The place of homoeopathic medicine in postgraduate education for general practice

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SUMMARY. The academic growth of homoeopathic medicine justifies and depends upon adequate representation within the postgraduate curriculum of general practice. Its role and status within the health service requires this if it is to be an effective and well integrated therapeutic option for doctors and patients. Its approach to illness offers a perspective that enhances the general practitioner's traditional management skills. This paper explores these themes in the context of the growing public and professional interest in and demand for this form of treatment.

Introduction

The academic foundation of homoeopathic medicine has up to now been weak, but the momentum towards correcting this is fast-growing and effective. The present generation of homoeopathic doctors are insisting on academic standards and objectives equivalent to those expected in the other disciplines in which they practise. It is in the light of this that we must recognize the need for postgraduate teaching in this discipline and indeed consider it as an ingredient of the whole curriculum of general practice education.

Educational relevance to general practice

Homoeopathic prescribing is distinguished by the derivation and selection of medicines according to the principle of 'similars': that a substance is capable of therapeutic action in conditions similar to those which would be induced by its administration in toxic dose. But as in other forms of prescribing, the administration of the medicine is only the focus of a process of consultation and anamnesis that integrates a whole range of perceptions and insights achieved by the doctor and the patient together. Thus homoeopathic medicine has to be seen and judged both as a system of therapeutics, in the conventional sense, and as a system of management. It is necessary to identify both the homoeopathic approach and the homoeopathic prescription; these are integrated and interdependent parts of what has been described as a complete 'therapeutic modality'. This distinction is important in emphasizing the educational value of the homoeopathic approach and its close relevance to the art and science of general practice.

In addition, then, to homoeopathy's controversial role as a system of therapeutics, the techniques involved in the homoeopathic approach — the unusual integration of biographical, historical, clinical, personal and psychological detail, the manner in which this is elicited and explored and the process of 'differential diagnosis' leading to a chosen prescription — require all the skills and insights that have become in recent times the common currency of first class general practice. Taking account of the range of epidemiological and aetiological factors involved in the illness, and its physical, psychological and social dynamics; the discipline and skill of eliciting a history; the ability to listen to the patient, be attentive to non-verbal cues, make clinical observation and carry out appropriate investigation; the awareness of the therapeutic role of the consultation and the doctor—patient relationship; the understanding and use of the placebo response — all are essential ingredients of general practice about which the homoeopathic method has something special to teach.

Statutory responsibility

Whatever the scientific merits of the case, homoeopathic medicine is an established element of the British health care system. Patients have a legitimate expectation that homoeopathic medicine will be an option available to them and to their general practitioner in his or her management of their problem. It is surely unacceptable that homoeopathic medicine is usually excluded from any curriculum from which the general practitioner would normally obtain the knowledge of health care with which to contrast and evaluate the therapeutic options available to his patients. The mistaken belief that homoeopathic treatment is always harmless and that this omission from the curriculum does not matter has been a subject of recent correspondence in this Journal and exemplifies the kind of problem that can arise from this unsatisfactory state of affairs.

The outpatient department at Bristol Homoeopathic Hospital is attended by 600 new patients a year. All are referred by their general practitioners, the great majority of whom have no understanding of the form of treatment their patient will receive nor of its proper integration with other therapies. Many general practitioners do not know that homoeopathic medicine is represented within the health service nor that they are entitled to prescribe its medicines on an FPI10.

Demand from general practice

Many general practitioners are plainly dissatisfied with the lack of education about homoeopathy; yet many postgraduate organizers are out of touch with this level of opinion. In one region the postgraduate committee replied to a letter from the Faculty of Homoeopathy that interest among general practitioners did not justify provision for homoeopathic medicine in their educational programme. A questionnaire to the 1150 general practitioners themselves showed at least 110 doctors were interested in receiving some teaching in homoeopathic medicine.

In 1986 28 general practitioners in the south west region and south Wales began a programme of study in homoeopathic medicine, the number rising to 46 in 1987, and a similar number study and practise at an intermediate or advanced level. Local general practitioner study groups exist in Cheltenham, Bristol, Glastonbury, Barnstaple and Truro, one of which is mounting its own research project. In all over 160 of the 1800 general practitioners in the south west have expressed some interest or are engaged in the study or practice of homoeopathic medicine.

