

Pitcairn Institute of Veterinary Homeopathy

*Professional Master  
Course in*

# **Veterinary Homeopathy**

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*Workbook*

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# Table of Contents – Module 1 (1.1 & 1.2)

## Title Page

## Table of Contents

### Outlines

Module 1 (1.1 & 1.2) Outline.....	1
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### Theory & Principles

Hahnemann’s Discoveries.....	1
Concept of the Life Force (Vital Force or Dynamis).....	3
Nature of Disease .....	5
Graph: Scientific Materialism .....	6
Graph: Vitalist Model.....	7
Guiding Principles .....	8
Ethics in Homeopathy .....	8
How Homeopathy Cures .....	9
Cure, Palliation and Suppression Compared.....	14
Homeopathic Classification of Disease.....	16
Acute and Chronic Disease .....	17

### Making A Prescription

Making a Prescription .....	1
Potency Scales.....	1
Common Homeopathy Terminology .....	3
Example Case: Cervical Disk (1) .....	6
A Case For Comparison: Cervical Disk (2).....	10
Duncan: A Pain in the Neck .....	11
Injuries and Wounds .....	15
Treatment of Injuries Repertory .....	23
Wounds, Flow Chart .....	26
Common Clinical Conditions.....	27
Further Common Clinical Conditions .....	33
Repertory Study: A Useful Exercise .....	39

### Prescription Evaluation

Possible Effects of Various Therapies .....	1
Graph: Remedy Reactions — Interpretation.....	3

### Materia Medica

Introduction to Materia Medica.....	1
Rhus tox. symptoms (sample materia medica).....	2
Aconitum.....	3

Apis .....	3
Belladonna.....	4
Bryonia.....	5
Nux vomica .....	6
Pulsatilla.....	7

## Case Study

Guide Notes in Case Taking.....	1
Form for Hand Case Analysis .....	3
Queen is Car-Struck! .....	5
How to Perform a Hand Analysis: The Case of the Barking Chicken.....	11
Marmite and the Weaning Time Blues .....	17
Madge: Treatment of severe hemorrhage following a dog bite .....	25
Insect Stings: A Buzzzy Day.....	30
Nathan’s so nauseous!.....	37
Tiny Tony .....	45
Rawhide Gone Wrong.....	53

## Business Section

Incorporating Homeopathy into your Veterinary Practice .....	1
How To Give The Remedy: Dr. Richard Pitcairn.....	6
Client Acceptance Form: Dr. Richard Pitcairn .....	7
Brief Explanation of Homeopathy: Dr. Richard Pitcairn .....	8
Practice Terms & Conditions: Dr. Sarah Stieg.....	9
Homeopathic Remedy Instructions for Acute Treatment: Dr. Sarah Stieg.....	11
Client History Forms (Small Animal): Dr. Sarah Stieg.....	12
Client History Forms (Equine): Dr. Sarah Stieg.....	14

## Resources

Homeopathic Pharmacies .....	1
Pronunciation of Remedy Names.....	3
Index to the Boenninghausen Repertory .....	7
Ancillary Treatments.....	9
Student Contact List .....	15
Faculty Contact List .....	19

## Homework

Homework Between Module 1.1 – 1.2 (Reading Assignment).....	1
Module 1 Homework Assignment).....	2
Part 1: Reading & Homework Questions .....	3
Part 2: Rubric Study – Whooping Cough.....	4
Part 3: Mini Case Work-Ups .....	6
Part 4: Your Prescriptions.....	10
Part 5: Materia Medica Study.....	10
Part 6: Study Material .....	12

# Outline For Module One

## What is homeopathy?

- Brief history of discovery by Hahnemann.
- Development of a therapeutic system—schools, hospitals, journals.
- Example cases.
- Homeopathy is a different perspective on health and disease — this is integral to understanding how to use it.

## What we have to explore and understand this session.

- The Patient.
- Nature of Disease.
- The Medicines.
- How Homeopathic Medicines Act.
- The Prescription.
- Ancillary Treatments.
- Evaluation of Treatment.
- The Prognosis.
- Use of Materia Medica (the body of remedial substances used in the practice of medicine or “healing material” — from the title of a work by the Greek Dioscoride).
- Development and Use of the Repertories (from the late Latin, meaning information that has been discovered and collected together).
- Assembling a Homeopathic Library.
- Homeopathic Pharmacies — ordering and storage of remedies.
- Homework assignment between classes.
- Support during the course.
- Certification by the Academy of Veterinary Homeopathy.

## The Patient.

- What information of the patient has value to us?*
  1. Seeing the whole patient.
  2. The historical perspective.
  3. Identifying the seat of the disease.
  4. Recognizing the pattern of development.
- The hypothesis of the “life force.”*
  1. Hahnemann’s explanation.
  2. Similarity in other cultures.
  3. Support from modern physics.
- Understanding symptoms.*
  1. What is the meaning of symptoms in homeopathy?
  2. What is considered a symptom?

## Outline Section

3. What determines the intensity of symptoms?
  4. What is the place of pathology?
- Symptom classification.*
    1. Mental.
    2. Emotional.
    3. Physical.
  - Symptom classification, (guiding symptoms).*
    1. Peculiar or rare symptoms.
    2. General symptoms.
    3. Modalities.
    4. Concomitants.
    5. Etiology.
    6. Particular symptoms.
  - Symptoms.*
    1. Pathology.
    2. Secondary symptoms, from pathology.
    3. Symptoms of non-similar drugs (side-effects).
    4. Laboratory data, X-rays, MRI, EKG, CAT scans, ultrasound (though see Prognosis).

## Nature of Disease.

- Mistunement of the life force.*
- Progression of disease.*
  1. Sensation.
  2. Functional change.
  3. Pathology.
  4. Location — metastasis.
- Acute vs. chronic diseases.*
- The miasms.*
  1. Psora.
  2. Sycosis.
  3. Syphilis.
- Infectious diseases.*
- Epidemics.*

## The Medicines.

- What are the medicines in homeopathy?*
  1. Animal, vegetable and mineral sources.
  2. Why these rather than others?
  3. Why aren't modern drugs included?
- Historical development of the medicines.*
  1. The process of "proving" drugs.
  2. Clinical and toxicological experience.

- How the information is organized.*
  1. Proving records.
  2. Materia medica.
  3. Repertories.
  4. Clinical guide books.

### **How Homeopathic Medicines Act.**

- Using a similar medicine to create an “artificial medicinal disease.”*
  1. The similar medicine takes precedence — replaces the disease influence.
  2. The artificial disease state is temporary.
- Principle of similarity.*
  1. Similarity to what?
  2. Partial vs. full similarity.
- Primary effect vs. Counter-action.*
- The homeopathic aggravation.*
- Timing of responses — acute vs. chronic conditions.*

### **How Non-homeopathic Medicines Act — Three Possibilities.**

- Natural disease is stronger.*
  1. The more recent disease is repelled (vaccination).
  2. Allopathic drugs will have no permanent effect (thus, palliation).
  3. If non-similar drugs are strong or persistently used, then creation of a “drug miasm.”
- The “artificial” disease is stronger.*
  1. Natural disease temporarily suspended (palliation).
  2. Side-effects.
  3. Natural disease worsens, esp. internally.
- The “new” medicinal disease added to the natural (prior) one.*
  1. A complex disease is formed.
  2. Each occupies a different body region (seat).
  3. Not a fusion, they exist side by side.
  4. Case “disrupted” or “confused.”

### **Summary of Drug Effects.**

- No observable effects (see aphorisms 32, 33, & 117)*
- Homeopathic cure.*
- Palliation (temporary relief).*
- Suppression (disappearance of one or more symptoms, without cure).*
- Formation of a complex disease.*

### **The Prescription.**

- Collecting useful information.*
  1. Client interview strategies.
  2. Physical examination & observation.
  3. Historical data.

## Outline Section

- Grouping symptoms into categories.*
  1. By symptom value.
  2. Recent vs. historical.
  3. Behavioral vs. general.
  4. Center of case (“center of gravity”).
  5. Seat of disease effects.
- Patient analysis.*
  1. Using a repertory.
  2. Types of analysis — totality, number of rubrics, elimination.
  3. Hand analysis.
  4. Use of computers.
- Confirmation in materia medica.*
- The single remedy.*
  1. Why only one remedy at a time?
  2. Series of remedies in chronic cases.
- Potency selection.*
  1. The potency scales — centesimal, decimal, LM potencies.
  2. Usual potencies to use.
- Pellet sizes.*
- Remedy administration (see form in “Business Forms” section).*

## Presentation on Case Analysis and Remedy Selection.

- Cases discussed early in session — more detail on workup, analysis and Rx.*

## Using the Kent Repertory.

- How is a repertory created?*
- What is the arrangement of the repertory?*
  1. Anatomical sections.
  2. Rubrics vs. subrubrics.
  3. Grading of remedies.
- Philosophy of the Kent repertory — starting with general symptoms, mental & behavioral, and characteristic symptoms.*
- How the Kent repertory sections are constructed – the order within each main rubric.*
  1. Anatomical sections of repertory starting with “Mind” and ending with “Generalities.”
  2. Main rubric (alphabetically arranged).
  3. Subrubrics – times of occurrence.
  4. Subrubrics – symptom list.
    - \* Modalities.
    - \* Concomitants.
  5. Subrubrics – alternations of conditions.
  6. Subrubrics – extensions.
  7. Pain rubrics are especially complex. There is, at the beginning, sort of a general section for pain that will contain the following types of symptoms.



- \* First the times of occurrence.
- \* Modalities.
- \* Interspersed with the modalities will be some conditions. Like for example in the General Section the many modalities are listed alphabetically along with conditions like “rheumatic” pain.
- \* In many parts of the repertory (not all) at this point there is a listing of “extensions”, that is, where the pain extend to — like to the back or the head.

This will then complete the pain more general presentation. Next follows anatomical areas. For example for the Back Section of the repertory, there will be, in order, Cervical region, Dorsal region, Lumbar region, Sacral region, Coccyx region, Spine. Within each of these anatomical sections there will be the same order:

- \* Time of occurrence.
- \* Modalities.
- \* Extensions.

Believe or not, we are not done yet. Now, having finished all the locations, there is a listing, alphabetically again, of the types of pain (for example “aching”), in this order:

- \* Sides affected.
- \* Times.
- \* Modalities.
- \* Anatomical regions affected (again Cervical, Dorsal, etc.)
- \* Within each anatomical region, the same divisions just listed above — sides, time, etc.

□ *Special considerations:*

1. Color symptoms (as red, yellow, white, etc.) are found under “discoloration.”
2. Odor of body found under the Perspiration section.
3. Diarrhea found under the Rectum section (as a function of same).
4. Gum problems found in the mouth section under the symptom, such as “inflammation” or “swelling.”
5. Cravings for food is in the stomach section whereas foods making the patient worse in general are in the Generals section.
6. Heart murmurs are in Chest section whereas pulse is in the Generals section.

## Using the Boger-Boenninghausen Repertory.

□ *Differences in arrangement.*

1. Anatomical arrangement but the divisions of anatomy drawn slightly differently.
2. Sections start with “sides of body” affected.
3. Then the “location” affected without details of the type of lesion, as in “nose external”, “nose, internal.”
4. Alphabetical listing of rubrics.
5. Subrubrics – start with time of occurrence.
6. Any modalities in the subrubric list.
7. Any types of pain or sensation is listed as such alphabetically rather than under the rubric “Pain.” Example: burrowing, contraction, clawing.
8. At the end of each section is one for “Amelioration” and for “Aggravation”, these being applicable to conditions in the entire section.
9. Last section is “Concomitants”, symptoms occurring at the same time and these are applicable to all the rubrics in the section.

## Outline Section

- *How used — Philosophy of the Boenninghausen repertory.*
  1. Emphasis is on modalities, concomitants along with the details of the symptom itself.
  2. Less emphasis on mental or behavioral symptoms (as being difficult to accurately interpret).
  3. When a symptom not easily classified then “location” can be used.
- *Special considerations:*
  1. Color found as the color name alphabetically in the list (instead of under “discoloration”).
  2. Gum conditions found in the Teeth section.
  3. Diarrhea found under both Rectum and Stool (mostly the latter).
  4. Vomiting of food will use the word “ingesta” for food. Vomiting found under the general heading (Stomach) of Nausea.
  5. The section corresponding to Kent’s “General” is called “Sensation and Complaints” and is not at the end of the book.
  6. Chill has its own section instead of being under Fever.
  7. These also have their own sections:
    - \* Circulation.
    - \* Sensorium.
    - \* Coryza (upper respiratory).
    - \* Appetite.
    - \* Thirst.
    - \* Eructation (burping, belching).
    - \* Waterbrash & heartburn.
    - \* Inguinal & pubic region.
    - \* Flatulence.
    - \* Perineum.
    - \* Prostate.
    - \* Sexual impulse.
    - \* Menstruation.
    - \* Glands.
    - \* Bones.
    - \* Blood.
    - \* Times of occurrence.
    - \* Aggravation & amelioration (in general).
    - \* Concordances.

## Other Repertories.

1. **New World Veterinary Repertory** – newly created, now available from Synergy (MacRepertory), Complete Dynamics, and RadarOpus in computer form and as a printed book.
2. **Knerr’s Repertory** – of the materia medica Hering’s Guiding Symptoms.
3. **Complete Repertory** – contemporary extension of Kent’s repertory with additions from many others.
4. **Synthesis** – same as Complete, minor differences.
5. **Boericke’s Repertory** – a small clinically oriented repertory with a materia medica.

6. **Boger's Synoptic Key** – a very small repertory (with materia medica) most useful for acute prescribing.
7. There are many, many other repertories usually smaller and of limited usefulness.

### **Working with Materia Medica.**

- How is a materia medica created?*
- Types of materia medica.*
  1. Extensive compilations of proving symptoms.
  2. Abstracted accounts of clinical experience.
  3. Concise descriptions of most characteristic symptoms.
  4. Comparative studies.
  5. Materia medica oriented to particular clinical conditions.
- Discussion of Kent's.*
  1. Example remedy: Apis mellifica.
- How to study materia medica.*
  1. General picture at the beginning of the discussion.
  2. Note typical clinical manifestations.
  3. Seat of the remedy action.
  4. Note modalities & concomitants.
  5. Study more than one materia medica.

### **Evaluation of Treatment.**

- Was there a change after the remedy given?*
- Possible interpretations:*
  1. Curative response.
  2. Remedy had partial similarity — new symptoms appear.
  3. Palliative response.
  4. Suppressive effect.
  5. Disease is aggravated.
  6. Remedy was good but patient incurable.
- Is there still ongoing change?*
- Is it time to repeat the medicine?*
  1. How long to wait?
  2. Time lines for the different responses.

### **Prognosis.**

- The distinction between diagnosis and prognosis.*
  1. The concept of diagnosis & its application in therapeutics.
  2. Prognosis & evaluation of the patient.
- Interpreting how the patient responds to the remedy in terms of future curability.*
  1. Evidence of a curative response — counter-action, discharges, ongoing improvement, return of “old symptoms.”
  2. Hering's Law of Cure.
  3. Meaning of the appearance of new symptoms.

## Outline Section

### 4. Signs of incurability.

## Ancillary Treatments.

- Principle: Avoid markedly changing symptoms with another therapy.*
  1. We don't want to prevent guiding symptoms from appearing or inadvertently disappearing in a non-curative manner.
  2. We don't want to be fooled into thinking there is progress when there is not.
  3. We want to see the "natural condition" for accurate prescribing as the situation changes.
- Nutritional therapy extremely beneficial.*
  1. Removes obstacles.
  2. Provides nutrients for repair.
- When possible avoid surgery that will suppress (remove) lesions.*
- External treatments can be useful (if non-interfering with the remedy given).*

## Assembling a Homeopathic Library.

- Murphy's *Nature's Materia Medica*
- Lippe's *Key Notes & Red Line Symptoms of the Materia Medica*.
- Hering's *Guiding Symptoms of Our Materia Medica*.
- Vermeulen's *Concordant of the Materia Medica*
- Cowperthwaite's *Textbook of Materia Medica and Therapeutics*.
- T.F. Allen's *Encyclopedia of Pure Materia Medica*
- And more...*

## Homeopathic Pharmacies — ordering and storage of remedies.

- Chief homeopathic pharmacies (see Resources Section).*
- How remedies ordered — vial size, pellet size, liquid vs. pellets.*
- Storage of remedies — avoidance of heat and magnetism, use of storage containers.*

## Homework Assignment Between Classes.

- Study and casework.*
- Review at beginning of each section.*
- Handing in assignments at each class.*

## Support During the Course.

- Forum for questions and casework. We will also be sending you an invitation and all you need to do is agree to be a member.*
- Contact each other for support. Note class list in your handouts.*

## Academy of Veterinary Homeopathy.

- Free subscription during the course.*
- Activities of the Academy of Veterinary Homeopathy.*

# Hahnemann's Discoveries

## *Discovery of the Action of Medicines.*

It was in 1790 that Hahnemann for the first time experimented with the effects of a single medicine on his own body. Prior to this, medicines were prescribed in complex formulas with dozens or hundreds of substances mixed together.

The action of these prescriptions of the time was unknown. The presumed effect, based on theories of centuries before, was passed from generation to generation on the basis of authority. It was rare for anyone to question this reliance on authority and individual experimentation was undreamed of.

Hahnemann, through his study of drugs and chemicals, came to the conclusion that it was necessary to understand the action of each ingredient of a prescription to be able to prescribe accurately.

While translating a medical text popular at the time, he found himself questioning the explanation of the effect of China (pronounced "kee-na") or "Peruvian bark." Kina (China) is the Peruvian word for "bark" and it was introduced into Europe for the treatment of fevers. It is the source of the alkaloid, quinine. The text that Hahnemann was translating said that the therapeutic effect of China was through its bitter and astringent quality. Hahnemann questioned this saying, "By combining the strongest bitters and the strongest astringents, one can obtain a compound which, in small doses, possesses much more of both these properties than the bark" yet he found that this was not effective in treating fever (as was China). So the question became, "How does it actually work?"

Hahnemann's unique contribution and his first major discovery was to try this herb on himself. He describes it like this: "I took by way of

experiment, twice a day, four drachmas\* of good China. My feet, finger ends, etc. at first became cold. I grew languid and drowsy; then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling (but without cold rigor), prostration throughout all my limbs; then pulsation in my head, redness of my cheeks, thirst, and, in short, all these symptoms, which are ordinarily characteristic of intermittent fever, made their appearance, one after the other, yet without the peculiar chilly, shivering rigor."

"This paroxysm lasted two or three hours each time, and recurred if I repeated the dose, not otherwise. I discontinued it, and was in good health."

This experiment had carried him further than anticipated. It had taught him that those effects were apparently the same as the symptoms of the disease it was given (with undeniable success) to cure. He then asked, "Does this bark produce the same symptoms as it removes? This medicine is called a specific. Is the specific curing power of drugs founded on such a principle? Do they all produce an artificial disease similar to the natural disease for which they are beneficial?"

These questions led to experimentation with the major medicines of the time. Six years were expended in testing medicines and verifying this principle before proclaiming it to the world. Eventually the findings were published in the *Materia Medica Pura*, the pure action of single medicines—the first time in medical history that the specific action of medicines was described.

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\* A drachm equals 1/8 of an ounce, so the amount Hahnemann used was about 1/2 ounce total.

***Necessity for the Smallest Dose.***

As Hahnemann tested medicines, understood their action, he began to use them in treatment of the sick. Unexpectedly, he found that when the medicines were used one at a time (and based on their similarity to the natural disease) that the patient was unusually sensitive to their influence. Indeed, the dose had to be considerably reduced from the teaspoons or tablespoons usually given or the effect was too strong.

It was in 1799 that Hahnemann introduced the idea of using an unusually small dose in treatment. This came primarily with his experience of using Belladonna in the treatment of scarlet fever in children in which he found it necessary to reduce the dose to one drop, to a fraction of a drop, and finally to a drop of greatly diluted medicine.

So, this was Hahnemann's second great discovery—when medicines were used because they were similar to the patient's suffering, that the patient was correspondingly excessively sensitive to their influence and the medicine therefore had to be given in a very small dose.

***Recognition of Potency.***

The third important discovery was of potency. Gradually, through the use of diluted medicines in small doses, Hahnemann observed that the process of dilution and shaking strongly to mix

the medicines seemed to make them more effective as to their curative effects. This was a gradual discovery and apparently not one that he considered a priori.

In the sixth edition of the *Organon*, he describes it like this: Homeopathic preparation of medicines “develops to a formerly unheard of degree the internal, spirit-like medicinal powers of crude substances.....whereby these substances become altogether more than ever—indeed, immeasurably—penetratingly effective and helpful, even those substances which, in their crude state do not manifest the least medicinal power in the human body.”<sup>†</sup>

“This procedure develops the latent dynamic powers of the substance, which were previously unnoticeable, as if slumbering. The dynamic powers of these substances mainly have an influence on the life principle, on the condition of animal life. Therefore, this process is called dynamization or potentiation (development of medicinal power).”

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<sup>†</sup> Paragraph 269, *Organon of Medicine*, new edition, edited by Wenda Brewster O'Reilly.





