

How We Work



Meet Karen Allen, CCH

Inspiring colleagues, empowering clients



Told to JUAN HENG, CCH, on March 31, 2017

This is the second in a series of interviews with homeopathic practitioners who are expanding the reach of homeopathy by providing integrative care for clients. Get a peek inside the practices of these remarkable individuals who are using homeopathy to improve lives, one at a time. Find out how they work, what motivates them, and how they stay inspired.

Karen Allen, CCH, is an integrative homeopath whose practice focuses on reproductive and endocrine health issues, especially those that impact fertility. Since graduating from the Pacific Academy of Homeopathy in 1994, she has been combining service to the profession with her work with individual clients. She has taught at Bastyr University and the American Medical College of Homeopathy, and she offers online continuing education for homeopaths (karenallenhyp.com).

Karen is particularly interested in clinical effectiveness research for integrative healthcare modalities and in the structure of emerging health professions. She is a past president of the Council for Homeopathic Certification, former education director for *Homeopaths Without Borders—North America*, and past NCH Partner for Health representative with the Integrative Healthcare Policy Consortium. In 2015, the National Center for Homeopathy awarded her the Henry N. Williams Professional Service Award.

Many practitioners readily cite Karen Allen as a mentor and teacher. Her influence is strong, yet subtle. Her teaching is authoritative but not exclusive. There is no “Method” that she has spawned. Her students become her colleagues, not followers. Who is she, and how did she find her way into homeopathy? To learn more, we caught up with Karen at the 2017 Joint American Homeopathic Conference in Atlanta.

“I was the daughter of five generations of MDs—steeped in the AMA world,” Karen explained.

When her third child, a six-week-old baby girl, failed to thrive after her first vaccination, they were in and out of the pediatrician’s office for over a year, to no avail.

“I was desperate in the way that a mama looking for a solution for her child is desperate.”

One night, her baby was up all night screaming with a bad infection in both ears. The little girl had been on and off antibiotics every ten days for months. Karen brought her to the pediatrician the next morning.

“What we have been doing isn’t working. I think our next step is to try this experimental procedure,” the pediatrician told me. I hit the wall. There was no way I could do something experimental with my child.

“I don’t think you really know what the term ‘experimental’ means,” he said. I said, ‘I think the term is self explanatory and I can’t go there.’

“He leaned back, crossed his arms, and gave me the good-doctor glare that I was familiar with, growing up with MDs. ‘Honestly, just what other options do you really think you have?’ he asked. In a fit of umbrage, I announced to him that I would *find* one, and I scooped her up and stomped out of the office.

“I had just fired my pediatrician, my daughter was still screaming, and I still had a problem to solve. So I went home and called all my friends.”

One responded right away with a copy of *Everybody’s Guide to Homeopathic Medicines* by Stephen Cummings and Dana Ullman.

“I flipped directly to the chapter on ear infections and read about a scenario where symptoms usually start on the right ear and move to the left. I thought, ‘That happens!’ Symptoms are often worse from 4 to 8 p.m. and are accompanied by digestive upset and dictatorial behavior... I thought, ‘This is my daughter! How does somebody know?!’¹

“I took my screaming child down to the health food store and spent \$4 on a little vial of *Lycopodium* 30c, and came home feeling so counterculture.

“I opened the vial, opened up her mouth, and chucked in some pellets. Then she took a really deep breath and went to sleep. She just lay down on the floor and went to sleep. And she slept for 12 hours, which she had never done in her whole life. When she woke up, she was tugging on her ears and crying again. I fed her and gave her another dose of *Lycopodium*, and she slept for another 12 hours.

¹ *Lycopodium* is no longer in the chapter on earaches of the revised edition.

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“When she woke up, the light was back in her eyes. That thing that had disappeared when she was six weeks old... it was back! And she was laughing... It was the closest thing to a miracle that I could imagine. And over the next six to eight weeks, from those two doses, everything that was wrong with her just gently evaporated. She started eating like a horse and growing like a weed, and all the developmental delays disappeared. And she started talking up a storm.

