

Dispelling Myths about Homeopathic Practice

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Abstract: The following is a report on the results of an extensive, nationwide survey of homeopathic practitioners of all levels of practice, licensure status, and homeopathic educational backgrounds. The results dispel several prevailing myths about homeopathy in the United States.

Keywords: National Homeopathic Practitioner Survey; myths about homeopathic practice.

Overview

The American Medical College of Homeopathy Department of Research conducted a National Homeopathic Practitioner Survey. We embarked on this project with a plan to study the nature of the current homeopathic profession. It was our hope that this study would help the homeopathic community to better assess its strengths and weaknesses and to better plan its future course. We felt that this was an essential step to help grow the homeopathic profession. There has been no previous attempt to date to study the nature of the homeopathic profession.

Ultimately we discovered many things that were suspected in the homeopathic community but never documented. In addition, there were some surprising results, which are described below.

We were excited about the high level of participation in this study. This was represented by organizational support (nearly all the homeopathic organizations in the United States participated) and individual participation (approximately 1,200 responders). The large number of responders improves the accuracy of the results and permits a more extensive analysis of the data. The response rate was better for Level Five Practitioners (see below), presumably because they had more invested in the results.

We sub-grouped the data both by level of practice and licensure category. Traditionally, the homeopathic community divides itself mostly along licensure lines. It is our belief that this is a less useful comparison base than level of practice.

Our hope is to repeat this study approximately every five years and that this study will serve as a baseline of comparison. This article represents only a summary of some of the findings. For a copy of

the complete report you will find the results at www.AMCofH.org or write to info@AMCofH.org.

About the Survey

The survey was difficult to design. The work group that constructed it (Iris Bell, MD, MD(H), PhD; Jay Bornemann; Christina Chambreau, DVM; Patrick Hesselmann, HMA; Pam Pappas, MD, MD(H); Richard Pitt, DVM, CCH, RSHom(NA); Todd Rowe, MD, MD(H), CCH, DHT; Harry Swope, ND, CCH; Gabrielle Traub (M. Tech) Hom; and David Warkentin, PA) made every effort to keep the survey as short as possible while garnering the maximum amount of data. We made an effort to minimize respondent fatigue; however, despite this, the response rate by the end of the survey was only 60% of that at the beginning. General response to the survey was positive, although some found certain questions ambiguous.

The survey was primarily conducted on-line, although a few surveys were mailed out to individuals who did not have email addresses. It consisted of 46 questions and took approximately 10-15 minutes to complete. The following targeted groups were included:

- All National Homeopathic Membership Organizations
- All National Homeopathic Schools (alumni and faculty)
- Homeopathic Software Company Mailing Lists
- Homeopathic Pharmaceutical Company Mailing Lists
- Homeopathic Conference Directors
- Homeopathic Certification Organization Mailing Lists
- State Homeopathic Licensure Mailing Lists

- State Homeopathic Association Mailing Lists
- National Homeopathic Bookseller Mailing Lists
- Forwarded Emails from Homeopathic Practitioners

The survey was up and running from June 1st, 2006 through August 31st, 2006. 1,165 responses were received.

Estimating the Numbers of Homeopathic Practitioners in the United States

To make meaningful use of the results of the survey, it is first helpful to make estimates of the number of homeopathic practitioners in the United States. This is very difficult to determine, but below is a rough determination based on input from the various homeopathic membership organizations in the United States.

The other problem is that there are many types of homeopathic practitioners and it is helpful to group the kinds of homeopathic practice into five different categories.

Level One: The Appreciator

These are individuals who support and appreciate homeopathy but do not practice it. Some have studied it and elected not to pursue it, some have been treated themselves, while others only know that it seems to help people. These individuals will often refer patients to homeopathy and will generally speak positively about it when asked. They may develop a deep appreciation for homeopathy, but have no wish to study it further.

Level Two: Casual Practitioner

This level of practice involves the casual use of homeopathy and can be learned in a few hours of self-study or in a weekend course. Casual practitioners learn to prescribe first aid remedies. The usage

at this level is mostly experimental and not taken very seriously. Usually prescribing at this level is condition-based and first aid focused.

Level Three: Acute Care Practitioner

This level of practice focuses on acute prescribing and can be learned during a typical 30-60-hour course or more serious self-study. Here homeopathy becomes a first-line treatment for many acute conditions. The usage of homeopathy is no longer casual and becomes regularly used for certain conditions. More serious cases are referred to a more skilled homeopathic practitioner or for conventional treatment.

