



*ECH Education Standards for Training to acquire the
diploma of Doctor with an Additional Qualification in
Homeopathy*

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Foreword 1

This is another new guideline published by ECH, demonstrating the collective ECH effort to provide guidance to describe homeopathic practices in modern form, while remaining rooted in the deep soil of more than two centuries of experience.

This guideline is on a par with earlier ECH guidelines for homeopathic pathogenetic trials (ECH Provings Subcommittee) and for the training of homeopathic pharmacists (ECH Pharmacy Subcommittee). In parallel, the ECH Homeopathic Thesaurus (ECH Documentation Subcommittee) is in fact a guideline on how to present homeopathic information in a defined and easily searchable way.

The education of homeopaths has always been a difficult task for their teachers. Students cannot wait to treat their first patients (mostly with Arnica for a member of their family presenting with bruises). While still unaware of the most difficult task of managing a high-quality follow up, they enjoy their first success.

The enormous richness of the method retains us as lifelong students, and a well-designed teaching programme can prepare people for a magical adventure.

The authors of this new 2025 edition acknowledge that they stand on the shoulders of the previous authors of the guidelines. I congratulate the ECH Education Subcommittee and its coordinator Dr. Dora Pachova on their newest publication. May these guidelines support new students in their practices to include homeopathy in their medical repertoire!

Jean Pierre Jansen, MD

President of the European Committee for Homeopathy ECH



Foreword 2

It is with immense gratitude that I write this foreword – gratitude to all EDU SC members and ECH Council members who have dedicated time, energy, skills and competences to create the new 2025 ECH standard for European Teaching Centres.

Education is the process used by people, animals (and maybe plants), by families and societies to build bridges between the past and the future. Our greatest teacher is Nature, or life itself.

By observing carefully what happens in the life of the homeopathic community worldwide during the last decade, we understood that the time had come to move forward – to modernise homeopathic education and take care of the next generation.

Homeopathy has very stable foundations (basic principles, theories, methodologies, all proven by thousands of homeopaths in their everyday practice for over more than 2 centuries). At the same time homeopathy is developing very fast – the language of homeopathy, the database, the instruments, the research technologies and methods are changing. Life Sciences are providing new understanding about living beings and the way life evolves.

Homeopathic education has to reflect all those process and prepare the students to be successful in their future work. Homeopathic practice requires special skills and competences and we are aware that they are as important as homeopathic knowledge itself.

This new ECH standard would not have been published with this form and content without the enormous and high-quality work, undertaken by Dr. Jean Pierre Jansen. A sincere thank you to him from all Education Subcommittee members.

This is the first step in a historic phase of the transformation of homeopathic education. ECH has prepared learning resources for the ECH-accredited Teaching Centres to help them to adapt and improve the quality of their programmes.

We know there is much more to be done and we invite educators from teaching centres across Europe to join us to transform education, attract more students and create favourable conditions for homeopathy in Europe to blossom.

Homeopathy is part of the European historical heritage – let us work together for it to be a significant part of medicine today and of the medicine of future.

Dora Pachova, MD
ECH Education Coordinator
ECH Academy Coordinator

6 May 2025



Summary

A consensus opinion has emerged in recent years, that training in homeopathy is more effective if the practice and circumstances of our learners are taken into consideration. There is a perceived need for a more condensed curriculum, delivered by means of up-to-date education methods that are increasingly practice oriented and that are compatible with national and international quality standards for homeopathy¹, (continuing) medical education, and modern quality standards² and guidelines of conventional medicine.

Increasing emphasis is recommended for teaching that is cognisant of a "systems view". Conceptually this helps to form a bridge between modern medical thinking and the systems approach that has been implicit in homeopathic philosophy from its very beginning (see appendix B).