“I was in awe. It was like a capsule of divine grace... a miracle! And then I was curious. And in that moment, I knew that I was going to study this. I was fascinated by what could create this kind of transition.”

This experience launched a career that has spanned 23 years, and taken Karen around the world, while she builds bridges to other holistic modalities and practitioners. It is easy to become a born-again advocate of homeopathy after it has put an end to your child's prolonged suffering. Yet, Karen has made a point of reaching out to other holistic colleagues. Why, and how does she remain grounded in homeopathy?

“I find it very encouraging to work with others who share that awe of what it means to heal. We're really talking about the same thing in all of the vitalistic disciplines.

“What I find is that I can always get better at what I do. I haven't yet had a month where 100% of my clients had a fabulous outcome. And as long as there are clients who are not getting better, or not getting very much better, or whose healing has stalled, I have things to learn. I have colleagues to collaborate with who can bring in other tools. I have more homeopathy to study and to apply. And that keeps me going.”

Karen's vision of healing is centered on being of service to the client first and foremost.

“The end result for the client should be: ‘I have access, I have choice, and I am able to find a solution for my health issues that strengthens me instead of weakens me.’ That's what motivates me. I want that for every single person.”

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She recalls how homeopathic self-care made her a better mom, when she realized there were things she could do to resolve simple self-limiting problems.

“I remember feeling afraid and powerless that if my child got sick late on a Friday afternoon, there was nothing I could do... Homeopathy gave me a gentle confidence. I wasn't at the mercy of the 11:30-at-night-take-them-to-the-ER problem anymore. It helped me feel more secure in being able to take care of my four kids. That was incredibly valuable to me.”

That confidence, nurtured in the intimate setting of self-care within her family, became a broad vision of self-empowerment for her clients as she watched them grow into the same confidence about their health.

“[It is the] kind of empowerment where people gently become confident in their own health and their ability to engage with it, to have this conversation back and forth between the things that can make them better and the complaints that they have, so that they can better navigate their life.

“Hahnemann tells us that the purpose of all this... is to free people to complete the highest goals of their existence. That's a sacred calling. Freeing you from your symptoms gives you the confidence to ask, ‘What are the highest purposes of my existence?’ When you're not distracted by your back pain, or your psoriasis, or your

baby's ear infections... you are more free to re-engage with that authentic self that's on the planet for hopefully some useful purpose.”

If “engaging with one's own health is fundamentally empowering,” it also flies in the face of the dominant medical paradigm “that we as a society created because we as a society don't really want to take responsibility for our health.” There is no room within a seven-minute consult in conventional medicine to explore beyond the diagnosis and prescription.

“Through the homeopathic interview and the dialogue between that person's vital force and the remedies, very often people gently begin to pick up the reins of their own health. They begin to connect the dots between their choices and their outcomes. They come into an authentic healthy life—I love seeing that.”

She agreed that a conventional “doctor-patient” style of interaction can enter into any healing modality where one person is all-knowing and the other is passive.

“There tends to be quite a power disparity between the practitioner and the client in the average homeopathic interview.

“Yet, one of the things that Hahnemann taught about case-taking was that you listen. You don't judge. You look at the state of



Karen Allen (right), in Haiti as a Homeopaths Without Borders volunteer and Director of Education, helps to train community homeopaths in remedy selection.



Karen Allen (left), Education Director for Homeopaths Without Borders from 2012 to 2015, leads a discussion with community homeopath trainees in HWB's educational program in Haiti.

the client. They just paint this picture of what they're doing in front of you in this therapeutic field that sits between your chair and their chair. If you're doing your job, you are holding that space so that this gets to come out. And then that client gets to see it as well.

"I've had times when I didn't know something was true for me [as a client] until I said it out loud in a homeopathic interview. And I heard it in my heart and soul as it came out of my mouth. Something just spontaneously came out that I didn't even know was true for me, but it was in my subconscious limiting me.

