

## Chapter 6

# The provision of homeopathic treatment

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### PROBLEMS ASSOCIATED WITH TREATMENT PROVISION

Before discussing the opportunities that do exist (see Ch. 8), it would be appropriate to consider the constraints that effectively govern what can be achieved in day-to-day practice by an intermediate level prescriber. These difficulties are also a feature of orthodox counter prescribing in a pharmacy but because of the holistic nature of homeopathy they are even more of a problem in this area.

#### Facilities

Gathering information requires an environment that allows interaction with the client. This may be a problem in a community pharmacy setting. Fortunately the chance of an intervention by other clients (a common feature of open discussions across a pharmacy counter for so many years) has now been effectively stopped in most premises. As the role of the pharmacist has expanded in recent years, and with the move towards providing enhanced

services such as medicines management and pharmaceutical care, the provision of facilities for a private consultation has become necessary and clients are generally happy to discuss their healthcare problems with pharmacists. However, in some pharmacies the provision of such facilities is impractical due to building restrictions and so the problem persists.

### Obtaining the right information

Obtaining the right information is often based on asking the right questions. Questions such as 'Are you taking any medicaments?' can be met with a negative response because the contraceptive tablet or antibiotic eye drops, for instance, may not be considered by customers as 'medicaments'. It may be necessary to ask specific questions about other complementary medicines, for example Chinese and Indian medicine where the term 'herb' includes more than just vegetable material. Elderly patients may forget one or more of a long list of drugs they are taking. The other big problem is remedies sought for a third party. Typically a wife may be seeking help for her husband or a mother for her teenage son. Here the well-meaning messenger and the sufferer may have totally different interpretations of what is wrong. For example, a child's diarrhoea may be attributed to 'food poisoning' by a parent when anxiety may be the cause. In homeopathic treatment this would involve two quite different remedies: in the first case Arsen alb might be prescribed, in the second Argent nit (if the diarrhoea came directly after food) or Gelsemium (if a fright or bad news were involved). A famous surgeon once said 'Never believe what a patient tells you his doctor has said', and while this might sound too sceptical, there is probably some truth in the warning.

### Patient deciding diagnosis and treatment

All pharmacists can relate stories of customers asking for their advice on an OTC medicine to treat a condition, only to reject it in favour of a product of their own choice following several suggestions. We have already mentioned the difficulty of knowing when to intervene in an OTC purchase. The examples of cases from the author's case book illustrate some of the problems.

#### **Case Study 1: A DIY diagnosis**

**Customer:** 'I'm suffering from acute gastroenteritis. Could you give me something gentle so I can have a good bevvy [a considerable quantity of alcoholic beverage] at my sister's wedding this afternoon?'

**Pharmacist:** 'Sir, if you had acute gastroenteritis you'd probably be in hospital. Perhaps you have a tummy upset?'

**Customer:** 'Don't get smart with me – just give me something NOW!'

**Case Study 2: Foot and nose disease?**

**Boy:** My mother says I've got a wee verruca on my nose and can I please have some homeopathic medicine.'

**Pharmacist:** 'How does you mother know it's a verruca?'

**Boy:** 'Because she says she once had one like it on her foot.'

**Case Study 3: Mistaken identity?**

**Customer:** 'Do you have some Belladonna for scabies? I think that's what the remedy is called. It

was recommended by a friend who is into this natural stuff in a big way.'

These requests all present the problem of knowing whether the customer is actually suffering from the condition that has been self-diagnosed. In Case 3 in particular, uncertainty as to whether the remedy is appropriate may exist, especially in the early days of homeopathic prescribing. These problems may be difficult to resolve without antagonising the customer.

**Lack of records**

Patient Medication Records (PMR) systems in pharmacies make it possible to check up on the history of regular patients and ensure that any OTC products – whether homeopathic or allopathic, prescribed or requested – do not conflict with other concurrent medication. The situation is rather different with casual 'walk-in' clients whose details are not held by the pharmacy. The pharmacist then has to resort to asking questions and there is always the risk that important information will be withheld. One solution is to have people carry a health smartcard with their medical history encoded on a magnetic strip. Access to selected information can be obtained with a special electronic reader. Access to the NHS net for pharmacists is proceeding in Scotland and this will make it much easier to access clients' records and communicate with GPs electronically in the not too distant future

**Patient expectations**

An important reason for people turning towards complementary medicine is a hope that it will succeed where orthodox medicine has failed. 'Miracle cures' reported in the media stoke up an expectation among customers. Care must be taken to remain within one's limits of competency.

**DECISIONS TO MAKE BEFORE TREATING**

There are three important questions to answer before proceeding to the treatment stage in a consultation:

- Am I competent to deal with this case?
- Should I treat or refer to an appropriate colleague?
- Should I treat with allopathy or homeopathy?

### Am I competent to deal with this case?

At this point, before moving on to deal with prescribing techniques in detail it would be appropriate to pause for a moment or two to reflect on the issue of professional competence (Ernst, 1995). In orthodox prescribing, therapeutic decisions are usually based on an assessment of the risk:benefit ratio. This is also one of the factors considered by members of the public when purchasing homeopathic remedies (see Ch. 1). It means that the effectiveness of a given course of treatment must be viewed within the context of patients' overall safety. Generally, concerns centre on adverse drug reactions and other potential direct hazards.