Level Four: Integrative Practitioner

This level involves a deeper level of commitment to homeopathy. The integrative practitioner learns to prescribe a limited number of "constitutional remedies" that can be used in the treatment of deeper chronic conditions. This generally cannot be learned by simple self-study, but requires a more intensive 100-250 hour training program (whether in a classroom or by distance learning). Homeopathy becomes an important part of the overall practice of the individual. Many practitioners at this level practice one to two days per week. At times, the practitioner may elect to pursue one modality of treatment versus another or to combine them. This is the level of most licensures. More serious cases are referred to a more skilled homeopathic practitioner or for conventional treatment.

Level Five: Homeopathic Practitioner

This level of homeopathic practice involves a much deeper level of integration and commitment. At this level one's identity becomes that of a homeopath. Homeopathy becomes the primary focus of the individual's work. This involves a full-time homeopathic practice. This requires a minimum of 500 didactic hours, although, in reality, homeopathy

Practitioner	Level Five	Level Four	Level Three	Level Two	Level One
MD, DO	400	700	1000	2500	7000
ND	150	1000	2000	5000	10,000
Nurses	500	10000	3000	18,000	70,000
DC	50	200	5000	10,000	25,000
Lac, OMD	50	225	500	1000	5000
DVM	50	250	1000	2000	4000
Unlicensed	1000	3000	20,000	250,000	12,000,000
Total	2200	6350	32,500	288,000	12,120,000

Table 1: Levels of Certification [Estimates from leaders within the homeopathic community].

involves a lifetime of study. The level of certification is displayed in Table 1 (previous page).

Summary of Survey Results

Overview

In all, there were 1,165 Homeopathic Practitioner Respondents in the survey. Not every participant filled out all of the questions.

Below is a breakdown of the Homeopathic Practitioner Respondents by level (see Estimating the Number of Homeopathic Practitioners in the United States above). All Respondents were in level three, four or five.

Level Five: 263 respondents (12% response rate of total Level Five Homeopathic Practitioners)

Level Four: 368 respondents (6% response rate of total Level Four Homeopathic Practitioners)

Level Three: 534 respondents (2% response rate of total Level Three Homeopathic Practitioners)

Summary of Results by Question

On the next page is a chart showing a summary of the averaged results. See the more detailed summary by question that follows for further details.

Estimating the Number of Homeopathic Practitioners

The question of "how many homeopaths are there" has been a difficult one to answer and has largely been ignored. Part of the difficulty in calculating this reflects the diversity of practice of homeopathic practitioners. In embarking on this study, we attempted to cast as wide a net as possible in reaching this diverse group. The methodology included professional, membership, certification and licensure organizations. In addition, we utilized mailing lists of software and pharmacy companies.

Central to the success of answering this question has been to divide out various levels of homeopathic practice (see above). The nature and scope of the homeopathic practitioner's work is quite different at each level. This can clearly be seen in the results of the survey, which breaks the respondents apart into Level Three, Four and Five. The number of homeopathic practitioners can be seen as a pyramid in which Level One represents the largest group and the numbers get progressively smaller as the levels increase.

Ultimately, however, the estimates of the number of homeopathic practitioners are a best guess based on the experience and knowledge of key leaders within the homeopathic community. Future studies need to be performed in an effort to determine

these numbers more accurately.

One category that may be underrepresented in this survey is the number of homeopathic practitioners practicing complex homeopathy. It is our belief that most of the homeopathic practitioners utilizing this methodology fall into Level Two and Three.

Demographics

Age

The average age of the homeopathic practitioner respondent was over 48 years old. This is older than most other health professions. Homeopathy has not been as effective in attracting younger people into practice. The choice of homeopathic medicine most often represents a second or even third career.

Age was the highest in Level Five Homeopathic Practitioners, MD's and RN's. Age was the lowest in Level Three Homeopathic Practitioners, ND's and Unlicensed Homeopathic Practitioners. There is a ten year average age differential between MD Homeopathic Practitioners and ND Homeopathic Practitioners.

Sex

More than three-quarters of the homeopathic practitioner respondents were female. This represents a higher rate than most other health care professions.

There were more female homeopathic practitioner respondents in Level Three Homeopathic Practitioners, RN's and Unlicensed Homeopathic Practitioners. There were relatively more male homeopathic practitioner respondents in Level Five Homeopathic Practitioners, OMD's and MD's. MD's was the only licensure category that demonstrated more male than female homeopathic practitioners.

