

# Homework for Module 1

There are six parts to the Module 1 homework assignment:

1. Reading & Homework Questions.
2. Rubric Study Exercise.
3. Mini Case Work-ups.
4. Reports on Three of Your Prescriptions.
5. Materia Medica Study.
6. Study Material for the Next Module.

All homework must be **typed** and **emailed** to the PIVH Homework Administrator Wendy Jensen, DVM, CVH for submission by midnight on the dates specified below. Please email your completed homework to Dr. Jensen at the following email address: [jensenhvp@gmail.com](mailto:jensenhvp@gmail.com)

Homework submission specifications:

- ★ Submit work in one electronic document per submission due date.
- ★ Label the document with: Your Name, Module 1 Homework, 2023
- ★ Please label in the header section on every page of your work:
  - Your Name and Module 1 Homework.
- ★ Please clearly label the sections of the six parts to your homework.
- ★ Do not use anything smaller than 11pt font.
- ★ Please number your pages.

Homework submission due dates, due by midnight Pacific Time on:

1. September 2, 2023
  - Part 1: Reading with Related Homework Questions
2. September 16, 2023
  - Part 2: Rubric Study Exercise & Part 3: Mini Case Work-ups.
3. September 30, 2023
  - Reading Comprehension Exam Due (Reading Comprehension Exam will be available to download as a "take-home" exam 2 weeks in advance).
4. October 12, 2023
  - Remaining homework due – Part 4: Reports on Three of Your Prescriptions & Part 5: Materia Medica Study.

We will discuss the homework material in the associated Intermodular Webinar (the day after the submission due date) on: September 3, 2023; September 17, 2023; and October 1, 2023. Your homework will be returned to you by email once grading is completed, between the homework due dates and December 1, 2023. We will endeavour for your homework to be returned with feedback as soon as possible during this time period to maximise your learning of the material.

All parts of the homework are required to be completed to a satisfactory level for course completion. Homework must be typed according to the submission specifications and no handwritten homework will be accepted. If any parts of your work are found to be incomplete or unsatisfactory, they will be returned to you for re-submission.

# Part 1: Reading & Homework Questions

Following on from your pre-course reading, please read the final chapters (8-10) of the *Practical Handbook of Veterinary Homeopathy* by Wendy Jensen, DVM, CVH. Once complete, please answer the following questions in short-answer format. Answers should be brief and concise, but cover all the material in the text. Answers may be taken from throughout the chapter.

*Ch. 8: Case Management or So I've Given the Remedy—What Happens Next?*

1. What is revealed by waiting in between doses of homeopathic medicine? Describe at least 4 benefits gained while observing the patient after the administration of the prescription.
2. Why insist on follow-up appointments when you are just going to wait anyway? Describe at least 2 benefits of the follow-up appointment.
3. In homeopathic treatment, as compared to allopathic treatment, is there any difference in the role of diagnostics? Explain your answer.

*Ch. 9: Second Prescription.* The second prescription refers to the time period following the administration of the first remedy. During this period, the homeopath's task is to evaluate the state of the case and fine-tune the treatment plan.

4. New persistent symptoms show up in the patient. What two details do you need to know about these symptoms in order to evaluate the suitability of your prescription?
5. It is important to ask yourself if the remedy acted or not. If the remedy appeared to act or not to act, what is your next step for each of these scenarios?
6. Hedrick: Make a case for changing his remedy after the March 16, 2009 follow-up. (page 178)
7. What is a "roller-coaster ride" reaction, and how does this affect your interpretation of the remedy response? (page 181)
8. When evaluating the response to the first prescription, for what purpose might you consult the materia medica?
9. Hedrick: On September 20, 2009, Hedrick's improvements are holding, and his aggression is easing. Why not repeat the dose, to get him better even faster?
10. Hedrick: Regarding the February 5, 2010 Sulphur 30C dose reaction:
  - a. Why was the improvement so gradual? (answer from your class lecture material)
  - b. With hindsight, if you could change the February 5, 2010 prescription, what would you have changed?

