

Medical reconciliation and mutual attitude between Prescriber and Pharmacist in respect of the homeopathic patient

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Abstract

The relationship between the *unicist* homeopath treating a patient and the Pharmacist to whom the latter refers (for the prescribed remedy or further suggestions), is a hot topic of daily life, especially when the *unicist* homeopathic treatment involves a careful observation of the events after dispensing the remedy. An ethically fair Pharmacist should pay maximum attention not to interpose between prescription and healing progress. However, the unprepared patient often turns to the Pharmacist for collateral consulting regarding the problem for which he is already under homeopathic treatment, without informing him about the remedy he is already taking.

For *Medical reconciliation* we mean the list of the total treatments (with all dosages, frequency, indications etc.) prescribed by different entities (hospital, specialized centre, family Physician, Homeopath, herbal therapist, nutritional consultant, etc.) that the patient is taking; in some contexts it is already employed in the allopathic and conventional sphere. In the current work, we encourage a *Medical reconciliation* that could include more specifically homeopathic medicines and CAM, and, in order to achieve a good quality and utility of this, we enhance the relationship Prescriber-Pharmacist in the ethic and mutual management of the homeopathic patient. We examine the relationship of reciprocity between the two professional figures involved, the Prescriber and the Pharmacist, regardless the specific homeopathic skills of the latter.

Therefore, we propose guidelines that could be implemented by LHMI and as a result adopted by the Pharmacist of each Country, as an *oath* of the professional Pharmacist involved in Homeopathy.

Introduction

The Pharmacist's behaviour, like the Prescriber's one, is ruled by a group of rules which fixes obligations and operative limits. In each Country they fix an Ethic Code which regulates the exercise of these professional roles, whose contents are similar, but specific articles regarding the Complementary and Alternative Medicine (CAM) have only recently been inserted in each Ethic Code.

With regard to the CAM training, each single practitioner has responsibility and choice on his own education between different and discordant training offers, with the total amount of hours not similar and codified, with different certificates and different validity in each Country.

Therefore, we can often find pharmacies that are very active in Homeopathy and CAM, but they can only offer few Pharmacists trained in this field.

Moreover, the homeopathic training of the Pharmacist is often a prerogative of big factories and producers only releasing their products knowledge; this is the reason why the *Pharmacist trained in Homeopathy* could be confused with the *Pharmacist trained in homeopathic Products*¹.

Regardless the Pharmacist's training which stands between the homeopathic medical prescription and the handing of the requested medicine, he must operate in good faith, but above all without interfering on the job started by the homeopathic Physician. In the same way, it is necessary for the Prescriber to interact with the reference Pharmacist, to get a good prescription, compatible with the

¹See the Liga document *Results of online survey: status of Pharmacists in homeopathy and homeopathic remedies, May 2012- November 2012*, Edited: Fruzsina Gábor.

regulatory requirements, and without the risk of refusals or delays due to compilation errors. In the end, a form of shared *Medical reconciliation* will contribute to put both the professionals in a synergic relationship.

Taking inspiration from the jobs presented by the Colleague Dr. Rinaldo Ferreira (Pharmacist in Brazil) at the last X° Congresso Brasileiro de Farmácia Homeopática (CBFH) and at Liga Congress 2015 at Rio [1, 2], we can proceed to issue a *Mutual Ethic Code* that puts together the two parties involved in the management of the homeopathic patient.

Once submitted to the international homeopathic community in order to get a final shared version, this Ethic Code could be a kind of *certification* for the Pharmacist who intends to subscribe and follow the Guidelines, getting an official and international identification that marks him worldwide for his ethical behaviour in respect of the homeopathic prescription.

Discussion

The patient who goes to a pharmacy

General situation [1, 2]

First, we distinguish the patient going to a pharmacy in:

- 1 patient with prescription (homeopathic or allopathic)
- 2 patient without prescription

Unfortunately, according to a poll carried out in Brazil, there is an average of 0,5 as follow-up question by Pharmacists to the patient going to the pharmacy for a problem [1]; the situation is similar in other Countries, except for single and sporadic episodes. In both cases Pharmacists should inquire about the causes and conditions of the patient consultation.