Integrative medicine is widely viewed as a means of promoting the 'one medicine' ideal - a unified position that is underpinned by our profession's ongoing quest to deliver both person-centred care and best practice. The position of homeopathy in relation to conventional and integrative medicine has been widely discussed in ECH³, and should now be implemented in homeopathic educational thinking as a matter of priority.

Standards never live in a vacuum. ECH recommends a modernisation of the existing training methods. This requires a transition period for training centres, and for national and international organisations that address homeopathy education in some way. Meanwhile, the practice of homeopathy itself faces changes in the types of clinical problems presenting today. At the same time, quality instruments of conventional medicine are still evolving. Our training should prepare the candidate for all these ongoing developments.

ECH will publish a series of documents that support education centres and their teachers and students, as well as national homeopathic medical associations to succeed in this long term transition period.

The publication before you is the "ECH Education Standards for training of doctors with an additional qualification in homeopathy (2025)". It requires 350 hours training over 2-3 years in a recognised programme that leads to the diploma. This number of hours allows for better efficiency and effectivity of modern teaching methods and techniques as well. This qualifies doctors in Europe, to prescribe homeopathy in their own clinical setting. It describes the mandatory requirements and is the basis for all steps necessary for an acceptable quality of homeopathic practice, both in colleagues who are already applying

¹ CEN, 2016. CEN Standard EN 16872 on Services of medical doctors with additional qualification in homeopathy EN 18672: Brussels, European Committee for Standardization - Centre Européen de Normalisation (CEN)

² Frank e.a. 2015. CANMEDS 2015 physician competency framework: Ottawa, Royal College of Physicians and Surgeons of Canada

³ de Beukelaer, E. e.a., 2025. Homeopathy and Integrative Medicine: a scientific and logical choice. See: <https://homeopathyeurope.org/im/>, last accessed 16-04-2025.



homeopathy, as well as colleagues who will become the next generation of homeopathic specialists.

After 350 hours of high quality, coherent and interesting 'classical' education every doctor should feel intrinsically motivated to apply homeopathy in their everyday work and deepen their knowledge about homeopathy going forward. Basic training effectively enables the diplomate to follow a *self-directed learning path*.

Existing ECH's guidelines concerning the accreditation of training centres and teachers remain valid at this time. These include all recommendations in the earlier versions of our guidelines concerning teaching methodology. However, updates for these, which will accommodate recent developments are now underway and will be published and circulated in due course.

This important new standard that will be implemented includes:

- the requirement of 350 hours to reach the diploma level, as a consequence of the changed context and circumstances of doctors who aim to include homeopathy in their medical skills palette;
- inclusion of the already existing European Committee for Standardization's document (CEN, 2016⁴) as the basis for all further ECH quality documents;
- the preparation for modern educational methods to better accommodate the busy student or practitioner;
- the requirement to understand a systems view in addition into the more traditional homeopathic precepts;
- the requirement to facilitate the embedding homeopathy into Traditional, Complementary and Integrative Healthcare practice and education;
- anchoring continuing homeopathic education (CHE) requirements as an extension of this standard to maintain competence and extend existing skills and knowledge beyond the diploma level, thus defining lifelong, self-directed learning as a standard requirement for homeopathic quality.

⁴ CEN, 2016. CEN Standard EN 16872 on Services of medical doctors with additional qualification in homeopathy EN 18672: Brussels, European Committee for Standardization - Centre Européen de Normalisation (CEN)



1. Introduction

This document defines the *Standards* required of ECH Accredited Teaching Centres. Standards are mandatory, the diploma certifies that the candidate has learned what the standard describes. The scope of the diploma covers candidates who are legally licensed to practice as an MD in his or her country. The diploma level provides a solid basis for a lifelong further career, and requires a 350h teaching program.

This standard is informed by the CEN standard, committed by all homeopathic stakeholders in Europe⁵: "The Homeopathic Education Programme (HEP) shall prepare medical doctors to maintain and improve on best and safe homeopathic care for lifelong, self-directed learning and for continuing professional development. Professionalism with respect to knowledge, skills, attitudes and behaviour shall be developed."