*Ch. 10: Supportive Care or How to Keep That Healing Remedy Response Going*

11. What are three things other than homeopathic remedies that you can recommend in order to improve the health of your patients?
12. Give at least 2 reasons to recommend home-care solutions (one centering on the patient, one on the client).

## Part 2: Rubric Study – Whooping Cough


Repertory study is an invaluable part of your introductory learning. This exercise is a technique for you to study a rubric and become familiar with differentiating the remedies for that particular symptom.

In this particular assignment – we are going to study the rubric for whooping cough. Why, you might ask? In veterinary medicine acute upper respiratory conditions, such as kennel cough or infectious tracheobronchitis, are commonplace in daily practice. One of the most applicable rubrics in the treatment of dogs with infectious tracheobronchitis is the whooping cough rubric.

The rubric ‘whooping cough’ is recommended based on the description and definition of whooping cough:



- Merriam-Webster’s Dictionary definition is – an infectious respiratory disease especially of children caused by a bacterium (*Bordetella pertussis*) and marked by a convulsive spasmodic cough sometimes followed by a crowing intake of breath.
- Yasgur’s Homeopathic Dictionary defines it as – an acute infectious disease marked by recurrent attacks of spasmodic coughing continued till the breath is exhausted, then ending with a deep, noisy inspiration.

Here is the Whooping Cough Rubric from Boger-Boenninghausen:

 Boger C., Boenninghausen's Repertory

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**COUGH**

 **Whooping cough:**  (54) **Acon.** ambr. anac. ant-c. **Ant-t.** arn. ars. bar-c. **BELL.** bry. **Calc.** **CARB-V.** cham. chin. **CINA COC-C.** con. **CUPR. DROS.** **Dulc.** euphr. ferr. **Hep.** hyos. **IGN.** iod. **IP. KALI-C.** lach. laur. led. lyc. **MEPH.** merc. mez. mosch. mur-ac. nat-m. nit-ac. **NUX-V.** op. par. phos. **PULS.** rhus-t. ruta samb. seneg. sep. sil. spong. sul-ac. sulph. **VERAT.**

*For your homework assignment:*

- ◇ Compare the above rubric and the Infectious Canine Tracheobronchitis section in the Common Clinical Conditions on page 27-28 of the *Making a Prescription Section*.
- ◇ Review the remedies and the descriptors of their "type of cough," and associated modalities and concomitants.
- ◇ Then solve the following real life cases! Using a genus epidemicus approach for each household (one remedy per household), each of the four cases resolved with a different remedy.
- ◇ Pay attention to the nature of the cough, and any modalities or concomitants if present.
- ◇ Some patients had tried remedies that did not have much affect. Use this information to guide your prescription choice. Note for Case 3, if you do not have a separate copy of Gibson Miller's *Relationships of Remedies & Sides of the Body*, it can be found in the back of your Kent's Repertory.
- ◇ Select the remedy and potency you would like to prescribe for each case, state your reasoning why, and record it in your homework submission, labeled under each case number and name. For example:
  - Case 1: Treacle & Belle  
RX: Remedy & Potency, Selected because/due to...(Give confirming reasoning for selecting your prescription)

### Case 1: Treacle & Belle

Treacle is a 15-month-old intact male working border collie, who on Aug. 12, 2021 started with a "real honking cough" leading to gagging. The cough was worse on excitement, and after eating. His housemate dog Belle, 8-year-old SF working Welsh border collie, started with the odd cough later the same day. Both dogs worsened overnight in frequency and intensity.

Belle is now bringing up (retching) froth, mucus, and clear fluid at the end of every coughing bout. Treacle was initially slightly off his food, but both dogs are eating, and willing to take homemade cough syrup the client has made of slippery elm boiled in water to make a syrup, with added honey and echinacea. The homemade cough syrup only brings temporary relief.

The client says they are "like a honking chorus! Please help!!"

