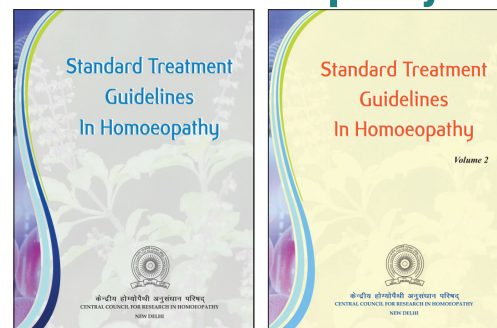


## Simplify the complexity and replicate the simplicity: Book review of Standard Treatment Guidelines in Homoeopathy

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Compared to the more pathology-based conventional practice, individualisation in Homoeopathy has added further complexity to the already serpentine medical practice. The purpose of the book was to provide a more standardised and reliable tool for homoeopaths to deliver clinical care in higher quality.

The guideline was published in 2018 by the Central Council for Research in Homoeopathy (CCRH), the autonomous body of Ministry of AYUSH in the Indian Government, under the facilitation and guidance of Dr. Raj K. Manchanda, who was highly experience in the complementary use of Homoeopathy in public health and different pathologies.<sup>[1-4]</sup> In India, 70% of the diseases recognised as a national health burden were, at the same time, the most commonly reported diseases treated at the local Homoeopathy centres.<sup>[1]</sup> The authors were therefore in the best position to write up these systematically developed statements, focusing on the specific clinical problems.

The attempt to make the complex homoeopathic treatment simple and standardised was not an easy task. Instead of the more case-centred constitutional homoeopathic prescription approach, the authors plugged the short-listed individualised prescription suggestions into the conventional treatment protocol indexed by diseases. And then, within each disease, the important and characteristic holistic considerations for homoeopathic prescriptions were described. The authors had successfully built a bridge between the homoeopathic constitutional approach and conventional pathological approach in patient management.

This approach was coherent with the development of an integrated health care model. Dr. Geetha Krishnan G. Pillai, representative from the Traditional, Complementary and Integrative Medicine Unit in the World Health Organization, said in the World Integrated Medicine Forum 2019, *‘Even today, for millions of people across the globe traditional medicine is their first line of medical care, and in many communities the only one. Considering this fact, it is highly*

*essential to build an integrated health care model, which use the strengths of traditional medicine alongside the advances in modern medical technologies.’*

The instructive book was written in two volumes; 20 and 15 diseases were included in Volume 1 and 2, respectively. The spectrum of the diseases covered was wide, from acute diseases (otitis media, influenza and dengue) to chronic diseases (diabetes mellitus, hypertension and cancer), from paediatric problems (adenoids hypertrophy, attention deficit hyperactivity disorder and autism spectrum disorder) to degenerative problems (osteoarthritis and cervical spondylosis), from gynaecological complaints (uterine fibroids, menopause and dysmenorrhoea) to male complaints such as benign prostatic hyperplasia and from immunological disturbances (psoriasis and vitiligo) to psychological disturbance (depression, insomnia disorder and alcohol dependence).

For each of the 35 diseases, precise statements on its definition, pathognomonic symptoms, epidemiology, diagnostic criteria, differential diagnosis, investigations and its general management were given, just like a conventional treatment protocol. Homoeopathic remedies for the specific pathologies were selected by CCRH expert consensus according to current published scientific evidence, and their general indications and characteristic particulars in that pathology were highlighted. Recommended outcome measurement or evaluation questionnaires were also listed for both clinical and research purpose.

In this Standard Treatment Guideline, the authors did not try to make the individualised prescription a ‘decision flow chart’ like many other simplified guidelines for prescriptions. This CCRH guideline used a more parallel presentation for the short-listed remedies, with its general and particular symptoms. It was in fact very much appropriate because the individualisation in Homoeopathy was more of a ‘pattern recognition’ than a ‘flow chart’ type of decision. When this simplified guideline is widely disseminated and knowledge replicated, the essence of prescribing according to the totality of symptoms should be well succeeded.

The workflow of the treatment process for each pathology was summarised in an algorithm chart at the end of each chapter. The bird-eye view could be very helpful in clinical decisions. In many of the diseases, it was also an attempt to mark out an expert agreed boundary for safe Homoeopathy-only practice and criteria for timely referral and complementary practice. This boundary is very important when Homoeopathy is used as a cost-effective and side effect-free alternative for conventional treatment, not only in developing countries but also in developed countries where patients are unsatisfied with the side effects from uncomplemented conventional practice, and looking for a more integrative medical approach.

*'It is necessary to re-think of the strategies and policies of nations who try to achieve the Universal Health Coverage goal, by only relying on investments made on hugely infrastructure driven, highly cost intensive, health care services. It is high time to think of using the traditional medicine knowledge, which is community based, low cost, and socially acceptable, with its health preservation based approaches, for supporting the achievement of Universal Health Coverage goals,' said Dr. Geetha Krishnan.*

The CCRH *Standard Treatment Guideline* has made a significant contribution of integrating the homoeopathic knowledge into the conventional case management protocol, and the concise reference for expert consensus, quality care standards; and basis for monitoring should be widely disseminated in the homoeopathic community.

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