

Module 1 Reading Comprehension Evaluation

1. How was Hahnemann's *Materia Medica Pura* a departure from all other books describing drug treatment until that time?

5. What do you consider to be the most accurate meaning of this statement: "It is the disease-tuned life force alone that brings forth diseases."

- Infectious agents disturb the electro-magnetic field of the patient.
- Diseases are not caused by material agents.
- If a disease becomes established it causes a disorder of the "life force".
- The patient is a whole and must be treated as such.

2. How many years did Hahnemann test medicines before writing the *Materia Medica Pura*?

6. Give a one-sentence definition of what homeopathy is.

- 2 years
- 4 years
- 6 years
- 12 years

7. What is the first, earliest stage of the beginning of a disease state, as experienced by the patient?

3. Why did Hahnemann begin to use the words "dynamization" and "potentization"?

8. What is referred to as "the natural law of homeopathy?"

- That only one remedy is to be used at a time.
- That medicines should be tested before being used.
- That it is the life force of the patient that is disturbed by the disease.
- That a weaker disease is extinguished by a stronger one.

4. How does the following statement of Hahnemann's relate to the treatment of infectious epidemic disease? "The disease *wesen* is the same even when it manifests with different symptoms in different cases."

9. If two *dissimilar* diseases meet in the same patient and they are equally strong, then what happens? (choose one)

- The recent one, coming in, is repelled.
- The two diseases join together, taking up different places in the body.
- The one coming in temporarily displaces the first disease.
- The life force becomes weaker and more susceptible to later infections.

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10. If two *dissimilar* diseases meet in the same patient, and the the second (one coming in) is stronger, then what happens? (choose one)

- The recent one, coming in, is repelled.
- The two diseases join together, taking up different places in the body.
- The one coming in temporarily displaces the first disease.
- The life force becomes weaker and more susceptible to later infections.

11. When two *similar* diseases meet in the same patient, what parts of the patient does the second (coming in) disease affect? (choose one)

- The same parts that were occupied by the first disease.
- A different part of the body than that affected by the first disease.
- A sharing of the tissues and organs between the two diseases.
- If the physical parts mistuned by the first disease, then the second disease affects the emotional state.

12. What is the difference between the homeopathic aggravation and the beginning of the counter-action?

13. Which of these requires continued use of medicine? (choose one)

- Using a curative remedy.
- Palliation effect.
- Suppression.
- Antidoting a remedy.
- Following with a complementary remedy.

14. Kent says that basing the “science of medicine on the consensus of opinion” is an “unworthy and unstable foundation for curing the sick.” Which statement *most accurately* reflects his objection?

- Opinions change so one can never be sure what is right.
- How the facts are perceived is the best way to understand sickness.
- The professional body of agreement is politically based.
- Medicine is to be based on natural law, from which our methods derive.

15. What does Kent mean by the statement “It is the sole duty of the physician to heal the sick. It is not his sole duty to heal the results of sickness, but the sickness itself.”

16. In Lecture I, Kent says, “The more one thinks of the name of a disease so-called the more one is beclouded in the search for a remedy, for then the mind is only upon the result of the disease, and not upon the image expressed in symptoms.” Which of these expressions, though all true, most accurately represents his meaning in saying this?

- Thinking of a disease name activates that part of the mind that has learned allopathy.
- Diagnostic categories often change every few years and thus are not reliable.
- The provings of remedies were done on healthy people, thus the relation to named disease states is not always clear.
- Allopathic disease labels emphasize end-stage conditions, which are often useless for prescribing.

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17. In discussing the “highest ideal of cure”, Kent elucidates this standard (choose one):

- The improvement of an observable symptom is to be accompanied by an internal improvement as reported by the patient (or as evaluated by a careful observer).
- The *totality of symptoms* are observed to disappear from view.
- Functional symptoms will go away, though there may be residual pathological effects left, what he calls “ultimates”.
- There is an observed “crisis” after which the symptoms will diminish.

18. Kent says that chronic diseases start where?

- The mental functions.
- As functional changes.
- From the surface of the body.
- In various regions depending on heredity.

19. Regarding epidemic diseases, Kent says that “in perceiving what is to be cured in disease one must proceed from generals to particulars, study disease in its most general features, not as seen upon one particular individual.”

What most accurately describes his directions in doing this?

- Use the “Generals” section of the repertory whenever possible when analyzing the patient’s case.
- Those symptoms which affect the individual “as a whole” are the ones which are likely to be cured.
- Expect the cure of the patient to proceed from general symptoms to the particular symptoms last.
- To understand the disease one must observe it in several individuals, each showing a fragment of the whole.

20. Kent advises us to study the nature of diseases, so that we can anticipate what the progress of the illness will be if it is not cured. Faced with the ill patient, we recognize the “nature of the sickness” as shared with others affected by the same condition. What distinguishes this patient from the others?

- The pace of the disease.
- What part of the body is first affected.
- The mental and emotional changes during illness.
- The slight shades of differences from the general picture of the disease.

21. What is the “Doctrine of Signatures”?

22. Under what circumstances did Hahnemann recommend the use of palliative medicines?

- When a case is incurable.
- In an emergency when treatment cannot be delayed even a brief time.
- As interpolated doses during treatment of chronic cases.
- To start treatment of serious infectious diseases.

23. Hahnemann published the first information on careful “provings” of medicines in 1805. He continued this work of learning new medicines from that point on. What was different (new for Hahnemann) in the provings included in his masterwork, *The Chronic Diseases?* (choose one)

- All the provings were done by medical students and colleagues.
- Most of the remedies were tested in 30c potency.
- The “proving trials” ran for 2 months.
- Hahnemann included the dreams of the provers.

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24. Which of these were directions given to provers of new medicines? (There can be more than one correct answer.)

- Not to change one's regular habits of eating and drinking.
- The amount of usual sleep should be varied.
- He should observe himself (almost all were men), before starting the proving, to note the usual slight variations in health to which he is prone.
- No sexual activity during this time.

25. Which of these statements are correct as guidelines for the proving of medicines? (There can be more than one correct answer.)

- Test only one substance at a time.
- A drug should be tested both in material doses and in higher potencies.
- There should not be interpretation or explanation of symptoms given by the prover.
- Start with a small dose (amount of substance taken in at a time) and gradually increase it until symptoms appear.)
- Medicines should be tested in various ages.
- The best plan is to give one large dose and observe its effects.
- It is best not to adopt any symptoms as reliable unless they are seen in several provers.
- The last symptoms to appear are the most characteristic.