**RX: ?      Why?**

### Case 3: Digger & Suki

A pair of full siblings (brother & sister), 5-year-old neutered Boxers, started coughing one after the other.

Digger started on the evening of Aug. 3, 2016 with a few coughs. By the following day, he developed a really harsh, dry hacking cough, progressing to a violent cough. He is coughing in fits, mostly dry and hacking, and only once has coughed and retched white froth. The cough is generally "dry and harsh," worse with movement and aggravated by barking. He seems to like cold things since the coughing began (frozen food).

His sister Suki started 3 days later, her cough sounding like a "choking goose" coughing every 5 minutes. Both dogs are eating and drinking normally. Coughing for both dogs is possibly worse at night.

The client had tried the following at home while waiting for the prescription to come in the post: Lach 30c, then Nux-v 200c, each with no improvement; and then Puls 200c which brought only temporary symptomatic relief.

### Case 2: Leelan & Tallon

Leelan, a 1.5-year-old NM Golden Retriever, began with a mild cough on Dec. 2, 2014, that was a harsh, dry cough that worsened as night time approached progressing to a severe cough that at times was so forceful he would vomit food/his stomach contents. His symptoms were worse with movement. No temperature preference noted by the client and no significant difference in symptoms indoors or outdoors. He was eating well, but seemed slightly lethargic.

Leelan's housemate Tallon, a 10-year-old NM Golden Retriever, started 48 hours later with a cough worse with motion. This progressed to continuous paroxysms of coughing, vomiting during one of them, and he has decreased energy.

Both dogs resolved with the same remedy. Note: Drosera 30c was tried first and brought about no improvement in symptoms.

**RX: ?      Why?**

Both dogs resolved with the same remedy, which "follows well" or is "compatible" to Puls, and in relation to their Chronic remedies (Calc-c and Silica) is a complement to Calc-c and "follows well" to Silica. Note: use Gibson Miller's *Relationships of Remedies* to study this case.

**RX: ?      Why?**

### Case 4: Nathan

Nathan is a 1.5-year-old Golden Retriever with an acute onset on Nov. 19, 2015 of a hacking cough, described the cough "like he was choking." He's swallowing frequently and gagging, the cough is generally "dry and hacking."

Nathan's cough is worse when he gets up in the morning, and the client has noticed that he wants to go outside more often, without needing to eliminate. Any pull on his collar will trigger coughing. The client notes that he seems "more hyper" and reactive since the onset of symptoms. *His bark has also changed and seems "hoarse."*

**RX: ?      Why?**

## Part 3: Mini Case Work-Ups

*These are cases from the homeopathic literature of 100 or more years ago. They are straight forward cases, not too complicated, which makes it easy to work with them. They also are evidence of both the history of animal work and effectiveness of homeopathy in an era long before antibiotics and the methods of “modern medicine” arrived.*

*Each case is presented as it is in the literature of that time. Read it over and answer the questions or do the assignment given for each one. Use a separate sheet of paper for the answers and label it like this:*

*Case 1. Ophthalmia.*

*Question 1: Your answers here.*

*Question 2: Your answers here.*

*Question 3: Etc.*

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### Case 1: Ophthalmia

Jack, a brown driving horse, has been under the treatment of a veterinary surgeon (old school) six weeks, for ophthalmia.

Prognosis: Blindness. There is a steady flow of thick mucus from the eyes obscuring the sight. When attempting to see an object the horse will wink in order to remove the mucus from the field of vision.

Sept. 10, 1895. Four powders **Euphrasia 1M** B. & T. [Boericke & Tafel, the local pharmacy], one powder every four hours.

Oct. 9. The horse had an attack of influenza after the remedy, now past without other treatment. Eyes improved until recently. One powder [dose] **Euphrasia 45M**, Fincke [pharmacy]. The eyes were soon well and have remained so for four years.