# The Concept of the Life Force

All creatures are spiritual as well as physical beings, the spiritual expressing itself through the life force which flows into and animates the body. Hahnemann uses this description:

- ☞ "In the healthy human state, the spirit-like life force (autocracy\*) that enlivens the material organism as dynamis, governs without restriction and keeps all parts of the organism in admirable, harmonious, vital operation, as regards both feelings and functions, so that our indwelling, rational spirit can freely avail itself of this living, healthy instrument for the higher purposes of our existence." (par. 9, *Organon of the Medical Art* by Samuel Hahnemann, edited and annotated by Wenda Brewster O'Reilly, 1996)
- ☞ "The material organism, thought of without life force, is capable of no sensibility, no activity, no self-preservation (without life force, the material organism is dead and is only subject to the power of the physical external world. It decays and is again resolved into its chemical constituents). It derives all sensibility and produces its life functions solely by means of the immaterial wesen (the life principle, the life force) that enlivens the material organism in health and in disease." (Ibid., par. 10)

The "wesen" is Hahnemann's term for the controlling life force.

- ☞ "Wesen is a multi-faceted term which can mean any of the following: essence, substance, creature, living thing, nature, or entity. There is no single English word that adequately translates 'Wesen'. In almost every instance in the *Organon*, Hahnemann uses the term to refer to that entity which is the essential unchanging esse of something: its being, its quintessence. A wesen is not an abstraction; it is a dynamic, self-subsisting presence even though that presence is not material and has no mass. A wesen is also not a property; it permeates the whole of something and is indivisible from it." (from the glossary of *Organon of the Medical Art* by Samuel Hahnemann, edited and annotated by Wenda Brewster O'Reilly, 1996)

- ☞ "The most consistent interpretation of the *Organon* leads to the following conclusion: What Hahnemann calls the dynamis is the human wesen, while the life force is its executive power." (Ibid.)
- ☞ "A wesen always forms a unity with a particular body, but that body may or may not have a material presence, that is, it may include a particular body or it may not." (Ibid.)
- ☞ "Hahnemann refers to various wesens other than the human wesen. Each different medicine and disease is a wesen. A collective disease (such as an epidemic or a miasmatic disease) is one which manifests in many different people but whose wesen is the same in each case. The disease wesen is the same even when it manifests with different symptoms in different cases. The body with which a collective disease wesen forms a unity is largely supersensible; only its manifestations are perceptible." (Ibid.)

## *Functions of the Life Force.*

- Growth and maturation of the organism.
- Maintenance of functions within acceptable physiological limits (homeostasis).
- Repair of damage. The Life Force directs repair through the mechanisms with which we are familiar — inflammation, regeneration or fibrosis.
- Protection from & resistance against harmful influences. In the adult, the life force has primary responsibility in maintenance of homeostasis and the protection from disease.

## *Developing a perspective of the life force (or vital force) that is useful in homeopathy.*

The emphasis on the germ theory is misguided. The germs, whether arising from within or coming from without, do not find suitable "soil" unless the life force is incapable of proper maintenance of the physical body.

It is the existence of chronic disease (miasm) that creates the condition of susceptibility.

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\* Autocracy: Government by a single person having unlimited power; a country or state that is governed by a single person with unlimited power.

Without this, the individual is able to handle the assaults of micro-organisms and parasites with a high level of effectiveness.

The life force is inherited from the parents at the moment of conception. This inheritance is pre-genetic, e.g., not dependent on the genome.

***Inherited genetic disease is an effect of chronic disease.***

The life force is prior to this. This is why genetic disease can be corrected with homeopathic treatment when working over more than one generation.

Any chronic disease that one or both of the parents have is passed on as part of the life force given to the fertilized ovum.

The life force is “upstream” of the observed phenomena that is observable in space and time. In other words, the effects we see as changes in health are like a shadow cast by the life force as it is disturbed on a non-physical level.

***The life force cannot be measured by physical means.***

Its condition must be inferred from observation of the patient, e.g., we do not see directly the movement of the life force, but we do see the effects of its action. This is like not being able to see gravity directly, but we can readily observe the effects of gravity under many conditions.

***The nature of the patient (mental, emotional, physical).***

The individual organism functions as an organized whole. While living in a context of biological and psychological needs in a social milieu, the organism at the individual level is self-organizing and autonomous.

- ☞ “The suffering of the morbidly mistuned, spirit-like dynamis (life force) enlivening our body in the invisible interior, and the complex of the outwardly perceptible symptoms portraying the present malady, which are organized by the dynamis in the organism, form a whole. They are one and the same. The organism is indeed a material instrument for life, but it is not conceivable without the life imparted to it by

the instinctual, feeling and regulating dynamis, just as the life force is not conceivable without the organism. Consequently, the two of them constitute a unity, although in thought, we split this unity into two concepts in order to conceptualize more easily.” (par.15 Organon of the Medical Art by Samuel Hahnemann, edited and annotated by Wenda Brewster O’Reilly, 1996)

For the purpose of evaluation and analysis, the patient can be considered in two aspects—behavior (mental/emotional), and physical.

***It is the life force which is altered by disease and produces symptoms.***

- ☞ “It is the disease-tuned life force alone that brings forth diseases. These diseases are expressed by the disease manifestations perceptible to our senses conjointly with all internal alterations. These (internal and external) disease manifestations express the entire morbid mistunement of the inner dynamis and bring the entire disease to the light of day.” (par.12, Organon of the Medical Art by Samuel Hahnemann, edited and annotated by Wenda Brewster O’Reilly, 1996).

- ☞ “When a person falls ill, it is initially only this spirit-like, autonomic life force (life principle), everywhere present in the organism, that is mistuned through the dynamic influence of a morbid agent inimical to life. Only the life principle, mistuned to such abnormality, can impart to the organism the adverse sensations and induce in the organism the irregular functions that we call disease. The life principle is a power-wesen invisible in itself, only discernible by its effects on the organism. Therefore, its morbid mistunement only makes itself known (discernible) by manifestations of disease in feelings and functions (the only aspects of the organism accessible to the senses of the observer and the medical-art practitioner). In other words, the morbid mistunement of the life principle makes itself discernible by disease symptoms; in no other way can it make itself known.” (Ibid., par.11)

- ☞ “Therefore disease (excluding surgical cases) is not what allopaths believe it to be. Disease is not to be considered as an inwardly hidden wesen separate from the living whole, from the organism and its enlivening dynamis, even if it is thought to be very subtle.” (Ibid., par.13)



# Nature of Disease

Disease influences alter the life force by *mistuning* it.

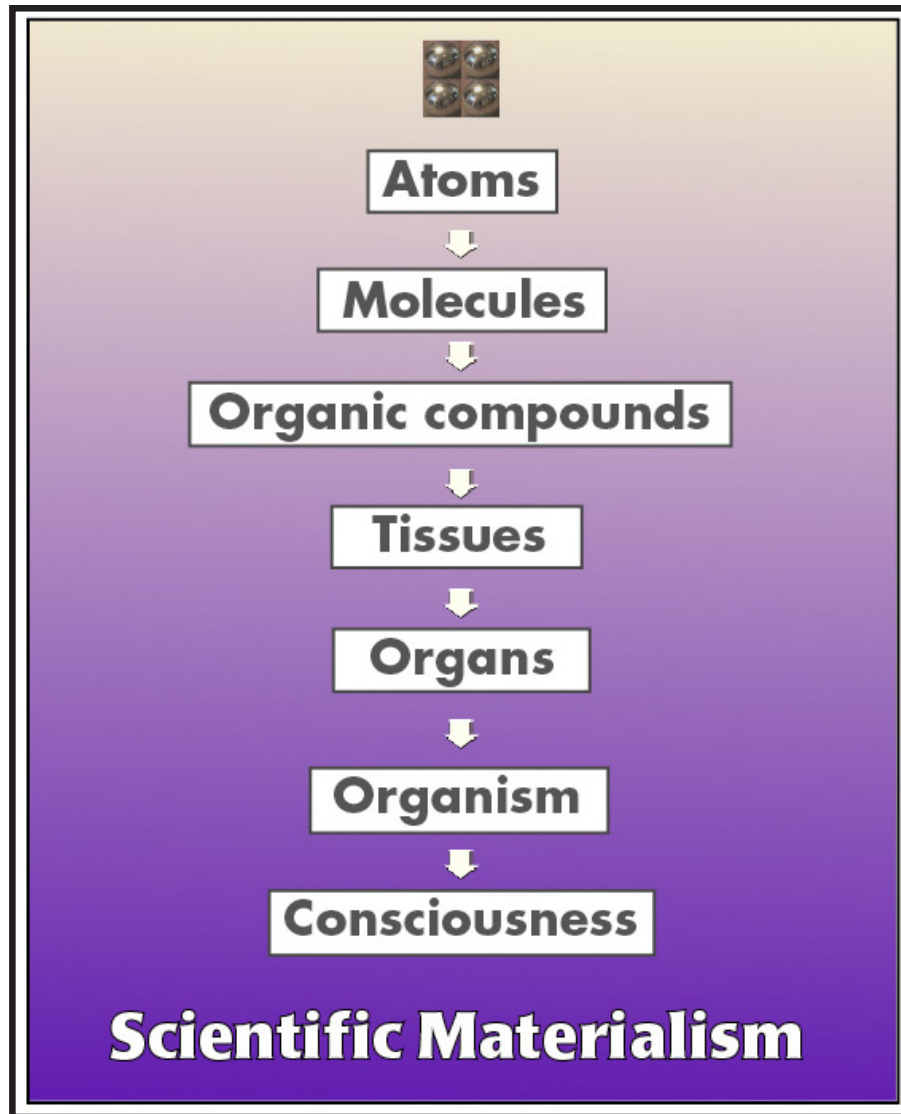
Medicines cure disease by *taking over the same part* of the life force/physical body organism that is under the influence of disease, displacing the disease and freeing the life force from its influence (see “How Homeopathy Cures” further in this section.)

- ☞ “It is the disease-tuned life force alone that brings forth diseases.” (par.12, new edition edited by Wenda Brewster O’Reilly)
- ☞ “(Diseases) are not mechanical or chemical alterations of the material substance of the organism; they are not dependent on material disease matter. They are solely, spirit-like, dynamic mistunements of life.” (Footnote 31, new edition edited by Wenda O’Reilly)
- ☞ “A natural disease is never to be regarded as some noxious matter situated somewhere inside or outside the person. Rather, natural disease is engendered by a spirit-like inimical potency that disturbs, as if by a kind of contagion, the spirit-like life principle that reigns, with its instinctual governance, in the entire organism. Like an evil spirit, it torments the life principle, forcing it to engender certain sufferings and disorders in the course of its life. These are known as symptoms or diseases.” (par.148, new edition edited by Wenda Brewster O’Reilly)
- ☞ “The—partly psychical and partly physical— inimical potences in life on earth (which we call disease malignities) do not possess an absolute power to morbidly mistune the human condition. We become diseased by them

only when our organism is just exactly and sufficiently disposed and laid open to be assailed by the cause of disease that is present, and to be altered in its condition, mistuned, and displaced into abnormal feelings and functions. Hence these inimical potences do not make everyone sick every time.” (par. 31, new edition edited by Wenda Brewster O’Reilly)

- ☞ “It is important to understand that Hahnemann’s expressed views on the role of micro-organisms in the transmission of certain diseases in no way contradicts his very strong and clear statements that disease is transmitted in a purely dynamic way. Micro-organisms, like all living organisms, include a dynamic aspect without which they cannot exist; the material organism and its dynamic presence form a unity. Therefore, where they are involved in the transmission of disease, micro-organisms act dynamically as well as having a material presence. Hahnemann clearly indicates that diseases (and also medicines) affect the condition of the human organism only by acting dynamically upon the life force. The *wesen* of the disease dynamically interacts, impinges upon and alters the *tunement* of the *dynamis* (i.e., the human *wesen*). In other words, the *wesen* of the disease acts on a dynamic level instantaneously, in the wake of which there is a material manifestation of the disease, which is associated with the reproduction and growth of micro-organisms.” (Glossary, new edition edited by Wenda Brewster O’Reilly)

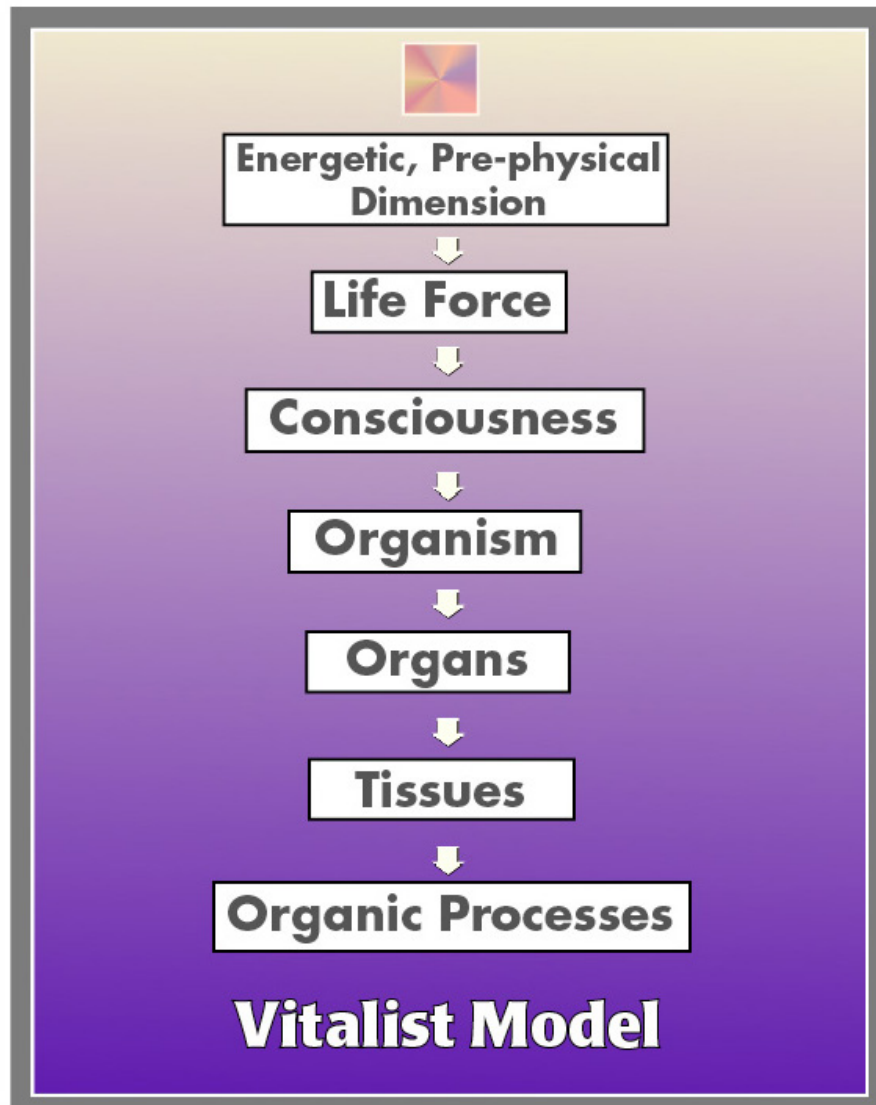




The orthodox and most common cultural model for our experience is called, in philosophical terms, “Scientific Materialism”. This is the perspective that declares all of reality comes from a material foundation. The graph above puts in simple terms the assumed flow of development both historically and with each new life form. At the base are the atoms and their components, perhaps vibrating energy strings or some type of quark. From there emerges the association of atoms into molecules. Living forms use particular molecular structures, termed “organic”, to build up the tissues, organs and other parts needed by the living organism. In the case of the “higher animals” such as primates and human beings, consciousness has risen as an epiphenomenon — that which emerges from the material structure.

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\* There are many models for understanding reality that are put forth. This is the most common as it seems a simple explanation of the experience of a physical world. Other examples are “Solipsism”, that nothing exists but one’s own consciousness (which experiences the world) and “Phenomenalism” meaning that we can only have knowledge of the phenomena we observe and we therefore cannot be certain of the true nature of reality. The closest view to Hahnemann’s might be “Empiricism”, the position that all knowledge derives from experience — from the direct observation of phenomena and from introspection.



The vitalist model, the basis for the homeopathic perspective, sees the nature of reality as flowing in the opposite direction. From the dimension identified by physicists as *preceding time and space*, flows an energetic impulse that takes a variety of forms and is the basis for the existence of our world. In living beings, this field of energy which comes from the source, *precedes* the physical, emotional and mental structures and is the impulse for the growth, maintenance and repair of all living beings. It is this energy, which in homeopathy is called the “life force” or “vital force”, that through a process of consciousness (action of the mind) brings into existence the form of the living being—from microorganisms, to plants and animals. It is this force that is distorted when there is illness and which then appears as symptoms.

\* Zero-point energy is the lowest possible energy that a quantum mechanical physical system may have and is the energy of the ground state. The quantum mechanical system that encompasses this energy is the zero-point field. The concept was first proposed by Albert Einstein and Otto Stern in 1913.

## Guiding Principles

**H**omeopathy is the use of a medicine which, in essential aspects, results in the same symptoms in the patient as are caused by the natural disease. The medicine displaces the influence of that which results in the natural disease and takes its place, *making the patient ill from the medicine* instead.

**D**isease is the alteration of the balanced, harmonious, highly functional energetic process that maintains the organism in health and repair. This is referred to as the *mistuning* of the life force.

**M**edicine is any substance that alters the state of the organism, e.g., that mistunes the life force in homeopathic terms. It is common in homeopathic practice to use medicines that are highly diluted so that the physical expression of mistunement is not usually seen. In allopathic medicine there is both the energetic mistunement and also the chemical and physical changes from the action of the drug at that level. Nutrients necessary for the body or replacement of missing nutrients are not usually classified as medicines.

**C**ure is the restoration of normal tuning of the organism resulting in optimal well-being and enhanced natural resistance to further illnesses. The disease being treated is permanently eliminated and continued use of medicines is not needed.

**P**alliation is the use of medicines (as defined above) that have a temporary effect, a temporary improvement as long as the medicine is continued to be used. It is a direct effect of the medicine itself.

**S**uppression is the use of medicines to make one or more symptoms go away, but without curing the patient as a whole. They alter the condition, changing the expression of symptoms but health is not restored. Surgery is a form of suppression.

**S**cience is a body of facts that show a natural law or is knowledge acquired through observation and experiment. The practice of homeopathy is scientific in that it is based on discovered principles that can be demonstrated in clinical practice, thus affirming the reliability of the natural law that guides its practice.

## Ethics

**T**he purpose of homeopathic treatment is the cure of the patient. To intentionally palliate or suppress a patient's condition is unethical.\*

**M**edicines are not used unless the effect of using them is known. All medicines used in homeopathy are therefore studied first in healthy people to know their effects and the symptoms produced. This process of testing is basic to the production of a homeopathic materia medica. It is unethical to use medicines for which the effects are not known.

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\* The exception being the incurable and terminal patient that can only be palliated. This method then can be used to relieve discomfort until death intervenes.

# How Homeopathy Cures

## Homeopathy is the science of curing disease with medicines.

### ➤ *Stages of disease, progression—function vs. pathology.*

1. Earliest stage is that of *sensations* — most detectable in treatment of human beings. This is the stage when the disease has entered into the field of the life force — has “infested” it so to speak. It corresponds, on a physical level, to infection due to susceptibility.
2. *Function* is disturbed next, with disorder of normal processes.
3. Tissue change or *pathology* is the next stage of continued disease. It is the result of a continuing battle between the life force and the disease, e.g., an ongoing inflammatory process.
4. Final stage is one of “*ultimates*”, the fibrosis and shrinking of tissues and organs with associated loss of function (such as end stage kidney disease in the cat).

### ➤ *Categories of Disease.*

1. Acute vs. chronic. Primary distinction in homeopathy is *the division into either acute or chronic disease conditions*. Disease starts as either acute or chronic and does not change from one to the other.
2. *Acute disease* — fast, (usually) brief, self-limited; acute from beginning. Includes injuries, poisonings, toxic conditions, recognizable infectious conditions.
3. *Chronic disease* — slow, long-lasting, permanent; chronic from beginning; often inherited. Chronic disease is continuous throughout the life of the individual.

There is a basic disorder, mistunement (miasm) from which all the symptoms that occur during the animal’s lifetime are expressed.

## Chronic Diseases

### ➤ *Primary effects of chronic disease are:*

1. Increased susceptibility to infectious diseases and parasites.
2. Impaired assimilation of nutrients.
3. Lack of sufficient reaction and healing.

### ➤ *Miasms*

4. A disease pattern that stays the same as to its essence (*wesen*) though manifestations may be quite variable. There are three *chronic* diseases described by Hahnemann — Psora, Sycosis, and Syphilis.
5. *Fixed miasm* — acute, infectious disease that maintain form of infectious agent and clinical appearance over long periods of time. Examples are Smallpox and Measles in people and Canine Distemper, Rabies and Feline Panleukopenia in dogs and cats.
6. *Drug miasm* — from the repeated use of allopathic drugs. This is a disease that results from the drug primary effect permanently altering the condition of the life force.
7. *Vaccinosis* — a chronic state of disorder resulting from the use of vaccinations. In most animals, requires repeated vaccinations. In some, one vaccination is sufficient. Can be inherited.
8. *Crisis manifestation* of chronic disease, periodic, strong attempt by the life force but lack of complete resolution; “letting off steam.”



