicology (acute and chronic).

d) Non- homeopathic use including herbal medicine or phytotherapy, popular medicine and conventional medicine (if appropriate).

e) Homeopathic function (physiological) of the remedies (including constitutional characteristics and diathesis).

f) Aetiology, modalities and periodicity. (*aetiology* to include clinical and homeopathic causes).

g) *Modalities* to include temporal, physical, physiological, anatomical, mental. *Periodicity* to include periodic and alternating symptoms.

h) Veterinary remedy picture, including behaviour, general symptoms, regional symptoms, organ-related symptoms, and local symptoms.

i) Proven indications and practical examples.

j) Relationships and interactions.

k) Special remarks. (i.e. central remedy picture, key and guiding symptoms, pharmocodynamic levels, fundamental effect, caricature and characteristic symptoms). If possible these properties should be applied to each commonly domesticated species.

l) Case studies (according to animal species, mental or physical signs, or based upon syndrome etc).

m) Literature of the remedy.

Each school must propose a list of a minimum of one hundred (100) remedies, of which at least sixty (60) must be chosen for detailed study.

The teaching of materia medica should bring to life the text material.

IV. CLINICAL PRACTICE

The objective of practical training is to achieve the following knowledge and skills:

a) Cast taking. Special emphasis should be given to the patient's history previous to the pathognomic modifications, in addition to the current symptoms.

b) Analysis of the totality of the symptoms, including all relevant diagnostic techniques (clinical examination, x-ray, laboratory tests, ultrasound, etc.).

c) Evaluation and hierarchisation.

d) Application of the techniques to find the appropriate medicine in each case (E.g. repertorisation, proven indications, constitutional or aetiological prescribing).

e) Systematic follow-up of the course of the reaction following the administration of the indicated medicine.

f) Reasons for the repetition of the remedy or potency.

g) Reasons for a change of remedy or potency.

h) Knowledge of the available literature on homeopathy and the ability to apply it.

i) Understanding how homeopathy relates to and interacts with conventional and other therapeutic techniques.

j) Taking part in a proving is recommended because it enhances the power of observation as much in a veterinarian as in a practitioner of human medicine.

k) The training programme should be spread over a period of at least three years and should be directed towards a minimum of one hundred and twenty (120) lecture hours. The full theoretical training should be similar to the medical doctors homeopathic training.

APPENDIX 4

A LIST OF HOMEOPATHIC REMEDIES

From the over 2000 existing homeopathic remedies, the following list of 250 remedies is offered. The first list of 100 remedies is considered as the basic one and is fully integrated in the homeopathic training standards. The complementary list is neither exhaustive, restrictive nor imperative and must be adapted to the specific environment. For example, this complementary list will not be the same in India and in Brasil.

Basic list of 100 remedies

1) Aconitum napellus
2) Agaricus muscarius
3) Alumina
4) Ammonium carbonicum
5) Ammonium muriaticum
6) Anacardium oriantale
7) Antimonium crudum
8) Antimonium tartaricum
9) Apis mellifica
10) Argentum metallicum.
11) Argentum nitricum
12) Arnica montana
13) Arsenicum album
14) Aurum iodatum
15) Baptisia tinctoria
16) Baryta carbonica
17) Belladonna
18) Bellis perennis
19) Bryonia alba
20) Calcarea carbonica
21) Calcarea fluorata
22) Calcarea phosphorica
23) Calcarea sulphurica
24) Camphora
25) Cantharis
26) Capsicum annuum
27) Carbo vegetabilis
28) Carcinosinum
29) Causticum
30) Chamomilla vulgaris
31) Chelidonium majus
32) China officinalis
33) Cicuta virosa
38) Colocynthis
39) Conium maculatum
40) Cuprum metallicum
41) Cyclamen europaeum
42) Drosera rotundifolia
43) Dulcamara
44) Ferrum metallicum
45) Ferrum phosphoricum
46) Gelsemium sempervirens
47) Graphites naturalis
48) Hepar sulfuris calcareum
49) Hyosciamus niger
50) Hypericum perforatum
51) Ignatia amara
52) Iodium purum
53) Ipecacuanha
54) Kali bichromicum
55) Kali carbonicum
56) Kali muriaticum
57) Kali sulphuricum
58) Lac caninum
59) Lachesis muta
60) Ledum palustre
61) Lilium tigrinum
62) Lycopodium clavatum
63) Magnesia carbonica
64) Magnesia muriatica
65) Magnesia phosphorica
66) Magnesia sulfurica
67) Medorrhinum
68) Mercurius solubilis hahnemanni
69) Natrum carbonicum
70) Natrum muriaticum
71) Natrum sulphuricum
72) Nitricum acidum
73) Nux moschata
74) Nux vomica
75) Opium
76) Petroleum
77) Phosphorus
78) Phosphoricum acidum
79) Platinum metallicum
80) Plumbum metallicum
81) Podophyllum peltatum
82) Psorinum
83) Pulsatilla nigricans
84) Rhus toxicodendron
85) Ruta graveolens
86) Secale cornutum
87) Sepia succus
88) Silica terra
89) Spongia tosta
90) Stannum metallicum
91) Staphysagria
92) Stramonium
93) Sulphuricum acidum
94) Sulphur lotum
95) Syphilinum
96) Tarentula hispanica
97) Thuja occidentalis
98) Tuberculinum bovinum
99) Veratrum album
100)Zincum metallicum

