

Making Contact

by Kate Diamantopoulo

In my own practice 'making contact' has come about primarily through the enthusiasm of my patients to help themselves, their families and their friends. This enthusiasm is of course dependent on careful, consistent prescribing and an open, friendly practice, but is also deepened by an appreciation of the fundamental goals and principles of homœo-pathy. Toward this end, I spend a good deal of time educating patients on homœopathy, instructing them on how to use the remedies, how to get together a basic first-aid kit, the possible outcomes of treatment, and generally answering their queries. I encourage my patients to ring up with any questions and usually there are several calls in the early weeks. But as they become more familiar with homœopathy, time spent in this way is greatly diminished. If we, as homœopaths share information with our patients, they will be able to share information with their families, friends and community. If information is kept closeted with the homœopath, it can benefit no one.

I also routinely recommend that my patients become familiar with homœopathy through the literature. In my children's clinic I always give mothers a copy of *Homœopathy in the Nursery*, and advise them to keep the first-aid kit described in the centre pages. This children's clinic, and working with children in general has, by the way, been a most successful means of making contact. As many of us have observed: if the child can be helped, the rest of the family is sure to follow. Give lectures to school parents, hold discussion groups, provide mini-courses for teachers. Those that you educate will educate others.

Before making contact with the medical profession it is essential I believe, to get

clear on our objectives. Like all homœopaths, my idea of treatment is to help the patient to heal himself – with the homœopath standing beside him until no longer necessary. I have always found it inappropriate and indeed counter-productive to be authoritative from above or to pressurise from behind. The purpose of the physician is to release the patient from his symptoms so that he may achieve the higher purposes of his existence. Only the patient knows what these may be; it is not for the homœopath to judge.

So, from this perspective, I do not view the patient's treatment in terms of antagonist polarities: homœopathy vs allopathy. I have several doctors to whom I refer when necessary, and they in turn now refer patients to me. I find it extremely helpful to get the name of the patient's GP and other relevant care-givers, and if appropriate – and if the patient consents – to make contact by letter, expressing a wish to co-operate in the patient's treatment. I did this the other day and had the pleasure of being taken out to a very nice lunch! We found that many of 'his' patients were also 'mine'.

Of course, GPs and other professionals may also approach the homœopath if they see dramatic improvement in their patients. The physiotherapists from our local children's hospital in Brighton asked several of the mothers if they could explain the better-than-anticipated improvement in their handicapped children. This in turn led the physiotherapists to ask me for instruction in homœopathy. Give time holding informal talks and discussions with professionals in your local area. They are usually well received and always engender lively debate. Invite other professionals to sit in

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with you and sit in with them. Much pathology can be learned in this way.

In the Brighton children's hospital it is now well accepted that homœopathic remedies are written up in the drug sheets, if requested by parents. Homœopathic treatment also continues alongside hospital treatment at the RNOP in London, and many children regularly receive remedies on the ward with the consent and encouragement of the medical staff. One consultant has asked if we would visit the hospital and help with the children. I shall be delighted to do so. Thus, be prepared to support patients in the hospital if necessary and if 'invited'. This is not only greatly appreciated by patients and relatives, but an excellent source of contact. Many homœopaths also attend births at hospital or at home and confirm that midwives are generally supportive of homœopathy and are another good contact in the community, as are HVs and district nurses. These links often carry through to GPs and consultants.

However, it is not all plain sailing! Difficulties are always encountered and not everyone is sympathetic to homœopathy. For example, a patient with terminal cancer came to me for help but was horrified to hear that her oncologist was totally against any other form of treatment and would not treat her if she used 'alternative' means. She phoned and explained the situation to me, apologising profusely for not keeping her appointment. It was her right to choose which kind of treatment to follow and I therefore encouraged her to continue with her chosen method, and to contact me again in the future if she felt I could help. Greatly reassured she carried on, only to be carried through the door six months later in a very poor state. She had been given six weeks to three months to live. However within two weeks she was back on her feet and had another year in which to sort out her affairs and eventually died peacefully at home with her family around her. I attended the funeral at her family's request and felt honoured to do so. Her daughter is now in her final year qualifying as a homœopath and already has a steady stream of patients.

I should add that the lack of co-operation on the part of the consultant in this case was balanced out by the interest of the oncology ward sister and the *oncology* social worker, both of whom came to see me for a chat about homœopathy, and now advise their patients on its merits. The patient herself was the best endorsement! Talks on homœopathy are currently being given to cancer support groups and recently a

large seminar was held in which methods were discussed. A colleague of mine attended this meeting and will be sitting in with one of the consultants, who in turn has arranged to sit in with him. A *real* step forward.

I, for one, would rather our fellow medical colleagues started out with a sceptical point of view and became convinced of homœopathy based on observation of its results. Such was the experience of James Compton-Burnett who tells the story of how he became a homœopath, in his famous booklet *50 Reasons for Becoming a Homœopath*. As you know, he was a true sceptic and thus decided to run an experiment using *Aconite* in half the children on his fever ward and not in the other half. To his astonishment, those children who had received *Aconite* recovered with no sequelae; the others progressed the illness. He repeated this experiment several times with the same result and was slowly becoming convinced of the efficacy of prompt homœopathic treatment. A little later having had some leave he returned to his children's wards and found no patients there. On asking the nurse what had occurred she said that she was fed up with his hard-heartedness and had given *Aconite* to all the children with the result that all recovered and were discharged! She felt that experiments were not in order when relief could be had by all the children. A view I'm very inclined to agree with!

In conclusion, the avenues and pathways for making contact are numerous, and open to all of us. But what of the future – do we share a common goal? Here, the experience in India may provide us with some guidelines. Those of us who have travelled to India and worked with Dr Bannerjea at the Bengal Allen Medical Institute in Calcutta have seen how allopathic medicine, homœopathic medicine, and Ayurvedic medicine rub shoulders in the most amicable way. The patient carries his notes and X-rays around in his dhobi and attends whichever discipline he wishes. This is respected by all practitioners and works very well. The patients are well informed about their condition and are keen to get well. On one occasion we attended a VD clinic where both patients and consultant were fed up with the lack of success in treatment! The consultant turned to us with the consent of the patient and asked for a homœopathic prescription. We worked on the case and the patient was duly sent off to the homœopathic pharmacy, down the road! No one is much interested in who gets the credit for the cure. More important is the patient and his quality of life.