## Homeopathy is the principle of producing an artificial disease.

### ➤ Introduction

1. The artificially created disease from a medicine must be *similar in its effects* on the patient, e.g., the actual changes and symptoms, as the expression of the natural disease.
2. This artificial disease *takes precedence* in the experience of the patient if both similar and strong enough.
3. Using a similar medicinal disease to cure is the homeopathic method; using “not similar”, e.g., dissimilar medicines is the allopathic method.

### ➤ Use of a similar “artificial” medicinal disease.

1. Experience shows that the medicine which has produced upon a healthy body the greatest number of symptoms similar to those of the disease being treated is the only one that will cure. (par. 25, new translation edited by Wenda Brewster O’Reilly\*)
2. The natural law of homeopathy is this: In the living organism, a weaker disease “is permanently extinguished by a stronger one, if the stronger one (while differing from it as to mode) *is very similar* to the weaker one in its manifestation.” (par. 26)
3. An analogy is not noticing the light of a candle when sunlight suddenly fills the room.
4. The curative value of medicines thus depends on their symptoms being similar to those of the disease, but stronger. (par. 27). Therefore, after treatment, the patient may

feel (for a short time) the symptoms of the disease more strongly than before.

5. In homeopathic treatment “the life principle...is *seized*, during homeopathic cure, by the similar yet somewhat stronger artificial disease–affection which results from the application of the medicinal potency, selected exactly according to symptom similarity.” (par. 29)
6. The feeling of the natural (weaker) dynamic disease–affection is extinguished and disappears for the life principle and, from then on, no longer exists for the life principle which is occupied solely by the stronger artificial disease–affection. (par. 29)
7. The artificial disease–affection soon plays itself out, leaving the patient free and recuperated. The dynamis, thus freed, can now continue life again, in health. (par. 29)
8. The human body seems to allow itself to be more effectively altered in its tuning by medicines than by natural disease irritants (partly because dose adjustment is in our power). (par. 30)
9. The different causes of disease in the world do not have an absolute power to untune our organisms. We fall under their influence only when we are, for a variety of reasons, susceptible to their attack (e.g., primarily due to the presence of chronic disease). (par. 31)
10. Medicines are different in this respect. Every real medicine can at all times and in all circumstances affect every living person and bring about changes; if the dose is large enough, even objective changes (e.g., clinical syndromes) which are perceptible to the senses. (par. 32)

11. Disease malignities possess a power to differently tune the human condition which is subordinate and conditional, often

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\* These paragraph numbers (and those following) refer to the *Organon of Medicine*, the one edited by Wenda O’Reilly. The text will be similar in other translations, other editions, but the meaning is the same.

very conditional, while medicinal energies possess an absolute unconditional power far outweighing the power possessed by disease malignities. (par. 33)

12. The greater strength of the artificial disease that a medicine can produce is, however, not the only requirement for its being able to cure a natural disease. Above all, a medicine must be capable of producing an artificial disease as similar as possible to the disease to be cured. With its somewhat stronger energy, it will thus be able to displace the instinctual life principle (which is not capable of any deliberation or recollection) into a disease-tunement very similar to the natural one. It does this not only to obscure the feeling of the natural disease mistunement in the life principle but to entirely extinguish and so to annihilate that feeling. (par. 34)

### The comparison of similar and not-similar diseases

In this section we are comparing three situations that occur at the level of the life force:

- When the first disease is stronger (and not similar).
- When the second disease is stronger (and not similar).
- When two similar diseases meet.

➤ *What happens when two dissimilar diseases meet in the same person?*

If a patient already has a pre-existing natural disease and is introduced to a *second* natural disease *that is not similar* to what is already there:

1. If the new translation edited by Wenda Brewster O'Reilly they are equally strong or if the first is stronger than the second, then the more recent is repelled (principle of vaccination).
2. Thus, a patient may not be properly vaccinated while suffering from a chronic disease, for the pre-existing disease will

prevent the vaccine from establishing the proper infection.

3. A patient suffering from a serious chronic disease will not be affected by common infectious diseases or epidemics. For example, dogs with cancer will not usually get infectious diseases like parvo.

4. If allopathic drugs (which are dissimilar) are used they will have no permanent effect on the original natural disease as they are not similar enough to cure.

5. However, if the allopathic drugs are very strong or potent or used persistently, then a more serious, ultimately life-threatening condition is created in the place of the first disease (e.g., a drug miasm). (par. 36, 37)

➤ *If the second disease is stronger than what is already there, it temporarily suppresses and suspends the first disease until the second, new disease has run its course. Then the first original disease returns uncured.*

1. This is the case with all dissimilar diseases; the stronger suspends the weaker. They never cure each other. (par. 38)

2. By continued and aggressive allopathic treatment, the original disease will appear to decrease in intensity. However, when the patient can no longer tolerate the dissimilar disease being inflicted in him and has to stop taking the drug, the original disease breaks out as it was before (or worse). Alternatively, the internal chronic disease, suppressed, eventually develops a more severe, internal lesion. Thus the patient will have a new manifestation of the internal chronic disease that is worse than what existed before.

3. This new manifestation is usually misunderstood and thought to be a “new” disease different from that preceding it. (par. 39)

➤ *It can also happen that the new disease, after acting a long time, finally joins the old one (e.g., Psora), dissimilar to it, forming with it a complex disease.*

1. Each occupies a particular region of the organism — the site characteristically belonging to it, i.e., the organs with which it has a special affinity. The rest of the body left to the other disease — that which is dissimilar to it. This is not a fusion of the two diseases — they exist beside one another. (par. 40)
2. This occasional, natural, association of two diseases occurs much less frequently than does that of the unnatural disease complications that are the usual result of continued use of allopathic medicines.
3. Incomparably more frequent than natural dissimilar diseases associating and complicating themselves in the same body are those disease complications that the inexpedient medical procedure (the allopathic mode of treatment) tends to bring to pass through the protracted use of unsuitable medicines. As a result of the persistent repetition of unfitting medicines, new, often very protracted disease states (corresponding to the nature of the allopathic medicines) associate themselves to the natural disease to be cured.
4. These new disease states gradually pair up and complicate themselves with the dissimilar chronic malady that the unsuitable medicines could not cure through similar (i.e., homeopathic) action. In this way, a new, dissimilar, artificial chronic disease is added to the old natural disease, thus making the hitherto simply diseased individual doubly diseased, that is, much more diseased and more incurable, sometimes even entirely incurable. This double disease often kills. (par. 41)

## What happens when the two diseases are similar to each other?

➤ *Two similar diseases always and infallibly destroy each other as soon as they meet in the organism.*

1. Due to its active similarity, the stronger additional disease potency claims, by preference, precisely the same parts in the organism that were, until then affected by the weaker disease irritant. Consequently, the weaker disease can no longer impinge upon those parts, and it expires.

2. In other words, as soon as the similar but stronger disease potency masters the feeling of the patient, the life principle (on account of its unity) can no longer feel the weaker similar one. The weaker one is extinguished — it exists no more — for it never was anything material, but rather only a dynamic, spirit-like affection. The life principle remains affected only by the new, similar but stronger disease potency of the medication, although this is only temporary. (par. 45)

3. The life force, *because of its unity*, can no longer feel the weaker similar one and it is extinguished. The life force always acts as a whole, never in a partial or fragmentary way.

4. The life force remains affected only by the stronger disease force of the medicine, and *for only a brief time* (minutes to hours).

5. The *one remedy which fits the unique individual case* will usually remove and extinguish a fairly recent disease with no significant ill effects. When the most suitable homeopathic remedy is used, only the medicinal symptoms of the remedy which correspond to the disease symptoms act. They supplant the weaker ones in the organism and annihilate them by exceeding them.



6. The often very numerous remaining symptoms of the medicine which are not applicable to the case at hand, *remain entirely silent*. The dose of the homeopathic medicine is so attenuated (by dilution) that it is too weak to express in the non-diseased parts of the body its remaining symptoms (the ones not similar to the case).

7. Only the parts of the organism already very highly irritated and excited by the disease symptoms (and therefore susceptible) are affected by the remedy. (par. 154–155)

8. Two similar diseases neither ward off or suspend each other. They also cannot exist next to each other or form a complex of two diseases.



# Cure, Palliation and Suppression Compared

Very central and foundational in homeopathic work is the distinction between cure of the patient and temporary improvement or even suppression of symptoms without curing. *All of the work in homeopathy hinges on this understanding.*

**Definition of cure:** Patient's health is gradually restored and this is eventually a stable and permanent state. *It is not necessary for medicines to be always continued.*

➤ *Signs of Cure*

1. Homeopathic aggravation.
2. In chronic cases, the healing "aggravation", more properly called the "counter-action."
3. A change in the pattern of the illness, the time of intensity, the focus of the condition.
4. Return of "old symptoms", historically based.
5. Ongoing healing process, continuing for a long period of time without need for further medicine.
6. The patient has an actual increase in well-being *greater than what was present prior to the illness.*

➤ *Recognizing palliation.*

1. Palliation is the process of continuing to use medicine to control symptoms. When the drug is stopped the disease returns. This is the basic practice of allopathic medicine.
2. Experience shows that (chronic) disease is not permanently extinguished by using palliative methods of treatment. Actually, after a short time of seeming improvement, the disease shows itself with renewed inten-

sity requiring even greater doses and more frequent use of the medicine (or additional medicines). (par. 23)

3. The practice of using more than one medicine, or combining medicines together for use at the same time is called polypharmacy and *is never used in homeopathy.*

➤ *Palliation compared to cure.*

1. The palliative medicine produces a condition completely different than does the curative medicine.
2. At the beginning, palliative medicine makes the life force insensible to the natural disease with an illusionary and apparently rapid neutralization of the disease. However, the effect quickly disappears by itself (all medicinal diseases are short-lived) leaving the natural disease unchanged.
3. Moreover, after the effect of the palliative medicine on the body, there may be a secondary counter-reaction of the life force which is similar in kind and intensity to the original disease. This counter-reaction augments and strengthens the original disease so that the disease symptom for which the palliative drug was prescribed becomes more severe after treatment than before. (par. 69) Therefore, palliative treatment requires the continued use of medicines — indefinitely in chronic disease — because if the treatment is stopped the disease shows forth in a more severe form than it was at the beginning. (par. 69)
4. The larger the dose of the drug used, the greater that intensification of the original disease when it is stopped. (par. 69)

➤ *The process of suppression*

This occurs when one or more symptoms is made to disappear without any process or cure or increased well-being of the patient.

1. Suppression is the effect of a medicine that results in a symptom going away for a long time or permanently. This can happen with one treatment or after a prolonged period of treatment, depending on the vitality of the patient. *The stronger the life force the more resistant it is to suppression.*

2. One or more symptoms disappear (for a long time or permanently) without cure. The patient is not generally (e.g., overall) improved and, with time, will even become worse in other ways as the disease develops itself into a new form — usually affecting the mental and emotional sphere.

3. The most permanent and severe form of suppressive therapy is surgery.



# Homeopathic Classification of Disease

## ***Acute Disease***

- Injuries (physical or emotional).
- Ordeals of stress or suffering.
- Poisoning, toxins, including environmental.
- Parasites (beginning, invasive stage).
- Nutritional deficiencies.
- Acute infectious illness (acute fixed miasms).
- Intense (acute) flare-ups of chronic disease.

## ***Chronic Disease***

- Acquired chronic disease.*
  - a. Contagion.
  - b. Vaccinations.
  - c. Drug-induced.
- Inherited chronic disease.*
  - a. Symptoms begin very early in life.
  - b. Failure to thrive or develop properly.
  - c. Symptoms seen were present in parents.
- Chronic disease, complicated by palliation or suppression (“confused case” or “disrupted case”).*
  - a. Symptoms minimal, not presently on medication.
  - b. On medication, but drugs not having much effect.
  - c. On medication which must be continued or symptoms worsen.
- Developed (long-term) disease with pathology.*
  - a. Surface manifestations.
  - b. Internal development, involving internal tissues or organs.
  - c. Permanently damaged organs with loss of function.

# Acute and Chronic Disease

by Richard Pitcairn, DVM, PhD and Sarah Stieg, DVM, MRCVS

In the conventional medicine we are most familiar with, we sometimes use the words “acute” and “chronic” to describe conditions. Most often acute refers to infectious diseases and chronic to those conditions that last a long time. It is not usually stated, but assumed, that a chronic condition is not really curable and will need continued treatment indefinitely.

The words are used somewhat differently in homeopathy. Differentiating between acute and chronic disease is essential to the homeopathic prescriber, because the way in which it will be treated depends on seeing that distinction.

In module one, we will primarily focus on acute illness to master the basic principles of homeopathic prescribing. Once these are understood, the treatment of chronic disease will be explored in module two.

## Acute Disease

Acute disease for the homeopath includes traumatic injuries and wounds, toxic or poisoning conditions, as well as most infectious or epidemic diseases. We will be making a distinction between acute and chronic in a moment, but let us start with a concept of how we will view the nature of this in our patient that has an acute condition.

According to Yasgur’s Homeopathic Dictionary acute illness is “a disease state which is usually brief in duration and self-limiting, i.e. it either runs its course or the patient dies.”

Hahnemann has a similar statement in aphorism 72 of the Organon: “Acute diseases are rapid illness-processes of the abnormally mistuned life principle which are suited to complete their course more or less quickly, but always in a moderate time.”

So we see, with both of these definitions, that

it is the nature of an acute illness to resolve itself one way or the other, but not to last indefinitely. This, then, refers to the nature of the condition itself. However, it is important to understand that both of these definitions are referring to the, if we can use the word, natural state of acute illness — how it would go if left alone.

In contemporary practice we see what appears to be acute conditions (injuries, infectious diseases) that seem to last a very long time, if not indefinitely. This we consider to be not typical in that it is the outcome of a treatment that has prevented the organism to respond appropriately. For example, the use of anti-inflammatory drugs where inflammation is essential to the recovery, can bring about a prolonged state in which the responsive mechanism of the patient has been blocked and not allowed to complete its process. Thus, in today’s world, we will see acute conditions that started some time ago.

Why does it matter that we recognize this? In the second module of the course, with the focus on chronic disease states and treatment, we will visit this in much more detail but suffice it for now to say that: the remedies we consider for an acute state vs. a chronic one are in different groupings and to have satisfactory results we need to choose our treatment from the appropriate group. As well, in acute disease, remedies may be repeated frequently based on the symptom picture of the patient, whereas in chronic disease a remedy is usually given once and then the patient’s response is monitored carefully over a period of weeks to months.

## Chronic Disease

As we will see in module two, Dr. Hahnemann is led to defining the nature of chronic disease differently because in some patients the approach of treating every illness the

same, drawing from any remedy known, is not successful in all.

Hahnemann states in aphorism 72 of the *Organon*: “Chronic Diseases are those which (each in its own way) dynamically mistune the living organism with small, often unnoticed beginnings. They gradually so remove it from the healthy state [i.e. they gradually remove it from the healthy state in such a way and to such an extent] that the automatic life energy (called the life force or life principle) which was ordained to sustain health, opposes them. It does so, both in the beginning and in their continuance, with only imperfect, inexpedient, useless resistance. The life force, which cannot extinguish these diseases with its own power, in and of itself, must allow them to proliferate and it must allow its tuning to be more and more abnormally altered up to the final destruction of the organism. Chronic diseases arise from dynamic infection by a chronic miasm.”

We will attempt to make this more clear in the next session, but Hahnemann is saying in this extract that the usual recovery mechanism (the life force or life principle) is not able to resolve this once it starts. It is not so much that the life force is weak or ineffective in these patients, but rather that it is the nature of a chronic disease state itself to be incurable. He found that there is an influence, an identity on the energetic level that is responsible, that it pre-exists the patient. When a person or animal is susceptible, it will enter them in the sense of permanently disturbing the force responsible for their life. He called these pre-existing states “miasms” which is an older term but meant some sort of contaminating influence, and he identified three types of miasms that we will go into, in depth, in module two.

The essential skill of the homeopathic practitioner, then, is to recognize if the patient is in an acute disease state or a chronic one.

To the clinician, the chronic disease may appear to begin with mild symptoms in the

younger patient, with more severe and fixed pathologies present and multiple layers of illness in the older patient. If you think back to your experience you likely have seen how arthritis can at first be very mild, or an immune disorder be apparently transient. Yet, with time, they progress into more and more pathology, discomfort, and limitations.

Again, the importance is that these two states require different approaches in treatment. We are blessed that homeopathy can cure these chronic states permanently, but to do that requires the right approach

### **Acute Flare-up of Chronic Disease**

We have one more thing to consider in this discussion. As we will see in module two, the presence of a chronic disease has the effect of increasing susceptibility to infectious diseases, and will interfere with the usual recovery from toxic states and injuries. So it becomes more complicated in the sense that the patient with chronic disease will still experience acute illness, even more often, but the presence of the chronic disease state is a factor for the clinician to consider.

It can also happen that, at times, the life force of the individual will make more strenuous efforts to rid itself of the chronic disease state. This will happen periodically in the course of most chronic disease conditions, but also, oddly enough, can come about because of other treatment being done. Think of it like this — with the presence of the chronic disease condition, there is somewhat a stable situation. Granted it progresses with time, but it does not change too much in a shorter period. However, if the life force of the patient is given a boost in some way — perhaps better nutrition, use of herbs, Reiki — it can then make a greater effort to rid itself of this chronic disease influence. Again, in most cases, this is not possible, so the flare-up of symptoms is temporary and soon enough passes leaving the individual pretty much in the same state as before.

We call this event “flare-up of chronic disease” as it is really the chronic disease that is manifesting itself, not something different. However, it is not unusual for the “flare-up” to take on the appearance of an acute illness as described above. Indeed, the treatment needed for this is the same as would be used if it were a different acute illness.

Often these are “acute flare-ups” that have occurred to the patient before, and are seen in a recurrent theme. Several examples of acute flare-ups of chronic disease include: otitis, hay-fever, pancreatitis, cystitis and urethral obstruction, mastitis, non-traumatic hoof abscesses, and laminitis. These conditions are treated acutely to manage the intense symptoms, and once the patient is stable and feels better, a deeper acting anti-miasmatic remedy is needed that treats the patient’s historical picture of chronic illness. For

example, a practitioner may successfully treat a cat for an episode of cystitis, but if the underlying chronic disease is not treated with a deeper acting anti-miasmatic remedy, another episode of cystitis will most likely appear. This will be discussed further beginning in module two, but is important to note at this stage so the disease presentation of the patient is clearly recognized.

### **In Closing**

So be of strong heart. It can at first seem complicated but we will make the recognition of these states we have discussed as clear to you as we possibly can. Know that this understanding is essential to the mastery of homeopathy as it directs you to the most successful therapeutic program you can deliver.







# Making a Prescription

## Steps To A Prescription

- Gather symptoms — intake process.
- Selection of useful symptoms.
- Repertory search—selecting rubrics.
- Analysis.
- Materia Medica confirmation.
- Choice of remedy and potency.
- Single dose or repetition?
- Next appointment or follow-up time.

## Useful Symptoms

- Unusual, peculiar symptoms.
- “General” symptoms.
- Behavioral symptoms as changes (not personality).
- Symptoms with severity.
- Modalities — what alters symptoms.
- Persistent symptoms.
- Recurring symptoms.
- “Particular” symptoms—affecting a part, not whole.

# Potency Scales

- \* **The Centesimal Scale**—the original method developed by Hahnemann and presented in his writings through the 5th edition of the Organon. Remedies made by using 1:100 dilution with each step and either succussion (liquids) or trituration (solids) to enhance the potency. For example 1C, the lowest potency in this scale (=1:100 dilution and potentiation), is made by using one part of the mother tincture (if substance is soluble in water or alcohol, as are many plant and animal based compounds) mixed with 99 parts of 87% alcohol and then succussed, which is a forcible shaking. A 2C potency would be prepared by taking one part of 1C mixed with 99 parts alcohol and then succussing. Substances that are not soluble in water or alcohol, such as metals, are first triturated (rubbed or ground into a very fine powder, typically with a certain proportion of lactose) to a 3C dilution, then further dilutions can be made with dilution and succussion. Most practitioners trained in the classical/Hahnemannian method of practice use the “C” potencies. We will be focusing on their use in this program.

While any C potency can be made (1C, 2C, 3C, and upwards numerically) the most commonly used C potencies are 6C, 12C, 30C, 200C, 1M (1000C), 10M(10,000C), 50M (50,000C) and CM (100,000C).

If a fresh vial is used for at each step of new potency preparation the potencies are commonly termed C, or CH, for Centesimal Hahnemann, as this is the method Hahnemann used. An alternative, developed by the Russian homeopathic physician Korsakoff, used only one vial (the solution that remained in it after being emptied considered one part). Remedies created in this fashion are termed CK (Centesimal Korsakovian) potencies. For our purposes, we can consider C and CK equivalent in potency and action.

- ★ **The Decimal Scale** — Developed initially in 1833 by Dr. Constantine Hering, and more widely explored by Dr. Samuel Dubs, an American homeopath in Philadelphia. Dilutions are 1:10 and otherwise the process is the same. Potencies start as 1X (1:10), then 2X(1:100), etc. Commonly used decimal potencies are 3X, 6X, 30X. In Europe they are often termed D potencies. Occasionally one will hear of a higher potency than this being used but it is rare. Decimal/X potency remedies are considered “low” potencies and are often used in some variation of homeopathic practice. Examples include the cell salts developed by Schussler, polypharmacy (combining remedies), standard formulations (for certain clinical conditions such as “skin itching”), and some of the non-homeopathic methods such as homotoxicology or isotherapy. However, they are very suitable to use in a case if that is the only potency available. Some practitioners have emphasized these low potencies as their preference, usually repeating them daily. Evaluation of the response is the same regardless of the potency used.
  
