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EDUCATION AND DEBATE

"In at the deep end": an intensive foundation training in homeopathy for medical students

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UK medical students spend 25% of their curricular time on elective "Student Selected Components" (SSCs). We report one in homeopathic medicine run jointly by the University of Bristol and the Bristol Homeopathic Hospital. The SSC was an intensive four week course using a variety of learning methods, grounded in the Faculty of Homeopathy's Primary Health Care Examination (PHCE) Certificate syllabus. Students were exposed to specialist clinics and the prescribing methods used in them. They received tuition from a veterinarian, a psychiatrist, a medical historian, a professional homeopath and an expert in the evidence base of complementary medicine. Educational methods included interactive lectures, out-patient clinics, recorded video cases, live cases *via* video link, a "dream proving" and a reflective diary. At the end of the course students sat and passed the Faculty's PHC examination. Assessment also included an in-depth case report in which most students revealed understanding of the course. Though students were uncertain about the nature of the healing stimulus, many were affected by the healing responses they witnessed and the intellectual challenge of remedy selection. Some professed interest in further training and all wished to see the Bristol Homeopathic Hospital (BHH) develop as a centre for holistic care. For some the experience was "transformative learning". We conclude that this approach to a foundation training in homeopathy is feasible and effective. *Homeopathy* (2009) **98**, 107–113.

Keywords: homeopathy; education; undergraduate; student selected components

Introduction

The UK General Medical Council's "Tomorrow's Doctors" reforms (1992) sought to reduce the factual burden of medical education and provide more opportunity for students to pursue emerging interests. Contemporary medical students now spend approximately 75% of their time on the "core" curriculum and 25% on elective elements known as Student Selected Components (SSCs).[1] Often students pursue topics independently, but in the University of Bristol we have developed a number of group-based SSCs in subjects such as Global Environment, Film Studies, Complementary Medicine, Creative Arts and Medical Philosophy. These cluster around the "Medical Humanities and Whole Person Care" theme which runs through all five curriculum years.

In this "entrepreneurial" environment we began, in July 2006, a month-long intensive training in homeopathic medicine for medical undergraduates. This was repeated in 2007. There were 12 students in each cohort. For many years, students have done attachments at Bristol Homeopathic Hospital (BHH) receiving some tutorials, "sitting-in" and doing audit projects. However, our ambitions were more radical. We set out to provide these students in one month with the same introductory training received over the course of a year by our post-graduate students. Similarly ambitious undergraduate programmes in homeopathy have run as SSCs in Glasgow and Birmingham Universities.

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We were able to draw on the educational resources of the University of Bristol, the acumen of our regular BHH teaching team and clinical sessions with the 12 clinicians working at the out-patients department. BHH is a part of University Hospitals Bristol NHS Foundation Trust.

There are few peer-reviewed papers describing educational initiatives in homeopathy and none describing whole programmes.[2,3] The aim of this paper is to illustrate what is possible in homeopathic education at undergraduate level within a UK medical school. We describe the aims, educational methods, curriculum content, assessment and evaluation of this new SSC. Several novel elements are reported including the early exposure of students to in-depth issues in philosophy and case management. We conclude with some suggestions for the future of undergraduate (and post-graduate) homeopathic medical education.

Evaluation and outcomes

Each student submitted a 500 word reflective account of their learning experience including learning highlights, thoughts on educational methods and their sense of the role of homeopathy. At the end we used a modified nominal group method to examine strengths and weaknesses of the course.[4] All evaluations were considered in the selection of the quotations provided. Names of students have been changed and their cohorts identified as 2006 or 2007.

Course outcomes were centered on the UK Faculty of Homeopathy's Primary Health Care Examination (PHCE) curriculum, which students sat at the end of the course. Formal learning outcomes for the SSC are presented in Box 1.

