Homeopathy is a comprehensive system of medicine that uses highly diluted substances to induce the body’s self-healing mechanisms to bring about symptom or disease resolution (Jonas & Jacobs, 1996). Homeopathic medicine has spread in use throughout the United States and the world as a complement to other systems of medicine. Part I of this article (see page 324) introduced principles and practices, preclinical and clinical research, controversies, and methodologic issues associated with homeopathy research and practice. Part II describes the homeopathic evaluation process, safety and efficacy, regulation of homeopathy, training and licensure, and access of reliable information. Oncology nurses should be familiar with homeopathic medicine because patients use these interventions in addition to conventional interventions for cancer-related side effects.

Homeopathic View of Illness and Evaluation Process

The human body often attempts to heal itself. This twofold process becomes noticeable when symptoms are manifested, such as pain or fever, and the body responds. This response is part of the self-healing process, and the interplay between the cause of the condition and the body’s response to it is foundational in understanding the illness process. Multiple pathways to healing exist, and no two individuals with the same diagnosis experience the disease in the same way. One may be extremely ill and the other only mildly uncomfortable. Treatment from a homeopathic approach uses methods for individualized drug selection requiring more “art” and less “science” with the goal of increasing the chances that a patient will respond favorably.

Three main approaches used are (1) to support homeostatic bodily mechanisms through nourishment and nurturing, (2) to induce and guide specific healing mechanisms previously existing in the body, and (3) to discover and eliminate the cause of disease when known (Jonas & Jacobs, 1996). These principles are applied throughout the care spectrum between homeopaths and patients.

In homeopath-patient consultation, the homeopath explores the embedded root of the illness (Thompson, 1999). The evaluation consists of four components: (1) history taking, (2) case analysis to identify themes or patterns, (3) symptom selection correlating with the exhibited patient themes, and (4) remedy selection correlating with the symptoms of the patient. Each assessment feature overlaps to give a holistic evaluation of the emotional, physical, environmental, and health situations contributing to the illness (Tedesco & Cicchetti, 2001). Typical questions that may be asked are (1) What have you done already for this problem, and what was the effect of that intervention? (2) What are you still doing for the problem? (3) What interventions have you tried or are you trying for other conditions? (4) What is the hardest part of this illness for you? (5) What do you miss the most in life, and how do you feel about that? (Carlston, 2003) (see Figure 1). Answers to these questions assist practitioners in selecting appropriate remedies.

Safety and Efficacy of Homeopathy

A homeopathic dose is considered to be the number of times a remedy is taken versus the number of pills or drops. Dosing is recommended by practitioners or in accordance with labels. Toxicity of a homeopathic medicine is dependent on the known toxicity of its source. For example, the strongest potency of arsenic that can be sold over the counter is in an 8X or 4C dilution. According to the Homeopathic Pharmacopoeia of the United States (HPUS), this dilution is recommended for the treatment of persistent symptoms following exposure to toxic amounts of arsenic. The homeopathic concentration is equivalent to 10 parts per billion (ppb), and this is less than the 50 ppb allowed in drinking water today. However, no homeopathy pharmacy sells this concentration for safety reasons, although it is extremely diluted (Carlston, 2003).

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**Figure 1. Typical Homeopathic Evaluation Questions**

*Note. Based on information from Carlston, 2003.*