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# Freedom from prejudices toolkit for homeopaths

***Creating New Approaches to a fixed approach/method/repertory/ mm  
by homeopathic doctors.***

**Here's a structured overview prepared by Dr Alpesh Oza, Founder and  
CEO of Homeosetu from his 17 years of Homeopathic Practice**

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***Identify which method of homeopathic practice/Repertory/MM/Style Locks You In, Lets Study your prejudices first: -***

## Functional fixedness

*You see each method/Repertory/Mm only in its “usual” form and can’t imagine novel uses or sequences.*

## Status quo bias

*You favour whatever you’ve always done simply because it feels safe.*

*In Homeopathy it is matter of cure or failure not only for patient but also for the homeopath. Hence we always feel safe with what we have seen or what we are practising.*

## Confirmation bias

*You look for evidence that your familiar method or repertory or materia medica “works best” and dismiss any signals to try alternatives or classically tried methods or different alternatives.*

## Anchoring bias

*Your first method/repertory/mm becomes the unshakeable anchor for everything that follows.*

## Mere-exposure effect

*Repetition of that method/ reference to that repertory or mm alone makes you prefer the familiar, even over better or simpler options.*



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## The 5-Step “SCAMPER Variation” Technique

*The SCAMPER method was originally proposed by Alex Faickney Osborn in 1953, the same creative mind who pioneered brainstorming.*

*It was later formalized and developed by Bob Eberle in 1971 in his book SCAMPER: Games for Imagination Development.*

*Osborn laid the foundation with his “Idea-Spurring Checklist,” and Eberle transformed it into the SCAMPER acronym—Substitute, Combine, Adapt, Modify, Put to other use, Eliminate, and Reverse—making it a structured tool for creative thinking and problem solving.*

*Let us see how a Homeopath can implement this in his daily routine and break free from his prejudices.*

### 1. Map Your Current Workflow

*Write down each step you take—from start to finish—no matter how small.*

*Mention whether you are considering what the patient is telling or whether you are considering what you want to hear.*

### 2. Apply SCAMPER Prompts to Every Step

#### Substitute:

*“What if I swapped this method or approach for something else?”*

*For example, I always look at metaphorical expressions but patient is telling a lot of physical symptoms. Am I listening to those symptoms and opting for keynote method?*

#### Combine:

*“Can I merge this step with another?”*

*The patient is telling a mix of physical and mind symptoms. Can I take both into consideration to prescribe?*

#### Adapt:

*“How might someone in a different field approach this?”*

*The masters practice every method and customise it according to different patients.*

*But the beginner homeopath practices one method or uses one repertory and stays fixed even though there are different patients expressing symptoms in different ways.*



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*Try to adapt to different methods/repertoires for different patients. If we look at each patient in individualistic approach then we should evolve to look at our practicing methods also in individualistic approach. Each patient may be at different level of expression. We may need to adapt the method according to each patient.*

*A Patient expressing his disease name directly without any specific symptom may need Boericke repertory. But a patient expressing a general sensation may need BBCR or Boger synoptic key or Boger general analysis.*

*It will be difficult initially to get out of fixity .... But if we are aware and ready to make a change... we will surely be able to do it.*

### Modify:

*“Could I change the order, scale, or shape of this action?”*

*Some patients will begin with mind symptoms...some will begin with physical generals...some with physical particulars...we can and we should modify the case taking order according to each patient.*

### Put to Another Use:

*“Is there an upside-down way to use this step?”*

*Same as adapt and modify. ... we can put our case taking and analytical skills in other ways than we are normally used to doing.*

### Eliminate:

*“Could I skip or shorten this altogether?”*

*It is not always that a symptom from mind will be available from the patient.*

*Eliminate the need for it and prescribe on other parameters than getting fixed on getting mind symptoms.*

*Same for physical symptoms or physical generals.*

### Reverse:

*“What happens if I do the last step first?”*

*Abruptness, laughter while entering doctors cabin, intensification of symptoms, flattery are all mind symptoms carefully obtained from first 5 minutes of observation by the homeopathic physician... that's it. Your first mind symptom is ready to be recorded ! You did the reverse in the best possible way.*

*Read Homeosetu's Observation toolkit for homeopaths for more information on the observations a homeopathic physician should note when taking a case in clinic.*



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### 3. List at Least Three Variants for Each of the SCAMPER APPROACH

*Force yourself beyond the first (and easiest) idea.*

### 4. Pick One Variation at Random

*Remember to use different yardsticks for different patients.*

*Try to be a flexible homeopath...*

### 5. Reflect & Iterate

*After trying the new approach, journal for 2–3 minutes:*

- *What surprised me?*
- *What felt better or worse?*
- *Will I keep, tweak, or discard this variation?*

## Supporting Practices for Flexibility in Homeopathic Prescription

### Mindful Pause

*Before starting your habitual method/ repertory/MM, take 15 seconds to breathe and ask, "How else could I do this?"*

### Variation Calendar

*Block one afternoon per week to experiment with a completely different repertory or materia medica. Stay consistent with the new book/approach for few months before changing or concluding.*

### Peer-Challenge Pair

*Partner with a colleague: each week they suggest a wildcard repertory study / MM study to your routine.*

### Bias-Audit Logs

*Once a month, review three recent attempts of taking a new approach, repertory, mm. Note which biased method/Book crept back in and set a micro-goal to counteract each if need be.*



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## Cross-Domain Prompt Bank

*Read 2 to 3 clinical cases from classical homeopaths or different method homeopaths.*

*Keep a track of those cases and try to implement from this new approach*

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