



## Research paper

## Teaching midwives homeopathy—A Belgian pilot project

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## ABSTRACT

**Introduction:** Recent Belgian legislation generated the need for homeopathic training of midwives. The Centre of Classical Homeopathy (CKH) offered a 50-hours course in homeopathy as a pilot project within the Continuing Professional Development (CPD) program of Thomas More College.

**Methods:** The curriculum was designed to combine a minimum of homeopathic philosophical underpinning with appropriate clinical exercises within the limited training hours available. Eight participants followed the course. Evaluation of the course followed in the last session through a self-completed questionnaire with closed questions on course content and transfer to practice and open questions on didactics and the organisation of the course. Recommendations for the future were also queried.

**Results:** Although the learning objectives were met, participants provided useful feedback regarding content and method for the future organisation of the course. They felt more topics should be included such as, the post-partum period. They suggested supplementing the material from the current training with more practice and cases, and expanding the course to a full year's training, allowing more time between sessions for processing the material. To use homeopathy for acute prescribing, more training on repertorisation techniques and materia medica knowledge would be required.

**Conclusions:** Training midwives in homeopathy requires considerably more time than the 50 contact hours stipulated by law and would best be offered as interactive sessions providing powerful concrete case examples, spread over the course of one full year to allow for integration of the material into practice.

## 1. Introduction

Since 2014 Belgian law has allowed midwives to practice homeopathy provided they take a 50 h theoretical course and 50 h of clinical training in an obstetric practice. To date no official educational organisation has included this training in a midwifery education program. The Belgian Centre of Classical Homeopathy (CKH) has been organising professional training in classical homeopathy for medically qualified and non-medically qualified (future) healthcare professionals in line with the education guidelines of the European Central Council of Homeopaths (ECCH) since 1991. The CKH was given the opportunity to provide the legal 50 h' training in homeopathy for midwives within Thomas More College's (TMC) continuing professional development (CPD) program, called MoreCare. Logistic and administrative support was offered by TMC. The expertise in homeopathy education was delivered by teachers from the CKH.

## 1.1. Homeopathy

Prevalence of homeopathic treatment in Belgium was investigated by the Centre of Expertise (KCE) as part of a Health Technology Assessment (HTA), commissioned by the Belgian Federal Ministry of Health. In a telephone survey the KCE questioned a representative sample of 2000 members of the population. Of 1612 respondents, who reported at least one medical condition in the 12 months prior to the survey, 5,6% of the Belgian population reported having consulted a homeopath in that period; 75% from them several times in 12 months prior to the survey [1]. This is in line with the average prevalence of homeopathic treatment in Europe but less than the reported use in Switzerland where homeopathy is covered the mandatory health insurance [2].

Clinical and cost-effectiveness are main criteria in the assessment of a medical treatment. Chaufferin [3] calculated that the price of homeopathic products comes down to a quarter of the average amount of reimbursed medical products and the amount reimbursed for

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homeopathic consultations on only half of those of mainstream general practitioners. Bornhöft & Matthiessen [4] concluded in their HTA report on Swiss research that homeopathy is clinical- and cost-effective. In Belgium, Van Wassenhoven and Ives [5] found in a Belgian research that in 782 patients treated with homeopathy, complaints improved significantly at a significantly lower treatment cost than with conventional treatment. In 2014, in a literature review, Viksveen [6] found 8 of 14 studies showing cost-effectiveness of homeopathic treatment. However, due to the heterogeneity of the selected studies and methodological limitations, no firm conclusions could be drawn from this review. A French nationwide representative survey of General Practices found additional homeopathic treatment for upper respiratory tract infections and musculoskeletal disorders was clinical- and cost-efficient [7].

Despite these findings homeopathy remains a controversial treatment today because of its use of highly diluted substances. Research of homeopathy is hindered by its core tenets regarding individualisation and holism that complicate a research design with RCT's [8]. Nevertheless, several hypotheses have been formulated to explain the working mechanisms of homeopathic remedies, based on principles of system-, quantum- and chaos theories [9] and current research is focusing on the principles of nanoparticles [10]. Meta-analyses have shown some positive evidence for the effectiveness of homeopathy that cannot be completely attributed to the placebo effect. [11–16] However, the effect was found in more of the lower quality studies than in the higher quality studies.

Meanwhile homeopathy has been integrated in the national healthcare systems of Germany, Switzerland and Portugal and has been regulated in Belgium since May 2014.

### 1.2. Homeopathy in obstetric practice

Midwifery is a special case in homeopathy. For a start, not one, but two persons are treated: mother and foetus, or mother and new-born, or the couple that struggles to get pregnant. Therefore, it is important to distinguish between the various ways in which homeopathy could be used safely and effectively, and to work within those boundaries [17].