- ★ **The LM or Q Scale** — developed by Hahnemann during his later years, with the intention to make the therapeutic process faster and gentler. This is the method described in the last, 6th, edition of the Organon of Medicine. Each dilution is 1:50,000. The first potency is prepared from a 3C, always by trituration method, even if compound is soluble, and from that the first 1:50,000 dilution is made (LM1). From that point, each step entails another 1:50,000 dilution. The next potency is LM2, then LM3, etc. The last potency in this scale is LM30. In Europe they are called “Q” potencies. The administration is different as well. Instead of giving the medicine as dry pellets, as can be done with C and X potencies, a water and alcohol- based solution is used to dissolve one pellet of the LM potency to create a liquid medicine “stock bottle”. Each time the medicine is used, the patient is to succuss the liquid stock bottle by hitting it against a solid object (like a book, folded cloth, or hand), and then a portion of this solution (usually one drop, or a few drops) is diluted into a glass of water, from which a dose is taken. You can change to “dose,” by altering the number of drops added to the glass of water as you go along with the treatment. If the patient is reacting too much, then reduce the amount used for dilution. We will discuss the use of LM potencies briefly in the course, as they are more applicable for the advanced prescriber.

# Common Homeopathic Terminology

by Andrea Tasi, VMD and Sarah Stieg, DVM, MRCVS

**Materia medica** – Translates from Latin as Book of Medicines and is a reference work that lists remedies and their therapeutic actions. One can think of this as the “Plumb’s” of homeopathic medicine.

The first *Materia Medica* was written by Hahnemann and termed ‘*Materia Medica Pura*’ (Book of Pure Medicines). The information in *Materia Medica Pura* came only from provings, not from speculation or toxicological symptomology. This was a new concept for Hahnemann’s time period of medicine.

Later editions of *materia medica* contain information from provings, toxicology studies, and cured cases. The remedies are listed alphabetically and within each remedy section, the parts of the body are listed, followed by a description of the effects a substance has on the physical body, the emotional or mental states.

One of the most expansive and easily referenced *materia medicas* is Constantine Hering’s *Guiding Symptoms of Our Materia Medica* (5-10 volumes in book form depending on typeset). There are conversely more condensed *materia medicas*, such as Lippe’s *Key Notes and Red Line Symptoms of the Materia Medica*, which are also useful, as they are handy in a single volume book form.

When studying remedies or working up a case, it is best to always reference more than one *materia medica* for the most complete portrait of a remedy and its symptom picture.

**Provings** – The method of determining the curative properties of a substance.

Hahnemann developed this process (the first “drug testing”), in which the substance is administered to healthy, consenting people. All

symptoms and sensations produced are recorded: these become the listings in the repertory. Provings are not done on sick individuals, as their current symptoms can be mixed in with the proving response, which is confusing and gives erroneous information. Provings are also never done on animals or people whom do not give consent to taking the substance.

Hahnemann created this process because he was frustrated that the drugs commonly prescribed by physicians of his time had many ingredients mixed together. He argued that no one could understand how each of these substances acted on the body because they were administered in combination, and to ill patients, often causing further illness from drug side effects.

Hahnemann’s first proving came from his attempt to prove why *Cinchona* (China) bark was so effective in the treatment of malaria. He took larger and larger doses of the bark until he began to feel ill. He then recorded the symptoms he experienced, coming to the conclusion that the reason that *Cinchona* was an effective treatment for malaria is because it induced the same symptoms of illness as those experienced in malaria. Over the years, Hahnemann proved many substances himself and had many colleagues, friends and family voluntarily help in these original provings.

New remedies have continued to undergo provings over the last two centuries, however many modern provings do not adhere to the same stringent requirements developed by Hahnemann. Thus the information on many “new” remedies cannot be considered as valid or complete as those proven in the original methods. One thereby has to be careful of the source of information that is used.

**Remedy** – Refers to a homeopathic medicine. Please note that, by homeopathic principles, remedies represent a dose of “medicinal disease”, which when chosen properly for the patient, works by removing the influence of the disease and eliciting a healing response from the patient’s vital force. This principle is often forgotten, especially by those of us whose initial training was in allopathic medicine.

**Repertory & Rubric** – A **REPERTORY** is an index of symptoms categorized by locations or functions in the body, with each symptom followed by the remedies that produce that symptom in a healthy patient.

Most repertories are organized from the “head down”: Mind is typically the first chapter, followed by Head, Eye, Ear, etc. Each main symptom listed, with its corresponding remedies is called a **RUBRIC**, with subrubrics referring to modifying or conditional symptoms listed below the main symptom. For example, in the **EYE** chapter, one can look up the rubric “Inflammation” and find a list of remedies that cause inflammation in the eye.

In rubrics, type font size/boldness/italics/underscoring are used to delineate how strongly the given remedy represents the symptom. Some repertories have 3 grades of remedy importance hierarchy, others 4. The grading of a remedy for a specific symptom indicates the degree of the number of provers who presented with that symptom, and in higher grades confirmation of that symptom cured in clinical cases.

Yasgur’s Homeopathic Dictionary uses the analogy (a bit dated now but still useful) that the *Materia Medica* represents the “white pages of the telephone book”, while the Repertory serves the “yellow pages.”

Homeopathic repertories and *materia medica*, in book form, are incredibly valuable for study, and can be used to perform hand analysis and differential diagnosis of cases. There are also homeopathic software programs available that can

do the analysis much more rapidly, and provide access to *materia medica*s without toting 10 volumes around. Once a student of homeopathy has a solid understanding of the general structure, purpose, and contents of the *materia medica* and the repertory, homeopathic software will allow cases to be worked up at a practical pace that allows for handling multiple cases in day to day practice.

Finally, here are some terms that refer to details in a case that allow more specific identification of symptoms – **MODALITIES**, **CONCOMITANTS**, and **KEYNOTES** – these are the important details in a case that help differentiate one patient’s symptom picture from another. For example, there could be an outbreak of diarrhea in a household of several dogs or in a stable of horses, but when there are more than a hundred remedies for diarrhea, which one should be selected? These are the details that help identify how the illness affects each individual and help the prescriber identify which remedy will help each individual patient.

**Concomitant** – A symptom that occurs in conjunction with the chief complaint of illness. Concomitants are helpful in narrowing down a long list of remedies to a smaller grouping. For example, if a patient has a cough, there are more than a hundred remedies for the symptom **COUGH**. If the patient has a cough that is followed by retching or vomiting, this concomitant symptom considerably narrows the applicable remedy list.

**Modalities** – A condition that makes a sick patient better or worse, i.e. **MODIFIES** the patient’s symptoms. Modalities are another way for the prescriber to narrow down the list of remedies. For example, the symptom of pruritus would translate to the Skin, **ITCHING** rubric, which can contain 100-200 remedies, depending

on the repertory used. If we have the modality that the patient's itching is aggravated (worsened) by bathing, the list is narrowed down to 20-30 remedies.

In the homeopathic literature, modalities are referred to as aggravating (making worse) or ameliorating (making better). The left facing arrowhead symbol, <, is used for WORSE/AGG. The right facing arrowhead symbol, >, is used for BETTER/AMEL. Students often find this confusing in the beginning because of the mathematical use of the same symbol for "less than" and "greater than", in a way opposite of what we mean when we use the symbol in homeopathy.

To clarify/illustrate, if a patient's nausea is made worse from motion, it is written "nausea < motion". If the patient's nausea is made better from motion, it is written "nausea > motion".

**Keynotes** – A symptom that is so striking or so apparent that it strongly points to a single remedy. For example, "Accident, trauma victims. Fear of being touched or injured" is a keynote of Arnica. "Great restlessness with all complaints" is a keynote of Arsenicum album.

Learning keynotes of the most commonly used remedies ( first aid remedies and polychrests, *see below*) allows the prescriber to easily recognize the remedy that matches this keynote may be the indicated remedy choice. This is especially helpful in first aid/emergency situations, and acute illness where time is of the essence and a prescription must be made quickly. Adolph von Lippe was such an excellent keynote prescriber that he created a materia medica that focuses on the keynotes of each remedy, called Lippe's *Key Notes and Red Line Symptoms of the Materia Medica*.

**Polychrests**– Remedies that have many and widespread uses, especially in common diseases or disorders, and can relate to mental, emotional and physical symptoms. Polychrests will have large entries in the materia medica, for they correspond to large numbers of symptoms. Nux vomica, Pulsatilla, Sulphur, Phosphorus, Arsenicum, Lachesis, Natrum muriaticum are a few examples of polychrests. Most of your case-work will be treated with polychrests; they are the most important remedies to learn to recognize and differentiate.



*Recommended References for Homeopathic Terminology:*

1. Yasgur's Homeopathic Dictionary: Yasgur, J. Yasgur's Homeopathic Dictionary and Holistic Health Reference. 6th Ed. Van Hoy Publishers, 2020.
2. Nature's Materia Medica, glossary section: Murphy R. Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies, 4th Ed. Lotus Health Institute; 2020.



# Example Casework: Cervical Disk (1)

by Richard Pitcairn, DVM, PhD

## *Prior history.*

A 6 year old German Shorthair pointer suddenly developed severe neck pain three weeks ago.

The condition was diagnosed by the client's veterinarian, board certified in neurology, as cervical disk herniation on the basis of physical examination, radiographic evaluation, and laboratory tests.

A course of high dose corticosteroids and antibiotics had no effect. The condition gradually progressed in intensity until I was called into the case.

## *The dog was first seen as a house call and was observed to be in this condition.*

He walked continuously from room to room, along the perimeter of each room. As he walked, in each room he would stop briefly to take a few laps of water. Each room had a bowl of water for his use. Several times an hour, there would be a sudden attack of pain accompanied by shrieking and collapse. Falling on his chest and abdomen, the front legs would be drawn straight back along the body while the rear legs would shoot forward in the opposite direction. After about

30 seconds of this attack, he would struggle to his feet and continue walking about the room.

Physical examination revealed a rigid stiff neck, painful on manipulation, rapid heart beat, slightly elevated temperature and an anxious look on the face. There were no other significant findings.

I asked the client if she was considering surgery, which had been recommended. "Never", she replied, "my husband had the same condition two years ago and died on the operating table. I will not make the same mistake again." She requested alternative treatment for the dog.

## *List of observed symptoms.*

- Cervical disk syndrome.
- Anxious expression of face.
- Obligated to walk around.
- Thirsty for small amounts of water, taken frequently.
- Sudden pain with crying out.
- Sudden spasmodic attack with falling down.
- Rigid neck, painful on moving.
- Rapid heart rate.
- Slight fever.

---

## Working Out The Prescription

### *First we classify the symptoms.*

#### **a. Seat of the problem.**

- \* Neck, cervical region.

#### **b. Physiological condition.**

- \* Inflammation & pain.

#### **c. Mental (behavioral) symptoms.**

- \* Must walk about.
- \* Crying out from pain.
- \* Anxiety (facial expression).

#### **d. Physical symptoms.**

- \* Thirst, small amounts, frequent.
- \* Spasms, sudden falling.
- \* Rigid neck, worse on moving.
- \* Increased heart rate.
- \* Fever.

#### **e. General symptoms.**

- \* Spasmodic attacks.
- \* Collapse.

f. Particular symptoms.

- \* Cervical spine inflammation.
- \* Thirst.
- \* Fever.
- \* Rapid heart rate.

g. Modalities.

- \* Worse touch, motion.
- \* Better (?) walking.

h. Concomitants.

- \* None.

i. Etiology.

- \* Not known.

j. Sensations.

- \* Assumed severe pain, e.g., "tearing", "lancinating."

### An Example of Repertory Analysis

(using some characteristic symptoms)

Shrieks with pain

Acon.  
Ars.  
Bell.  
Cact.  
Cham.  
Coff.  
Coloc.  
op.  
puls.

Falling, to the ground

ars.  
calc.  
Cic.  
hydr-ac.  
**Hyos.**  
ip.  
mag-c.  
nit-ac.

Remedies in common

Ars.(3)

This is a list limited to only those remedies found in both rubric lists of remedies. These are now studied in a materia medica.

The formatting of the font (bold, capital & bold letters, italic, plain) corresponds to the grading in the repertory. This shows the usual formatting in the book forms of the repertory, such as Kent and Boger-Boenninghausen.

- Grade 1 = plain.
- Grade 2 = *Italic*.
- Grade 3 = **Bold**.
- Grade 4 = **CAPITAL & Bold**.

From the Boenninghausen Repertory, Generalities section.

This is the list of remedies in the rubric listed. We write them all down in a list so we can compare them side by side. If you start with a rubric that is not too large, the analysis is easier. However, it is very important that the rubric is reliable, and accurately chosen (translated from the clinical information). This one is from Kent's Repertory, Mental Section. With large rubrics, a computer homeopathic software program is most helpful.

## Second Analysis

**Restlessness, anxious, compelling rapid walking**

*Arg-n.*  
**Ars.**  
*lil-t.*  
*sul-ac.*  
**Tarent.**

**Thirst, small quantities, often**

*acon.*  
*ant-t.*  
*apis.*  
**Ars.**  
*arum-t.*  
*Bell.*  
*cact.*  
*Chin.*  
*Coloc.*  
etc.,  
for 19 remedies.

**Face, expression anxious**

**Acon.**  
**Aeth.**  
*agar.*  
**Ail.**  
*all-c.*  
*aloe.*  
*am-c.*  
*am-m.*  
*Ant-t.*  
*Apis.*  
**Ars.**  
*ars-h.*  
*Bapt.*  
*Bell.*  
etc.,  
for 67 remedies.

**Remedies most similar, by totality**

*Acon.* (4)  
*Ant-t* (3)  
*Ars.* (9)  
*Bell.* (4)  
*Coloc.* (4)  
*Lac-c.* (4)  
*Sul-ac.* (2)  
*Sulph.* (4)  
*Verat.* (4)

Remedies listed in alphabetical order. The “points” shown, (2) to (9), are the grading added up. Higher total points more indicative of similarity.

These now studied in a materia medica.

From Kent’s Repertory, Mental Section first rubric, then — in order — from Stomach section & Face Section.

Here is the same analysis done with a computer, using MacRepertory and the Kent repertory.

List of rubrics used. Number after rubric is the number of remedies included in that rubric.

List of remedies selected, in order of similarity.

1. Restless, anxious, compelling rapid walking (5)
2. Thirst, small quantities, often (19)
3. Facial expression, anxious (67)

	<b>Ars.</b>	<b>Acon.</b>	<b>Bell.</b>	<b>Coloc.</b>	<b>Lac-c.</b>	<b>Sulph.</b>	<b>Verat.</b>	<b>Sul-ac.</b>	<b>Ant-t.</b>	<b>Apis</b>	<b>Cact.</b>	<b>Lyc.</b>	<b>Tarent.</b>
	100	43	43	43	43	43	43	40	39	39	39	39	34
1. Restless, anxious, compelling rapid walking (5)	3							1					3
2. Thirst, small quantities, often (19)	3	1	2	2	1	2	1		1	1	1	1	
3. Facial expression, anxious (67)	3	3	2	2	3	2	3	1	2	2	2	2	



Same analysis, using MacRepertory and the Boenninghausen repertory.

	Ars.	Spong.	Chin.	Bell.	Cupr.	Ant-t.	Acon.	Cham.	Nux-v.	Rhus-t.	Am-c.	Apis
	100	81	78	76	76	70	36	36	36	36	31	31
1. Restlessness (92)	4	2	3	3	3	2	4	4	4	4	3	3
2. Thirsty, little and often (2)	4		1									
3. Face proper, expression, anxious (4)		3		1	1	1						

- \* Note that the rubrics are *different wordings* in each repertory.
- \* The first rubric in Kent’s repertory has 5 remedies in it.
- \* However, there is no exactly equivalent rubric in Boenninghausen and the best we can do is use the more “general” one of Restlessness (without qualification). It contains 92 remedies.
- \* The reverse is true with the second rubric, Boenninghausen having only 2 remedies and Kent having 19.
- \* Here we see the *value* of having more than one repertory for our use.

Here is a more complete analysis, using many of the symptoms.

Symptoms used in analysis. →

Remedies in order of symptom match. ↓

	Ars.	Bell.	Puls.	Acon.	Coloc.	Apis	Cupr.	Coff.	Cact.
Analysis	100	59	46	40	39	38	37	32	31
BACK; PAIN; General; cervical region									
FACE; EXPRESSION; anxious									
MIND; RESTLESSNESS, nervousness; pain; from									
RESTLESSNESS, nervousness; anxious; compelling; rapid walking									
RESTLESSNESS, nervousness; drives him from place to place									
MIND; RESTLESSNESS, nervousness; move; must constantly									
STOMACH; THIRST; small quantities, for; often									
GENERALITIES; COLLAPSE; sudden									
MIND; SHRIEKING, screaming, shouting; pain, with the									

Prescription: **Arsenicum album 200c**, one dose.

Result: Rapid response. Improvement seen within a few hours, continued steadily the next 1–2 days. Complete recovery and no other medicine required.

# A Case For Comparison: Cervical Disk (2)

by Richard Pitcairn, DVM, PhD

This case is similar to the first one in that the diagnosis is the same. The dog is a German shepherd, about 8 years old. He has been ill about a week and was unresponsive to a course of corticosteroids.

### Presentation

Examination showed a dog that was recumbent and could not move because of the pain. He lay on his chest and abdomen with an extremely hard and rigid neck. The slightest touch caused him to cry out. However, holding the hand nearby (without touching) revealed that the neck area was hot, radiating heat.

Respiration was rapid, pulse accelerated above normal, temperature 104.5. Pupils were dilated and scleras injected. Mouth tissues and gums were very red.

Client says that his dog had not moved for over 24 hours and had not passed stool or urine during this time.

Prior illnesses included some minor ear irritation and minimal arthritic stiffness.

### Guiding Symptoms:

- Inflammation, cervical.
- Pain, cervical.
- Affected area hot to touch.
- Sensitive to touch.
- Shrieks from pain.
- Pupils dilated.
- Scleras injected.
- Pain, worse from movement.
- Mouth red.
- Fever.
- Urine, suppressed?

### Computer Analysis of Case:

Symptoms used in analysis

↓

	Remedies in order of symptom match										
	Bell.	Merc.	Acon.	Bry.	Ars.	Hep.	Mez.	Chin.	Rhus-t.	NUX-v.	Apis
Analysis	100	75	74	74	71	70	70	62	62	61	60
MIND; SHRIEKING, screaming, shouting; pain, with the GENERALITIES; MOTION; agg.											
GENERALITIES; MOTION; agg.; affected part, of GENERALITIES; TOUCH; agg.											
GENERALITIES; TOUCH; agg.; slight GENERALITIES; INFLAMMATION											
GENERALITIES; INFLAMMATION; muscles, myositis MOUTH; DISCOLORATION; redness											
EYE; PUPILS; dilated											
BACK; PAIN; General; cervical region											

**Prescription:** **Belladonna 10M**, a dose every 4 hours until relief is evident, then stop the medicine.

**Results:** After the fourth dose, dog was able to get up without pain, came walking normally into client's bedroom asking to go out to urinate. On going outside, urination was copious and nor-

mal in appearance. Patient proceeded to recover from this point and was completely normal within a few days.

He remained well over the next year and then contact was lost as the client moved from the area.

# Duncan – A Pain in the Neck

## A Canine Cervical Case for Comparison

Carolyn Benson, DVM and Sarah Stieg, DVM, MRCVS

### Presenting Complaint

On Sunday, November 20, 2011, Duncan, a seven-year-old, 78 lbs. neutered male Shepherd mix developed acute spinal pain.

The client emailed at 8:16 pm that night:

*“Just today Duncan seems to have injured something in his spine. He is in a lot of pain, crying out and not able to move without a tremendous amount of discomfort. The pain has seemed to get worse this evening. He can’t walk far without falling down and crying out.*

*I have given him one buffered 325mg aspirin 2 X about 5 hrs. apart. He still has an appetite but can’t bend his head down to the bowl without pain but when I hold it up for him he will eat. So far he has not wanted to move around too much, he is in so much pain.”*



This case begins in a less than optimal fashion: Why did the client administer aspirin on her own instead of calling the practice earlier? Why then email out-of-hours for an acute crisis when the patient had not responded to the aspirin versus call the practice for help?

This scenario isn’t an uncommon one that you will find throughout homeopathic practice, where clients – before they are properly educated – proceed with dosing their companion with an allopathic drug, prior to reaching out. Note that this was not an email-based practice, and practice policy was understandably reviewed with the owner when contacted the following morning after the email was received. Poor Duncan all the meanwhile was still suffering!

### Case Review and Remedy Selection

Duncan’s symptoms are striking, and include keynote symptoms of the remedy *Hypericum perforatum* (Hyper.), commonly known as St. John’s Wort.

A quick resource in emergency cases is Boger’s *A Synoptic Key of the Materia Medica*, which is an excellent brief guide to the most prominent features of a remedy.

Boger highlights the following for *Hypericum*:

- **SPHERE OF ACTION** is the SPINAL NERVES
- **AGGRAVATED** by INJURY (JAR, Concussion, Penetrating, **Shock**, Bruises), Exertion, Touch, Motion

Another easy-to-reference guide is Von Lippe’s *Key Notes and Red Line Symptoms of the Materia Medica*. This reference guide focuses on the keynotes and most prominent features of a remedy,

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\* Case submitted by PIVH Graduate Lisa Melling, DVM, CVH

which is particularly helpful in acute and emergency situations.