1. In the first case, the patient receives the medicine as prescribed and the relationship is finished. Or, as a general approach, he can be followed in the course of his cure, by:
 - Pharmaceutical follow up (check of the results obtained, positive or negative, inefficacy, information from the patient, intervention as a result)
 - Prescription/Pharmacotherapy review (patient doubts regarding the medical prescription must be clarified)
 - *Medical reconciliation*, the list of the total treatments he is taking (with all dosages, frequency, indications etc.) that have been prescribed by different entities (hospital, specialized centre, family Physician, Homeopath, herbal therapist, nutritional consultant, etc.)
 - Analysis of the self-limited health problems.
 - Health education with dietary, health-conscious and lifestyle advices.
 - *Health tracking*, guiding health actions and scientific information.
 - Remedy manipulation
 - *Medical supervision*, management of the patient's treatment plan.

For example, a patient can interrupt the prescribed treatment or take different medicines/remedies on his own initiative: he must be helped and informed; the patient must be followed in order to avoid troubles. Alternatively, a patient can take the remedy of a friend to whom that remedy was useful for the “same problem”.

2. In the second case, you can deal with self-limited problems (that would anyway heal by themselves). It is better for the patient to receive attention, information and suggestions, instead of taking medicine; if necessary, he can be persuaded to go to the Physician. The Pharmacist must be responsible for the help to the patient, trying to obtain information from him, to evaluate and fix the therapeutic target, involving the patient himself as a protagonist of his healing process.
 - I. Identify the patient health needs (who she/he is, if she/he is in a serious situation, if she/he needs a medical visit)
 - II. Determine the therapeutic goals.
 - III. Select the kind of intervention/therapy:
 - i. Addressing the patient to the Physician.
 - ii. Non-pharmacologic intervention and advices on the lifestyle.
 - iii. Advised on the therapy without prescription.
 - IV. Written report of the therapeutic indication (aim of what you are prescribing) or causes of sending to the Physician or to the nutritionist (with relevant information), expectations from the cure and possible feedback after a period from the beginning of the therapy.
 - V. Explanation of what has been suggested (allopathic, homeopathic, or forwarding to the specialist)
 - VI. Evaluation of the results (by means of clinical documentation recorded for each patient).

Situation of a homeopathic patient

Also, in the homeopathic field the patient who goes to the pharmacy can be:

1. Patient with medical prescription
2. Patient without medical prescription looking for a homeopathic or CAM advice.

Different kinds of homeopathic prescriptions are possible: *unicist*, *pluralist*, *complexist*, but in all cases, the Physician thinks of a healing path that should not be interfered by other “disturbing” interventions.

Then, in both cases, the Pharmacist should inquire anyway the reasons and the conditions of the patient’s consultation.

1. In the first case, the patient can receive the prescribed homeopathic remedy, and the relationship ends. Otherwise, also in the case of the homeopathic patient, he can be followed during the course of his cure with the same attention reported in the previous chapter (point 1). In the particular case of a homeopathic or *homeotherapeutic*² prescription, the most important issues are relevant to:
 - Information regarding the received medicine (indications, not clear posology/dosage, way of taking)
 - Incompatibility of the homeopathic medicine with food or other medicines that the patient is taking.
 - Food, health, and life style advice.
 - Availability in pharmacy and/or readiness in the market of the prescribed medicine (waiting time for supply or preparation, pharmaceutical forms available that may be different from the prescribed one, etc.) [4]
 - Cost of the therapy in relation to the period of treatment. [4]

² Not *unicist* prescription.

- Expectations on the efficacy of the medicine and necessary time for healing. [4]
- Training to the homeopathic method (explain the necessity to interrupt or reduce after the improving has started, or to not interrupt autonomously the prescribed treatment, or to not take other medicine on his own initiative or only because it was useful to his friend “for the same problem”).
- Recommendation to strictly follow the instructions of the homeopathic Physician.

Any kind of additional intervention on the prescribed medicine, must be evaluated with the homeopathic Physician, and addressed towards advice and additional treatments that do not interfere with the remedy. It often happens that the patient who takes a homeopathic remedy comes to the Pharmacist with complaints of a homeopathic or pathogenic worsening, in order to “stop” the arisen symptom (follow up to the remedy), which could be useful for the Prescriber in order to understand the progress of the cure and the direction of the healing process (for example according to the Hering Law). Contrasting that symptom would be an interference with the Physician’s operation.