Location

The greatest concentrations of homeopathic practitioner respondents were found in California (19%), New York (8%) and Arizona: (7%). Some states showed well above the expected average number of homeopathic practitioners based on population statistics, while other states were far below. Colorado represented the largest surplus and Missouri the greatest deficiency. Appendix B describes these surpluses and deficiencies by state in more detail.

The majority of respondents were either located in small rural areas (<50,000) (27%) or large metropolitan areas (>1million) (24%). Some healing professions have had difficulty attracting rural practitioners to their fields; this does not appear to be the case for homeopathy.

Ethnicity

The homeopathic practitioner respondents were over 90% Caucasian. This is signif-

Survey Results Summary

Question	All	MD/D*	MD/DO Lvl 3	MD/DO Lvl 4	MD/DO Lvl 5
Age	49	54	51 years	55 years	54 years
Sex (Female)	76%	37%	50%	34%	33%
Ethnicity (Cauc)	90%	95%	93%	95%	96%
Location (State)					
1 st Most Common	CA	CA	AZ	AZ	CA
2 nd Most Common	NY	AZ	-	CA	NY
3 rd Most Common	AZ	NY	-	FL	CO
Location(Population)					
Rural	27%	25%	30%	24%	21%
Large Metropolitan	24%	30%	27%	30%	32%
Married	64%	68%	64%	63%	71%
Prior Occupation					
Health Related	43%	100%	100%	100%	100%
Non-Hlth Related	54%	NA	NA	NA	NA
None	3%	NA	NA	NA	NA
Highest Level Education					
Bachelor's	34%	NA	NA	NA	NA
Master's	19%	NA	NA	NA	NA
Doctoral	28%	100%	100%	100%	100%
Learn About Homeopathy					
Tx of Self or Family	26%	19%	7%	20%	17%
Friends or Family	27%	15%	40%	25%	34%
Study Group	7%	5%	0%	8%	2%
Public Talk	7%	11%	20%	10%	10%
Reading Book or Article	19%	17%	27%	18%	12%
Internet	4%	3%	0%	2%	2%
Other	4%	30%	7%	12%	14%
# Organizational Memberships					
None	13%	5%	-	7%	5%
One	39%	31%	63%	50%	12%
Two	31%	36%	12%	21%	51%
>2	17%	27%	25%	21%	32%
Organizational Memberships					
AIH	8%	31%	25%	25%	34%
AVH	4%	-	-	-	-
CSH	7%	-	-	-	-
HANP	6%	.7%	8.3%	-	-
HNA	2%	-	-	-	-
NCH	57%	40%	42%	35%	40%
NASH	21%	5%	-	8%	3%
State Assoc	13%	20%	25%	25%	16%
None	12%	3%	-	6%	1%
Certification					
CHC	13.3%	8.5%	-	5%	11%
DHANP	2.8%	1.1%	-	3%	-
ABHt	1.9%	14.9%	11.1%	5%	24%
DNBHE	.9%	1.1%	-	3%	-
RSHom	2.5%	1.1%	-	-	2
CVH	2.9%	-	-	-	-
None	68.6%	73.4%	88.9%	84%	65%
Other	7%	-	-	-	-
Licensure					
DC	2.6%	NA	NA	NA	NA
DDS	.7%	NA	NA	NA	NA
DO	1.6%	NA	NA	NA	NA
DVM	5.6%	NA	NA	NA	NA
HMA	.6%	NA	NA	NA	NA
LCSW	.6%	NA	NA	NA	NA
LMT	1.1%	NA	NA	NA	NA