Von Lippe highlights the following for *Hypericum*:

- It is the Arnica of the nerves.
- Consequence of spinal concussions.
- Injuries of the nerves in general.
- Intolerably violent, shooting or lancinating pains along the nerves.
- Pains, after a fall on the coccyx.
- Spine very sensitive to touch.
- Feeling of weakness and trembling of all the limbs.
- After a fall, slightest motion of arms or neck extorts cries.
- *Ameliorated*: Lying quietly.
- *Aggravated*: From motion; from touch; from pressure; and at night.

## Plan

The client was advised to administer **Hypericum 30c**, 1 dose as needed, using the following parameters – If improvement observed after the first dose, wait to repeat until his symptoms stop improving or start to worsen again. Instructed the client to not re-dose too frequently, that she must allow at least an hour between doses to allow remedy time to work, and that Duncan should be feeling better within 1-3 doses if this is the correct prescription.

This client had used homeopathy extensively and was comfortable with making the re-dosing decisions and reporting on his progress that day.

## Summary Progress Reports:

Monday 11/21/11, 10:54 am Email Report:

*I was able to get Hypericum 30x for now, will pick up 30c from Castle Remedy later today. After just one dose Duncan's pain is considerably less, he has found a comfortable position and is sleeping, no panting, no crying.*

Tuesday 11/22/11, Phone Report:

Duncan's neck pain completely resolved after three doses **Hypericum 30x** on Monday.

## Case Discussion

It is firstly important to note that Duncan's symptoms appeared to come about as a result of a trauma, as confirmed by the veterinarian in charge who took care of Duncan for many years, so his treatment was focused on this acute presentation. As we will discuss and present in more detail in the upcoming sessions, it's not uncommon to see similar presentations as this that don't appear to have an obvious traumatic cause, and so the interpretation and treatment – while still focused on acute prescribing – is instead addressing an acute flare-up of underlying chronic disease. For example, Duncan's pain was of traumatic origin, however you could also see a very similar presentation in a case of acutely aggravated spondylosis or intervertebral disk disease, which would be an acute expression of an underlying chronic problem. This is important to understand, as you will learn later in the

program, for this interpretation and assessment changes your prescribing management of the case.

The email report after the first dose of Hypericum portrays the desired response from a well chosen “similar” homeopathic remedy: his pain was reduced; he was able to find a comfortable position, stopped vocalizing in pain and was able to fall asleep. This is the ideal reaction every homeopath looks for in assessing the patient’s response to the prescription – the combination of a reduction in the patient’s discomfort, a generalized improvement in well-being, and the ability of the patient to rest in a regenerative manner and thus begin to recover.

The owner had purchased the remedy from a local food co-op down the street from her home, but was unable to find a 30c, so she purchased a 30x. A 30x on the decimal potency scale is equivalent to a 15c in the centesimal potency scale according to the number of dilutions only, i.e. it’s important to note the potency is slightly different as the number of succussions are more in case of 30x. Thus, a 30x is much lower on the potency scale than a 30c. A 30c would actually be considered the same as a 60x in the number of dilutions only. Utilizing such a low potency in an acute situation such as this may require more frequent remedy repetition.

Ultimately identifying the correct fitting remedy is the utmost important factor in successful prescribing, and identifying the correct fitting potency to follow. It is essential to understand that a well-selected remedy will generally act in any potency – as this case nicely demonstrates, Hypericum was the simillimum for this particular patient. Perhaps if a higher potency had been administered (30c, 200c, 1M, 10M, etc.) only one dose may have been needed. The nuance of potency selection and patient response will be elaborated on further in the program, as there are many factors to consider – but for now, the take home point Duncan brings is the primary importance in successful homeopathic treatment is identification of the most similar remedy.

### *References*

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2. Lippe, A. *Key Notes and Red Line Symptoms of the Materia Medica*. New Delhi: B Jain; 1998: 392-396.



*Making A Prescription Section*



# Injuries and Wounds

by Sarah Stieg, DVM, MRCVS

Injuries and wounds are a mainstay in daily veterinary practice and often the most straight forward cases for new homeopaths to learn how to prescribe. Injuries and wounds are predominately classified as the 'true acutes' of veterinary medicine, meaning that they are entirely unrelated to the chronic disease of the patient; they are traumatic in origin and were inflicted onto the patient by an external cause.

The exceptions to this rule can be segregated into two categories: 1) injuries relating to chronic disease process such as the chronic weakening of joint or soft tissue structure (e.g. CCL tears, prolapsed disks, etc.); and 2) patients who do not heal from an injury as expected and have lingering complications (e.g. prolonged lameness after a hoof abscess is resolved). In these subsets of patients, the chronic disease state is involved as part of the cause of the injury, or affects the healing response. Thus they will require a deeper acting anti-miasmatic prescription to finish the cure. This is typically prescribed once the patient is stable and out of the acute injury phase of healing – but we will address these types of more complicated cases in later sessions.

Most injuries and wounds will resolve with one remedy, but some patients require adjusting the homeopathic prescription to the stages of healing. The stages of healing are commonly broken into the following four phases whose duration is dependent on the structures involved (muscle, tendon, ligament, bone, etc.). As practitioners, we must remember that this categorization is for our understanding only as this process is continuous and these stages will have significant overlap.

**1. Inflammatory Phase** – In allopathy, we are taught to control and reduce inflammation. However allopathic veterinary education is now recognizing that it is imperative for inflammation to occur and is part of the primary healing

phase that is responsible for the initial defense of the wound. This involves the combined vascular/cellular response whose chief purpose is to protect against excessive blood loss and exposure to foreign substances, as well as to dispose of dead and dying tissue. The degree of response depends on the severity of injury. It is important to note that there are remedies that correspond to a *lack of* this primary wound healing response, e.g. one of the most notable is Ledum.

**2. Debridement Phase** – Involves what is best described as the clean-up stage of wound healing. Neutrophils and monocytes (macrophages, giant cells, fibroblasts) migrate into the affected area to begin this process of cleaning up dead tissue and debris, and stimulate the production of collagen.

**3. Proliferative or Repair Phase** – Consists of four stages involving: fibroplasia (the migration fibroblasts from undifferentiated mesenchymal cells) which is responsible for laying the crucial ground substance and deposition of collagen (crucial to early tensile strength of the wound); granulation phase or the formation of granulation tissue; wound contraction; and epithelialization.

**4. Maturation Phase** – The final stage in wound healing, which results in the increased strength of newly formed tissue by the alignment of collagen along lines of tension, intramolecular crosslinking, etc.

Involvement of the immune system through this entire process is crucial for success, and interruption in any stage of this process can result in delayed healing, increased pain, and excessive scarring. There is currently debate in human and veterinary medical fields over the use of NSAID's during wound healing, as research has clearly shown negative impacts on the healing process in both first and second intention healing.

Homeopathy provides an alternative that speeds the vital force's response in this healing process, simultaneously managing pain, facilitating wound healing in all stages, preventing infection, and minimizing scar tissue. As with all homeopathic prescribing, each patient must be assessed as an individual. There is a group of remedies that corresponds to most stages of major injuries and wounds, and these common remedy states and stages are easily recognized in a patient.

For example, Arnica corresponds to the majority of trauma-related injuries, especially in the initial stages of coagulation and inflammation. However, the patient may need Calendula to complete the cure when the patient has progressed to the later stages of wound healing (repair and maturation) during which granulation, scar formation, and tightening are predominant.

## **Sprains/Strains**

Soft tissue injuries are a common presenting complaint in veterinary practice, especially in working or sporting animals undergoing intense physical demands. Common causes include trauma, overuse, prolonged immobilization, postural strain, repetitive movements, and gradual deterioration of daily wear and tear. The most common homeopathic remedies for the healing of muscle, tendon, and ligament structures are Arnica montana, Rhus toxicodendron, Ruta graveolens, Bryonia alba, and Calendula officinalis. Note, patients are still often in the Arnica phase of the injury on initial exam though they may be presenting during the second intention phase of healing. For example, a patient may look like Rhus tox or Ruta, but for it to act one may need to start with Arnica first and then move to the appropriate remedy once the Arnica is no longer promoting improvement of the patient.

**Reassessment:** Every 6-12 hours depending on the severity of the injury, the average strain/sprain should be reassessed every 12 hours.

**Potency:** 30c-10M, lower potencies indi-

cate more frequent repetition. Depends on the patient's level of pain and strength of vital force. Severe pain responds more rapidly to higher potencies, 200c and above.

**Arnica montana** — Trauma in all its forms. Arnica most commonly corresponds to the initial stages of injury. Overuse, strain. Sore, lame, bruised feeling. Backache from muscle strain or overuse; great soreness and pain in the back, as if bruised or beaten. Sore and bruised limbs; soreness after overexertion. Sprained and dislocated feeling. Limbs ache as if beaten. Joint or muscle pain from injury. Bruising, hemorrhage after mechanical injuries. Great fear of being touched or approached. **Better:** Lying down. **Worse:** Jarring, overexertion, least touch, motion and rest, after sleep. **Keynote:** Sore, bruised feeling.

**Rhus toxicodendron** — Rhus tox affects the fibrous tissue, joints, tendons, sheaths, ligaments, etc. producing pain and marked stiffness. Swollen, stiff joints after sprain or injury. Pains from over-lifting or overuse. Back strain or injury. Most often noted for aggravated arthritis, due to its **Keynote:** motion "limbers-up." Inclination to stretch, change position. Tendency to be at their worse on rising or beginning to move, then they improve as they "walk out of it." Will fatigue and be worse from too much exertion/exercise. Prefer warmth. **Better:** Continued motion, stretching limbs; hold affected part or rubbing/massage; warmth. **Worse:** Beginning of motion, after rest; cold.

**Ruta graveolens** — For injured tendons, ligaments, joints, and bones (especially bruised bones and periosteum, e.g. splints in horses). Affinity for the fibrous tissue, flexor tendons, joints, ankles, wrists, cartilages, periosteum, and skin. Similar to the sprained pains of Rhus tox and the bruised pains of Arnica. Pains are sore, aching, can have restlessness. Tendons are sore. Lameness after sprains; sprains with weakness of the joint; swelling of the joint; overuse of the joint; wrenching injuries; dislocation. Tendonitis. Bursitis. Aching pains, stiffness. All parts of

the body are painful as if bruised. Ruta patients in the animal world, may look non-descript. It's the patient that can have all the signs of Arnica and Rhus tox or none at all. When querying the owner you often are left with no further information aside from the lameness. Often a history of injury and a remaining weakness in injured location. Hard lump after injury (Arn). **Better:** rest, motion, rubbing; warmth. **Worse:** Overexertion, lifting, injury.

**Bryonia alba** — Bryonia is noted for injuries of the joints (when Arn fails). Every spot on the body is painful to pressure. Pains are bursting, heavy, sore, stitching, tearing. Aggravation from motion and movement of all kinds. Sprained, injured and painful joints, worse motion. Joints are red, swollen, hot; painful stiffness. Patients often have a tendency to great irritability and bad temper; can be capricious and have a desire to be left alone; aversion to being touched. Bry is also noted for aggravated arthritis (Rhus tox). **Better:** Rest; pressure, from lying on the painful side; better cool open air, heat to inflamed part. **Worse:** Motion, exertion; touch. **Keynote:** worse from any motion.

**Calendula officinalis** — Calendula is noted for ruptures of muscles, torn tendons and muscles, and crushing injuries. Promotes favorable but not excessive amount of scar tissue; promotes healing by first intention.

## Post-Operative Pain

Surgical post-operative pain management is a particularly rewarding form of homeopathic treatment as results are very rapid, provide excellent pain control, increase wound healing, and a general increase in well-being. Homeopathically treated post-op patients typically return to normal appetite and behavior faster than those treated with allopathic methods.

**Reassessment:** Every 15-30 minutes initially post-operation. As the patient stabilizes during the day in the hospital, reduce to every 1-3 hours. When the patient is ready to go home,

remedy reassessment should extend to every 6-12 hours depending on the severity of the original condition resulting in surgery and level of post-operative pain. After 24-48 hours at home, reassessment will reduce to every 12 then 24 hours.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe pain responds more quickly to higher potencies 200c and above.

**Arnica montana** — As previously discussed, Arnica is the most common remedy corresponding to the initial degree and type of shock, pain, and hemorrhage due to trauma. It is indicated for mental and emotional shocks from trauma as well as physiological shock. Arnica is recommended to be the first remedy to be selected post-operatively when no other defining characteristics arise. Most routine surgeries (e.g. OVH, neuters, exploratory laparotomies, laceration/wound repair, etc.) respond quickly to Arnica post-operatively. Also noted for pains after dental work, or jaw swelling after dental work. **Better:** Lying down. **Worse:** Jarring, overexertion, least touch, motion and rest, after sleep. **Keynote:** Sore, bruised feeling.

**If the patient is not responding to Arnica within three doses, then review the following:**

**Bellis perennis** — Bellis perennis is indicated for injuries to deeper tissues; injury and septic wounds to the internal organs after major surgical work. Trauma to the pelvic organs from surgery. Sore bruised feeling in the pelvic region. Soreness of the abdominal walls. Injuries, blows to the abdominal organs. Deep soreness in the abdomen. Very useful in veterinary practice after abdominal surgery where the internal organs had to be moved around, exteriorized, difficult spays, etc. The patient often appears obtunded, introverted, and unresponsive to their surroundings due to the pain. **Better:** Pressure. **Worse:** Exertion, being touched, slightest movement. **Keynote:** Stasis, fatigue.

**Hypericum perforatum** — Most noted for injuries to the nerves and nerve rich regions, e.g. teeth pain, spinal or nerve injury/pain, brain, coccyx, finger tips, torn nails, etc. Also indicated for injuries that are more painful than appearance would indicate. Lacerations with intolerable, violent, shooting and sharp pain. Shooting pains from injured part. Pain in old scars. Effects of surgery, laparotomy, dental surgery, spinal trauma/surgery, puncture wounds (spinal taps). Facial neuralgia and toothache. Nerve pains after dental work, injuries to dental nerves, trauma after dental work (Arn). Hypericum is a most useful remedy to control pain and prevent infection post dental extractions. Highly considered for tail injuries, and tailbone pain. Hypericum has saved many an injured tail from amputation. **Worse:** Jar, motion, touch, pressure. **Keynote:** Nerve pain, wounds excessively painful.

**Staphysagria** — Staphysagria is noted for pains remaining after surgery. Lacerated tissue (Hyp, Calend.). Squeezing, smarting, stinging pains. Whole body painful with a feeling of weakness. Pain and nervousness after extraction of teeth. Severe pain after abdominal surgery (Calend.). Effects of wounds made by clean cutting instruments, ailments from surgery and scars, stab wounds. Ill effect of anger and humiliation, suppressed anger. **Worse:** Touch, least touch on affected parts, lacerations.

**Calendula officinalis** — Calendula officinalis is known as the most remarkable healing agent applied locally or internally, facilitating the repair phase of wound healing. As an herb, Calendula is known as the great herbal anti-septic. Suitable for all cases where the skin is broken. Assists the surgeon in healing surface wounds. Indicated for open, torn, cut, or lacerated wounds; large wounds that are unable to be surgically closed. Pain is excessive and out of all proportion for the injury. Promotes rapid healing of the wound by first intention. Excellent post-surgery when the patient is out of the

primary phase of trauma, facilitates granulation and prevents scar tissue (proud flesh) development. Indicated for patients that have pulled, stretched, or traumatized their surgical incision causing pain, swelling, and threatening suppuration. Infection at site of wounds. Pain that appears or is worse after bandage is put on. Pains in the gums after surgery (Arn, Hyp). Exhaustion from blood loss or pain. Vaginal tears after childbirth.

## Hemorrhage

The following group of remedies is most commonly used in hemorrhage cases, including hemorrhage during surgery, and wounds that continue to bleed and not heal. Please note that hemorrhage is being discussed in the context of injury, trauma, and wounds (as opposed to vasculitis or other systemic etiologies, which indicate a chronic disease condition).

**Reassessment:** Every 5-15 minutes initially. Once hemorrhage is coming under control then every 15-30 minutes.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe hemorrhage will respond more quickly to higher potencies 200c and above.

**Phosphorus** — Phosphorus is the most useful agent to the surgeon when the patient is bleeding mid-operation and the surgeon cannot find the source, or the patient continues to ooze despite ligation of the affected vessels. Phosphorus is indicated for blood extravasations; hemorrhages, recurrent; small wounds that bleed much; healed wounds that break out and bleed again. Profuse hemorrhages; frequent and profuse, pouring out freely then ceasing for a time. Bright red blood. Blood very fluid and difficult to coagulate. Bleeding from internal organs, gums, or various parts of the body.

**Arnica montana** – As discussed previously, Arnica is noted for trauma in all forms and has a marked effect on the blood, congestion, hemorrhage, and hematomas. Indicated for all



kinds of hemorrhage including hemorrhage after mechanical injuries, wounds; strokes; dilation and rupture of small blood vessels; hemorrhages from the internal organs to the skin. Should be considered for internal bleeding in the head; tooth extractions (Calend., Hyp); traumatic aural hematoma (e.g. dog bite to the ear).

**Belladonna** — Belladonna is noted for hot hemorrhages, for fullness and congestion. The blood rushes to one part of the body and becomes hot and throbbing. Hemorrhaging nosebleeds (epistaxis); aural hematomas. Blood is bright red and hot.

**Hamamelis virginiana** — Principle action on venous congestion, hemorrhages. Passive venous hemorrhages from any part. Hemorrhages cause great exhaustion out of proportion to the amount of blood loss. Bruised soreness to intense soreness of the affected part from which the blood flows (e.g. blood vessels, abdomen, etc.). Indicated for open painful wounds with weakness from blood loss; for relieving pain after surgery and superseding the use of morphine; epistaxis with non-coagulating blood; bruising and bleeding under the skin. Hemorrhages are mostly dark.

**Millefolium achillea** — Affects the capillaries. Suited to wounds which bleed profusely. Profuse, painless, bright, fluid hemorrhage. Edges of wounds that ooze blood from over exertion. Remedy of consideration for traumatic aural hematomas.

**Calendula officinalis** — Hemorrhage, cuts that keep bleeding and will not heal. Bleeding after tooth extractions. Exhaustion from blood loss or pain.

## **Puncture Wounds**

Puncture wounds can result from a variety of sources, from a bite wound to stepping on a nail. The following remedies are most highly indicated for puncture wounds: Arnica montana, Hypericum perforatum, Ledum officinale, and Calendula officinalis.

**Reassessment:** Every 15-30 minutes initially post trauma in severe cases. In moderate severity, 1-3 hours. In mild cases of simple contusions and bruising, every 6-12 hours depending on how painful is the patient.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe pain responds more quickly to higher potencies 200c and above.

**Arnica montana** — As previously mentioned, Arnica is noted for trauma in all forms. Often corresponding to the initial stages of injury and wound healing. **Better:** Lying down. **Worse:** Jarring, overexertion, least touch, motion and rest, after sleep. **Keynote:** Sore, bruised feeling.

**Hypericum perforatum** — Highly indicated in excessively painful puncture wounds. Wounds are more tender than appearance would indicate. Penetrating wounds; gunshot wounds; stab wounds; infected wounds. Bites of animals and insects; cat scratches; stings of insects. Tetanus, Lockjaw; spasms after injury, shuddering, jerking of limbs. Recommended after spinal taps.

**Ledum palustre** — Ledum is highly indicated for puncture wounds produced from sharp points or bites; especially when there is a risk of tetanus. Helps prevent tetanus and is an excellent remedy for the successful treatment of horses (including non-vaccinated horses) for nail punctures. Indicated for punctures, stab wounds; animal bites and insect stings (Hyp); particularly if septic in appearance. Long discoloration after injuries, injections. Dental work with punctures (Arn, Hyp). Sore achy bruised injuries, or conversely non-painful or under-reactive though the appearance indicates they should be. Bluish or violet colored skin around wounds (though can be red). Wounds are noted for being cold. **Better:** Cold applications. **Keynote:** Injured part feels cold.

**Calendula officinalis** — Stab wounds, penetrating wounds to the joints. Both prevents and heals infection and pus formation. Lacerations,

punctures, and scratches to the eye. Useful in the early and later stages of wound healing, promote first intention healing. See previous discussions.

## Eye Injury

The eyes are delicate organs and are unfortunately commonly injured in our veterinary patients. The following remedies are highly indicated for traumatic injuries to the eye: *Symphytum officinale*, *Ledum palustre*, *Arnica montana*, *Calendula officinalis*, *Hamamelis virginiana*; and *Euphrasia officinalis* for traumatic inflammatory conditions.

**Reassessment:** Every 15-30 minutes initially post trauma in severe cases. In moderate severity, 1-3 hours. In mild cases of simple contusions and bruising, every 12 hours depending on how painful is the patient.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe pain responds more quickly to higher potencies 200c and above.

***Symphytum officinale*** — Called the “Arnica of the eye”. Indicated for injuries to the eyes from blows, blunt instruments, knocks to the eyeball, eye socket, or sclera. Black eyes (Arn, Led). Hemorrhage inside the eye after injury, retinal bleeding. Traumatic conjunctivitis. Long lasting pain or soreness in the eye after an injury. Corneal Abrasions. **Better:** Warmth. **Worse:** Touch, motion, pressure.