> **Box 1. The formal learning objectives of the Bristol HomSSC**
>
> By the end of this course you should have:
>
> 1. An understanding of the *principles* of homeopathy.
> 2. Understood how to discern a homeopathic *case history*.
> 3. Learned the *materia medica* of a range of medicines.
> 4. Sat in and/or viewed on video link, new and follow-up homeopathy *cases*.
> 5. An appreciation of *different clinical environments* for homeopathy.
> 6. An understanding of *research and audit* in homeopathy.
> 7. An understanding of the *history* of homeopathy.
> 8. Experience and knowledge of homeopathic *pharmacy*.
> 9. Understood how homeopathy exemplifies *wider holistic principles*.
> 10. Increased your awareness of *learning about learning* in a group.
> 11. Developed *generic SSC skills* such as self-directed learning.

We introduced course objectives using the structure supplied by paragraph 3 of the *Organon*,[5] which states the need to understand the nature of disease, the nature of remedies and the principles by which the one should be applied to the other. We placed the rest of the teaching around this conceptual triangle.

We introduced students to generic skills in literature review, data presentation, academic prose and working with others. Additionally we wanted to stress the links between homeopathy and the good practice of medicine in general (with a stresses, for instance, on the role of narrative and patient observation).[6] This built on previous teaching on "systems thinking" in the Bristol core curriculum.

Teaching and learning methods

The educational philosophy of the course was of shared enquiry within a learning group. This was fostered by measures such as having seating in a horseshoe rather than in rows and requiring students to keep a reflective diary.

> *I have never found it as easy to learn in medical school as I have done this month. This is the first time that I've had small group teaching for a substantial amount of time, and it has been fantastic!* [Lucy 2007]

As educators we saw our role as less about providing information and more about conveying inspiration. We sought to put patient experience in the foreground. For instance, all *materia medica* teaching was case-based and the regurgitation of textbook information discouraged. What follows are the main elements of our teaching strategy.

Interactive lectures: All lectures were interactive, PowerPoint was used only to display pictures, videos and graphs, not for text other than occasional bullet points.

Use of cases from practice: In line with our case-centered philosophy, real cases were used for most *materia medica* teaching, where possible, on video. A particularly popular session consisted of video cases from veterinary practice.

> *I was fascinated by the 'veterinary' session as it was interesting to see just how much you could gather from the animal's behaviour. If you could learn to apply those skills to human consultations it would be brilliantly beneficial.* [Claire 2006]

Live video links: A recent development in our teaching has been the use of video link. Patient and practitioner consult in one room whilst in an adjacent room students view the encounter on a large screen. The students watch and take notes in the company of an assisting doctor who can choose to run a contemporaneous repertorisation projected on a parallel screen. The practitioner, assistant and students then work together on the case.

> *The video link worked very well. I felt that in some ways it was more useful than sitting in clinic in that the whole group was able to discuss ideas and we could*

get guidance from the tutors. The dual use of video and commentary screen was inspired. [Paul 2007]

"Sitting-in" in homeopathy clinics: We have access to BHH clinics of which there are 19 per week. Each of the 12 students had three or four clinical sessions over the month. Some also did community attachments with homeopathically active GPs.

I really enjoyed the learning I did in clinic as I feel this is where things started to fall into place. I found when we were in lectures I had a good base of knowledge that really knitted together once I saw patients in clinic. [Stella 2006]

Web-based audio and video for download: To supplement the written notes we prepared audio downloads on various topics such as *kingdom* and *miasm* diagnosis. For instance a BBC Radio 4 report "From Our Own Correspondent" on a leper colony was used to illustrate this miasm.

Quizzes and role-plays: The predominant tide in medical teaching is toward the *in-putting* of information. We used various means to enable students to *output* information including role-plays of first aid remedies and holding impromptu quizzes.

I particularly enjoyed a session where we found ways to present materia medica in a memorable way, through role-play and games. I feel that the more ways in which material is presented, the easier and happier the learning experience. [Monica 2006]

Practical group-learning sessions: A pharmacist from Weleda who took students through the practical procedure of producing a 1C potency from freshly gathered buttercups. With each cohort we facilitated a "dream proving", described below.

Access to Computer Repertorisation Programmes: We provided all students with a basic version of MacRepertory, students picked up the use of the programme rapidly.

Reflective diary: Students were encouraged to record emotional responses (such as bewilderment, incredulity, boredom and delight) as well as questions, comments and cases. We provided protected class time for journaling.

