

Putting the House in Order

By Cynthia Chrisman, MPH, CCH

I join with those in our profession who strive to practice as flexibly and inclusively as possible. Yet in order to grow and survive, classical homeopaths in North America have had to adapt to change within our field of work and parallel with change in the larger medical community. The institution of homeopathy has organized at various times to uphold certain principles that advance professional development. Personal styles of practice and diversity such as age, gender, physical ability, race and religion stimulate and strengthen our institution as a whole.

Philosophical diversity potentially divides members and inhibits the desired ability to adapt to change. As organizations mature and grow, they become more formalized and structured. As they expand and more members join, they may lack informal relationships or individual motivation to become more involved. They are inherently static and will inevitably decay without forward looking, flexible and principled individuals. To succeed, any organization must develop more specific goals that require governance, rules of order and distribution of work. Our history shows that homeopathic organizations that change with the times can prepare themselves to respond to a growth in demand for homeopathic education and health care services. They have progressive leaders who envision, renew and harmonize organizational structures for the common good of the profession and the public it serves.

We can be proud of the fact that, from its earliest development in the mid-1800s, the profession of classical homeopathy not only welcomed women into training but also people of different levels of educational background and certification. At any time, those members who held different philosophical principles could freely choose to form a separate organization when divided philosophical loyalties existed among them. Classical homeopaths familiar with our history will know that the various organizations in our community

broke away for a variety of philosophical reasons. I believe that it becomes necessary and instructive to minimize inevitable philosophical tensions by viewing the big picture.

The question for today continues to be: can we, as a group of philosophically diverse classical homeopaths, work together in the future to uphold Hahnemann's core principles (i.e. law of similars, totality of symptoms, minimum dose and provings, as discussed in a previous article)? As homeopaths we internalize and affirm these underlying principles to ensure a stable ethical baseline from which to practice. History has instructed us to resist the temptation to attribute a fixed, moral value to Hahnemann's principles, as one would do to religious beliefs. Those holding irreconcilable principles in our

profession have always been free to separate and work from a different vantage point or lineage, and I support that.

Personal versus philosophical diversity

Philosophical diversity, specifically in homeopathic schools, may contribute to confusing or even negative perceptions of classical homeopathy by clients, potential students and the wider medical profession. Divisions such as new-innovative-liberal methods versus old-static-conservative ones are not truly philosophical, but personal. I respect and have learned a great deal from several classical homeopaths with personal interpretations and techniques of homeopathic practice that I find useful. Yet, when homeopathic institutions publicly place incongruent definitions or models side-by-side with Hahnemann's complete system, an undiscerning public or medical community may come away confused. Moreover, the homeopath-in-training should be taught that they may accept or reject definitions at variance with Hahnemann's system that they might encounter after completing their training. The conscientious practitioner also ought to be able to corroborate such variances independently in practice and add their experience to a growing body of knowledge to

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advance the profession. Our professional growth and viability depends on our continued efforts to be clear about where we stand in relation to emerging integrative health care practices. There are some recent examples where this has been addressed and balanced.

Example one – the National Center for Homeopathy (NCH)

The National Center for Homeopathy, founded in 1974, moderates and is part of the HAA (Homeopathic Action Alliance, founded in 2002), a North American association of nine leading homeopathic organizations, the North American Society of Homeopaths (founded in 1990) being one of them. This alliance aims to build professional communication and unity among diverse organizations, schools and practitioners. One such endeavor is to reduce the inconsistent standards of training that contribute to inconsistent standards of practice. HAA leaders are in a unique position to contribute and widely publicize to homeopathic organizations, schools and practitioners the vision of excellence in national standards of training and practice currently emerging in our field.

Balancing a drive for autonomy among a growing body of philosophically diverse professionals is a delicate matter. Our staunchly independent community has generally united around the value of self-determination. However, training and practice certification efforts are traditionally kept organizationally separate to avoid bias (i.e. the academy does not advise the examination board). Self-regulation and peer review in training and practice must take place independent from one another to protect the public and our own financial interests. It is crucial to provide clearly defined avenues for public expression, like the HAA, to articulate dissent constructively. We are fortunate to have experienced organizations working to build consensus regarding our standards of excellence in training and practice.

Example two — Accrediting Commission for Homeopathic Education in North America (ACHENA)

ACHENA, originally founded 1982 as the Council for Homeopathic Education (CHE), independently assesses the homeopathic training process in classical homeopathy. To ensure that students receive a fair and suitable education by a qualified faculty, ACHENA works to uphold formal standards for education and accreditation of homeopathic training institutions.

Fundamental standards were set forth by a committee of individuals, representing organizations that participate in HAA, after carefully deliberating on public commentary from the homeopathic community. For more information, see the S&C document (Standards for Education and Competencies) posted on ACHENA's website (achena.org/Standards.htm). The establishment of accredited homeopathic schools through ACHENA alone cannot stabilize our profession if we are to attract new professionals to the field and lower attrition rates. We must establish this balance with systematic standards of training and practice in the field.