2. In the second case, after verifying that the patient is not under homeopathic treatment by the Physician, the same indications of the previous chapter are valid (point 2). Small publications, with few and simple general instructions for using homeopathic medicines provided by the pharmacy, are also very useful to the patient.

The intervention of the Pharmacist according to legislation

We can think to consider what single Country law or Ethic Code say in this item, but this is very difficult to obtain.

Since legislation is changed from time to time, it is necessary for every Pharmacist to take care of informing him/herself about legislation and regulation within the country and district of residence.

The relationship Physician/Pharmacist with regard to the homeopathic patient

The Pharmacist with regard to the Prescriber

In addition to Chap. *Situation of homeopathic patient*, the Pharmacist faces the following circumstances [5]:

- The remedy has more than one synonym (es. Cimicifuga / Actaea racemosa)
- The remedy is written in a different nomenclature (es. Baryta muriatica / Barium chloratum)
- Similar remedies are actually different (Tuberculinum Koch / Tuberculinum bovinum Kent / Tuberculinum residuum)

In these and in similar circumstances, if the Pharmacist has difficulties, it is necessary that he gets in contact with the Prescriber.

Do not forget that, according to the §182 and the following of the Organon of Hahnemann, notice is given that possible suggestion of a remedy that is not centered, or that is just symptomatic, is however able to make emerging the underlying chronic framework. This gives hope to a possible synergic intervention of the Pharmacist who, with his advice, has therefore helped the Prescriber to fix the consequent prescription.

It is equally important, if the Pharmacist can’t find a remedy/product at his usual suppliers, he does not use phrases like “*this remedy does not exist*” because in this way he discredits the Prescriber. The dedicated Pharmacist works hard to find or to prepare the prescribed remedy, also with non usual suppliers or directly with the producers, if possible, in order to show the patient a true interest, maximum availability and diligence, in order to find the curative medicine.

The Prescriber with regard to the Pharmacist

It is also necessary for the Prescriber to communicate with the Pharmacist; this increases the possibility of a more successful prescription, in compliance with the rules and without risking to get denials or delays due to errors of compiling.

In the recipe it is important to clearly report:

- Name of the medicine
- Potency, scale, and preferred dosage form (in the case of single remedy)
- Dosage, frequency, and duration of treatment
- Mode of taking the medicine and any special care.

The indication of the manufacturer/producer may possibly help the Pharmacist in search of the medicine to get.

Sometimes the Pharmacist finds homeopathic prescriptions in which are reported [3]:

- Remedies in the lower potency of the minimum allowed
- Remedies in potency or scale unavailable on the market
- Galenic preparations in aqueous solution for treatments over 30 days
- Galenic preparations with ingredients not authorized (eg. specific Isopathic)
- Remedies in alcoholic solution intended for patients with liver disease.

Last but not least, it is important for the Homeopath to know which of the other treatments (whether allopathic or CAM ones) the patient is taking in conjunction with his own prescription that could interfere with the prescribed treatment. Only the Pharmacist could be the one that takes care of the *Medical reconciliation* with all the treatments.

For such possibilities it is necessary for the Prescriber to refer to the Pharmacist, or that the Pharmacist asks the Physician to adjust the prescription.

Conclusions

In the management of the homeopathic patient, as it happens for conventional drugs, Pharmacists and Physicians belonging to a relational triad with the patient, must be able to interact for the benefit of the sick person, simultaneously with the cure process. The aim must be in common and shared, therefore a real and mutual collaborative relationship with a mutual deference of the respective professionalisms must arise.

With the present document, the Pharmacist plays his part: we want to propose a kind of *oath*, as a form of commitment that the Pharmacist first wants to make in order to improve the management of the homeopathic patient that he has in common with the Prescriber. On the other hand, the Homeopath must have the possibility to count on the Pharmacist and to collaborate with him for a *Medical reconciliation* that has the aim of not losing sight of the treatments for that patient and of working in a synergic way, without competing.

[...]

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