After obtaining the diploma, national homeopathic medical associations can require, analogous to conventional Continuing Medical Education (CME), continuing homeopathic education (CHE) to maintain competence and learn about new and developing areas. CHE can be described as an extension of the learning objects in this standard, on which it builds.

At this time, when conventional medical treatment is increasingly based on protocol and process, homeopathy is uniquely placed to preserve a person-centred ethos in health care.

Homeopathic education can play a key role in helping today's doctors develop their clinical and therapeutic skills for the added benefit of their patients. Homeopathic medical practice respects established principles of human biology by integrating the use of naturally sourced medicines that are both safe and effective in a wide range of conditions.

Scope of some used terms

This document aims at *doctors* with an additional qualification in homeopathy. We are aware of differences in legal terminology in countries for the term "doctor". These guidelines are intended to apply to any professional who is legally qualified to practice medicine, dental medicine or veterinary medicine. With regard to dentists and veterinary doctors, limitations and differences may apply due to the area of medicine they practice. More information can be found in the 2015 edition of the LMHI-ECH education guidelines⁶.

The term "*integrative medicine*" is mentioned in this guideline. There are many historical examples of the use of this term for earlier trends in medicine that aim to see the whole person⁷. The term is widely used as part of the semantic context as "Complementary Medicine, as well as Traditional and Complementary Medicine". It is used as well as a bridge between Biomedicine and Complementary and Alternative medicine (CAM). The

⁵ CEN, 2016. CEN Standard EN 16872 on Services of medical doctors with additional qualification in homeopathy EN 18672: Brussels, European Committee for Standardization - Centre Européen de Normalisation

⁶ See: <https://homeopathyeurope.org/downloads/medical-homeopathic-education-standards-2015.pdf> (accessed 27-4-2025)

⁷ For a recent example, see: <https://imconsortium.org> (accessed 27-4-2025)



term is used as well by WHO⁸. The sector has initiated the term TCIH⁹. In this guideline the aim to include the term is to confirm, that the position of the homeopathic method should not be defined narrowly in relation to conventional medicine alone, but to all currents in medicine, acknowledging that there is only one medicine¹⁰. At the same time, it points to the phenomenon that organisms are integrating many, multi-level systems to constitute living¹¹.

In homeopathy parlance the term "*remedy*" is used. We acknowledge the term "Homeopathic Medicinal product" (HMP) as the official term.

The ECH Education Subcommittee invites all stakeholders to contribute to ECH's aim to modernise homeopathic training.

For inquiries you are welcome to contact the subcommittee's coordinator via education@homeopathyeurope.org.

2. Training ethos

Medical practitioners who successfully complete accredited training and received the diploma, are in a position to support self-healing, reduce medical harm, mitigate against the risks of cascade prescribing and polypharmacy, promote bio-diversity and contribute to reductions in prescribing medicines with potential disadvantages (costs, side effects), esp. in antibiotic prescribing, pain medication and psychotropic medication, and reduce waste that is produced within systems of health care delivery.

The integration of homeopathy also supports ecological and economic sustainability in medicine, at a time of increasing co-morbidity, chronic disease and rising healthcare costs.

3. Standards in homeopathic medical training

The recruitment and retention of doctors can be improved if an accredited teaching centre provides programmes that meet the agreed standards of quality and design that are generally expected from today's adult higher education providers. The curriculum content should be attractive, easy to follow, complete, and highlighting the unusual effectiveness of homeopathy.

For the same reasons the ECH standard should also facilitate learning homeopathy for those practitioners who already run a clinical practice but who also wish to integrate homeopathy into the range of services and therapies they already offer.