I found the reflective diary to be a good idea and helped to consolidate learning. Unfortunately I often rebelled against it and didn't always complete it to the best of my ability. [James 2006]

Course content

What follows are examples of how we presented themes from the Faculty's PHCE syllabus. We struggled to locate balanced, scholarly, introductory treatments of practical homeopathy. We look forward to drawing on David Owens "Principles and Practice of Homeopathy" for the next cohort.[7]

Homeopathic philosophy: We launched the course with a short video case, asking the students to construct the list of medications and other interventions that might be used in the treatment of a menopausal patient with mental health and various gynaecological problems.

We employed an educational device suggested by Chris Kurz in which the students discern the case of a lemon.[8] As well as anatomic features, students were prompted to think of the uses of the lemon and its psychological associations (such as excitement, piquancy, sprightliness, and cleanliness). One can think of the opposites of these characteristics – sweet for sour, dry for juicy, dull for zesty, etc. – but it is very hard to think of one thing that is the opposite of a whole lemon. Similarly with the video case there are many orthodox remedies that oppose individual symptoms of, but no *one* orthodox remedy for the person can be found on the basis of *contraria contrariis*. However it is relatively easy to think of one thing similar to the lemon – a lime for instance.

Going back to the case we ask them to think of something that is similar to the whole of that person. This case is carefully chosen because not only does the patient show a strong global response to *Lilium tigrinum*, but she articulates almost all the features of this remedy as presented in common *materia medica* including the sensation of being "pushed out" (she was listed for hysterectomy for uterine fibroids). This linking of the lemon metaphor to a video case illustrates the *similia* principle.

I really enjoyed the lemon session. I thought it a very good way of demonstrating the difficulty in finding an exact opposite to something (hence the polypharmacy used in orthodox medicine) and the logic in using similars. [Tula 2007]

Students then moved on to learn about how knowledge is gained about homeopathic remedies, including conducting a proving. In 2006 the students proved *Crotalus cascavella* and in 2007 *Falco peregrinus*. To our mutual surprise, in both cases, the proving reactions appeared strong and specific, see Box 2. They also studied the "Doctrine of Signatures" in its modern manifestation and used this approach to study the *materia medica* of *Scorpion* drawing on biological, traditional medicine and mythic perspectives.

Being involved in a proving was probably one of the most exciting elements of the course. Initially I was not sure about where I stood on being used as a human 'guinea pig' but the mystery involved in not knowing what I had just ingested and how I was going to feel following this excited me. I was even more amazed during the discussion of our provings and it emerged that many people had similar themes running in their dreams. [Jackie 2007]

Discerning the case: We teach the consultation as an active process and employ Sankaran's concept of "levels".[9] Though the idea of "levels" could be seen as both controversial and advanced we decided to introduce it to the medical students because without it they would be handicapped in their understanding of what was happening in the clinics where these ideas are in routine use.

The highlight of the course has been learning the homeopathic technique of 'discerning the case' by looking

Box 2. Some notes on the dream proving of *Falco peregrinus*

Each of twelve students was given the opportunity to take a single does of *Falco-p* and record their dreams for the following five nights. We intend to write up this proving and an associated case in a separate publication. Here are some exemplary symptoms with associated rubrics (Complete Millennium Repertory).

I am holding a 4-month-old baby who is dying. It is too awful. [Dreams; babies, dead 3][Anxiety; children, about his]

There is someone following us, we are running upstairs, into doorways, we lock the door. [Dream; pursued of being]

Friends are running around with fish-gutting knives. They are trying to hack me. [Dreams; cutting; knife, of being cut with a].

We meet a 5–6 year old who has been punched in the face, she has bruises as if she has been abused. [Delusions; abused, being].

A car going in the other direction crashes into dozens of cars. I am on the front of a motorboat being driven very fast over rocks. [Driving a car, desires, fast].

My friends are being dragged naked from a cottage to be hung. They appear cadaveric, their bodies have lost their contours. [Dreams; body, body parts; disfigured].