Question	All	MD/DO	MD/DO Lvl 3	MD/DO Lvl 4	MD/DO Lvl 5
MD	10.4%	100%	100%	100%	100%
MD(H)	1.2%	NA	NA	NA	NA
ND	10.2%	NA	NA	NA	NA
None	54.9%	NA	NA	NA	NA
NP	1.2%	NA	NA	NA	NA
OMD/LAc	3.1%	NA	NA	NA	NA
Other	5.4%	NA	NA	NA	NA
PA	.5%	NA	NA	NA	NA
PT	.1%	NA	NA	NA	NA
RN	4.4%	NA	NA	NA	NA
Undg. Train. Lecture	681 hrs	730 hrs	350 hrs	612 hrs	808 hrs
Undg. Train. Clinical	382 hrs	375 hrs	135 hrs	216 hrs	511 hrs
Undg. Train. Apprent.	320 hrs	355 hrs	136 hrs	199 hrs	436 hrs
Undg. Train. Dist. Learn	22%	16%	34.4%	18.2%	13.8%
Undg. Train. Apprent.	24%	29%	35.5%	21.85	29.7%
Ann. Cont. Ed.-Conf.	46 hrs	52 hrs	23 hrs	51 hrs	59 hrs
Ann. Cont. Ed.-Self Study	75 hrs	81 hrs	49.4 hrs	73.4 hrs	84.8 hrs
Years in Practice	11.5 yrs	21 yrs	23 yrs	20 yrs	22 yrs
Referral Sources					
Family & Friends	13%	13%	25%	6%	14%
Patient	51%	53%	55%	51%	56%
Hlth Care	6%	10%	18%	14%	8%
Publications	3%	2%	-	1%	4%
Internet	7%	9%	-	10%	7%
Public Talks	4%	3%	-	1%	3%
Other Pract.	5%	6%	-	10%	4%
Directories	4%	3%	3%	3%	3%
Other	6%	3%	-	3%	3%
Type of Practice					
Solo	79%	79%	40%	70%	90%
Employee	2%	0%	-	-	-
Group	6%	5%	-	5%	7%
Group (Mixed)	14%	8%	-	16%	-
Other	10%	8%	60%	9%	3%
Praciice Methodlogy					
Repertorization	14%	22%	-	28%	16%
Vital Sensation	7%	9%	-	8%	10%
Materia Medica	5%	7%	-	8%	6%
Classical	5%	12%	-	12%	13%
Case Taking	4%	9%	-	6%	11%
Kent	2%	2%	-	6%	5%
Miasm	2%	4%	-	4%	4%
Themes	2%	4%	-	6%	5%
Medicines					
Single	84%	78%	80%	66%	86%
Combination	7%	8%	-	14%	4%
Intercurrent	4%	2%	5%	2%	2%
Conventional	3%	10%	10%	13%	6%
Herbal	6%	6%	5%	8%	4%
Nutraceuticals	9%	10%	-	9%	11%
Potencies Chosen					
30C or less	37%	31%	85%	41%	25%
200C & above	47%	52%	15%	39%	61%
LM	15%	15%	-	13%	15%
Other	3%	2%	-	8%	1%
Dosing					
Single	56%	56%	50%	51%	61%
Daily (fixed)	31%	30%	50%	33%	28%
Multiple Daily	13%	14%	-	16%	11%

Question	All	MD/DO	MD/DO Lvl 3	MD/DO Lvl 4	MD/DO Lvl 5
Client Population					
Children	22%	26%	5%	20%	27%
Adults	59%	61%	85%	65%	59%
Elderly	9%	13%	10%	13%	14%
Animals	8%	1%	-	1%	.1%
Special Group	1%	1%	-	1%	-
Patient Satisfaction					
Extr High	15%	15%	-	14%	17%
Very High	44%	41%	-	43%	40%
High	40%	41%	100%	41%	38%
Medium	9%	4%	-	3%	4%
Low	2%	0%	-	-	-
Very Low	.2%	0%	-	-	-
Extr Low	.3%	0%	-	-	-
Response to Treatment					
Exc. Good-Totality	45%	38%	10%	37%	38%
Exc. Good-Chief Complt	40%	33%	15%	37%	34%
Partial Response	23%	23.6%	50%	18%	28%
Negative Response	3%	3%	5%	4%	3%
No Response	8%	11%	20%	11%	11%
% Practice-Homeopathic	73%	71%	26%	40%	93%
% Income-Homeopathic	73%	59%	5%	29%	82%
Monthly New Patient Visits	10.4	24.1	1.0	27.1	22.7
Monthly FY Visits	36.	66	5.0	45.9	91.6
New Visit Charge	\$187	\$275.70	\$240	\$234.84	\$331.90
Follow Up Charge	\$71	\$87	\$67.50	\$95.10	\$96.45
Length of New Visit	106 min	105 min	65 min	99 min	114 min
Length of Follow Up	42 min	36 min	30 min	38 min	35 min
Average Time to 1 st FU	30 days	31 days	13 days	25 days	35 days
% Income for Overhead	37%	46%	38%	51%	45%
Number of Staff	.7	1.9	.5	2.7	1.4
% Practice-Sliding Fee	14%	12.5%	5%	16%	10%
% Practice-Pro Bono	15%	6.8%	5%	9%	5%
% Practice-Insurance	11%	34.8%	43%	40%	33%
Time in Practice to Break Even					
Even	19 months	18 months	3.5 months	32 months	13 mths
Practice Orientation					
Classical	90%	94%	80%	73%	93%
Monthly Income	\$4500	\$12,362	\$1042	\$10,729	\$16,368
Service (hrs)					
Teaching	67 hrs	44 hrs	5 hrs	100 hrs	52 hrs
Speaking	72 hrs	45 hrs	100 hrs	36 hrs	50 hrs
Research	104 hrs	34 hrs	800 hrs	32 hrs	32 hrs
Volunteer	25 hrs	23 hrs	-	19 hrs	22 hrs
Public Outreach	27 hrs	12 hrs	-	9 hrs	14 hrs
Other	28 hrs	29 hrs	-	65 hrs	6 hrs