Complete list (250 remedies with in bold the 100 hundred remedies of the basic list)

- A -

1 Abrotanum
2 Acidum aceticum
3 Acidum benzoicum
4 Acidum fluoricum
5 Acidum formicum

6 *Acidum hydrocyanicum*

7 *Acidum hydrofluoricum*

8 *Acidum sulphuricum*

9 *Aconitum napellus*

10 *Agaricus muscarius*

11 *Agnus castus*

12 *Ailanthus glandulosa*

13 *Aloe socotrina*

14 *Allium cepa*

15 *Alumina*

16 *Ambra grisea*

17 *Ammonium carbonicum*

18 *Ammonium muriaticum*

19 *Anacardium orientale*

20 *Androctonos amurreuxi hebraeus*

21 *Anhalonium Lewinii*

22 *Anthracinum*

23 *Antimonium crudum*

24 *Antimonium tartaricum*

25 *Apis mellifica*

26 *Apocynum cannabinum*

27 *Aralia racemosa*

28 *Aranea diadema*

29 *Argentum nitricum*

30 *Argentum metallicum*

31 *Arnica montana*

32 *Arsenicum album*

33 *Arsenicum iodatum*

34 *Arum triphyllum*

35 *Asa foetida*

36 *Asterias rubens*

37 *Aurum metallicum*

38 *Aurum muriaticum*

-B-

39 *Baptisia tinctoria*

40 *Baryta carbonica*

41 *Baryta muriatica*

42 *Belladonna*

43 *Bellis perennis*

44 *Berberis vulgaris*

45 *Beryllium*

46 *Borax*

47 *Bothrops lanceolatus*

48 *Bromium*

49 *Bryonia alba*

50 *Bufo rana*

-C-

51 *Cactus grandiflorus*

52 *Cadmium sulphuratum*

53 *Caladium seguinum*

54 *Calcarea carbonica*

55 *Calcarea fluorica*

56 *Calcarea phosphorica*

57 *Calcarea silicata*

58 *Calcarea sulphurica*

59 *Calendula officinalis*

60 *Camphora*

61 *Cannabis indica*

62 *Cannabis sativa*

63 *Cantharis vesicatoria*

64 *Capsicum annuum*

65 *Carbo animalis*

66 *Carbo vegetabilis*

67 *Carcinosinum*

68 *Carduus marianus*

69 *Caulophyllum*

70 *Causticum*

71 *Camomilla vulgaris*

72 *Ceanothus americanus*

73 *Cedron*

74 *Cenchris contortrix*

75 *Chelidonium majus*

76 *Cicuta virosa*

77 *Cimicifuga racemosa*

78 *Cina maritima*

79 *Cinchona officinalis*

80 *Cinnabaris*

81 *Cocculus indicus*

82 *Coccus cacti*

83 *Coffea cruda*

84 *Colchicum autumnale*

85 *Colocynthis*

86 *Conium maculatum*

87 *Corallium rubrum*

88 *Crataegus oxyacantha*

89 *Crocus sativus*

90 *Crotalus horridus*

91 *Croton tiglium*

92 *Cuprum metallicum*

93 Cyclamen europaeum

94 Cypripedium reginae

-D-

95 Digitalis purpurea

96 Dioscorea villosa

97 Drosera rotundifolia

98 Dulcamara

-E-

99 Echinacea angustifolia

100 Equisetum hyemale

101 Elaps corallinus

102 Erigeron canadensis

103 Eugenia caryophyllata

104 Eupatorium perfoliatum

105 Euphorbia resiniferra

106 Euphrasia officinalis

-F-

107 Ferrum metallicum

108 Ferrum phosphoricum

-G-

109 Gambogia

110 Gelsemium sempervirens

111 Glonoinum

112 Gnaphallium polycephalum

113 Granite

114 Graphites naturalis

115 Grindelia robusta

116 Guaiacum officinale

-H-

117 Hamamelis virginiana

118 Helleborus niger

119 Heloderma

120 Helonias dioica

121 Hepar sulphur

122 Hirudo medicinalis

123 Hydrastis canadensis

124 Hyoscyamus niger

125 Hypericum perforatum

-I-

126 Ignatia amara

127 Iodum purum

128 Ipecacuanha

129 Iris versicolor

-J-

130 Juglans regia

-K-

131 Kali arsenicosum

132 Kali bromatum

133 Kali bichromicum

134 Kali carbonicum

135 Kali iodatum

136 Kali muriaticum

137 Kali nitricum

138 Kali phoshoricum

139 Kali sulphuricum