The value of homoeopathic medicine

The requirement for homoeopathic medicine to justify itself through formal clinical trials is not surprising when viewed...
against the background of present day medical teaching and practice. Though doctors now base their practice on what they believe to be scientific method it was not always so. Homoeopathy will reach that stage, but is now at a point where practice is based on increasingly informed empiricism, as was the whole of medicine not so long ago. Contemporary education in general practice cultivates a mature and critical judgement of therapeutic strategies in a milieu of illness for which a 'systems' approach is the only relevant model. General practitioners are well equipped to submit homoeopathic medicine to 'trial by jury', and it is judgement of this kind by informed doctors putting its therapeutic precepts to the test of experience which presently determines its reputation.

Postgraduate education, in creating the necessary reservoir of awareness and a measure of practical experience among a proportion of doctors, will facilitate this judgement in parallel with formal controlled trials. These are the responsibility of homoeopathy's more specialized practitioners as an essential counterpart to this trial by jury. In the process general practitioners will benefit from their acquaintance with the homoeopathic approach in their perception of their patients' problems and their systems approach to management, whether they go on to use homoeopathic prescribing in their therapeutic repertoire or not.

The value of including homoeopathic medicine in the postgraduate curriculum of general practice is therefore threefold: the therapeutic option that it offers, the enhancement of the general practitioner's perception of the process of illness that it encourages, and the research into homoeopathy that it makes possible.

Therapeutic efficacy
Practitioners of homoeopathic medicine, then, have the responsibility to demonstrate the therapeutic efficacy and explore the nature of the homoeopathic stimulus by whatever formal means of trial and scientific study can be applied,1 and in the process to criticize and help to evolve the scientific paradigms that determine the current 'rules of the science game'.10 The gathering momentum of research towards these goals has already been alluded to. A recent paper by Reilly,11 admirably summarizes the scientific 'landscape' of homoeopathic medicine. It summarily presents the clinical and scientific challenge with which homoeopathy confronts contemporary medicine. His own trial of homoeopathic 'potency' against placebo,12 is eloquent demonstration of this, and particularly worthy of mention are the trials undertaken or planned by veterinary homoeopathic practitioners,13-14 which have the advantage of large populations and a measure of freedom from the problems of the placebo effect and suggestion, and the opportunity to use a specific approach to prescribing where a more individualized approach would be adopted for human patients.

A comprehensive programme of data collection is now being undertaken by the Faculty of Homoeopathy, coordinated by the author, which will be the first systematic and large-scale attempt to describe the use, scope and outcome of homoeopathic treatment in both general practice and hospital practice and a first pilot study will soon be complete.

Morbidity and therapeutic scope
Homoeopathic medicine is par excellence a general practice discipline. It cannot always be practised at the highest level within the constraints of everyday general practice and a consultant service will always be necessary, but its scope nevertheless falls within the 90% of morbidity which we know to be managed adequately in general practice. The range for which it is especially effective mirrors the prevalence of morbidity in general practice. The more esoteric and refractory conditions met in general practice tend also to be more refractory to homoeopathic treatment, but others such as eczema, asthma and rheumatoid arthritis, which demand so much of the general practitioner's effort with such scant returns, can respond satisfactorily, though not without considerable hard work.

In this context it must be clearly understood that homoeopathic and conventional treatments are mutually supportive, not mutually exclusive. General practitioners are constantly integrating a variety of therapeutic options into an appropriate management plan for the individual patient. Homoeopathic prescribing is another such option to be regarded in the same way.

Conclusion
The new vitality and momentum towards establishing homoeopathic medicine as a clinical and academic discipline worthy of standing alongside others in medical practice, and of taking its place in the management repertoire of general practice in particular, can only thrive and mature and indeed be adequately tested in the climate of awareness, criticism and collaboration which representation in the postgraduate curriculum would ensure. The interests of patients and doctors, and of medical science in general, will be well served by this.

References

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