ificantly higher than national averages based on population. Particularly poorly represented were African Americans and Hispanics.

Statistically significant differences were not seen in any subgroup population (level or licensure).

Marital Status

Nearly two-thirds of all homeopathic practitioner respondents were married. This is higher than the rate for the general population.

Higher rates of marriage were seen in DVM and MD subcategories. Higher rates of single marital sta-

tus were seen in OMD and ND subcategories.

Occupation Before Homeopathy

A majority of homeopathic practitioner respondents described non-health related professions prior to embarking on homeopathy as a career. Very few respondents described homeopathy as their initial career (3.3%).

Highest Level of Education Achieved

There was wide disparity in educational backgrounds of homeopathic practitioners prior to

embarking on their homeopathic education. In general, the level of education was higher in Level Five Homeopathic Practitioners and lower in Level Three Homeopathic Practitioners. The most well represented category of licensure was a Bachelor's level of education, with Doctoral level being a close second.

Homeopathic Training

Undergraduate Training

The average homeopathic practitioner respondent had 682 hours of didactic undergraduate homeopathic education, 382 hours of undergraduate clinical training and 320 hours of undergraduate apprenticeship training.

A significant difference was seen in the undergraduate education by level of practice. Level Five practitioners had a three-fold increase in the number of hours of homeopathic education compared to Level Three and Level Four Practitioners. MD's averaged the highest level of didactic hours, whereas ND's averaged the highest number of clinical training hours. DVM's showed the least number of lecture-based and clinical-training hours.

Only 25% of training was described as distance-learning based. We suspect that this is gradually increasing over time. Distance Learning education was more common in Level Three Practitioners and in Unlicensed Homeopathic Practitioners.

About 25% of training was described as apprenticeship based and we suspect that this is decreasing over time. This was more common in Level Five Practitioners. Apprenticeship was the most common in OMD's and MD's.

Learning About Homeopathy

The responses to this question were diverse. However the two categories that were by far the strongest were treatment of self or family member (26%) and referral by friends or family (27%). The third most common response was reading a book or article (19%). There was little statistical difference seen between the levels of homeopathic practice.

OMD's and ND's were the most likely to learn about homeopathy through self-treatment. RN's were the most likely to learn about homeopathy through treatment of friends or family and through study groups. DVM's were the most likely to hear about homeopathy through a public talk. ND's were the mostly likely to hear about homeopathy through reading a book or article.

The internet was a minor factor (6.8%), although we suspect that this is growing. An exception to the above is that Level Three Homeopathic Practitioners were the most affected by the internet. OMD's were

the most likely to hear about homeopathy through the internet.

Continuing Education

The average respondent homeopathic practitioner puts in 121 hours per year of continuing education study. Roughly 25% of this is seminar based and 75% is self-study.

Level Five Homeopathic Practitioners put in significantly more continuing education study than Level Four or Level Three Homeopathic Practitioners. ND's put in the greatest amount of continuing education hours and Unlicensed Homeopathic Practitioners put in the least.

Certification

Only 30% of homeopathic practitioner respondents were certified. The largest category by far was the CHC (13.3%), which significantly increased in Level Five Practitioners (25%). Level Five Practitioners were also significantly more likely to be certified than Level Three Practitioners. Unlicensed homeopathic practitioners were the least likely to be certified, whereas ND's were the most likely to be certified.

Membership Organizations

The average number of memberships in homeopathic organizations was 1.6. Level Five Practitioners were significantly more likely to have multiple memberships.

Membership in the National Center for Homeopathy (NCH) was the largest category and the majority of homeopathic practitioner respondents were members (56.8%). Membership in the North American Society of Homeopaths (NASH) was also quite strong (21.2%). By far, the most common pairing of memberships was NCH and NASH.