140 Kalmia latifolia

141 Karwinskia humboldtiana

142 Kreosotum

-L-

143 Lac caninum

144 Lac defloratum

145 Lac humanum

146 Lachesis muta

147 Lachnantes tinctoria

148 Lathyrus sativus

149 Latrodectus mactans

150 Laurocerasus

151 Ledum palustre

152 Lilium tigrinum

153 Lycopodium clavatum

154 Lycopus virginicus

-M-

155 Magnesia carbonica

156 Magnesia muriatica

157 Magnesia phosphorica

158 Magnesia sulfurica

159 Mandragora officinalis

160 Manganum aceticum

161 Medorrhinum

162 Melilotus officinalis

163 Mephitis putorius

164 Mercurius corrosivus

165 Mercurius solubilis

166 Mezereum

167 Millefollium

168 Moschus moschiferus

169 Murex purpurea

170 Mygale lasiodora

-N-

171 Naja tripudians

172 Natrum carbonicum

173 ***Natrum muriaticum***

174 Natrum phosphoricum

175 Natrum sulphuricum

176 Nicollum metallicum

177 Nitricum acidum

178 Nux moschata

179 Nux vomica

-O-

180 Oenanthe crocata

181 Oleander

182 Opium

-P-

183 Paeonia officinalis

184 Palladium metallicum

185 Petroleum

186 Petroselinum sativum

187 Phosphorus

188 Phytolacca decandra

189 Platinum metallicum

190 Plumbum metallicum

191 Podophyllum peltatum

192 Psorinum

193 Pulsatilla nigricans

194 Pyrogenium

-R-

195 Radium bromatum

196 Ranunculus bulbosus

197 Raphanus sativus

198 Rathania peuviana

199 Rheum palmatum

200 Rhododendron chrysanthum

201 Rhus toxicodendron

202 Rumex crispus

203 Ruta graveolens

-S-

204 Sabadilla officinalis

205 Sabina officinalis

206 Sambucus nigra

207 Sanguinaria canadensis

208 Sarsaparrilla officinalis

209 Secale cornutum

210 Selenium

211 Senecio aureus

212 Sepia succus

213 Silica terra

214 Solidago virga

215 Spigelia anthelmia

216 Spongia tosta

217 Squilla maritima

218 Stannum metallicum

219 Staphysagria

220 Sticta pulmonaria

221 Stramonium

222 Strontium carbonicum

223 Strophantus hispidus

224 Sulphur lotum

225 Sulphur bromatum

226 Sulphur iodatum

227 Symphytum officinalis

228 Syphilinum

-T-

229 Tabacum

230 Tarentula hispanica

231 Taraxacum officinale

232 Tellurium

233 Terebinthiniae oleum

234 Teucrium marum-verum

235 Thallium metellicum

236 Thea sinensis

237 Theridion curassavicum

238 Thuja occidentalis

239 Tuberculinum bovinum

-U-

240 Urtica urens

-V-

241 Valeriana

242 Veratrum album

243 Verbascum thapsus

244 Viburnum opulus

245 Vinca minor

246 Viscum album

247 Viola tricolor

248 Vipera torva

-Z-

249 Zincum metallicum

250 *Zincum valerianicum*

APPENDIX 5 – SAMPLE PAGES OF DETAILED CURRICULUM MATERIAL

Faculty of Homeopathy (UK)

SYLLABUS

THEORETICAL CONCEPTS

General learning outcomes: Awareness of the scientific implications of the subject, its evidence base, and the arguments that surround it.

PHCE (Primary health care examination): A 100 question multiple choice type exam paper, time one hour. The exam is sat after an introductory training (about a third of the way through the training course).

PHCE learning outcomes: What homoeopathy is; its basic principles and key concepts. Salient features of its history and contemporary development. What homeopathy can achieve and what its limitations are. The scientific implications of the subject and the key features of the evidence base.