There are those colleagues who ask: 'Does it all matter anyway? Homeopathic remedies are so dilute that they cannot possibly do any direct harm.' Certainly a patient's life is unlikely be threatened directly by the use of an inappropriate remedy or potency in an OTC situation, although the homeopathic symptom picture could be sufficiently confused as to make continuing treatment difficult.

Equally important, however, is the possibility of an indirect hazard due to a prescriber's incompetence. Patients need to be protected from the effects of inadequate training. The rigorous standards of education for orthodox health professionals largely ensures that such risks are minimised, although sadly this does not guarantee absolutely that there are no incompetent pharmacists or doctors around. With complementary medicine no such universal standards apply and minimum levels of competence cannot be guaranteed across either health professionals or non-medically qualified practitioners. The practice of operating within one's own established limits of competence is thus very important, not only to ensure that a client receives the right remedy, but also to ensure that more serious underlying conditions are identified promptly and referred on.

Ernst (1995) has pointed out that competence cannot be discussed without linking it to responsibility that a given practitioner may take on with respect to patients. For example, if a pharmacist seeks to dispense remedies in response to requests from others without initiating a new treatment proactively, the professional responsibility involved would be rather different from that assumed by a colleague counter prescribing on a daily basis. Notice the use of the word 'different' and not 'less'.

There are two basic principles to guide practitioners in the practice of homeopathy:

1. The normally accepted limits of competence of one's own professional discipline must be maintained at all times.
2. One must remain within the current clearly defined limits of one's own homeopathic knowledge and confidence. In this regard most patients will assume quite legitimately that provided practitioners are registered their *bona fides* is guaranteed (Stone and Mathews, 1996).

Unfortunately this has not been the case in the past, given that each registering body claimed to ensure high standards. With control now being taken over many health professions by the Health Professions Council, the stimulus for standardising practice is growing.

Finally, remember that it is a complementary approach that is being advocated. We are seeking to give the patient the best treatment available; this may mean referring on to a more appropriately qualified colleague in the healthcare team, or making decisions over whether allopathic or homeopathic remedies (or both) should be offered in a given set of circumstances.

### Should I treat or refer to an appropriate colleague?

A useful acronym to use when assessing a case, whether you intend to treat or refer or use allopathy or homeopathy, is LOAD, standing for Listen, Observe, Ask and Decide:

*Listen to what the client has to say.* They will tell you why they are asking for help and the most obvious symptoms, usually without prompting. This gives an indication of the sort of problem they have.

*Observe the customer's appearance, demeanour and any obvious symptoms.* We have already briefly mentioned the importance of obtaining information in this way using the painter and student cases in Chapter 1. As we shall see in Part 3 in much greater detail, observations of whether a patient is agitated, pale or flushed are often vital in choosing the correct homeopathic remedy.

*Ask appropriate questions to gather in enough relevant information.* Here there is another well-worn acronym – W-WHAM (Box 6.1) – which can act as a guide, but other more specialised questions may also be necessary.

*Decide what should be done.* A good guideline is that if you would not attempt to treat a condition with allopathic medicines then you would not treat it with homeopathy – with a few notable exceptions. Having decided that the condition can be treated safely, then the next decision is whether allopathic or homeopathic medicine should be offered.

### Should I treat with allopathy or homeopathy?

It is difficult to give a set of firm pointers to making a decision one way or the other; in time, with experience, one tends to get a 'gut feeling' about

#### **Box 6.1 The W-WHAM process**

The W-wham questions:

**WHO** is the patient?

**WHAT** are the symptoms?

**HOW** long have the symptoms been present?

**ANY** action taken so far?

**MEDICATION** any being taken?

which method is likely to be the more beneficial for the customer. However, a number of factors need to be considered.

Situations where one might consider offering allopathic treatment include the following:

- where the condition is caused by an invader to the body – e.g. antifungals or antimalarials
- where there is a need to treat a lack of vitamins or minerals
- where the patient is taking steroids that interfere with homeopathic remedies
- where the patient expresses a wish for allopathic medicines
- where a customer is unlikely to observe necessary precautions when taking homeopathics
- where you are uncertain of the correct homeopathic remedy
- where the patient is in a low-risk group
- where the customer is sceptical
- where the customer requests a widely advertised product.

Situations where one might consider offering homeopathic treatment include the following:

- where there is no suitable allopathic medicine – e.g. for ‘exam nerves’ or anxiety
- when the customer is pregnant and worried about adverse drug reactions
- where there are worries about interaction with prescribed medication
- where the patient specifically asks for a homeopathic remedy
- where there are worries about dope testing in sport
- where allopathic medicines appear to be losing their effectiveness over time
- where customers are constantly buying the same analgesics and cough medicines
- where infants are being treated
- where there are worries about the cost of allopathic treatments.

Assuming that it has been decided to treat the customer, and then to treat the customer using homeopathy, we can now move on to the next group of decisions, affecting the type of treatment and the frequency of administration. Remember in this chapter we have been looking at the general procedures for acute prescribing; the actual choice of a specific remedy will be covered with other clinical topics in Part 3, Clinical Applications.

## REFERENCES

- Ernst, E (1995) Competence in complementary medicine. *Complement Ther Med*, 3: 6–8.  
Stone, J and Matthews, J (1996) *Complementary Medicine and the Law*. Oxford University Press, Oxford, p 123.