***Ledum palustre*** — Contusions or wounds to the eye and lids, especially if accompanied by extravasation of blood. Blood shot or bruised; black eye from injury (Symph, Arn); contused wounds. Ptosis from injury. Aching in eyes. Traumatic ecchymosis of conjunctiva. **Better:** Cold applications. **Keynotes:** injured part feels cold; patient is often not as painful as injury would indicate; noted for non-reactivity.

***Arnica montana*** — As previously mentioned, Arnica is noted for trauma in all forms. Black eyes from injury (Led, Symph); swelling of lids and adnexa, bloodshot eyes from trauma.

Traumatic ulceration with hemorrhage in the anterior chamber; retinal hemorrhage; facilitates the absorption of clots. Bruising of iris after cataract surgery. Iritis. Shooting, tearing pains. Congestion of the eyes. **Better:** Lying down. **Worse:** Jarring, overexertion, least touch, motion and rest, after sleep. **Keynote:** Sore, bruised feeling.

***Calendula officinalis*** — Highly indicated to promote first intention healing. Noted for lacerated wounds. Indicated for lacerated or incised wounds to the eye. Foreign objects in the eye. Eyes black and blue from extravasated blood. Injuries to the eye which tend to suppuration. Eye pain after surgery. Traumatic conjunctivitis, keratitis, iritis. Wound of eyelids and bows where suppuration takes place.

***Hamamelis virginiana*** — Black eyes. Hastens the absorption of intraocular hemorrhage.

***Euphrasia officinalis*** — Inflammation of the conjunctiva membranes, profuse lacrimation. Catarrhal conjunctivitis, eyes water all the time. Photophobia, spasms of the lids. Swelling of the lids. Kerato-iritis after injuries or surgery on the eye. Stitching, burning pains. Opacity of the cornea after mechanical injuries, blueish. Severe pain, excessive lacrimation, and burning after injury. Chemosis. Catarrhal ophthalmia. **Better:** Open air.

## Corneal Abrasions

Traumatic corneal abrasions, scratches and ulcers all respond rapidly to homeopathy. The remedy manages pain as well as facilitating first intention healing. When the correct remedy is administered, owners will note rapid improvement of blepharospasm and lacrimation (signs of pain), often commenting that the eye is “more open.” Permanent corneal scarring is typically minimized or eliminated.

Please be aware, that these remedies are indicated in the traumatic injuries to the cornea, all non-traumatic or non-healing corneal ulcers are a reflection of the chronic disease of the patient



and need anti-miasmatic treatment.

It should be noted on supportive care, that topical lubricating drops should always be used to facilitate the comfort of the patient (frequency of application dependent on degree of injury, e.g. BID – QID).

**Reassessment:** Every 6-12 hours for the average corneal abrasion, will depend of the severity of pain. If more severe in the case of a full thickness laceration, then every 15-30 minutes.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe pain responds more quickly to higher potencies 200c and above.

**Calendula officinalis** — Highly indicated to promote first intention healing. Indicated for lacerated or incised wounds to the eye. Calendula promotes rapid resolution of corneal abrasions, scratches and traumatic ulcers.

**Symphytum officinale** — Called the “Arnica of the eye” and noted for corneal abrasions. See previous discussion under Eye Injuries.

## Abscesses

Abscesses are a common sequela post injury, hence their inclusion in this discussion. However it is important to note that not all abscesses fall into a true acute category of illness. For instance, a horse that steps on a nail and develops an abscess in relation to the acute trauma is very different than the horse that routinely develops hoof abscesses with no traumatic origin. The former is the sequela of the body’s response to cleaning up from acute trauma; while the latter is a constitutional susceptibility to this type of disease manifestation and subsequently will need to be treated to have this level of chronic disease addressed. We will focus on the topic of traumatic abscesses for this discussion, leaving the more complicated chronic disease cases to be reviewed in latter sessions of the course.

As mentioned in the discussion of cat bites under *Further Common Clinical Conditions* in the Making a Prescription section of your notes,

it is important to move the mind away from the focus of “infection” as the introduction of bacteria are only a minor consideration. The abscess is the body’s defense to remove the foreign and dead material to heal the wound. Homeopathy stimulates the vital force, which then acts on the immune system to address the wound and purulent matter for hasty resolution. It is important to note, as with all aspects of homeopathic medicine, good hygiene is imperative to provide the right environment for healing. Debris and foreign material (e.g. hair, dirt, foreign material such as a thorn or nail) must always be removed.

The most common remedies for abscesses are Silica terra and Hepar sulphuris calcareum, followed by Calcarea carbonica and Sulphur. The healing of abscesses with homeopathy first will see the patient become more comfortable (e.g. less painful, resume normal behavior, eating, grooming, etc.), then will involve either the body releasing the purulent material or reabsorbing it, followed by the rapid resolution of the affected area or wound.

**Reassessment:** Every 12 to 24 hours for the average abscess, depending on the severity of pain and potency selected. Note – hoof abscesses can be slower to respond (but not always) than abscesses located in flesh due to the structures involved.

**Potency:** 30c-10M, lower potencies indicate more frequent repetition. Severe pain responds more quickly to higher potencies 200c and above.

**Silica terra** — Most common acute abscess remedy, noted for abscesses and unhealthy skin, where every injury suppurates or festers. Ripens abscess and promotes suppuration; pus can either be absorbed or it is cast out of the body. Abscesses, felons; suppuration of the glands; tooth abscesses, suppuration post tooth extraction. Promotes the expulsion of foreign bodies from tissues. Suppurative processes, fistulous openings. **Better:** Warmth. **Worse:** Cold, Suppressions.

**Hepar sulphuris calcareum** — Abscesses and any trouble on the skin where there is great sensitivity/pain to the slightest touch. Abscesses anywhere in the body, with sensitivity. Marked relation to the suppuration process, meets the hectic condition generally and the process locally. Discharge is often thick and purulent, can be yellow, ropery. Characteristic over-sensitiveness, sensitivity to touch, to pain, even to the least draft of air on the affected area. In our animal patients, this sensitivity to pain (e.g. wound is exquisitely painful) can be manifested in a reaction of anger and aggression. Patients can be chilly. **Better:** Warmth, wrapping up. **Worse:** Touch, pain, motion, cold air. **Keynote:** Sensitivity.

**Calcarea carbonica** — Abscesses in deep muscles, glands, skin. Glandular swellings below jaw and in the neck. Small wounds do not heal rapidly. Pus can be mild to putrid. Patients can be sensitive to cold.

**Sulphur** — Affinity for the skin. Abscesses, boils; pus offensive. Great re-absorbent and potent antiseptic action. Glandular swelling, indurated and suppurating. Complaints that relapse, when carefully selected remedies fail to act, especially in acute diseases; deficient reaction. **Worse:** Warmth, Suppressions.



# Treatment of Injuries Repertory

*Instructions:* Use one remedy at a time in 30C potency and administer 1 pellet (larger, #30 size) or about 10 pellets (smaller, #10 size) every hour for a total of 3 doses (if improvement is evident, you may stop after 1 or 2 doses). In some severe cases the remedy needs to be given longer, over a day or two. If so, after the initial treatment, a schedule of 3 treatments a day is usually adequate. If condition is life threatening, give the remedy every 5 minutes until a clear response. If a higher potency available (200c — 10M), it often acts very well, even a faster response and usually not require as much repetition.

## Dry Injuries

### Blows, Concussions & Contusions

Injuries, especially to soft tissue (other than bones and other hard parts). Includes injury to head and spine: **ARNICA**.

Head injury (acute phase): *Arn. cic. hyper.*

Head injury (lingering effects): *nat-m. Nat-s.*

Spinal injury: *arg-n. Arn. HYPER. kali-c. Nat-s. phys. Rhus-t.*

Paralysis of legs from a spinal injury: *Rhus-t.*

Sudden paralysis of legs from disk disease: *Nux-v.*

Inflammation of outer part of the body after a blow: *Rhus-t.*

Injury to bones: *Arn. Ruta.*

Remaining bone pain after an injury: *Symph.*

Gangrene sets in after injury to soft tissue: *Lach.*

Gangrene, tissues already black: *Ars. Chin.*

Injury to glandular tissues (lips, salivary, lymph, mammary): *Con.*

### Sprains & Dislocations

Sprains & twisting of the trunk of the body: *Rhus-t* (first), *Bry.*

Sprain of a joint: *Arn.* (also can be applied as a compress: 1 tsp of tincture/cup of water), *Rhus-t., Bry.*

Long lasting pains in the carpal joint (after injury): *Am-c.*

Long lasting pains in the tarsal joint (after injury): *Ruta.*

Remaining creaking noise in a joint: *Ruta.*

Backache (pain in): *Bry. Nux-v. Calc. Sep. Sul.*

Tendency to sprain back: *Calc. Sil. Sep. Nat-c.*

### Fractures

Immediate pain and shock: *Arn.*

Pain following initial stage, from injury to periosteum: *Ruta.*

To accelerate healing of the bone: *Symph.*

## **Bloody Injuries**

### **Contusions Creating Wounds**

Skin torn: *Arn.*

Large pieces of tissue torn off, or wound gaping and cannot be drawn closed: *Calend.*

### **Excoriations**

From physical abrasion – rubbing, dragging, etc.: *Sul-ac.*

If lesion becomes gangrenous: *Chin. Ars.*

### **Stab & Cut Wounds**

Pricks, punctures with needles, thorns, claws, cuts with knives: *Hyper.*

Injuries with very sharp instruments, penetrating very deeply (like from surgery): *Staph.*

Surgery, with much manipulation and handling of tissue: *Arn. CALEND.*

Splinters deep in the tissue and cannot be extracted: *Hep.*

### **Bites**

From an angry cat: *Lach.*

From a poisonous snake: *Led. Lach. Crot-h.*

From a dog: *Lyss.*

Sting of hornets and wasps: *Apis.*

Bee stings: *Led.*

Mosquito bites: Wash with diluted Arnica tincture or with diluted ammonia water.

Flea bites: *Apis.*

### **Burns**

Slight burns of surface parts: *Urt-u.* (externally as a poultice, kept moistened for several hours).

Painful burns, threatening tissue damage (early stage): *Canth.*

Deep burns, likely subsequent necrosis (especially later treatment): *Ars.*

Old burns: *Caust.*

## **Sequelae of Wounds**

### **Hemorrhages**

Hemorrhage (other than from large blood vessels which must be ligated): *Arn.* (externally and internally).

Bleeding prolonged, normal clotting delayed: *Ipec. Phos. Ars. Crot-h. Lach.*

Weakness after blood loss: *Chin.*

### **Inflammation or Infection of the Injured Parts**

Injury not properly treated, has become damaged and inflamed: *Rhus-t.*

Infection (bacterial) of the wound: *Pyrog.*

Discharge of green pus: *Merc.*

With internal fever: *Arn. Acon. Coff.*

Infection of deep tissue, compound fractures: *Calend.*

Infection following penetration by foreign material (stickers, splinters, claws, teeth, quills) that remain in the tissues: *Hep. Sil.*

Wound does not heal even after sufficient time: *Sul.*



# WOUNDS

## Calendula

Wounds:  
 —torn  
 —ragged  
 —loss of substance  
 —raw and inflamed  
 —painful  
 —removes inflammation  
 —permits healthy granulation  
 Becomes red around wound  
 Lacerations  
 Stops hemorrhage after tooth extraction  
 Superficial burns & scalds  
 Exhausted from loss of blood & pain

*Worse:*  
 —in damp weather  
 —in the evening  
*Better:*  
 —from warmth

*Worse:*  
 —evening & through night  
 —contact  
 —motion  
 —noise  
 —during rest  
 —lying down  
*Better:*  
 —motion (walking, sometimes)

## Arnica

Bruised feeling all over  
 Bed feels too hard  
 Head (& face) hot  
 —yet extremities cold  
 Ecchymoses, as from bruises  
 Stupor (during fevers)  
 —involuntary stool and urine  
 Injuries, esp. blows and falls  
 —recent injuries  
 —injuries from long ago  
 Hemorrhages, from injury  
 Weak and tired from injury  
 Head injuries:  
 —concussion  
 —fracture (brain pressure)  
 —headaches  
 —meningitis  
 —stroke  
 Retinal hemorrhage  
 Deafness (from injury)  
 Epistaxis  
 Dental surgery or fillings  
 Blows to stomach or internal organs  
 Fears being struck or touched  
 —by those approaching  
 Putrid smell from mouth  
 Offensive flatus (rotten eggs)  
 After giving birth:  
 —hemorrhage  
 —soreness  
 —prevents infection  
 Prevents development of infection in wounds

*Worse:*  
 —evening & through night  
 —contact  
 —motion  
 —noise  
 —during rest  
 —lying down  
*Better:*  
 —motion (walking, sometimes)

## Hypericum

Injured nerves  
 —mouth  
 —fingers (esp. nails)  
 —toes (esp. nails)  
 —spine  
 Simple punctures  
 Splinters  
 Rat bites  
 Severe concussion of spine  
 Spine very sensitive to touch  
 Injury to coccyx  
 Severe concussion of brain  
 Convulsions after injury (esp. head)  
 Lacerations with severe pain  
 Tetanus  
 Dullness and weakness after injury  
 Dyspnea (asthma) after spinal injury  
 Effects of shock or fright  
 Crushed mashed finger tips

*Worse:*  
 —motion  
 —touch  
 —pressure  
 —at night  
*Better:*  
 —lying quietly



## Common Clinical Conditions

Throughout the day-to-day experiences in the veterinary clinic there are many recurrent themes: upper respiratory tract infections, otitis, 'kennel cough', gastroenteritis, etc. These conditions offer the opportunity for successful homeopathic treatment, even to the new prescriber.

The following is a summary of common clinical conditions and an overview of the most frequently corresponding homeopathic remedies. These brief differential lists are not exclusive, but provide the new homeopathic student with the opportunity to expand treatment options, with rapid resolution of illness, infrequent repetition of medication, and less concern for undesirable drug side effects.

Since homeopathy directly stimulates the vital force of the patient, which in turn triggers the patient's own healing process, most acute clinical conditions will resolve with one remedy and usually only 1-3 doses are needed. However, this individual patient response can vary depending on the intensity of illness, the vital force of the patient, and the potency selected.

There is some overlap in the following conditions between acute and chronic illness, as many of these conditions are an expression of an "acute flare-up of chronic disease" and will be noted in each section. We will discuss treating each of these conditions either as a "true acute" if they are so indicated or as an "acute flare-up of chronic disease." Acute flare-ups of chronic disease can be treated in this acute stage with well selected remedies, however the patient will always need a deeper anti-miasmatic remedy at a later stage to address the underlying susceptibility in the patient or the acute manifestation will be seen again. The treatment of chronic disease will be discussed at a later stage in the course.

### Infectious Canine Tracheobronchitis

Infectious canine tracheobronchitis (i.e. kennel cough) responds readily to homeopathic

treatment resulting in improvement within minutes to hours rather than days to weeks when allopathic drugs (for example antibiotics) are prescribed. Selecting the appropriate homeopathic remedy for a patient showing symptoms of 'kennel cough' can be as simple as identifying what type of cough they have, whether there are concomitant symptoms such as nasal discharge or coughing paroxysms<sup>\*</sup> that lead to vomiting, and any other notable modifying symptoms.

**Reassessment:** Every 6-24 hours depending on the severity of the original condition and potency selected.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Longer reassessment periods needed for higher potencies.

**Drosera rotundifolia** — This remedy has an affinity for the respiratory organs and is the principal remedy for 'whooping cough' in people and ICT in dogs when there are frequent paroxysms of a dry, barking cough. Efforts to cough up phlegm may lead to retching and/or vomiting. Phlegm may be yellow or green. The patient can be chilly and may have a fever. **Better:** Open air, motion, sitting up in bed. **Worse:** After midnight. On lying down. **Keynote:** Efforts to cough phlegm result in retching and vomiting.

**Ipecacuanha** — This is a remedy that has a strong affinity for the gastrointestinal tract, and like Drosera, also has coughing spasms that are so severe that vomiting occurs. The most striking difference between these two remedies is that with Ipecac, the vomiting and nausea are the dominant symptoms - the patient will seem nauseous and have a poor appetite and may be hyper-salivating. This remedy is especially useful in cases where the cough occurs with nose-bleed

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\* Yasgur's Homeopathic Dictionary defines paroxysm: *sharp spasm or convulsion. The sudden onset of a disease or of any symptoms, especially if they are recurrent, as in malaria. 'Paroxysmal', 'spasmodic or convulsive.'*

or hemoptysis. **Better:** Open air, cold drinks. **Worse:** Lying down, motion. **Keynote:** Violent cough occurring with nausea/vomiting and may include bloody nose or hemoptysis.

**Pulsatilla** — An especially effective remedy for the ICT patient who also develops oculonasal discharge with their cough. The discharge of Pulsatilla is characteristic, and there will be a catarrhal conjunctivitis with thick, profuse yellow or green ocular and nasal discharge. There will be no desire to drink water even in face of a fever, and the patient will be chilly. The cough will be dry and hacking and may produce mucus. Occasionally the cough will lead to retching and vomiting. **Better:** Open air. **Worse:** Stuffiness; nighttime. **Keynote:** Yellow green oculonasal discharge; Thirstlessness.

**Spongia** — A remedy with an affinity for the respiratory organs. There is a notable dryness of the mucus membranes which causes a dry, asthmatic-like cough. The larynx is especially sensitive to palpation and touch will induce cough. The mucus membranes may be tacky, and vocalization is likely to induce a dry, hacking cough. **Better:** Eating/drinking; keeping head low. **Worse:** Vocalization; inspiration. Dry cold winds. **Keynote:** Dry hacking cough aggravated by barking.

## Feline Upper Respiratory Disease

The following group of remedies is most useful in the treatment of feline upper respiratory disease. It is important to understand that although our allopathic training refers to this as having an infectious etiology, there must be a degree of susceptibility in the patient for them to develop signs of illness. Homeopathic treatment addresses the symptoms but also the weakness in the patient's vital force that made them susceptible to becoming ill. Since many cases of feline upper respiratory disease show similar symptoms: mucoid oculonasal discharge, sneezing, fever, and anorexia, Pulsatilla is most commonly the remedy that is the closest match.

If the patient's symptoms do not match Pulsatilla, however, it is important to be familiar with other effective remedies for this condition.

**Reassessment:** Every 6-24 hours depending on degree of illness, intensity of symptoms, and potency selected.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Longer reassessment periods needed for higher potencies.

**Aconitum napellus** — High fever, anxiety and restlessness. Symptoms of illness are especially likely after a stressful event or exposure to dry cold weather or being chilled by cold wind. Symptoms seem acute, sudden, and can be violent in onset with high fever. The patient acts uncharacteristically fearful, anxious after becoming sick. If there is a cough it is harsh, dry, and croupy. Eyelids are red and swollen with conjunctivitis. Frequent sneezing, with scanty watery nasal discharge and nose bleeds may occur. The patient tends to be chilly. **Better:** In the open air; repose. **Worse:** Violent emotions (after fright, shock, vexation); exposure to dry, cold weather, winds, drafts; night. **Keynote:** Restlessness, shock, anxiety.

**Arsenicum album** — The oculonasal discharges are corrosive, causing ulcerative lesions on the eyelids and below the nares. Oral ulcers may be present, and the mucus membranes are dry. Respiratory symptoms are worse at night with asthmatic breathing upon lying down, and there is threat of pneumonia. These patients feel better amongst company of others and have a tendency to a loss of appetite with increased thirst. **Better:** Warmth. **Worse:** Nighttime. **Keynote:** Restlessness with rapid exhaustion. Patient wants to move around but tires with any activity.

**Bryonia alba** — Bryonia patients are characteristically irritable and short-tempered when they are ill, and they will hide away from people. They are excessively thirsty. Mucus membranes are all dry, and there is a dry hacking cough that may threaten to become bronchitis or pneu-

monia. The nasal discharge is fluent and may be watery or greenish, and the nostrils may be inflamed or ulcerated. Lachrymation with swollen lids. **Better:** Cold things (food, drink), cold open air. **Worse:** Motion, deep breathing, exertion, touch, becoming hot. **Keynote:** Patient becomes irritable, wants to be let alone, often with great thirst.

**Kali bichromicum** — Affinity for the mucus membranes of the nose and pharynx, air passages. Conjunctivitis with swollen eyelids and thick, ropy, stringy, yellow or greenish discharge from the eyes and nose. Coryza with obstruction of the nose, and there may even be dried crusts of mucus plugs in the nares. If there is a cough, any expectorant will be thick yellow mucus. Affections of autumn and spring. **Better:** Heat; motion. **Worse:** From suppressed catarrh; cold (damp, open air); morning; after sleep. **Keynote:** Thick, ropy, tough yellow or green mucus discharges that can be drawn out in strings.

**Phosphorus** — The nose may be swollen and red and may even have ulcers. The catarrhal nasal discharge is likely to have blood in it. Coryza can be fluent or dry. The breathing is oppressive, and the URI may threaten to develop into bronchitis or pneumonia. These patients crave cold drinks during fever and are often hungry when they are sick, which is a peculiar symptom for most cats with a URI. The eyes may have excessive lachrymation and swollen lids. **Better:** Eating, from being rubbed (magnetism). **Worse:** Cold; slight causes (emotions, touch, odours, light). **Keynote:** Patient is often hungry and craves cold drinks during fever.