Licensure

A majority of homeopathic practitioner respondents were unlicensed (57%). Level Five Homeopathic Practitioners were significantly more likely to be licensed than Level Three Homeopathic Practitioners.

Naturopathic Doctor (10.7%) and Medical Doctor (10.4%) were the most common licensure categories. DC's (2.8%), DDS (.8%) and PA's (.5%) were felt to be under-represented in this survey. Many chiropractors do use homeopathic medicines, but mostly as Level Two Homeopathic Practitioners.

Nature of Practice

Length of Practice

The average homeopathic practitioner respon-

dent was in practice for eleven years. This was significantly longer in Level Five Practitioners (16 years) and shorter in Level Three Practitioners (6 years). MD's held the longest average (22 years) and Unlicensed Homeopathic Practitioners the shortest (8 years).

Amount of Homeopathy

The practice of the average homeopathic practitioner respondent was 73% homeopathic. However, this only represented 52% of the income.

Level Five Homeopathic Practitioners practiced significantly more homeopathy than Level Three Homeopathic Practitioners. Unlicensed Homeopathic Practitioners held the highest percentage of practice (80%) and DVM's the lowest (60%).

Level Five Homeopathic Practitioners received significantly more homeopathic income from their practice (81%) than Level Three Homeopathic Practitioners (12%). DVM's received the lowest homeopathic income from their practice (49%) and ND's the highest (64%).

The average homeopathic practitioner respondent sees 10 new patient visits per month and 36 follow-ups. Level Five Homeopathic Practitioners see significantly more new patient visits and follow-ups than Level Three Homeopathic Practitioners. MD's have the highest rate of new patient visits (24), where Unlicensed Homeopathic Practitioners (6) and RN's (6) had the lowest. OMD's had the highest rate of follow-up visits (53) and Unlicensed Homeopathic Practitioners (20) and RN's had the lowest (24).

Fees/Income

The average charge for a new visit was \$187 and \$71 for a follow up. Typically 25% of this was directed towards overhead.

Level Five Practitioners had a much higher average new patient fee (\$242.40) compared to Level Three Practitioners (\$82.50). They also had a much higher follow-up visit rate (\$83.00) compared to Level Three Practitioners (\$43.10).

MD's charged the highest rate for new patient visits (\$275.70) compared to Unlicensed Homeopathic Practitioners, who had the lowest rate (\$161.70). They also had the highest rate for follow-ups (\$87.30) compared to Unlicensed Homeopathic Practitioners (\$63.70).

Level Four Practitioners had the highest amount of income directed to overhead (37.8%) and Level Three Practitioners the lowest (25.8%). This was highest for MD's (46.1%) and lowest for DVM's (31.2%) and RN's (30%).

The average portion of the practice for sliding fee scale was 13.7% and for pro bono work, 15.5%. The percentage of practice that was sliding fee scale

was highest in Level Three Practitioners (17%) and lowest in Level Five Practitioners (11.1%). Similarly, the percentage of practice that was pro bono was highest in Level Three Practitioners (35.6%) and lowest in Level Five Practitioners (8.5%). OMD's had the highest rate of sliding fee scales (15.2%) and DVM's the lowest (7.0%). Unlicensed Homeopathic Practitioners had the highest rate of pro bono work (19.4%) and MD's the lowest (6.8%).

Only 11.1% of patients received insurance reimbursement. This was much higher in Level Five Homeopathic Practitioners (15.2%) and lowest in Level Three Homeopathic Practitioners (3.7%). MD's had the highest rate of insurance reimbursement (34.8%) and DVM's the lowest (.7%).

This makes for an average annual income of \$49,508.80 with a take home pay before taxes of \$37,131.60 (-25% for overhead). Level Five Homeopathic Practitioners (\$101,306) make significantly more income than Level Three Homeopathic Practitioners (\$2,779/year). Unlicensed Homeopathic Practitioners do make less income (\$25,252) than Licensed Homeopathic Practitioners. However when you separate out Unlicensed Level Five Homeopathic Practitioners, their income jumps to \$72,000/year. MD's had the highest average income (\$135,987/year). OMD'S also had a higher average income (\$96,576/year).

The average length of time in practice before financially breaking even was 19 months. This was very short for Level Three Homeopathic Practitioners (1.4 months) and longer for Level Four Practitioners (19.4). It is interesting that it took longer for Level Four Practitioners to break even than Level Five Practitioners (21.4 months). OMD's (8.9 months) and DVM's (10.1 months) described the shortest length of time to break even, while Unlicensed Homeopathic Practitioners took the longest (21.7 months).