1. *List the symptoms of the case on first presentation.*
2. *What symptom is most useful for finding the remedy prescribed, Euphrasia?*
3. *Look up at least 3 rubrics that would be useful in this case. List them.*
4. *How do you interpret the development of the influenza right after the remedy? Answer from the homeopathic perspective on disease and life force as we discussed in class.*

5. *Why was the remedy repeated in October in a higher potency (refer to our discussion of potency)?*

### Case 2: Capped Hock

Brownie has a capped hock, resulting from a kick, which has persisted for some ten months in spite of the ordinary treatment with blisters and liniments. The swelling will decrease, then while in heat she will kick against the side of the stall and make it as bad as before.

Six powders **Rhus toxicodendron 1M** B. & T., one morning and night until they were gone, stopped the kicking and reduced the swelling. A repetition of the prescription a month later made a cure.

1. *List symptoms of the case (I can think of 4).*
2. *How do you interpret the “kicking during heat”? What rubric will you pick (considering the remedy that was curative, that is, your rubric must contain it) to match this symptom?*
3. *Of the symptom classifications that we discussed, where do you put this kicking behavior?*
4. *Why would you speculate that the remedy needed repetition after a month?*

### Case 3: Pneumonia

The same horse has pneumonia. High fever; hard, dry cough; respiration rapid and superficial. Yellow nasal discharge.

Jan. 16. Four powders **Bryonia alba 200c** B. & T., one every two hours.

Jan. 18. Fever continues high; cough less severe; respiration oppressed. Four powders **Phosphorus 1M** B. & T., one powder every four hours.

Jan. 20. Fever abated; cough loose; respiration easy. Convalescence proceeded rapidly and she was soon on duty.

Another horse in the barn, taken at the same time, seemingly a less severe attack of pneumonia, was treated by a veterinary surgeon and died on the sixth day.

1. List the 7 symptoms seen at presentation.
2. List the rubrics corresponding to these symptoms. Note the location of the rubric sufficiently so that you could find it again, i.e., section and rubric or subrubric.
3. Work up an analysis with these 7 symptoms. Use the form for hand analysis or submit a computer printout.
4. What is there in the materia medica that supports the Rx of Bryonia?
5. On the 18th, 2 days after the first Rx, the remedy is changed. Can you see why? What is there in the details of Jan. 18 that suggests a change?
6. Did Phosphorus come up in your analysis?
7. What in the materia medica would suggest this next remedy, Phosphorus?
8. Evaluate the conditions on Jan. 18 and Jan. 20 as to how to classify the patient's response to Bry 200c vs Phos 1M by the 3 criteria we have discussed as to possible remedy responses.

### Case 4: Mastitis

A cow, with calf ten days old, has no milk from the left udder, which is very large and hot. Dung hard, dry, dark. Urine dark, looking like the dregs from a cider barrel.

One powder **Nitric acid 1M** B. & T., soon removed all abnormal conditions.

1. This is not an easy case to work up and find the remedy used here. First list symptoms that could be used.
2. Next find what symptoms you can in the repertory, noting location.
3. In how many rubrics do you find Nitric acid?
4. The symptom "urine dark, looking like the dregs from a cider barrel" is what indicates this remedy. It is a characteristic symptom for Nitric acid. Can you find this peculiar symptom in either a repertory or a materia medica? Hint: the books that focus on characteristic symptoms are most likely to give you the answer.  
(Note that "dregs from a cider barrel" will be dark flocculent material similar to what is sometimes seen at the bottom of a wine bottle.)

### Case 5: Warts

Betty, a promising heifer, three years old and expectant, has on one of the dugs [teats] a group of warts, large, long and seedy.

Four powders **Thuja 200C** B. & T., one powder morning and night.

Two weeks later the warts were smaller, dark colored and dry.

In six weeks they were all gone.

This is another case that requires some strategy. If you go to the repertory and simply look for the specific rubric "warts on nipples" you won't find it.

Here is an analysis that I did in the Boenninghausen repertory that will bring up Thuja for consideration. You will see how I had to approach it (the analysis) to find this remedy.