⁸ See: https://www.who.int/Health-Topics/Traditional-Complementary-and-Integrative-Medicine#tab=tab_1 (accessed 27-04-2025)

⁹ See:

https://standards.cencenelec.eu/dyn/www/f?p=CEN:110:0::::FSP_PROJECT,FSP_ORG_ID:41763,1214414&cs=1182CB9726321EB96C5F956914D385176 (accessed 27-04-2025)

¹⁰ Haramati A. Educational initiatives in integrative medicine: The imperative for change. *European Journal of Integrative Medicine*. 2009;1:168.

¹¹ McGilchrist I. *The matter with things*. Perspectiva Press; 2021



This standard applies, where appropriate, to dentists and veterinary doctors as well. Due to the regulations for medical education already operating within Europe, each national governing institution's accreditation standards for medical homeopathic education will apply.

If national regulation is lacking, the CEN/TC 427 standard for accreditation will apply¹².

4. Key aims

Fundamentally, the key aims belong to the mandatory standards, and teaching centres are required to communicate:

- what homeopathy is;
- what homeopathy can and cannot do;
- how the method of homeopathy is applied;
- how homeopathy is integrated safely and effectively into practice and the health care system, for the benefit of patients and their communities.

5. Essential requirements

Delivering these aims to ECH/LMHI Standards requires that accredited teaching centres:

- support 350 hours of study to diploma level, during a minimum of two years. For guidance, the suggested breakdown for educational delivery could comprise:
 - 175 hrs face to face (including live interactive video-conferencing options);
 - 75 hrs e-learning and supervised homework;
 - 100 hrs practical training;
 - Annual assessment / examination
- provide the student with a working knowledge of 'classical', unicist homeopathy, based on the core principles of Hahnemann;
- develop programmes that cover all core learning objectives based on the CEN standard, as well as the learning objective stated below (see chapter Learning Objectives of the Standard);
- provide an appropriate mix of theory, clinical illustration and experiential learning activity;
- aim to develop and, over time, provide education using modern teaching methods and quality assessment tools. At this time the following innovations in homeopathic education are under the consideration of the ECH Education Subcommittee: competence-based education (CBE) encompassing core Entrustable Professional Activities (EPA's).

¹² CEN, 2016. CEN Standard EN 16872 on Services of medical doctors with additional qualification in homeopathy EN 18672: Brussels, European Committee for Standardization - Centre Européen de Normalisation



6. Learning objectives of the standard

The list below outlines the core learning objectives for diploma level education. Chapters 8 and 9 cover the core content of the homeopathic method and practice in more detail, based on the CEN document.

On completion of their homeopathic training at diploma level, doctors will:

- be able to describe the main tenets of homeopathy;
- know how to undertake a holistic homeopathic medical history, both for acute and for chronic disease;
- understand individualising methodology as it pertains to both the anamnesis and case analysis;
- know how to evaluate the patient's signs and symptoms, both diagnostically and in terms of their homeopathic significance for prescribing;
understand the approach used in emergencies, defective and terminal cases, mental disorders, one-sided cases, etc.;
- understand how a 'systems view' can inform the approach to clinical information and its interpretation.
- understand how the analysis of clinical information is used in the development of homeopathic treatment decisions;
- be able to assess the potential value of homeopathy in a range of common clinical situations and be able to advise patients and their relatives accordingly;
- be able to engage in a balanced and informed discussion on both the conventional and homeopathic treatment choices available to each patient;
- have a practical working knowledge of one or more Materia medica reference texts;
- be familiar with the clinical decision support tools available to homeopathic physicians and have a practical working knowledge of one or more repertories. A working knowledge of at least two approaches to case analysis, Totality of symptoms (Kent), General analysis (Boger-Bönninghausen).
- understand how the pharmacopoeia and Materia medica have been sourced and compiled;
- have practical information about homeopathic therapeutics for a defined range of conditions and epidemic situations;
- be able to explain how homeopathic medicines are sourced and prepared;
- understand the basis of treatment posology and be able to write a homeopathic prescription;
- be able to provide directions on the storage, handling and administration of homeopathic medicines;
- be able to describe what is meant by a pathogenic clinical trial or proving experiment;
- understand the considerations for the most appropriate scheduling of follow up;
- know how to evaluate and interpret each patient's response to treatment;