Time

The average length of time for a new patient visit was 106 minutes. This was longer for Level Five Practitioners (111 minutes) than for Level Three or Four Practitioners. DVM's had the shortest average new visit (74 minutes), while Unlicensed Homeopathic Practitioners had the longest (113 minutes).

The average length of time for a follow-up visit was 42 minutes. This was the longest for Level Three Practitioners (48 minutes) and shortest for Level Five Practitioners (42 minutes). DVM's had the shortest follow-up visits (25 minutes) and Unlicensed Homeopathic Practitioners the longest (46.7 minutes).

The average length of time to the first follow-up was 29.7 days. This was shorter for Level Three Homeopathic Practitioners (24 days) than Level Five

Homeopathic Practitioners (31.3 days). DVM's had the shortest time (15 days) and RN's the longest (33.5).

Staff

The average number of staff for each homeopathic practitioner respondent was .7. This was lowest in Level Three Homeopathic Practitioners (.4) and highest in Level Five Homeopathic Practitioners (.87). MD's tended to have the highest level of staff (1.9) and Unlicensed Homeopathic Practitioners the lowest (.26).

Referral Sources

The most common source of referrals was from patients (51.6%). Referrals from family members and friends (13.1%) was the second most common, with internet being third (7.5%)

Level Three Homeopathic Practitioners tended to have significantly more referrals from family members and friends (25.7%) and less from directories (1.4%). Level Five Homeopathic Practitioners tended to receive the most referrals from patients (57.4%).

Style of Practice

Type of Practice

The majority of Homeopathic Practitioner Respondents are in solo practice (79%). The second largest category was a group with mixed healing modalities (14%). Solo practice was most common in MD's (79%) where a group with mixed healing modalities was most common in OMD's (26%) and ND's (22%). Employee status was most common in DVM's (7%).

Orientation

Most homeopathic practitioner respondents practice classical homeopathy (89.6%). Complex homeopathy was practiced more commonly in Level Four Homeopathic Practitioners (17.5%). Complex homeopathy is practiced most commonly by OMD's (32%) and least commonly by Unlicensed Homeopathic Practitioners (2.8%).

Methodology

The survey did a poor job at assessing this area. We struggled with a question that would obtain some useful data and ultimately made the question fill in the blank. There was a great diversity of responses. Some responses focused on a particular teacher's methodology while others focused on particular methods.

The three most common responses were Repertorization (14.4%), Sankaran Vital Sensation

(7.2%) and Materia Medica Research (6.1%). Classical (4.8%), Hahnemannian (1.2%), Miasm (1.7%), Themes/Essences (1.7%) and Totality (1.6%) were also relatively strong.

Most of the Respondents described multiple methods. The average was 3.2 responses per respondent.

Remedy Choices

Nearly all practitioners use single remedies in their practice (84%). Some also use combination remedies, intercurrent remedies, conventional medications, herbal medicines and nutraceuticals. The most common supplements to remedies reported were cell salts and flower essences.

Level Four Homeopathic Practitioners were the most likely to use combination remedies (8.1%) and by OMD's Intercurrent remedies were most used by RN's (4.8%). Conventional medications were most used by MD's (9.5%). Herbal medicines and nutraceuticals were most used by ND's (13.2% and 18.2%).

Nearly all the Homeopathic Practitioner Respondents utilize C potencies. The most common potency grouping was 200C and higher (46.6%). Prescriptions of 30C and below was also frequent (37.2%). LM potencies were less common (14.9%).

Level Three Homeopathic Practitioners tend to use 30C potencies and below much more commonly (60.3%), compared to Level Five Homeopathic Practitioners (29%). Also, Unlicensed Homeopathic practitioners tend to use these potencies more commonly (38.2%). LM potencies were used the most by DVM's (21.9%).

The most common method of dosing was the single dose (53.7%). This was relatively unaffected by level or licensure category.

Client Populations

The most common patient population was adults (59.2%). Children was also strong (22.5%). A significant number of Homeopathic Practitioner Respondents saw some animals (11.6%). Also most DVM's see some humans.

Level Three Homeopathic Practitioners tend to see more animals (16.5%) and Level Five Homeopathic Practitioners tend to see more children (25.8%) and elderly (9.8%). MD's tend to see the most elderly (12.9%) and children (26.0%) of any licensure category.