**Pulsatilla** — The characteristic catarrhal discharge of yellow-green mucus from the eyes and nose with frequent sneezing makes this remedy the most likely to match this condition. These patients seek the outdoors and their symptoms are typically worse indoors and better in open air. The conjunctivitis may be so severe that the discharge agglutinates the lids together. These patients tend to be chilly and thirstless, and seek

company rather than hide when they are sick. **Better:** Open air. **Worse:** Stuffy rooms; nighttime. **Keynote:** Yellow-green oculonasal discharge, Thirstlessness.

**Silica terra** — Tendency towards chronic colds, with dry hard crusts forming at nostrils that bleed when loosened. Obstinate colds, sinusitis. The mouth may have ulcers that cause excessive salivation and should be considered for cats with chronic herpes virus symptoms or a tendency for the colds to develop into pneumonia. Poor appetite but increased thirst. **Better:** Warmth. **Worse:** Cold, air and drafts; suppressions. **Keynote:** Restless, fidgety, starts at least noise; nervous debility.

## Gastroenteritis

Gastroenteritis is one of the most rewarding conditions to treat with homeopathy as an accurate prescription leads to a rapid improvement in well-being and symptoms, often within minutes of the first dose. Understanding what caused the symptoms is also helpful in narrowing down the remedy selection, as there are a few remedies that are useful after ingestion of a fatty meal (garbage gut, excessive rawhide or meaty bone ingestion) versus conditions such as infectious disease such as parvo. In cases of deeper illness and chronic disease, such as protein-losing enteropathy, exocrine pancreatic insufficiency, and recurrent pancreatitis, deeper acting anti-miasmatic remedies will need to follow once the acute crisis has subsided.

**Reassessment:** Every 1-3 hours initially, if symptoms are severe. This rapid reassessment is necessary for dogs at risk for rapid dehydration from their vomiting or diarrhea, especially puppies or parvo patients. Once there is a response to the remedy, decrease assessment interval to every 6-12 hours depending on severity and whether the patient is hospitalized (parvo, HGE) or being treated at home. Mild to moderate cases reassess every 6-12 hours, depending on the severity and potency selected. The proper

remedy results in rapid improvement of symptoms.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Longer reassessment periods needed for higher potencies.

**Arsenicum album** — A remedy that should be considered when there is concurrent vomiting and diarrhea such as seen in cases of food poisoning, parvo, or HGE. Excellent remedy for dogs with gastroenteritis after eating something decayed or rotten. The patient may be restless and anxious, and there is a loss of appetite with great increase in thirst. If the water is cold, the patient is likely to vomit it up soon after drinking (Phos). ‘Heartburn’ may also occur, and looks like frequent belching and swallowing. There is flatus and diarrhea that may smell like rotten eggs. There is often melena, and the anus may prolapse from the straining. **Better:** Warmth. **Worse:** Nighttime. **Keynote:** Restlessness with exhaustion. Patient does not want to lie still but tires easily with movement. Frequent thirst for small amounts of water.

**Ipecacuanha** — As mentioned in the Infectious Canine Tracheobronchitis section, the most marked effects of this remedy are observed on the gastrointestinal and respiratory tracts. Consider when there is nausea and vomiting (one of its most constant effects) with a considerable increase of the secretions, especially in the upper portion of the intestinal canal, and also dysenteric symptoms. Discharges tend to be foamy and profuse, and nausea and shortness of breath often accompany most of the complaints. Nausea not relieved by vomiting. The vomiting and nausea are intense and typically followed by exhaustion and sleepiness. **Better:** In the open air. **Worse:** From motion, and from overeating. **Keynote:** Nausea not relieved by vomiting. Applicable in all diseases with constant and continual nausea.

**Mercurius corrosivus** — Noted for bloody, slimy, offensive stools with cutting pains and shreds of mucus. Prominent for dysentery; se-

vere tenesmus of the rectum, which is incessant and not relieved by stool, e.g. ‘never get done’ feeling. The stools resemble bloody water and may also be dark green or black. Vomiting may be spasmodic with painful retching of bilious vomit that may contain mucus or blood. Abdominal palpation is painful. Weakness, faintness, and shuddering. Dysentery and summer complaints from May to November. **Better:** Rest. **Worse:** Stool, urination; night; cold. **Keynote:** Tenesmus of rectum, not > by stool, ‘never get done’ feeling.

**Nux vomica** — Nausea and vomiting, with much retching. Vomit may contain mucus, undigested food, blood, or bile. An excellent treatment for car sickness. Symptoms are often brought on by overeating, overindulgence, possible toxic origin (e.g. adverse reaction to drug, salt toxicity in dogs from drinking too much seawater, etc.). Stools may be black, or mixed with mucus or blood; diarrhea or constipation with much urging. **Better:** After vomiting; free discharges. **Worse:** Overeating, drugs, poisonings. **Keynote:** Irritable, snappish behavior often accompanies illness and is significant when the patient is sociable and friendly in health.

**Phosphorus** — The Phosphorus patient regurgitates ingesta soon after eating, or vomits water as soon as it warms in the stomach. An effective remedy for vomiting after surgery (Nux-v). Vomitus may also include bile, blood, or a coffee ground appearance. Indicated for symptoms of ‘waterbrash’ (acid reflux<sup>†</sup>) and stomach ulceration. There is excessive flatus, and stools may be green, yellow and watery and may contain mucus or blood clots. Exhausting diarrhea. Phosphorus is an excellent remedy for profuse bleeding and should be considered when there is blood present in the vomit or stool. Symptoms can be brought on by toxic origin, e.g. salt toxic-

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<sup>†</sup> Yasgur’s Homeopathic Dictionary defines Waterbrash: rising of water from the stomach into the mouth. It does not necessarily mean a watery, acid fluid regurgitated from the stomach, sometimes accompanied by nausea.



ity (Nux-v). **Better:** Eating; cold food; from being rubbed (magnetism). **Worse:** Warm ingesta; slight causes (emotions, touch, odors, light). **Keynote:** Vomiting food soon after eating; vomits water as soon as it is warm in the stomach; great weakness, prostration, and exhaustion; profuse, exhausting diarrhoea pouring away as if from a hydrant.

**Pulsatilla** — Nausea and vomiting. Pulsatilla patients are typically worse from fatty foods, but even if this has caused their illness they can still crave them. When they are sick, they are usually thirstless. Abdomen is painful on palpation, and there will be flatulence that may or may not be incarcerated. Stools are changeable, and constipation may alternate with diarrhea, which may be watery, or have mucus or blood. There may even be discharge of blood from the rectum in between stools. **Better:** Open air. Company, consolation. **Worse:** Eating fatty foods. **Keynote:** Often caused by overindulging in fatty, rich foods. Changeable symptoms – appetite, stools.

**Sulphur** — While this is an anti-miasmatic remedy, it is also useful in acute conditions. The Sulphur patient will approach the bowl of food, but turn away from it without eating. They drink much water but eat very little. Effective in treatment of morning nausea and bilious vomiting that occurs on an empty stomach. Vomiting of food may occur long after it is eaten. Unlike most of the remedies listed in this section so far, Sulphur patients overheat and seek cool surfaces/locations. **Better:** Open air; motion. **Worse:** Warmth; becoming heated (exertion, in bed); suppressions; periodically; morning. **Keynote:** Characteristic morning diarrhea which drives the patient out of bed, and/or ‘waterbrash.’

**Veratrum album** — Profound prostration (Phos), collapse; effects are violent and sudden. Indicated for treatment of peritonitis and intussusception, this remedy is especially indicated for severe pain from colic. Copious vomiting with nausea, violent retching. There is much

straining in the production of stools; thin stools, like ribbon; watery, green, odorless or colorless stools; in large masses with straining until exhausted. Patient is chilly and feels cold to the touch, even when feverish. **Better:** Warmth; covering. **Worse:** Vomiting is worse by drinking water; exertion/motion. **Keynote:** Colic pain; the rapid sinking of forces, complete prostration.

## Otitis

Otitis is always considered a symptom of chronic disease, unless triggered by a foreign material in the ear (eg. grass awn). Acute remedies are often needed to relieve the intensity of symptoms while the patient is being evaluated for a chronic remedy. It is also helpful to know which acute remedies improve these symptoms as this may guide you to the selection of the deeper acting chronic remedy for your patient.

In addition to a homeopathic prescription, adjunctive treatments such as ear cleaning may be needed to evaluate progress and improve patient comfort. The selection of the appropriate ear cleaning product is important, as we want to loosen or remove the wax and debris without suppressing the discharge. Evaluation of discharge is important in homeopathic treatment because it is the process by which the body heals. If an ear cleaner suppresses the discharge, it makes interpretation of the homeopathic remedy difficult – e.g. did the patient’s ear discharges improve because the homeopathic remedy was effective, or were they suppressed because the ear flush contained a drug, e.g. steroid or drying agent? The Ancillary Treatments article (in the Resource chapter) contains recommended products that can be considered along with homeopathic prescribing.

**Reassessment:** Every 12 -24 hours depending on intensity of symptoms and potency selected.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Longer reassessment periods needed for higher potencies.

**Belladonna** — Ears are hot, sensitive and painful; inflammation of the ear is predominant. Hematomas may be present. Effective for acute onset of otitis media. Pain can cause delirium and aggression, e.g. patient may be aggressive to the handling of the affected inflamed ear. Complaints often are observed to come on suddenly, violently. **Worse:** From touch, motion, noise, draft of air. **Keynote:** Oversensitiveness of all the senses; light and noise are intolerable.

**Hepar sulphuris calcareum** — Painful otitis with discharge of fetid pus. Ulcerations or pustules may be present in canals. Ears are very sensitive to touch, and will cause excessive irritability in patient. **Better:** Warmth, wrapping up. **Worse:** Touch, pain, motion, cold air. **Keynote:** Great sensitivity, oversensitive.

**Pulsatilla** — One of the most common remedies for acute flare-ups of ear discharges. Pulsatilla is useful for swelling, pain, discharges of pus, blood, or thick yellow exudate and ulcerative lesions in the canals. The tympanum may be ulcerated or ruptured. Pulsatilla is also indicated for milder conditions when there is an excessive accumulation of wax within the canals. The patient is often clingy and seeks company when ill. **Better:** Cold applications, company. **Worse:** Warmth, suppressions. **Keynote:** Secretions from all mucous membranes are thick, bland and yellowish-green.

**Sulphur** — As mentioned, a deeper acting anti-miasmatic remedy for most conditions, Sulphur may be useful in acute treatment of otitis when there is a purulent, offensive discharge, especially in animals that have been previously treated with ear ointments to suppress prior ear infections. Caution must be taken on choosing to repeat Sulphur due to deep action. **Worse:** Warmth; becoming heated (exertion, in bed); suppressions; periodically; morning. **Keynote:** Complaints that are continually relapsing; when carefully selected remedies fail to act, especially in acute diseases; reaction deficient.





## Further Common Clinical Conditions

### Cystitis

This condition is best understood as *always being an expression of a chronic disease condition*. It is not caused by bacteria or infection, but is instead an acute flare-up of underlying chronic disease. Thus, treatment must be in two stages. First, we treat the acute manifestation and then, when that is improved, the underlying chronic disease tendency.

The most useful remedies for the acute phase are, in this order: *Pulsatilla*, *Nux vomica*, *Belladonna*, *Aconitum*, & *Apis*. One should also examine the following: *Cantharis*, *Phosphorus*, & *Sarsaparilla*.

The deeper aspect, that which is responsible for the predisposition, must be addressed by a different class of remedies, esp. ones like *Thuja*, *Mercurius solubilis*, *Phosphorus*, *Sulphur*, *Calcarea carbonica*, *Natrum muriaticum*, *Lycopodium*, *Silicea*, and others that are considered remedies for the treatment of chronic disease. (We talk about chronic disease in session 2.)

**Reassessment:** Every 6-12 hours for cystitis depending on degree of pain and intensity of symptoms, and potency selected.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Depends on the patient's level of pain and strength of vital force. Longer reassessment periods needed for higher potencies.

**Aconitum** — Inflammation is intense with quite a bit of manifest anxiety. There is a frantic quality to the cat's behavior, running about, hiding, looking very anxious. The condition comes on suddenly with intensity. There may be fever or excessive warmth to the body as determined by touch.

**Apis mellifica** — Intense symptoms with tendency to breakdown of tissue in the bladder and urinary tract. Thus, urine dark, bloody, thick,

containing shreds of tissue. There are frequent attempts (straining) to urinate every few minutes, the urine not coming out readily or appearing as bloody drops. Some cats will act very sleepy (when not frantically trying to urinate) or will cry out, shrieking with the act of urination. Thirstless and hot, does not want warmth.

**Belladonna** — Like *Aconitum*, inflammation is prominent. Less anxiety but more wildness towards delirium — acting like something there, frightened of shadows, dilated pupils with a wild look. Head may be hot. Like *Aconitum*, the condition comes on suddenly and with intensity.

**Cantharis vesicatoria** — *Cantharis* is one of the most common remedies indicated for cystitis with bloody urine. Violent, rapid onset of bladder conditions with inflammation; also useful for acute nephritis. The urine is scanty and there is constant urging to urinate with pain. The bloody urine is passed in small amounts or dribbling, and there may be jelly-like flecks in the urine. The kidneys are painful on palpation and attempts to urinate are frequent and painful. Violent strangury. The patient will be very restless and may cry out during attempts to urinate. This is especially effective for the treatment of pain that results from urinary catheterization.

**Better:** Warmth and warm applications, lying quietly. **Worse:** During or after urination; catheterization; touch. **Keynote:** Rapid onset of symptoms, restlessness, and bloody, painful urine passed drop by drop.

**Nux vomica** — Cat becomes irritable, does not want to be touched or examined. Grouchy. Withdraws away from people or other animals. Acts cold in that seeks a warm place to sit. Problem may follow a period of confinement (caged for traveling for instance) or indulgence in food too rich.

**Phosphorus** — The patient who needs *Phosphorus* often urinates bloody urine to pure blood. The urine has an offensive odor and may

contain brick colored sediment or fatty casts. The urine is turbid in appearance and may look like curdled milk. There may be involuntary urination in young ones who grow too quickly and may be considered in cases of submissive urination in puppies (Puls). There is a frequent urging to urinate, especially at night.

**Pulsatilla** — The most common remedy needed for this condition. These cats typically have bloody urine and increased frequency but symptoms are not usually intense. There is rarely irritability, and they may come for attention or seek attention from the client, esp. as a prelude to the attack. There tends to be no thirst and an aversion to heat or warmth so you may find that they are lying in cool areas, commonly in the bathroom in the tub or next to the toilet. They are notably sensitive to having the bladder area palpated.

**Sarsaparilla officinalis** — This remedy has an affinity for the genito-urinary organs and should be on every homeopath's remedy differential list for acute and chronic bladder conditions including kidney or bladder stones and cystitis. The Sarsaparilla patient is anxious from the pain and very sensitive. Abdominal palpation reveals a tender, distended bladder, and the urine may dribble while the animal is sitting or standing. The urine may be scanty and have flakes, sand, pus, or blood in it. The kidneys are painful on palpation and there may be stones in the kidney or bladder. **Better:** Warmth. **Worse:** Towards the end of urination and after urinating.

### *If None Of These Remedies Act*

Then give the remedy **Thuja occidentalis 30c**, once. If possible, let the remedy act for several days. If this is the appropriate remedy, then improvement will begin the first day.

If this does nothing, then it is beyond your level of treatment ability at this time.

### *After Acute Treatment*

If you did have improvement with one of the above remedies (other than Thuja), then in

most cases, it is necessary to follow with a more "chronic" remedy to completely resolve the situation.

The best strategy is to *let the cat improve as long as it can* and once after that improvement has ceased, or if the symptoms threaten to come back after a few days, then give one of these remedies as indicated by which remedy helped the acute attack.

Aconite → Phosphorus or Sulphur to follow.

Belladonna → Calcarea carbonica, Hepar sulph., or Mercurius solublis.

Apis → Natrum muriaticum.

Nux vomica → Phosphorus, Sepia, or Sulphur.

Pulsatilla → Lycopodium, Sepia, Silica, or Sulphur.

Using these suggestions as a guide, still read your materia medica for these deeper remedies to differentiate them carefully. Give *one* dose of 30c only. *Do not repeat* without clarity as to the interpretation of the response. If one of these remedies is the correct one, you usually will not need to repeat for a month or more.

## **Cat Urethral Obstruction**

This is best understood to be both mechanical and functional. There is inflammation of the lining of the urethra and associated tissues. Inflammation (a catarrhal state) results in increased mucus production. The swelling narrows the opening and makes more likely the obstruction by a mixture of the mucus and sediment. This sediment, present because of chronic disease and accumulating over a long period of time, is not an expression of the acute phase of the problem though it is a factor in the development of obstruction.

Treatment at this point is directed to address the inflammation and swelling. Sometimes a reduction in the associated inflammation is enough to allow the plug to move on out. Usually a couple of hours can be allowed to attempt

homeopathic treatment before resorting to other methods of treatment. In most cases, the correct remedy will allow passage of urine in less than an hour. Massage of the penis may hasten release.

**Reassessment:** Every 10-20 minutes for urethral obstruction depending on potency selected.

Strongly recommended supportive care includes: placing the patient in a *quiet, dark, "safe" environment*; the quiet environment should include the additions of Feliway spray and/or diffusers, a hiding box or bag for the patient, and a towel over the kennel door. Additional supportive care when appropriate: consider de-compressive cystocentesis to give the remedy more time to take effect and relieve patient discomfort. If no response within 90 minutes, proceed with urinary catheterization.

If the patient is in a crisis blockage (e.g. huge bladder, indications of severe azotemia and/or hyperkalemia with cardiac abnormalities present, severely altered mental status, etc.), administer the remedy while you are admitting the patient and preparing for catheterization and reassess every 5 minutes until the patient stabilizes or the surgical team is ready for catheterization.

**Potency:** 30c-10M, lower potencies may indicate more frequent repetition. Depends on the patient's level of pain and strength of vital force. In most cases of urethral obstruction, consider higher potencies, 200c and above.

### Useful Remedies:

**Consider these two first, see which fits best.**

**Nux vomica** — A commonly needed medicine. Typically, the cat is very irritable and doesn't want to be touched. Try first by giving a dose of 30c. If no response to this treatment within 10 minutes then give a second dose. Still no response after 10 minutes, then look at one of these other remedies...

**Pulsatilla** — Cat typically is relatively relaxed about the situation — troubled, yes, but not angry or irritable — and wants attention. Use same

schedule as given above. If no response by 10 minutes after the second dose and Nux vomica (as the other choice) does not seem to fit, then go to the next remedy which is...

**Apis mel.** — The urine will likely be bloody. Inflammation will be very severe when this remedy is needed, with obstruction and bladder distension. This remedy has a strong tendency toward swelling of tissue, as in edematous accumulation, thus the urethra and its lining will be swollen and puffy.

Typically the cat has the pattern, preceding the obstruction, of trying to urinate but with delay and difficulty. Has to press a long time to get it out, perhaps grunting or making other noises. Sometimes there will be just bloody drops of urine coming out, in spite of great effort.

Typically, the urine is cloudy, bloody, bad-smelling, even very dark sometimes. A brown color not unusual, but even strange colors like green or violet have been seen.

During this, the cat usually will be thirstless and averse to any warmth.

All of these medicines are notable for the problem of the urethra becoming swollen with inflammation or plugged with debris or sediment. *Remember that once improvement starts to not interfere with that improvement by giving more medicine.*

If no response to these three remedies, then it is best to proceed with use of a catheter.

### Cat Bites

A common problem for both animals and people, and one which can be incredibly serious at times, is cat bites. It is a difficult challenge for you to bring your mind away from the thoughts of "infection," but the introduction of bacteria is really a minor consideration. Of course, it is necessary to remove any foreign material — like hair, broken off claws, etc., however it is not necessary to think of antibiotics when there are clean wounds or punctures (as well as con-

taminated wounds). Homeopathic remedies are entirely sufficient. Like selecting an antibiotic, it is important that the right medicine be used to have the desired effect.

**Arnica** — First medicine to use. Give a single dose (30c, though can use higher potencies, see treatment of Injuries and Wounds article), 2 doses an hour apart. Wait 4–6 hours to see the next stage. If not resolved (much better and seems to be healing) go to one of the remedies indicated below.

**Ledum** — If the wound remains painful but also *without inflammation*, e.g. no swelling or redness and the area around the bite is cold, it is a lack of reaction. Give the same course as described above for Arnica. This remedy is often sufficient, so you can usually wait until the next day to evaluate.

**Lachesis** — If the injured part is turning bluish or gangrenous, if there is a putrid or rotting smell or discharge from the wound, then this remedy is indicated. One dose of 30c, this usually being enough, but can be repeated 2 or 3 times if necessary. This is the *chief remedy for severe bite infections* or ones that do not respond to care. It is also an important one for veterinarians to remember as it has saved many a finger.

**Silicea** — If the stage of an abscess or pus discharge is reached. *First remedy to give when pus is present*. Give one dose of 30c, to start, then reassess.

**Hepar sulph calcareum** — Indicated when the wound becomes *exquisitely painful* and the slightest touch causes a reaction of anger and aggression. Give one dose of 30c and evaluate.