Most of the proving images were violent and suggestive of an animal origin. Symptoms were elicited by a homeopath blind to the source substance (which was known only to one course organiser) who guessed the remedy was a bird of prey, despite the lack of specific *source* information (such as flight or bird images or a "trapped" sensation).

at patients using Sankaran's levels. This idea of looking at patients on a slightly deeper level is not only transferable to conventional medicine but something we could all benefit from, even in everyday life. [Pauline 2006]

We consolidate the theory by inviting students to discern each other's cases and to observe movement through different levels. We have been interested by how much students enjoy these exercises and, perhaps contrary to expectation, how they simplify attempts to teach the different strategies of homeopathic prescribing (Table 1).

I was amazed at how the right questions can lead you into a realm that you never thought possible. It was great to experience how the patient might feel in the same situation. (referring to experiential learning on case-taking) [Martha 2006]

Materia medica: Drawing on the Sensation method, we teach a distinction between animal, plant and mineral remedies with particular reference to Scholten's exegesis.[10] We have been struck by how easily students grasp these distinctions and apply them to cases. The remedies of the PHCE

Table 1 Simplified typology of prescribing strategies based on the idea of "levels"

	Description	*Strategies*	*MM example*	*Indication*
Level 1	Fact	Organ remedy	Crataegus	Heart disease
		Specifics	Chamomilla	Teething
		Isopathy	Tree pollen	Hay fever
Level 2	Symptom	Keynote	Arnica	Bed too hard
Level 3	Emotion	Aetiological	Ignatia	Grief
Level 4	Delusion	Scholten	Platina	Haughty
Level 5	Sensation	Sankaran	*Lilium tigrinum*	Pushed out

curriculum were taught in kingdom groups and, where possible, in families within kingdoms.

Looking at the periodic table in a whole new light. It brought back memories of reactions and bonds, of the more inert chemicals and the stronger metals. However, this time, these properties could be applied to people in a very real and practical way and in a way that is far more useful to me than my years of organic chemistry! [Janey 2006]

Research: We provide printed examples of positive,[11] inconclusive,[12] and pragmatic Randomised Controlled Trial (RCT) designs.[13] We examine positive[14] and negative meta-analyses[15] and examples of qualitative,[16] non-randomised[17] and *in vitro* research[18] as well as methodological overviews.[19] We also offer students insights into complexity theory in a session co-led by a GP researcher and entitled "thinking outside the box".

I think my original scepticism was confounded by the lack of concrete evidence and randomised controlled trials proving homeopathy's success. I now understand why it is so difficult to conduct trials and do research and therefore have what we would all call 'concrete proof'. [Clive 2006]

Assessment

The main assessments were a case report and the PHCE. During attachments at BHH, clinicians were asked to guide students to the selection of cases where the patient had done well clinically in response to an interesting remedy or an interesting aspect of a common remedy. Students were tasked with describing the clinical presentation, explaining case

analysis, patient response and the *materia medica* of the chosen remedy as well as offering a personal reflection. Table 2 show the range of remedies studied in the two years of the course.

We have been surprised at the depth of the students' case appraisals given the brevity of their exposure to these concepts. Box 3 contains an extract of a case report on *Kali sulphuricum*.

We see here how the student understands the kingdom diagnosis and gives a clear description of the tensions between the two contrasting minerals of the salt. Their reports are written autonomously on the basis of research on-line and in the library at BHH with relatively little supervisorial input.

The PHCE consists of 100 MCQs. The paper was run in exam conditions and completed papers sent back to the Faculty for marking. Student results in this examination were good, better than the equivalent results for our post-graduate students (see Table 3). Passing this examination confers on students the right to register as an associate of the Faculty of Homeopathy upon full General Medical Council (GMC) registration.

Students' overall evaluations

Most students had little previous understanding of homeopathy. Some were convinced of its value by the end of the course:

I had no personal experience of homeopathic medicine and wasn't sure whether I believed in it. I can safely say now that I do. It takes a person in their entirety and respects and appreciates the individuality of humankind, which is lost or disregarded in so much of modern conventional medical practice today. [Lorna 2006]

My opinion has been changed dramatically. I now feel that homeopathy has a large role to play in healthcare. I feel that it is a shame that it has so much attack when it is beneficial for many. [Terrence 2007]

A common theme was uncertainty as to whether or not the homeopathic remedies were themselves therapeutic or whether homeopathy worked through consultation effects:

Even if the tablets have no effect and the power of homeopathy lies solely in the consultation process, this is only testimony to the power of human kindness and not something to be taken lightly or dismissed in an RCT. [Kora 2007]

I am 'still on the fence' as regards to whether homeopathy works due to the 'principle of similars'. Although I do know, that patients show a positive response to something whatever it may be. [Paul 2007]

I am starting to get a sense that actually there is something beyond the interaction that is healing in homeopathy, that there is something in the remedies themselves which can help cure disease. [Jenni 2006]

No student expressed a decision to become a homeopath. A common theme was the effect that this exposure to homeopathy would have on their medical practice in general:

I feel that the manner of the case taking was wonderful, its patient led, and I love the fact that the patient's feelings, thoughts and outlooks are held with such importance. I really hope to encompass the holistic way of case taking in to my own skills when I return to my placements in September. [Cassy 2007]

Several students reflected on the challenges of integrating back into the mainstream having been immersed in the homeopathic approach:

I think I will have considerable difficulty into re-integrating myself to the conventional way of clinical consultations next term because of having gone a lot deeper and believing in this depth. [Janey 2006]

It was such a struggle to break from the norm and take a homeopathic history; yet now it seems so wrong not to ask a patient how they feel. It will be difficult to stick to conventional history taking now! [Mako 2007]

Some students' seemed to experience what educationalists might term "transformative learning".[21] This involves a "change of habitual expectation to make possible a more inclusive, discriminating, and integrating perspective" rather than simply learning another medical specialty:

Table 2 Case histories written up by students in the two years of the Homeopathy SCC

2006	2007
Lac caprinum	*Zincum nitricum*
Chocolate	*Tarentula*
Crotalis cascavella	*Baryta nitricum*
Muriatic acid	*Kali sulphuricum*
Magnesium phosphoricum	*Androctonus (scorpion)*
Positronium	*Cannai sativa*
Arsenicum album	*Kali phosphoricum*
Strontium carbonicum	*Spheniscus humboldti (penguin)*
Lac leoninum	*Hepar sulphuris*
Calcarea carbonicum	*Kali nitricum*
	Zincum nitricum
	Mantis religiosa

Table 3 Comparison of Bristol post-graduate and undergraduate (SSC) results in the PHC examinations

HomSSC, 2006	*Postgrad, 2007*	*HomSSC, 2007*	*Postgrad, 2008*
82	73	95	79%
85	84	94	95%
76	77	89	94%
89	81	83	89%
84	78	92	69%
87	63	86	68%
88	91	89	65%
89	88	92	71%
89	75	78	80%
85	88	90	89%
83	90	86	
89	91		
Average			
85.5	81.6	88.5	80.0

Box 3. Student reflections on a case of Kali sulphuricum

Mr X clearly had issues with structure and function, the main themes of mineral remedies. He describes the panic attack feeling as "like things that don't function". His dreams contain mechanical metaphors. He was prescribed Kali sulphuricum LM4 and in his case we see the tension of these two elements.

Sankaran's description of Sulphur is: "I am proud to be me and I know better than you". Mr X's ego is certainly evident. On being asked if he minded being filmed he responded: "Oh yes I do a lot of this as a photographer ... I'm usually the one getting people to sign these things." He likes to emphasise his achievements and high-ranking jobs: "I put myself in as a power instructor", "I became a senior sailing instructor", "...when I worked as an executive traffic manager" – more modest people would leave out the senior and executive parts!

He belittles his brother's life in comparison to his own: "My brother is simple minded, he washes up and sorts his car out ... I am the dreamer, the inventor." Another classic feature of Sulphur is curiosity, described by Mr X several times: "I have always been curious, always been bright" (there's the sulphuric ego again!), "Something drives me to be curious about everything".