The elderly client population was low - several practitioners commented on the higher liability associated with the treatment of the elderly (8.7%). This is particularly important in that the percentage of the general population of elderly is only 10% at this time, but will be increasing to 20% by 2030.

Success in Practice

Patient Satisfaction

Success in practice is difficult to measure. We asked the homeopathic practitioner respondents to describe patient satisfaction with their practices. Overall this was described as very high (44.5%). It was significantly higher in Level Five Practitioners (49.2%) than Level Three Practitioners (29.6%). ND's described the highest level of patient satisfaction with their practices.

Response to Treatment

Homeopathic Practitioner Respondents described exceptionally good responses in multiple domains (45%), exceptionally good responses in the chief complaint (40.2%), partial response to treatment (23.1%), negative responses to treatment (3.2%) and no response to treatment (7.9%).

Level Five Homeopathic Practitioners described the highest rate of excellent response in all domains (50.1%), whereas Level Three Homeopathic Practitioners described the highest rate of excellent response in the chief complaint (42.1%). Level Three Practitioners were more likely to have no response (9.3%) or partial response to treatment (29.5%). OMD's described the highest level of excellent response in the chief complaint (44.5%) and excellent response in all domains (52.5%).

Practitioner Satisfaction

There was nearly universal satisfaction described in homeopathic practice. Most talked about curing illness and watching their patients improve. Many of the responses were quite beautiful and inspiring. We elected to include all of them in Appendix D.

Growing Homeopathy

Most homeopathic practitioners participate in service to the homeopathic profession. This took the form of annual hours in teaching (66), speaking and writing (66), research (98), work for other homeopathic organizations (25) and public outreach (23). Level Five Homeopathic Practitioners give nearly three times as many hours as Level Three Homeopathic Practitioners. OMD's give the most time in teaching (88 hours) and speaking and writing (108 hours). Unlicensed Homeopathic Practitioners devote the most time to research (121 hours). ND's devote the most time to support of homeopathic organizations (35 hours). Unlicensed practitioner's give the most time in public outreach (26).

Dispelling Myths About Homeopathic Practice

1. Myth: You cannot make a living doing homeopathy.

This survey shows that this is not true. Level Five Homeopathic Practitioners have an average income of \$101,000 per year.

2. Myth: You have to be an MD to make any money doing homeopathy.

Although it is true that MD's make more income doing homeopathy (\$135,000 per year), Level Five Unlicensed Homeopathic Practitioners can also make a quite comfortable and profitable income (\$72,000).

3. Myth: What distinguishes homeopathic practitioners the most is licensure.

Traditionally this has been well accepted. However this study reveals far more similarities than differences amongst the various categories of licensure. What seems to distinguish homeopathic practitioners far more is the levels of practice.

4. Myth: There are very few homeopaths practicing homeopathy in this country.

This study reveals that there are many more homeopathic practitioners than some have thought. It is important also to divide these practitioners by levels of practice. Part of the misunderstanding about practice within the homeopathic community stems from confusing these various levels of practice.

5. Myth: MD's rely on insurance reimbursement for homeopathic practice.

Although MD's use insurance more often than any other licensure category (34%), they are not dependent on this for income.

6. Myth: The best way to attract patients to your practice is through public talks.

This has been a long held belief within the homeopathic community. This proved to be a less important source of referrals and was surpassed by the internet, health care referrals, friends and family, and especially patient referrals.

7. Myth: It takes years before being able to break even in homeopathic practice.

This study showed that the average was 19 months. This is about the same that is expected in most health care professions.

8. Myth: Nearly all homeopathic practitioners practice classical homeopathy.

This study showed that about 90% of homeopathic practitioners practice classical homeopathy. We feel that complex homeopathic practitioners were under-represented in this study. Many of these practitioners practice at Level Two or Level Three.

Recommendations

1. The homeopathic community needs to find ways to attract younger practitioners into the profession.
2. The homeopathic community needs to find ways to attract more men to the field.
3. The homeopathic community needs to find ways to attract more ethnically diverse practitioners, especially African Americans and Hispanics.
4. The homeopathic community needs to do a better job at attracting homeopathic practitioners as their first career.
5. The homeopathic community needs to find ways to increase the length of veterinary homeopathic education.
6. The homeopathic community needs to find ways to attract DC's and PA's to the homeopathic profession.
7. The homeopathic community needs to charge more for homeopathic services.
8. The homeopathic community needs to find ways to make the homeopathic profession more lucrative for its membership.
9. This survey should be repeated every 5-7 years.

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