REVHOM 397 No. of Pages 4 ARTICLE IN PRESS

La Revue d'Homéopathie 2017;xx:1-4

Daily practice

Homeopathic therapy as everyday primary care. Observations and reflections[☆]

Alain Sarembaud (Homeopathic General Practitioner)

104 bis, rue de l'Avenir, 94380 Bonneuil-sur-Marne, France

Available online ScienceDirect xxx

SUMMARY

The author, a homeopathic General Practitioner, through his experience in his surgery in a Paris suburb and in a low cost Health Centre in Paris draws up a picture of the situations in which his homeopathic expertise enabled him to respond to primary care through homeopathic therapy. He sets out the French social context, its possibilities and its impossibilities. He looks at the nosological and ethical limits of this therapy in the continuity of care. To illustrate his point, he presents six different subjects: a parturient, a new born baby, a young child, a teenager, a fifty year old man and a senior citizen.

© 2017 Published by Elsevier Masson SAS.

year after the Besançon congress which focused on "the place of homeopathy in serious diseases", professionals of French homeopathic medicine compare their practices on a question of public health: is homeopathy a primary care medicine?

This question is recurrent in the genesis of Hahnemannian practice. As soon as he tried to apply his new therapy based on similarity, Hahnemann treated all pathologies without exception very successfully, hence his fame [1]. He continued his consultations in Paris during the last years of his life [2].

French homeopathic GPs offer medical and homeopathic care not only for chronic diseases but also for all general medical conditions, all the more so if they are chosen by the patient and registered as his GP.

SOCIAL CONTEXT

In France, the official recommendations of the High Health Authority (Haute Autorité de Santé, HAS) require all doctors, including homeopathic physicians to provide care from the first consultation. A protocol of this first consultation was put together and published by homeopathic doctors, thanks to the French Society of Homeopathy (Société Française d'Homéopathie, SFH) and the National Union of Associations of Continuous Medical

Training and Assessment (Union Nationale des Associations de Formation médicale et Evaluation continues, Unaformec)), then reread by the French Society for Documentation and Research in General Practice (Société Française de Documentation et Recherche en Médecine Générale SFDRMG) and finally validated by the HAS [3].

This is in line with the Lebatard-Sartre Ordinal Report, work carried out with the National Union of French Homeopathic General Practitioner (Syndicat National des Médecins Homéopathes Français, SNMHF) and the National Federation of French Homeopathic Medical Societies [4].

French homeopathy is prescribed by doctors in all regions; this presence can be found in town centres, on the periphery of large towns [5,6] and in rural areas [7,8]. For associations of homeopathic General Practitioners and patients, this network of several thousand qualified doctors all over France exists, but it is not easy to maintain, or to develop [9]. This difficulty is due to a number of causes, including the unpopularity of so-called "liberal" private practice, the recruitment barriers encountered by French homeopathy schools and the small number of universities involved. Recently the law of modernisation of health itemised the following missions for doctors. They are the ones indicated by the code of ethics already in use in daily practice [10]:

KEYWORDS

Homeopathy Primary care

*Text based on a communication made during the Congress of the National Federation of French Homeopathic Societies in May 2017 in Annecy.

Note from the translator: To avoid clumsy he/she or his/her, it has been assumed that unless the context made their sex clear, doctors and patients were male. It is of course a purely arbitrary decision which, it is hoped, lady doctors and patients will forgive.

E-mail address: alain.sarembaud@orange.fr

DOI of original article: http://dx.doi.org/10.1016/j.revhom.2017.07.008

http://dx.doi.org/10.1016/j.revhom.2017.07.009

© 2017 Published by Elsevier Masson SAS.

Daily practice

A. Sarembaud

- 1. prevention
- 2. screening
- 3. diagnosis
- 4. treatment
- 5. orientation
- 6. follow-up
- 7. health education

To these missions can be added an offer of care to populations disadvantaged through

- 1. age
- 2. social, economic and legal status
- 3. lifestyle

Continuity of care where necessary and outpatient care of adult patients in primary care.

But it also adds others whose list [11] is not exhaustive, such as participation:

- 1. In care networks providing care at home for the elderly.
- In the management of problems related to addictions (alcohol, tobacco, food)
- 3. In adolescent, as well as sexual medicine and family planning, etc.