Sankaran says of Kali: "I exist, have a separate identity, care and nourishment but do not have the capacity to protect myself, to be secure." We can see this in his anxiety: "I panic", "I always had an anxious state". This state affected his work as an executive traffic controller: "They called me Mr Panic ..." In contrast to his panicky nature, however, he says "I love presentations and lectures" – a demonstration of the contrast between Kali and Sulphur. He illustrates the conflict beautifully with his own words: "I am a mix of genetic databases. My father was a bright entrepreneur, my mother ordinary", "wanting to be simple and ordinary but longing to be different" – he cannot reconcile himself to being either run-of-the-mill or unusual. It is as if the panic, Kali, is pulling away from the egoism, Sulphur and this "battle" between them is the deepest disturbance within his system (i.e. his vital sensation).[20]

I have loved this SSC. Not only do I feel that is has enriched me as a medic, but also as a person. It has been an invaluable experience not just in the context of a medical degree, but in the context of life in general. One of my diary entries reads "I can't remember the last time that I enjoyed studying anything as much" [Dinah 2007]

I think I have learned more about the kind of doctor I want to be in this month alone than the 3 years I have spent at medical school. It is therefore hard to pick the highlights of this course ... what I will take away is the person I am now, not who I was one month ago. [Claire 2006]

Discussion and conclusions

In designing this SSC we decided to throw students "in at the deep end" in terms of philosophy and case management. We wanted them to have a good theoretical foundation through which to fully experience the therapeutic responses witnessed in the BHH clinics. Because most of the BHH team is engaged with the "new" methods of homeopathic practice we decided to cover these in some depth. Most students enjoyed the intellectual challenge, and developed a surprisingly subtle appreciation of concepts such as the periodic table and kingdom diagnosis. They demonstrated their ability to independently apply this new knowledge to clinical cases. We feel that exposure to simple homeopathic ideas and cases would not have engendered the sort of transformative learning that seems to have occurred here (for some students). We were pleased that, in addition to these new topics, they were able to demonstrate a good level of knowledge across the breadth of the PHC curriculum with four students scoring over 90% in the 2007 examination.

Student evaluations were mostly positive. Their "reflective accounts" formed (a small) part of their final assessment. We were explicit that positive evaluations would not receive more credit than negative evaluations. It was the authenticity and maturity of their reflections that counted. Nevertheless it is always hard to criticise your teachers and this will have biased their reporting. The ways in which they articulated their satisfaction in writing were congruent with how we experienced them in clinic and with their verbal feedback. The course was run by a team of homeopaths and students did not have opportunity to discourse with sceptics of homeopathy. This is something we are planning to introduce for 2009.

The experience of the proving was seminal for both students and teachers. Given that the homeopathic *materia medica* is founded on provings it is interesting how *surprised* we were when coherent remedy-specific themes emerged across provers. Though not without methodological flaws, the process was very suggestive of specific remedy effects and, as lived experience, far more affecting than book learning.

We exposed students to a range of basic science and clinical epidemiology literature in two teaching sessions – one led by a non-homeopath. We gave extended attention to the Shang meta-analysis[15] as illustrative of a how diverse perspectives on the debate can lead to such different interpretations of the same data.

We feel these students got a thorough grounding in homeopathy but can only guess at how their interest will develop. With relatively low status in the eyes of the profession and little in the way of training pathways, it is hard to imagine them taking it further in the short or medium term although some students have attended our monthly clinical meetings. Even the more sceptical participants said they would like to refer patients for homeopathy and wanted to see BHH survive as a centre of holistic care on the NHS.

Courses like this could be feasible in any UK university. Though students benefitted from clinical exposure at BHH, most post-graduate courses do not include clinic-based teaching and much can be learned with judicious use of video and paper cases. There is unexploited potential for using on-line resources. We would be delighted to share our materials with other centres. We highly recommend the use of modern educational methods in steering the teaching away from information transfer and toward an engaged group-learning experience. The dream proving, veterinarian session, role-plays, reflective diaries, quizzes and group activities (e.g. in discerning the case) all added dimensions that are missing from the standard lecture format.

Our abiding memory as a teaching team is of the enthusiasm of these capable young people as they grappled with a new philosophy of care, a new way of relating to patients and an expanded sense of what is therapeutically possible. In at the deep end perhaps, but certainly able to swim.

Overall, this course had contributed to my growth and journey to wholeness. Homeopathy incorporates not only the logical processes of inductive and deductive reasoning, but also the extra-logical processes of intuition, imagination, insight, and illumination. The course holds a place as a major highlight in my undergraduate medical course. [Paula 2007]

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