- be able to describe the clinical rationale for second and subsequent prescription(s);
- understand the current basic science research relevant to homeopathy and for representing the method;
- understand the current clinical research evidence-base for homeopathy;
- be familiar with the main cultural, historical, academic and philosophical background that has informed the development of homeopathy, both in its contemporary use in Europe and globally;

In addition, this standard includes the objective as well to understand two modern areas, that are currently not well represented in the CEN standard (see also appendix B for more clarification of this recent development in homeopathic education). The requirements concerning this area are considered to be in a development phase. ECH prepares some working models to further implement this requirement.

- developments concerning homeopathy's role in integrative medicine (IM) and in Traditional, Complementary and Integrative Healthcare¹³ (TCIH).

7. Materia Medica learning targets

Appendix A presents a list of 100 remedies to be taught. Training Centres can add more remedies to accommodate the practice and national context of their student's practices. The non-mandatory addition of 10-15% more remedies is acceptable for the total study burden.

8. Curriculum

The curriculum will be based on the content of the CEN standard (2017)¹⁴ (see appendix D):

- Chapters 3 and 4, pages 7-10
- Annex A1 and A2, pages 16-20
- Annex B, pages 22-24

Training centres can obtain at cost price a copy of the CEN standard (see Appendix D).

¹³ See: <https://www.tcih.org>, last accessed 16-04-2025

¹⁴ CEN, 2016. CEN Standard EN 16872 on Services of medical doctors with additional qualification in homeopathy EN 18672: Brussels, European Committee for Standardization - Centre Européen de Normalisation



9. Appendices

A List of remedies

From the over 2000 existing homeopathic remedies, the following list of 100 remedies is offered. These 100 remedies are considered as the basic one and have to be fully integrated in the homeopathic training standards.

Note: Some remedy names may have a synonym in official pharmacopoeias.

The Training Centre can choose additional remedies, adapted to the specific national context of each country.

- | | | | |
|----|-----------------------|----|------------------------|
| 1 | Aconitum napellus | 25 | Cantharis |
| 2 | Agaricus muscarius | 26 | Capsicum annum |
| 3 | Alumina | 27 | Carbo vegetabilis |
| 4 | Ammonium carbonicum | 28 | Carcinosinum |
| 5 | Ammonium muriaticum | 29 | Causticum |
| 6 | Anacardium orientale | 30 | Chamomilla vulgaris |
| 7 | Antimonium crudum | 31 | Chelidonium majus |
| 8 | Antimonium tartaricum | 32 | China officinalis |
| 9 | Apis mellifica | 33 | Cicuta virosa |
| 10 | Argentum metallicum | 34 | Cimicifuga racemosa |
| 11 | Argentum nitricum | 35 | Cina maritima |
| 12 | Arnica montana | 36 | Cocculus indicus |
| 13 | Arsenicum album | 37 | Coffea |
| 14 | Aurum metallicum | 38 | Colocynthis |
| | | 39 | Conium maculatum |
| 15 | Baptisia tinctoria | 40 | Cuprum metallicum |
| 16 | Baryta carbonica | 41 | Cyclamen europaeum |
| 17 | Belladonna | | |
| 18 | Bellis perennis | 42 | Drosera rotundifolia |
| 19 | Bryonia alba | 43 | Dulcamara |
| | | | |
| 20 | Calcarea carbonica | 44 | Ferrum metallicum |
| 21 | Calcarea fluorata | 45 | Ferrum phosphoricum |
| 22 | Calcarea phosphorica | | |
| 23 | Calcarea sulphurica | 46 | Gelsemium sempervirens |
| 24 | Camphora | 47 | Graphites |