"If you look at an iceberg floating in the ocean, there's this much above the water line and much more underneath. The part above the water is what the client is conscious of, and this is what they can describe in the first interview. And then if they have a homeopathic remedy that helps them to get stronger, the water line drops, and more of the topography becomes visible. Their awareness of themselves, of their life, of what constrains them, of their symptoms also gets broader, and then you work more deeply. More and more of the case becomes clear in an organic way. Not because we are trying to pry the case open but because that is the organic process of healing."

At this point, I challenged Karen. Perhaps, as a practitioner with the skillset to just dive right in, you don't need to wait for the water line to go down?

"I'm so glad you asked that," she responded with exquisite grace and turned it into a teaching moment about match-

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ing our posture, our tone of voice, our demeanor with that of each client so that we are homeopathic to the client's state.

"A very strategic model is also valid. Think of a diamond cutter who cleaves the diamond with a single strike ... minimum intervention achieves maximum impact. With some clients, the opportunity for greatest intervention with minimum force reveals itself in the very first interview.

"What I don't like and can't support, however, is when a practitioner comes in with the idea of 'I want a hole-in-one-golf shot in this interview. It is my agenda, I'm super homeopath, and I'm going to expect you to be like the stalker in the trenchcoat and to show and tell me everything.'

"I think that can be incredibly invasive and disruptive, especially for a client with a history of trauma or sexual abuse. Practitioners can actually re-injure the client with their ego need to do a deep dive, the need to get right in there. It's incredibly coercive and not fundamentally homeopathic."

As Karen reflects on different strokes for different folks, she reflects on homeopathy as a living truth:

"There comes a moment for many homeopaths when we realize, 'This is not a just a healthcare discipline. This is a natural law. It exists in the universe, it exists in nature, and it exists in my life. I can be homeopathic in my life, in my world, in ways that have nothing to do with giving a remedy.'"

It leads us into a deeper reflection on the challenges of practicing and her antidote to some of our deepest insecurities.

"We are a profession of mutineers. If we weren't mutineers we'd still be doing conventional medicine. We are

a profession of people with very strong opinions. Sometimes that leads to being in judgment. There are different ways of doing homeopathy and there can be bitter divides.

"If I look back at the first five years of my practice, I was so judgmental. It limited my practice and my client outcomes. Eventually, the reality of my clients' outcomes that were not so good humbled me. I eventually learnt that there are many different ways to bring healing to a client and that we don't actually serve ourselves or our community by getting very invested in only one way and arguing about the dreadfulness of all other ways.

"There are principles that I hold to: one remedy at a time, potentized remedies, giving remedies based on provings, matching the totality of symptoms to the client. It can be the totality of the symptoms for their cold, or the totality of symptoms for their central nervous system, or the totality of symptoms for their overall self, or the totality of symptoms for their family line. Hahnemann worked on all those levels, and we can as well."

The practice of homeopathy is experiencing growing pains, Karen noted, and we have to navigate the paths that are opening up within the field without "constraining us and burning energy that doesn't have a good outcome":

"Homeopathy is in an evolution mode that is challenging this dynamic tension between the traditional reference sources that are tried and true and the dynamic end of it—the different ways of looking at materia medica, the different ways of doing provings, even of making remedies in different ways.

"If Hahnemann were here, I believe he would say to the groups that are trying to expand our understanding the way Hahnemann himself was always trying to expand: 'Show me the data. Not incidental stories, but exactly how many clients, exactly what were their circumstances, exactly how were they different afterwards?'"

"When 70-80% of the people who come to see me are benefited, I feel that I can hold my head high."

Thus Karen came full circle, to her beginnings as a computer scientist, analyzing data in her very first job. Data can reveal significant patterns, whether it's on the scale of n=1 for the mom at home recording her child's symptoms and remedy reactions, or on larger scale clinical studies.

"The difference between superstition and science is research. It's data. When we don't know, we can set up experiments to find out. Looking at concrete data helps us make wise decisions.

"The bottom line is rigor. I really respect practitioners who are rigorous, such as Jeremy Sherr and Malcolm Russell. They keep notes, they observe, they conclude. And they question. They have expanded the base of what we know through their work."