This continuity of care is respected by homeopathic GPs, caring for their registered patients. On the other hand, the permanence of care implies, in the public health code, a homeopathic medical presence, night and day, seven days a week. This is already very problematic for all GPs, and almost impossible for homeopathic doctors, as they are in very small numbers, isolated and marginalised, not having the possibility of prescribing as in their professional surgeries.

THERAPEUTIC CONTEXT

Having established the current situation, with its restrictions, difficulties and impossibilities, we can now deal with the heart of our profession: the indication of homeopathic care. This chapter concerns the problems of the indication of offering homeopathic treatment in primary care.

It is a tautology since it is the permanent concern of all those who provide homeopathic care to use it every day in the way best suited to the persons and their disease. "From the moment he agreed to answer a request, the physician undertakes to provide the patient with conscientious, dedicated and evidence-based care, using, where appropriate, the assistance of competent third parties." [12]

This attitude depends on experience as well as medical and homeopathic skill, the state of the patient and the severity of the pathology. We described the particularly difficult circumstances [13] in which the homeopathic doctor accompanies his patient before and after, but his prescription necessarily takes into account those of other professionals for conditions such as:

- 1. Surgical indications (acute appendicitis, traumatology, etc.)
- Endocrine dysfunction (insulin-dependent diabetes, adrenal insufficiency, etc.) [14]
- 3. Severe prognoses (neoplasia [15], neurodegenerative diseases [16], etc.)
- Serious infections (septicaemia, bacterial meningitis, tuberculosis, etc.)
- 5. Psychiatric disorders (bipolar disease, delusions, etc.)
- 6. Organ failure (cardiac [17], coronary, renal, etc.)

PRIMARY CARE

Our field of application for our homeopathic therapeutic intervention is extensive since it concerns a large number of functional and reversible conditions. This field of action is so wide that, as early as the nineteenth century, homeopathic doctors published articles destined to the general public in newspapers.

This has helped to create a climate of popular sympathy for homeopathy or even solidarity towards homeopaths. This tradition is perpetuated to this day not only with articles in weeklies intended for the general public but also in books whose titles are evocative: "A to Z, Aide-Mémoire, Advice, Family Encyclopaedia, Guide, Manual, Instructions, Prescriptions, Practice, Daily, Healing by, or even Bible, etc."

This popularisation, more or less well documented, has always existed [18] and has certainly been instrumental in maintaining our therapy with the public and health authorities with our specific paradigm, for the benefit of patients.

But it has sometimes backfired with some of our medical colleagues, who, contrary in particular to pharmacists, had not been made aware of this contribution during their university studies. Indeed very often the patient is also informed and advised by his local pharmacist. At present, the patient is now fed with information delivered on the web via dedicated websites (Hellodoc, Homeophyto, Doctissimo, Homéophyto news, etc.). But fortunately for him, for homeopathy's credibility and for public health, a homeopathic prescription is recognised as valid if and only if it has been prescribed by a qualified doctor [19].

ILLUSTRATIONS

In my private practice or during my weekly consultation at the RATP medical centre, I write prescriptions of homeopathic medicines for primary care after clinical examination and the search for similarity to the presented pathology and to the patient.

If these examples are numerous [22], we have selected only six among our list of patients. They reveal, more or less, the terrain, diathesis and future constitutional homeopathic medicine researched and discovered through experience, through the study of Materia Medica and/or analysis of the repertory.

As a first example, a parturient

This patient born in 1979, a nursery assistant, is pregnant with her second child and wishes to cure all the pathologies arising during this pregnancy with homeopathic therapy, having had difficulties when expecting her first child.

She suffers from cystitis with a positive strip, yet the cytobacteriological examination of the urine is negative. She consults me with symptoms of cystalgia aggravated by cold, all contact, all urination. Rest and cold showers momentarily relieve her symptoms. All this evokes the major homeopathic remedy for inflammation: *Belladonna*.

But there is a special clue in the interview with this very attentive woman. She confesses to me that "her urine smell bad", which evokes *Terebenthina*. I advise her a treatment of one week, of 3 pills of *Belladonna* 5c and *Terebenthina* in 7c [20].

Download English Version:

https://daneshyari.com/en/article/8694070

Download Persian Version:

https://daneshyari.com/article/8694070

<u>Daneshyari.com</u>