	Nit-ac.	Caut.	Sep.	Thu.j.	Dulc.	Sulph.
<b>Analysis</b>	100	94	89	89	72	63
Chest; NIPPLES	1	1	2	1		4
Skin; Warts	4	4	3	4	4	4
Skin; Warts; large	3	2	1	1	3	

Considering the 4 remedies that are uppermost in the analysis, the assignment involves comparing them in the materia medica — noting (listing) details (or symptoms) for each that would evaluate the similarity of the remedy for this case, and indicating the characteristics that are either present or missing for each remedy.

There were likely different characteristics the practitioner observed, which would have indicated the curative remedy that simply were not reported in this journal. Given the experienced practitioner's knowledge, they were thus able to prescribe the correct remedy in this case. What do you see as characteristic in these remedies that the practitioner could have looked for to differentiate between each remedy? How might this patient display these characteristics?

For example, Kent says for Nitric acid that the patient shows great weakness, sensitivity, nervous trembling — all suggesting rather advanced illness. Another indication (in Kent) is “the margins of the orifices bleed and grow warts” so I interpret this as the Nitric acid patient will have the preferred location of growths (warts, etc.) at the margins of outlets — like the vagina, anus, mouth. In addition, there may be warts on the nipples in these patients (along with all the others). Nitric acid patients might also be fractious and belligerent, which would be easily observable.

Do this with each of the remaining 3 remedies — describe in your evaluation what characteristics (including modalities or concomitants) might have been seen in the patient to indicate that remedy as the curative remedy, thereby distinguishing it from the others. Granted there is very little information

in this case. Consider this an exercise in differentiating remedies and use it as an opportunity to learn more about these remedies.

### Case 6: Mange

Malcolm, a pug dog, has mange. His back is covered with a thick, dry crust. The itching is made worse by heat and bathing. He has such a dislike for a bath that he will growl and bite whenever placed in the bathtub, which had previously given the greatest delight.

Oct. 8. Four powders **Sulphur 1M B. & T.**, one powder every four hours.

Dec. 23. The back is quite clear of crust, but the hair is falling off. His ears are scurfy inside and itching. Hearing dull. One powder **Graphites CM Fincke**.

This soon removed all vestiges of the disease.

1. List the symptoms of this case and categorize them as to the types of symptoms they are — generals, particulars, modalities, concomitants, etc.
2. Choose the corresponding rubrics for each symptom. Make two columns showing the symptoms on the left, and their corresponding rubrics on the right.
3. Do an analysis of the case in such a way that Sulphur is indicated as a likely remedy. Try to use as few rubrics as possible to do this. Start with the most characteristic symptom of the case (in your opinion).
4. What is your evaluation of the response to Sulphur? It seemed to help but there were remaining problems. Give me an interpretation in terms of the possible effects after a remedy.
5. List the remaining symptoms (after Sulphur) and repeat the process above of finding suitable rubrics and then an analysis to bring up Graphites as the remedy.

### Case 7: Colic

Pocahontas, a bird dog, has frequent attacks of whining, at the same time she will double herself up as far as possible; manifesting severe pain.

A powder of **Colocynthis 9M** Fincke would quickly relieve her, and a few repetitions of it put an end to the trouble.

1. Which symptom in the case most specifically points to *Colocynthis* as the remedy to use?
2. What other remedies could have been considered as similar to the case?

### Case 8: Mastitis

Tabby, a mother puss, is weaning her kittens. Her mammae are hot, hard, and distended. Her ears are hot; appetite gone.

**Phytolacca CM** Fincke, one powder.

The next day the heat was gone from the glands, swelling subsiding and rations called for.