We finally arrive at the kernel of her mode of practice. Karen Allen is the rare teacher who talks openly about her failures. She exemplifies American Pragmatism at its best, evaluating every idea by its practical outcome. It is not about applying a single "Method" to every case, but of subjecting her practice to a quarterly audit. A method to evaluate methods, if you will. Her challenging cases become her guru. They test, correct, and stretch her. This is how she does it:

"I get a piece of paper and go through every case I have touched in the last three or four months. On my paper I draw three columns. In the first column go cases with no success—I note the chief complaint and remedy given. Second column: cases with some result—relief, palliation, in the process of getting better. Third column: cases where I think this person will not go back to their former level of ill health. Then I see what percentage of cases ended up in each column.

"The first time I did this, my column one consisted of 50% of my cases. Honestly, out of that first audit, my surprise

was that it was even that good. Because my sense was that I was failing for 90% of the people coming to see me. And it wasn't true. And I believe most practitioners who have never audited their practice feel they are failing because they forget about those people who are doing great. They only remember the person having an aggravation of symptoms and the person who didn't have a good outcome.

"Over time, my outcomes got better. For the last ten years, on average, 15-20% of my clients are in column one; 30-35% are in column two; 35-45% are in column three. I feel good about those statistics. When 70-80% of the people who come to see me are benefited, I feel that I can hold my head high.

"This is very different from the expectation I had going in, which is that I was going to help everyone—100%. I don't think that's realistic. That's the hubris of being a baby homeopath. Once you are a mature homeopath, the idea of 'I am here in service and I'm going to do a little bit of good for a few people,' allows you the freedom to actually look at the data in your own practice. [An audit] may feel painful, but it also gives you your homework.

"When I found that I wasn't having success with clients with a history of ectopic pregnancy, that led to my work with the sycotic miasm and chlamydia miasm, which I've taught in several classes and conferences. When I found that I wasn't having good results with endometriosis cases, it led me to research that area and to help other homeopaths learn how to deal with those clients. This is why you audit your practice—so that you can improve your outcomes. It's all about the outcomes."

This pragmatism also underlies Karen's proudest achievement. It is a beautifully crafted training manual of over 200 pages she developed for Homeopaths Without Borders (HWB) as its Education Director from 2012 to 2015.²

² Karen created the framework for the training curriculum while volunteering in HWB's Port-au-Prince clinic. Lauren Fox and the HWB team streamlined and revised it as HWB's work in Haiti grew. Haitian students use the French version of the manual.

Karen Allen (left) volunteering in Haiti for Homeopaths Without Borders.



Karen Allen (center) with graduates of Homeopaths Without Borders' training program in Haiti.

She exemplifies American Pragmatism at its best, evaluating every idea by its practical outcome.

It helps Haitian homeopaths, who were initially trained by HWB³, to train other community homeopaths. It teaches the complete beginner how to think like a homeopath and how to work effectively with limited resources to create a sustainable healthcare discipline.

It is clear, accessible, and directly relevant to the local conditions in Haiti and many other tropical countries. Because the work is easy to use, it will touch many lives beyond the borders of Haiti. It is a formidable legacy of a woman whose vision of empowering her individual clients has fully matured. Karen Allen is helping whole communities to help themselves with homeopathy.

See pages 14-15 for more about *Homeopaths Without Borders-North America* and its *Essential Manual For Learning Homeopathy*.

³ The curriculum integrates theoretical study with clinical work. Students observe volunteer homeopaths take cases, and after completing the 90-hour curriculum the Haitian homeopaths are ready to practice.

ABOUT THE AUTHOR



Juan Heng, PhD, CCH, decided to enroll in homeopathy school when she saw her son, who was diagnosed with autism at the age of three, improve dramatically with homeopathic treatment. She brings a tenacious optimism, a skeptic's mind, and an open heart to her practice in New

York City and Long Island. Her dream is to collaborate with holistic healers of different modalities to help clients. Her website is: www.homeopathystudio.com