- | | | | |
|----|----------------------|-----|----------------------|
| 48 | Hepar sulfuris | 75 | Opium |
| 49 | Hyosciamus niger | 76 | Petroleum |
| 50 | Hypericum perforatum | 77 | Phosphorus |
| 51 | Ignatia amara | 78 | Phosphoricum acidum |
| 52 | Iodium purum | | |
| 53 | Ipecacuanha | 79 | Platinum metallicum |
| | | 80 | Plumbum metallicum |
| 54 | Kalium bichromicum | 81 | Podophyllum peltatum |
| 55 | Kalium carbonicum | 82 | Psorinum |
| 56 | Kalium muriaticum | 83 | Pulsatilla pratensis |
| 57 | Kalium sulfuricum | | |
| | | 84 | Rhus toxicodendron |
| 58 | Lac caninum | 85 | Ruta graveolens |
| 59 | Lachesis muta | | |
| 60 | Ledum palustre | 86 | Secale cornutum |
| 61 | Lilium tigrinum | 87 | Sepia officinalis |
| 62 | Lycopodium clavatum | 88 | Silicea |
| | | 89 | Spongia tosta |
| 63 | Magnesia carbonica | 90 | Stannum metallicum |
| 64 | Magnesia muriatica | 91 | Staphysagria |
| 65 | Magnesia phosphorica | 92 | Stramonium |
| 66 | Magnesia sulfurica | 93 | Sulfur |
| 67 | Medorrhinum | 94 | Sulfuricum acidum |
| 68 | Mercurius solubilis | 95 | Syphilinum |
| | | | |
| 69 | Natrum carbonicum | 96 | Tarantula hispanica |
| 70 | Natrum muriaticum | 97 | Thuja occidentalis |
| 71 | Natrum sulfuricum | 98 | Tuberculinum bovinum |
| 72 | Nitricum acidum | | |
| 73 | Nux moschata | 99 | Veratrum album |
| 74 | Nux vomica | | |
| | | 100 | Zincum metallicum |



B Homeopathy in view of modern trends: Systems thinking and integrative medicine

a. Integrating systems thinking into homeopathic education

Systems thinking is a widely accepted approach for understanding and addressing complex problems through the study of the relationships and exchanges network rather than the single parts. The System approach can be applied to several fields including business, education, ecology, sociology and healthcare.

In the medical field, systems thinking supports the concept of health and healing as processes inherent in the human organism that arise from the establishment of a dynamic balance involving physical and psychological aspects in relation to the natural and social environment.

The application of systems thinking in the homeopathic field is natural, since it can provide clear notions to explain homeopathic principles using more modern and well accepted terms and definitions, such as self-organisation, self-generation, cognitive intelligence, flexibility and dynamic balance, emergence.

Integrating the concepts of systems thinking into homeopathic education provides students that came from a conventional medical approach an opportunity to understand homeopathy through a modern view.

b. Integrative medicine

Integrative medicine (IM) is the movement in medicine that seeks to widen the treatment of the patient from the diagnosis to the whole patient^{15,16,17,18}. It is a recognition that the patient is more than their illness and that any overall improvement of the patient will improve the outcome of the biomedical treatment of the illness (diagnosis). Such non-conventional approaches are being investigated and slowly introduced. Integrative medicine explores the introduction of non-conventional approaches into health plans to contribute to the wellbeing of each individual patient.

The homeopathic practitioner is required to be able to show that homeopathy offers solutions to help patients in their totality. He or she is able how to do this and can initiate collaboration, while preserving the identity of homeopathy.