*Difficult to understand this prescription on the limited information given here. That a high potency was given, and with good effect, confirms it was a good choice.*

*Here is an analysis just using what we have to work with:*

	Puls.	Hep.	Bry.	Bell.	Merc.	Phos.	Sil.
	100	94	78	72	69	66	66
Mammae, inflamed	1	2	4	3	2	3	3
Mammae, swollen	3	3	4	4	3	3	3
Ears, hot	2	1					
Fever, inflammatory	4	2	4	4	4	4	3
Appetite, want of	4	4	4	3	4	2	3

*We see that Phytolacca is not a hot number here. It actually appears as number 22 in the list.*

*So, why might this practitioner choose this remedy? Read Kent and see what indication there might be. Write down your reasons for this*

*question. Notice the high potency and the quick response to treatment.*

### Case 9: Untidiness

Gibbie, a well-behaved family cat, became untidy in his habits, permitting his face and paws to remain soiled, with unkempt hair. Hoarse voice, almost aphonia. Itching of the ears. Soles of feet and head hot. One powder Sulphur 200C B. & T., was followed by a remarkable change in his character. He was again neat about his person. On the third day he stole a paper of (pork?) chops from the pantry, hid one of them and was found eating the other. He had always before been trustworthy, even alone in a room with table set for dinner. It is interesting to note that this happened at 11 a.m.

1. List the symptoms & the corresponding rubrics.
2. Make a list of the most characteristic or guiding symptoms.
3. Do an analysis using these most useful symptoms. See if you can bring up Sulphur (you should be able to).
4. What happened on the third day? Why did he steal the pork chops?
5. What is the significance of the 11 AM timing?



## Part 4: Your Prescriptions

For this part of the exercise, you are to submit your own homeopathic prescriptions. Please submit **3 different acute cases**. These cases can include “true” acutes or acute flare-ups of chronic disease. They must be cured cases (in the case of acute flare-ups of chronic disease the flare-up must be resolved). We can discuss these on the Student Forum or in the Intermodular Webinars/Case Rounds and use them as a basis for learning more on prescribing.

*Write up each case according to the Guide Notes in Case Taking - Taking the Acute Case* (Case Study section, pg 1-2). Record the animal’s name and complete signalment (species, age, sex, etc.) at the start of your case. Write a brief description of the problem and necessary history in your subjective section. Please follow the guide notes format so that we can clearly see your thought process in both your initial prescription and your follow-up(s). Be sure to indicate in your homeopathic discussion section why you selected the remedy you prescribed and the potency.

### As examples:

- ◆ “I saw this remedy use from study of the materia medica. It fit because of....”
- ◆ “I looked up this symptom (symptom description) in the repertory and found this rubric (rubric name). Of the remedies there I chose this one because....”
- ◆ “I remember you saying this remedy would be useful for the condition....”
- ◆ “I used the materia medica or remedy description in the class handout. I chose this remedy because....”

Turn these case experiences in with the other homework.

## Part 5: Materia Medica Study

Read these remedies in the materia medica:

- ◆ Aconitum napellus
- ◆ Apis mellifica
- ◆ Belladonna
- ◆ Bryonia
- ◆ Nux vomica
- ◆ Pulsatilla
- ◆ Rhus toxicodendron

For each remedy studied, *enter 5 characteristic symptoms that would be possible to recognize in animal cases*. Pick something that has seen before in practice or that you can imagine seeing in a clinical situation.

**Organize your Materia Medica Study information like this:**

<b>Remedy</b>	<b>Clinical Symptoms</b>
Dulcamara	<ol style="list-style-type: none"><li>1. Symptoms come on towards the end of summer with hot days and cold nights. Upper respiratory illness coming on at this time.</li><li>2. Diarrhea coming on after exposure to wet weather or getting wet. Could be like in a parvo case that comes on under these circumstances.</li><li>3. Rheumatic pain (muscles and connective tissue), as in hip dysplasia, coming on with cold damp conditions (weather or sitting on cold, damp ground).</li><li>4. Etc.</li></ol>
Natrum Sulphuricum	<ol style="list-style-type: none"><li>1. Has a predilection for problems with the liver, worse from dampness, rainy weather, water in any form. Chronic active hepatitis that manifests or becomes worse from living in damp conditions or in rainy weather.</li><li>2. Valuable remedy for spinal meningitis. Meningitis in horses increasing in frequency when the rains begin.</li><li>3. Injuries to the head, with resultant mental trouble. After hit by a car, patient appears confused and loses memory of prior training.</li><li>4. Etc.</li></ol>

## Part 6: Study Material

Study this material. *There will be a reading comprehension test on the required reading to complete before the next module.* If there are any questions, or concepts not clear to you, then use the email forum for clarification from the teachers or from others in the class. Make a note of anything you will want to discuss in more detail at the next meeting. These are all foundational principles.