Example three — Council of Homeopathic Certification (CHC)

The CHC, founded in 1991, is the leader in self-regulated certification for professional practice by classical homeopaths. This North American credentialing council sets and validates the minimum standards for national certification in classical homeopathy in accordance with its S&C document. Just as ACHENA is a sole accrediting commission, operating without voting members, the CHC is a sole credentialing council. It is distinct from NASH, a voting membership registry, which advocates on behalf of the professional homeopath. Greater accountability to each other, clients and the public,

surpasses loosely defined training and self-proclaimed mastery. The CCH has become a symbol of excellence in practice that helps build the public trust and a practitioner's livelihood because the CCH holder obtains systematic training, structured supervision and, once certified, undergoes a continued competency and recertification process through continuing education requirements. A

steady growth in CHC-certified homeopaths is a testament to the leadership and coherent sense of mission around core principles. Together ACHENA and CHC reflect the most successful efforts to date to stabilize and protect our valued autonomy and ensure the viability of our profession

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Future threats — obscurity

The livelihood of those of us without a clinical license has continually been threatened. Moving forward, it is crucial to dispel the myth that creating systematic training and practice standards is identical with pursuing legal regulation of homeopathy at the state or federal level. Professional self-regulation is monitored, not policed as in those with clinical licensure. The vulnerability is greater for those with state-regulated licenses who practice homeopathy out of the scope of practice; they must adhere to strict diagnostic regulations.

Conventional medicine is attempting to integrate all CAM professionals into its dominant medical accreditation policy. In response, in the 1990s a professional class of homeopaths rose from public obscurity with an independently regulated national credential. Even so, CHC-credentialed professionals (non-credentialed professionals even more so) will remain a minority in the North American medical community, including CAM. Some of us in the professional community believe the time is ripe for the CHC credential to strengthen its credibility by meeting the general accreditation standards of the Institute for Credentialing Excellence (ICE). The CHC is presently a member of the ICE and is exploring the benefits of pursuing accreditation by the National Commission for Certifying Agencies (NCCA, created in 1987 by ICE). ICE members include reputable certification programs and organizations in various industries that assess their own professional competency standards, as the CHC does for classical homeopathy. Especially important for the CCH practitioner, meeting these broader industry standards will allow homeopathy to gain and maintain a reputable position in the CAM community as it expands its reach of services.

I believe classical homeopathy ought to be an accessible, acceptable and affordable alternative for the public, rather than remain an elite health care choice for some. These coordinated efforts support this ethic and help prevent homeopathy from fading into obscurity. How do we wish to set ourselves apart as an independent professional class? History will mark this period in our development against the backdrop of the larger infrastructure looming over us, as it has for the fields of chiropractic, osteopathy, naturopathy and most recently, Chinese medicine and massage therapy.

The solution—accountability

Since homeopathy's resurgence in the 1970s, homeopathic schools have been independently operated for many years by a principal homeopath or two. They now face a situation where they continue to struggle economically due to low enrollment while at the same time the actual and perceived cost of accreditation seems too high to attract students. Homeopaths who are free in most states to practice without a credential must also consider the personal costs of sitting for a certifying exam for which their training and supervision program may not have prepared them.

Regardless of the philosophical and educational inconsistencies we presently face, the leadership of ACHENA and the CHC need support, respect and guidance to implement established standards that are flexible enough to adapt to rapidly changing demands. These small but vital organizations are laying important groundwork within the profession. We should also be aware that this groundwork has already been laid, indirectly, within the rapidly changing infrastructure of integrative healthcare in North America. This makes it all the more important to get the house in order.

The Integrative Healthcare Policy Consortium (IHPC) advocates and lobbies for an integrative healthcare system with equal access to the full range of person-centered, regulated healthcare professionals, including those with a CCH credential. The NCH, serving as an educational organization for homeopathy, has a seat at the table to advocate on behalf of the community of classical homeopaths as CAM rapidly moves toward board regulation of integrative physicians and practitioners <http://www.ihpc.org/partners-for-health/>. At the same time, the Academy of Integrative and Holistic Medicine (AIHM) has recently been working to expand its certification curriculum to include MDs, DOs, NDs, DCs, LAcS, DNPs, RNs, NPs, PAs, Psychologists, Nutritionists, Dietitians, DDSs, RPHs and others.

Concurrently, councils of colleges and schools, accrediting agencies, and certification and testing organizations of five distinct licensed complementary healthcare professions, which have a federally recognized accrediting agency, are organized under the Academic Consortium for Complementary and Alternative Health Care (ACCAHC). The ACCAHC, of which ACHENA and the CHC are a part, recognizes classical homeopathy as an "emerging profession." This consortium represents over 270,000 licensed CAM practitioners in the U.S. I hope that, due to its rigor, the CCH credential may be accepted as commensurate with a clinical license so that the livelihood of the professional classical homeopath is protected as CAM expands.

Though the infrastructure of so many organizations can be daunting or confusing, I hope that dedicated classical homeopaths can coalesce as a profession to find a unified voice on behalf of the practitioner and the public. As I argued in my previous article, *The Crowning Jewel of Homeopathy*, the profession of classical homeopathy stands upon a solid foundation of principles and truth from which to expand its capacity to heal.

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