¹⁵ See: de Beukelaer, E. e.a., 2025. Homeopathy and Integrative Medicine: a scientific and logical choice. See: <https://homeopathyeurope.org/im/>, last accessed 16-04-2025

¹⁶ See: <https://imconsortium.org> (accessed 27-4-2025)

¹⁷ See: https://www.who.int/Health-Topics/Traditional-Complementary-and-Integrative-Medicine#tab=tab_1 (accessed 27-04-2025)

¹⁸ See: Haramati A. Educational initiatives in integrative medicine: The imperative for change. *European Journal of Integrative Medicine*. 2009;1:168



The understanding that homeopathy is a systems approach to health and disease is necessary. As much as we need to be aware of the systems approach of homeopathy to make sure it keeps its identity and efficacy, the systems understanding can define to students and practitioners how to develop a respectful relationship with all other medical techniques, including biomedicine. In essence, all medical techniques can be considered complementary because each offers a different approach based on different understanding, tradition and interpretation of illness, each methodology being more or less adapted to the complexities of life, health and disease.

It is important that every homeopathic doctor realises that they work with two completely different narratives or realities in relation to the patient: A reductionist biomedicine one, we feel so comfortable with, and the system thinking on which the homeopathic prescription principle is based on. If the two are mixed, we take a step further away from reality. If we recognise the difference between the two approaches of reality, we can use both as long as we are aware of the qualities, advantages and limitations of each reality. This requires us to be acquainted with two thinking patterns that work along each other. That is a challenge we need to learn in order to keep homeopathy in the rich space it operates and make it successful in integrative medicine.

The individuality principle which is so central to homeopathy also needs to be taken into account in relation to what approach, or combination of approaches, will best help a patient at any given time: individual preferences and sensitivities of the patient play an important part in health decisions according to Evidence Based Medicine¹⁹ and patients charters²⁰.

Practically, both texts in this appendix about systems thinking and integrative medicine could be combined in one learning chapter. The Training Centre may choose 2 or 3 methods (e.g. anthroposophical medicine, TCM, ayurveda, osteopathy) for comparison other methods that are part of integrative medicine with homeopathy, from the point of view of systems thinking.

c. Conclusion

The key subjects to study are:

1. Origin and history of systems thinking.
- 2-. Basics of systems thinking.
3. Systemic and integrated approach to human, animal and plant health with the contribution of homeopathy, with an understanding of the systemic workings of other natural approaches.

¹⁹ Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996 Jan 13;312(7023):71-2. doi: 10.1136/bmj.312.7023.71. PMID: 8555924; PMCID: PMC2349778.

²⁰ See:

https://ec.europa.eu/health/ph_overview/co_operation/mobility/docs/health_services_co108_en.pdf (last accessed 2-5-2025)



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D CEN 2017: Parts applicable to these guidelines

The guidelines build on the European standardisation document of 2017. It applies to doctors with an additional qualification in homeopathy. Thus, the guidelines are the basis for the diploma that is awarded by any training centre that follows these guidelines

Part of the elements in the CEN standard applies to all types of medical practice in general and is not pertaining to homeopathic standards alone.

Training centres can obtain and consult the CEN standard. Visit the CEN website:

https://standards.cencenelec.eu/dyn/www/f?p=CEN:110:0::::FSP_PROJECT,FSP_ORG_ID:41763,1214414&cs=1182CB9726321EB96C5F956914D385176

The parts that are relevant for this standard are:

- Chapters 3 and 4, pages 7-10;
- Annex A1 and A2, pages 16-20;
- Annex B, pages 22-24.



E Version history

The internal version history in 2025 is as follows:

<i>Version</i>	<i>Date</i>	<i>Description</i>
0.6	17-3-2025	Preparation for the initial version
0.7	20-4-2025	Initial version: Consensus meeting
0.8	1-5-2025	Corrections after consensus meeting of ECH Education Subcommittee
0.9	3-5-2025	Approval pre-publication
1.0	6-5-2025	Publication version



G Acknowledgements of authors and contributors

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- European Committee for Homeopathy (ECH), 2001
- Liga Medicorum Homoeopathica Internationalis (LMHI), 2005
- Liga Medicorum Homoeopathica Internationalis and European Committee for Homeopathy, 2008.

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