MFHom (Full membership examination): Two –3 hour written papers, presentation of 10 written chronic cases and a clinical day consisting of a long live case, 1 hour with patient, ½ hour with examiners, plus 2 short cases of 30 minutes, plus a viva voce. If passed, the doctor becomes a full member of the faculty.

MFHom learning outcomes: Comprehensive knowledge of the history, principles and concepts of homeopathic medicine; the ability to communicate these to others. Knowledge of the scientific issues, research activities and evidence relating to homeopathy; the ability to communicate these. Understanding of the basic principles of research methodology; experience of auditing their use of homeopathy in clinical practice.

Specialist learning outcomes: Critical understanding of the theoretical concepts. Understanding of the implications of homeopathic medicine for medical science.

The Organon

References to the Organon are usually included after the topic in the 'Principles' section, at MFHom level. They do not require verbatim knowledge, but awareness and understanding of key paragraphs to illuminate the development of the subject, to stimulate discussion, and, where justified, for their enduring validity. References may not be complete for all topics, and may not be exhaustive. But they are illustrative of the manner in which subject matter should be related to the original source material.
References are taken from the Wenda B O'Reilly edition; Birdcage Books, Washington 1996.

HOMEOPATHY: Similarity, The Similia Principle

a) History and development

Historical influences in development of homeopathy

Learning objectives	
PHCE	**[Awareness of pre-Hahnemann insights]** • **Awareness of insights of Hippocrates, Paracelsus**

Development of Similia principle (See also Provings)

Learning objectives	
PHCE	**Cinchona bark experiment and subsequent provings and clinical validation, in outline** • **Circumstances and outcome of Cinchona bark experiment; subsequent experiments and development of proving method; early clinical demonstration of the principle; successes in epidemic diseases; basis of materia medica in provings; recognition of constitutional sensitivity to the simillimum**

Historical development of homeopathy

Learning objectives	
PHCE	**[Awareness of historical and geographical spread of homeopathy; controversies; doctrinal issues; innovations in method]** • **Outline knowledge of medico-political status of homeopathy over the years in different countries** • **Development of doctrine and method: Isopathy; Hughes, Kent; awareness of contemporary developments – e.g. Scholten.**

b) Principles

The Similia principle

Learning objectives	
PHCE	The 'law' of similars, the Simillimum; The defining principle of homeopathy; Drug picture - Symptom picture; Individuality
MFHom	Broadening of concept to embrace other aspects of the whole clinical picture; constitutional sensitivity to the Simillimum • Organon §, Introduction (Old School and Folk examples), 26-29, 34, 43-49, 70, 148

c) Practical application

Application of Similia principle in clinical practice

Learning objectives	
PHCE	Clear understanding of clinical application; fundamental importance in clinical practice
MFHom	**Fully understands application of Similia principle to symptomatology and the broad clinical and constitutional picture**

d) Science and research

Scientific explanation and investigation of Similia principle (See also Clinical Method: Clinical Outcomes)

Learning objectives	
PHCE	**Awareness of relevance of Arndt-Schulz law, biphasic activity, dose-dependent reverse effect, hormesis; Awareness of evidence from clinical outcome studies and trials** • Need to distinguish between the problem of the simillimum effect and the problem of potency.
MFHom	**Able to discuss rationale for Similia principle in terms of existing scientific knowledge and research evidence**

Proving, Experimental pathogenesis (See also Drug action)

a) History and development

Development of concept and methodology of proving

Learning objectives	
PHCE	Toxicology; Cinchona bark experiment; Hahnemannian provings; Source of materia medica
MFHom	**Hahnemann's criteria and instructions for provings; Development of proving methods; New provings; Repeat provings; Reliability of historical provings** • Organon §105-145

b) Principles

The concept of proving (See also Drug action)

Learning objectives	
PHCE	Derivation of drug pictures and simillimum
MFHom	**Criteria for provers; Proving methodology; Correspondence to primary drug action(vs. secondary drug action)** • Organon § 105-145

c) Practical application

Revision of materia medica: new additions to materia medica

Learning objectives	
PHCE	[Awareness of continuing use of provings]
MFHom	[Reliability of new and revised proving data]

Proving reactions in therapeutics

Learning objectives	
PHCE	Awareness of proving reactions during treatment
MFHom	**Provings as a form of Remedy Reaction (q.v.)**

Value as a research tool (See Science and Research)

d) Science and research

Investigation, validation and research application of provings

Learning objectives	
PHCE	[Awareness of role of provings in revalidation of materia medica; of research potential of provings]
MFHom	**Critical appraisal of role of reproving, new provings, RCTs, for revalidation of materia medica and investigation of effects of potentised substances; Awareness of contemporary protocols, use of placebo**