Problematically, research undertaken on the evidence for homeopathy in obstetric practice is scarce [18] or is reported as part of wider research on Complementary and Alternative Medicine (CAM) [19]. Adams et al. [20] elicited in a literature review of 24 papers, among which 2 on homeopathy, four research gaps in CAM research in obstetric practice: a lack of: large representative samples; in-depth understanding of user experiences and risk perceptions; research comparing consumption patterns across cultures and over time; and work exploring the nature of the therapeutic encounter with complementary practitioners in this area of women's health care.

According to a recent review of complementary therapies in obstetric practice undertaken by the workgroup Scientific Research of the Flemish professional society of midwives (VBOV), some added value can be attributed to homeopathic treatment for menstruation and fertility problems. However, no clear effect of homeopathic treatment beyond placebo in pregnancy, labour or postpartum was found in the few studies that were available [21]. Equally, a recently published literature review [22] on the safety and efficacy of homeopathy during pregnancy identified *Caulophyllum*, *Actaea racemosa*, *Arnica montana* and *China rubra* as the most commonly used remedies in pregnancy, during labour and postpartum period. However, due to a lack of good quality evidence, the use of homeopathy during pregnancy and labour could not be supported. However, according to a survey of 1835 Australian women reported in 2015 [23], women who use homeopathy in pregnancy (13,3% of the total sample) are concerned more about their own personal experience, rather than in the clinical evidence of efficacy. Kalder et al. found [24] that the advice of therapists (especially midwives) and prior positive experiences with CAM are the main reasons for using CAM during pregnancy. Analysis of data from the Avon

Longitudinal Study of Parents and Children (ALSPAC) by Bishop et al. [25] confirms the frequent use of homeopathy (14,4% of a pregnancy sample of 14,115 women), with *Arnica* as the most frequently used homeopathic remedy, suggesting that women are using CAM as part of a self-care approach. Mitchell [26] presented some findings in an empirical qualitative research with 14 women of which 2 used homeopathy during pregnancy. The data presented suggest that CAM use has a positive transformational effect on women's experience of pregnancy and childbirth. Nevertheless, homeopathy is the third most recommended complementary therapy according to a survey conducted in 2014 in a Scottish maternity service [27]. In another literature review investigating midwives' support for CAM-therapies internationally, homeopathy is also included as one of many complementary treatments supported in obstetric practice. However results diverge widely, homeopathy's popularity varying from least to most popular [28]. Moreover, support for complementary therapies among midwives does not automatically include support for homeopathic treatment which is thought to require advanced skills [29]. Specialist literature on this topic is limited. The few available textbooks typically will advise on interventions in pre- and postnatal care, alleviation of non-life threatening but distressing ailments during delivery, supporting breastfeeding, and alleviation of non-life threatening but taxing complaints of the new-born in the first months [30,31]. Moreover, homeopaths have developed treatment programs in supporting couples with infertility problems [32]. Kalampokas et al. [33] describe five case studies of successful homeopathic treatment of infertility.

There is some positive research focusing on homeopathic treatment in obstetric practice. In a randomized, double-blind, placebo-controlled study, Oberbaum et al. [34] found that treatment with homeopathic *Arnica montana* and *Bellis perennis* may reduce postpartum blood loss, as compared with placebo.

Overall, limited evidence suggests that homeopathy may contribute positively to well-being during pregnancy and the process of natural childbirth. A number of complaints during and after pregnancy are closely linked to the mental-emotional condition of the woman. Since the homeopathic remedy is presumed to influence mental-emotional as well as physical aspects of the pregnant woman, a well-considered and competent prescription in an early stage could prevent an escalation of certain problematic situations [35].

Indeed, in obstetric practice, a normal and healthy condition can suddenly and quickly turn into a problematic one due to heightened sensitivity and vulnerability. Therefore, at all times a conscientious and frequent monitoring by a licensed midwife is of the utmost importance. Despite this rather acute aspect of midwifery, the individual context and specific concomitant symptoms of every case should be considered within the framework of a homeopathic treatment. Midwives have an edge in doing this because they have already been thoroughly trained in observation and anamnesis [36].

Midwives are found to be often motivated to practice homeopathy by personal or family health issues [27,37], or because they felt it was congruent with their philosophy [37,38]. Nevertheless, practising homeopathy, just as any CAM practice, needs extra patience, time and energy [39]. Often the energy involved for the treatment to be accepted is so consuming, that midwives leave public health service and start private CAM practices [40]. Equally Duckworth found that studying homeopathy is adding to the authenticity of the midwife, eventually forcing her to leave a mainstream medical context [37].

Regarding education in CAM, Tiran [41] warns about the risks attached to CAM use in obstetric practice due to a lack of knowledge both in midwives and gynaecologists. For instance, confusion between herbal and homeopathic remedies was a concern. Cant et al. [40] write that midwives are responsible for their own education in CAM but authorities do not specify what competencies are involved. Midwives find this lack of prescription troublesome as it leaves them dependent on informal advice as to which training courses to undertake and where to register. This is where the decree for regulating the practice of

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