### Required Reading:

1. Following on from the reading homework assigned for the *Homework Between Module 1.1 and 1.2* (on page 1 of the Homework section, e.g. all handouts from Module 1.1) – please review all the lecture handouts from Module 1.2 from the following sections: Theory & Principles, Making a Prescription, Prescription Evaluation, Case Study, Business, and Resources. Please note that the learning points from your PBL case work you completed in class will be clearly outlined in the lecture handouts.
2. *Lectures On Homeopathic Philosophy with Classroom Notes & Word Index (7th Ed.)*, by James Tyler Kent, MD.
  - **Lecture I** — The Sick (pages 1–12).
  - **Lecture II** — The Highest Ideal Of Cure (pages 13–20).
  - **Lecture III** — Perfection Of What Is Curable In Disease, Curative In Medicine And The Application Of Last To First (pages 21–28).
3. *A Compend Of The Principles Of Homeopathy*, by W. M. Boericke, MD.
  - **Chapter II** — Principles of Pharmacology (pages 12–18).
  - **Chapter III** — The Homeopathic Materia Medica (pages 19–24).
  - **Chapter IV** — Drug Proving (pages 25–29).

### Optional Further Reading

If you would like to read further on this foundation material and principles, we would recommend the following at this stage in your learning:

— *The Genius of Homeopathy Lectures and Essays on Homeopathic Philosophy with Word Index, 2nd Ed.*, By Stuart Close. Written in more modern 20th century language, which aids the students' review of the material.

- **Chapter I** — The Psychological Point of View (1-10).
- **Chapter II** — General Interpretations (11-28).
- **Chapter III** — Schools of Philosophy (29-46).
- **Chapter IV** — The Scope of Homeopathy (47-60).
- **Chapter V** — The Unity of Medicine (61-74).
- **Chapter VI** — Life, Health and Disease (75-93).

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\* These page numbers may not correspond in your copy. There have been several editions, with different page sizes and fonts used. Note the chapter name for accuracy.

The language in some of these books will be unfamiliar to you. Rest assured that it will become easier as you go along and you begin to grasp the meanings of the words. Realize much of this was written long ago. Hahnemann's first edition was published in 1810, Kent's in 1900, Boericke's in 1896, and Close's around 1920 (compilations of his revised lectures originally given at the New York Homeopathic Medical College from 1909-1913 while he was Professor of Homeopathic philosophy).

When you run up against some terms you do not know, turn to the *Homeopathic Dictionary* by Yasgur. It is not always 100% accurate, but does a good job of telling you what these older terms meant. Sometimes his explanations are influenced by some of the newer uses of the same term in medicine but, for the most part, the information is reliable.

Another good source for understanding these older terms is a medical dictionary of that era. You can find online or at used book stores – specifically look for medical dictionaries published in the 1800's. They will also help to round out the meaning within the context of that time (which is essential to grasp the true intent behind the use of the word).

### ***Preparing for the Reading Comprehension Examination***

You will be asked questions that require your understanding of the concepts presented. Try to see how they could be applied to the clinical situation. It will be helpful for your learning to start thinking of your cases this way, even if you are still using allopathic medicine, Chinese medicine and acupuncture, chiropractic, or other modalities as therapeutic methods. After all, the patient is the same (as to condition and symptoms) regardless of how you decide to treat them. Seeing the patient from the homeopathic perspective is useful in all aspects of medicine, especially as to prognosis, but is essential to begin to understand and use homeopathy skillfully and to master the treatment of chronic diseases.