## **Pruritis, Itch, ‘Allergies’ in Dogs**

A common and frustrating problem. This is *always chronic disease* from the beginning even when the lesion is small at the first presentation. Just make this assumption and you will do much better with treatment. The implication is that deeper remedies will be needed to fully resolve

this condition. The indications here will give you a start with this more complicated condition, our study of chronic disease in the next session necessary to complete the treatment plan.

There is usually a trigger that starts the process, though this trigger is not the fundamental cause. Examples are fright, injury, vaccines, and surgery. For many animals it is *the presence of fleas* that are introducing foreign material in the form of saliva into little skin injuries (bites). Though it is too simple to consider the flea bite as the whole cause, it can be what starts the manifestation of an underlying weakness — sets it off, so to speak.

This problem, one of the most difficult and frustrating that you will see in practice, is one that can be completely resolved with homeopathic treatment if you have both the information you need and the patience to work with the case over time. In recent cases, it is just a short time. In prolonged chronic cases, it will take weeks to months to work through the whole problem. With all of the following remedies, start by giving one dose of 30c.

**Nux vomica** — This remedy often corresponds to the state brought about by continued use of medications to suppress symptoms. The patient becomes irritable, unfriendly, doesn't feel well, is subject to upset stomach, cramps, even seizures.

*Many animals will improve to some extent* with Nux vomica given as a 30c potency, especially if they have had treatment already with various drugs or ointments. Often a good remedy to start with. Though there will be improvement for a while (a week or so), other remedies will be needed to make further progress.

**Lachesis** — A remedy often needed subsequent to this condition when associated with rabies vaccine. One cannot usually be sure of this as the trigger, but younger animals that develop these skin allergies a few weeks after being vaccinated will often be helped by remedies that address the vaccination influence. Lachesis is one



that especially addresses the rabies vaccine influence that is contributing to chronic disease.

Symptoms tend to be *on the left side of the body. The skin becomes bluish or purple in color and for there to be bleeding from lesions or other body parts.* Symptoms are also typically worse on waking up, and from getting too warm.

One dose of 30c or 200c sufficient.

**Rhus toxicodendron** — Which comes from poison ivy, is indicated for the skin condition characterized by redness, some swelling, inflammation of the skin as a concomitant and, above all, *very intense and persistent itching.* There can be a discharge of fluid (“hot spot”) which can be serous or yellowish in appearance. One dose of 30c or 200c sufficient.

## Deeper, more chronic remedies

**Arsenicum album** — Patient restless with irritation, anxious or mistrusting or disliking other animals, fear of noises. *Thirsty for small amounts of water, frequently. Chilly.*

**Calcarea carbonica** — A frequently needed remedy. Patient usually has *a history of ear catarrh* (called erroneously “yeast infection”) or excessive discharge of wax (brown, oily) in the ears. There may be *a tendency to obesity or to slowness of development. May eat dirt or crave ice or snow.* Stubborn.

**Mercurius solubilis** — Tendency to pus formation, especially if *greenish color* (also Thuja has this type of pus). Predilection for the *gums to become inflamed, red, with very offensive breath.* Patient sensitive to both hot and cold temperatures.

**Natrum muriaticum** — *Ravenous appetite, yet gradually emaciated.* Ears catarrhal with rawness inside. Patient tends to get hot. Craves salt. Developing weakness of parts or of whole body. Skin gets red but no rash, just a diffuse redness. Allergic eruptions, red blotches with violent

itching. Worse after exercise. *Greatly aggravated by flea bites.*

**Phosphorus** — This individual *tends to get hot,* pants (if a dog), seeks cool areas. General itching over entire body. Itching and irritation result in restlessness, change of position. Eruptions dry, scales, dandruff. *Thirsty for cold water or craves ice. Tendency to vomit a few minutes after drinking.* Dog craves company and attention.

**Silicea** — The patient tends to persistent inflammation, *development of pus,* normal “doggy smell”, *curved or distorted nails,* desire to eat dirt or indigestible material (Calcarea carbonica also has this). *Predilection to avoid getting the feet wet,* to having them touched or the nails cut.

**Sulphur** — A remedy for chronic disease, often needed at some point in treatment of these chronic conditions. The patient tends to be *thin, with loss of appetite but increased thirst* (Silicea also has this). *Orifices (mouth, vagina, anus) become reddish, the skin dry and itchy.* Itchiness is very characteristic for this remedy though many others also have this in high degree so one cannot prescribe Sulphur simply on the basis of itching in the case. Sulphur patients generally avoid too much heat, are *lazy and inactive and don't mind being dirty,* e.g., not too concerned about grooming.

## Conclusion

This is a common and frustrating problem, and in all honesty, not usually easy to completely resolve without considerable time and cooperation from your client. A chief difficulty is that these animals have usually been treated before and therefore you will have a considerable difficulty in recognizing which remedies are similar. We will be covering this challenge of confused and altered cases in future sessions.





# Repertory Study: A Useful Exercise

by Andrea Tasi, VMD

Learning to practice homeopathy is a challenging task. There is much to learn, and for those of us trained in allopathic medicine, much to unlearn. It behooves us to find study exercises that provide the opportunity to practice more skillfully and efficiently.

There are four different pillars of homeopathic education:

1. **Theory & Principles:** All the foundational concepts of vitalism and the approach to homeopathic understanding of health/disease are contained in many texts, starting with the Organon and The Chronic Diseases. Many of these texts seem quite inaccessible at first as the concepts are new and the language is old. This course's goal is to give you a strong foundation in homeopathic theory and principles, but it will be a lifelong journey to comprehend them deeply and put them into practice wisely.
2. **Posology:** (strongly related to theory and principles) What potency and how often to dose? One of the most confusing concepts to learn, as many different respected masters have different things to say on this subject. Study, experience, and experimentation will make you feel more confident over time. For now, this course will give you basic guidelines. It has served me well to remember that in the treatment of chronic disease, it is best to start with a lower potency when unsure of the sensitivity of the individual. This is advised to prevent any unnecessary suffering through symptom aggravation, which can occur from the administration of a similar or partial remedy but not the similimum.
3. **Materia Medica:** The wealth of information about our remedies and their provings is truly daunting in how vast and detailed the information is. Material medica study strategy could be the subject of a whole other lecture, and different individuals will find different strategies based on their style of learning. Some simple advice: use each case you work up to advance your knowledge. Do not rely on a computer program putting a remedy at a top of a case analysis! You must study the MM to see if a remedy truly fits a case. For several years, I re-read Kent's lecture on every remedy I prescribed for chronic cases. I still always at least re-read Boger's Synoptic Key to verify affinities and modalities. Comparative material medica's are also very useful.
4. **Use of the Repertory:** Happily, it is here that we find the easiest entry into using the valuable information contained in the Materia Medica. Indeed, repertories were borne FROM the Materia Medica, as the number of proven remedies grew and it became more difficult, albeit impossible, to contain the information in one's memory. Learning the repertory is actually not difficult, as we are not trying to memorize information, but to learn a general landscape that allows us to have a mental map to revisit with each new case.

Studies have shown that we retain more information when it is presented in tangible, physical form that affects our senses. In the case of the repertory this means ON PAPER IN BOOK FORM, not on a computer screen. A book has a feel, a sound as the pages are turned, an unchanging particular appearance and layout, and often even a smell. Reading the repertory in book form, in a systematic and purposeful way, has been, for me, the single most helpful exercise in improving my

day to day practice, from case taking to case analysis.

Think of the studying the repertory as taking a walk through a forest, a walk you will take over and over again, each time unconsciously incorporating more of the trees, plants, animals, and paths into your memory. When you complete a walk through a forest, you will be able to say to yourself “I saw a tulip poplar, some red capped mushrooms and a pileated woodpecker.” It doesn’t matter if you don’t remember at exactly which kilometer of your walk you made these observations: you will still know they were there. I believe nearly every practitioner will benefit from book-based repertory study, as the ability to generate a “mental map” from a physical journey, with its resultant memory waypoints and landmarks, is a nearly universal human skill.

### ***How To Perform This Exercise:***

1. Obtain a copy of the repertory you wish to use (Kent, Boger-Boenninghausen, or New World Veterinary Repertory recommended) in book form. In the case of Kent or Boger-Boenninghausen, obtain a size that is practical to take with you, and quality of printing that is friendly to your eyesight. Because these books are off copyright there are markedly different editions available, nearly all of which are inexpensive enough that it is well worth it to purchase more than one. I own 3 copies of the same edition of Kent’s repertory: one for my home/office, one for my car, and one at my weekend house. The complaint/excuse “I do not have access to a repertory” is a personal pet peeve, something no homeopath should ever utter! Remember too, that electronic technology can fail us, and that if we are homeopaths who can only practice on software we will not be useful if some disaster befalls the computer that contains that software. A book can never be hacked or frozen by malware; and I am confident no thieves are interested in stealing my tattered old copies of Kent’s repertory.
2. Choose a section of the repertory to study, studying only one section at a sitting. The most logical place to start is the **GENERALITIES** section as these rubrics are the most useful in case analysis since they apply to the individual as a whole (or as modalities to the most important symptoms in the case of the Boenninghausen method). In Boger-Boenninghausen Generalities are presented in **SENSATIONS AND COMPLAINTS IN GENERAL** and **CONDITIONS IN GENERAL** and **CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL**, whereas Kent has this information in one **GENERALITIES** section. From there, you might move onto the sections that most reflect the type of diseases your practice presents you with. In my feline-only practice, the stomach, abdomen, rectum and stool sections were next, as so many cats present to me with chronic GI disease.
3. Using your finger to run down the page, or better yet, using an index card or small ruler as a cursor, read each rubric and subrubric. Pay little or no attention to the remedies in the rubrics! The goal of this study is to learn what symptoms are to be found in the repertory’s rubrics, **NOT** to learn what remedies are found in the rubrics. There is no need to waste space in your brain for that information, as it will always be there in the book or your software. Contact of your finger to the page, or the index card will increase the mental mapping you will begin to accumulate.
4. If you encounter a word you do not know **STOP AND LOOK IT UP**. For most effective study, have at hand Yasgur’s dictionary and if possible, an old medical dictionary (I use an

1874 edition of Dunglinson's Medical Dictionary, purchased from alibris.com). These will be most important in the beginning of your homeopathic education when the old language is new to you. It is of vital importance that you know what particular terms mean, as times have changed and words do not mean the same now as they did in the classic references. (Richard and Wendy have clarifying terms throughout their New World Veterinary Repertory that make the dictionary less of a requirement) Make a note in the margin if necessary to help you remember/clarify terms. Pencil is most useful, as ink will bleed through most repertory pages. If you do not have access to a dictionary, write the word down on your index card and look it up when you can.

5. In each section, using a pencil or dry (gel) highlighter as ink will typically bleed through the paper, make some mark by rubrics that strike you as particularly descriptive of symptoms you commonly encounter. The act of making a mark on the page will help you remember this rubric in the future.
6. Set a schedule of study to stick to, hard or soft as you see fit. A section a day is a good start. Shorter sections take only a few minutes.
7. Work your way through the whole of each repertory you wish to study before you move on to another, as each is set up slightly differently and part of this exercise is to learn the structure and order of each repertory. Understanding these differences will help you use each repertory in the manner for which it was created.
8. In Boger's Boenninghausen repertory book version, many sections lay out an anatomical taxonomy/abbreviation system in the beginning of each section. For example: in the HEAD section we are introduced to each part of the head and how it will be abbreviated in rubrics throughout the rest of the section:
  - Forehead = F
  - Temples = T
  - Sides of head = S
  - Vertex = V
  - Occiput = O

It may be helpful to write this key in pencil at the top of each page or even next to each rubric so it makes future reading easier. I found it easy to get "lost" without my penciled- in "decoding" of these abbreviations, for some of them are quite counter intuitive. In the eyelid section for example. The UPPER eyelid is abbreviated as "O" and the LOWER eyelid is abbreviated as "U"! The software versions have eliminated these abbreviations.

9. Boger-Boenninghausen's and Kent's repertories have useful articles in their beginning sections (before the actual repertory sections). Reading this material will give you a better understanding and appreciation for each repertory. This information is invaluable and does not exist in the software version of these repertories.
10. Boger-Boenninghausen repertory is structurally a bit more challenging than Kent's. This is because Boger condensed multiple works of Boenninhausen into the repertory section: *The Therapeutic Pocket Book*, *Apsoric & Antipsoric* repertories, *Sides of the Body*, and the repertory parts of his writings on *Intermittent Fever* and *Whooping Cough*. The Boger-

Boenninhausen volume also contains a concise *Materia Medica*. Boger's accomplishment in creating this one single volume was masterful.

What are the results of this exercise? Most importantly you will learn **WHAT, IN A GENERAL SENSE, IS IN THE REPERTORY**: symptoms that have corresponding rubrics, and thus **USEFUL** information. You will be able to recall, perhaps not exactly, but in some hazy way "Oh yeah, I remember seeing something about losing appetite after just a few bites of food somewhere in the stomach section." You will spend less time searching for the rubric that corresponds to a symptom, because you will have a mental map of the "forest". This knowledge will also influence your case-taking skills and efficiency, as knowledge of what is in the repertory (and what is not) can help you use your time well during case intakes. When we can focus our case taking on accumulating **USEFUL** information (**USEFUL** = symptoms that are found in the repertory), we do a better job at taking the case. And lastly, won't it be nice to rarely or never have to ask the question: "Where do I find a rubric for \_\_\_\_?" There are so many more difficult questions to answer in homeopathy that reducing the simple ones makes us happier, more effective practitioners.

### **Additional Tips for Repertory Study/Use**

- When you study the **MENTAL/MIND** section, particularly of Kent's repertory, it should be with two goals in mind. First, be sure you understand what the rubric actually means. *A Modern Guide & Index to the Mental Rubrics of Kent's Repertory* by David Sault is an invaluable resource for this. Second, ask yourself "would I be able to recognize this in an animal?" Many of the mental rubrics will never be of use to us as veterinarians, but it is essential to learn those rubrics that do apply to the species we are treating.

Mental rubrics that touch on morality (what is "right vs. wrong"/ "good vs. bad") are particularly risky/inappropriate to use in most animals. The delusions section, which is usually quite large in any human repertory, also has very limited use in animals.

In animals, there are also species normative behaviors (such as biting or marking with urine or feces) for which comparable human behaviors do not indicate the same intention and often only exist in individuals with likely mental illness. Rubrics for these behaviors thus must be used judiciously, if at all.

- There are pain and sensation rubrics in virtually every section of any repertory. While reading through them is useful, be aware that we will be able to use **ONLY** broad/general pain rubrics in our non-verbal patients. The many descriptive pain terms (biting, burning, cutting, grinding, jerking, pressing, sticking, tearing, etc.) are of great use when treating humans, but are, in most cases speculative in animals. In some sections, especially head, extremities and back, the pain rubrics are so numerous that marking the broad/general pain rubrics will be helpful.

My system is to put a check-mark by the pain/sensation rubrics I feel are useful in animal cases, and an "X" by those that are not.

- Physical generalities are symptoms of high importance. They reflect the individual as a whole or, (in the Boenninhausen method) modalities for symptoms that are not listed with their own specific modalities. Physical generalities are, as you have been taught, symptoms that you would preface with "I am..... \_\_\_\_" if you were describing them for yourself.

- While all repertories have a GENERALITIES section, it is an important to realize that many other sections contain important physical generalities. One might consider this an “error” in the layout of all repertories, but once understood, is easily worked around.
- All symptoms that relate to hunger, appetite and thirst are physical generalities and yet are listed in the STOMACH section. But, obviously, one would never say “My stomach is thirsty for a glass of cold water.”
- True food cravings and aversions are also physical generalities. In many repertories these are listed in the STOMACH section as well, under DESIRES and AVERSIONS. It is important to understand that simply liking/enjoying a food is not enough to consider it a DESIRE. In human terms, we must really think of DESIRE as akin to CRAVING. Species-specific understanding is important here, as, for example, it is perfectly normal for a cat to desire meat or fish, but is highly unusual to desire fruit.
- Although found in their own section, all symptoms related to sleep and dreams are generalities as well, as they deeply reflect the individual as a whole. Sleep symptoms in animals are less common than in human cases, but if present, need to be held in their proper position in the symptom hierarchy. It seems fairly obvious that animals dream, but we have no way of knowing what their dreams are about, so we cannot use this interesting section of the repertory. In humans, dream symptoms are treated as mental generalities of the highest order: a view right into the subconscious.
- In women, symptoms related to menses/menstruation are all considered generalities, although they are found in the GENITALIA section of most repertories. While no companion animal or domestic animal has the exact female hormonal cycle as the human, the closest we can come for many species is to relate heat/season to menses.
- Fevers are always a general symptom as well.
- An important point to remember is that if there is nothing mentioned after a rubric heading, then it means AGGRAVATION FROM. For some reason, ameliorations are always mentioned, but the aggravations are only sometimes mentioned.
- In the MIND section, this point broadens the meaning of many rubrics as each rubric can refer to the particular mental symptom OR that the patient is aggravated by that mental state. For example “CHAOTIC” can be the rubric used to describe the patient whose symptoms relate to a disordered and confused mental state, BUT it can also be the rubric used to describe the patient who condition is AGGRAVATED FROM CHAOTIC conditions. Some mental rubrics do clarify “ailments from....” as another way of assigning causation or aggravation.
- Searching for heart and circulatory symptoms in Kent’s repertory is particularly challenging. The CHEST section contains “Affections of the heart”, a broad and useful rubric for disease of the heart, but is easily skipped over when scanning the computer based version. “Murmurs” is in the CHEST section, but all symptoms relating to PULSE are in the GENERALITIES section!
- Within the SENSATION & COMPLAINTS IN GENERAL section, Boger-Boenninghausen’s repertory has rubrics under heading INFANTS. These rubrics are very useful in the treatment of young animals, as they address many common conditions of the young.



## **Combining Rubrics**

There are times when we find that there are 2 rubrics (or, rarely, more than 2) that BOTH describe a symptom accurately, yet there are different remedies in the different rubrics. What to do? It is in this situation, **AND ONLY IN THIS SITUATION**, that one may **COMBINE** the rubrics, creating a larger rubric with a combined name that contains all the remedies listed in both rubrics. This is an easy feature to use in RadarOpus or Synergy (previously MacRepertory). The purpose is twofold, first to be inclusive and be sure to not miss a remedy, and second to not overemphasize a particular symptom in an analysis by listing multiple rubrics for one symptom.

*A simple example:* Polly, the sick cat, now wants to spend all her time outside or at the open window. Does she just want to be in the open air? Does she feel better in the open air? We cannot know for sure, but these rubrics are close enough to combine, ensuring that we do not eliminate a remedy by misinterpreting the behavior. Rubrics to combine in this example (using Kent):

- GENERALITIES, AIR, open, desire for
- GENERALITIES, AIR, open ameliorates

*Another example:* Freddy the cat has an inflammatory polyp in his ear. In Kent we find:

- EAR, POLYPUS (18 remedies)
- GENERALITIES, POLYPUS (29 remedies, many of the 18 above are included)

It would be quite reasonable to combine these rubrics to be sure we had all remedies that relate to the formation of polyps included in our case analysis.

*A third example:* A commonly combined group of rubrics are those related to growth and development, as we frequently treat related problems in our selectively bred domesticated animals.

Kent, oddly, contains only the rubric:

- GENERALITIES: DWARFISM (14)

Boger-Boenninghausen contains:

- GENERALITIES: DEVELOPMENT (10)
- GENERALITIES : GROWTH, affected (5)

Combining all three of these rubrics gives us a GROWTH/DEVELOPMENT rubric with 20 remedies total.

*An example of an INCORRECT use of combining rubrics:* Lilly, poor kitty, has diarrhea (stool too soft in consistency with increased frequency). Her diarrhea is green and smells very bad. In Boger-Boenninghausen we cannot find this complete symptom. We can find:

- STOOL, Diarrhea (96)
- STOOL, Bad odor, offensive (66)
- STOOL, Green (47)

**IT WOULD BE INCORRECT TO COMBINE THESE RUBRICS**, as they do not describe the same or closely related symptoms.

*In Summary:* Rubrics can only be combined that essentially state the same symptom, perhaps in broader and narrower variations (e.g. polypus example) or when two symptoms are very close in describing the same symptom (e.g. open air example).



## Possible Outcomes of Various Therapies

Outcome	Homeopathy	Allopathy	Surgery
Cure	✓	occ.*	occ.*
Palliation	✓	✓	occ.*
Suppression	✓	✓	✓

\* Occasionally there is a reduction of symptoms or an apparent recovery of health.

It is essential to developing skill in homeopathic work that one learns how to differentiate the reactions that occur after a remedy is given. These three possibilities always have to be considered as it is not always obvious at first which is happening. The timing of events is very helpful and you must ask your clients to keep a record of when the remedy was administered (if they give them at home). For example, immediate relief in a chronic case can be due to *palliation* rather than a curative response so knowing when the relief is seen after the remedy can be necessary to make an accurate interpretation. Here is a detailed listing of the changes to note with each type of response.

### The Process of Cure

- ◊ *Increased well-being* (energy, spirits, activity, social interaction, mood, alertness).
- ◊ Signs of *physiological resistance to disease* (fever, vomiting, diarrhea, inflammatory response, discharges) if the prior condition was one of feeble reaction.
- ◊ Homeopathic *aggravation* (within the first few minutes or hour after the remedy). Seen mostly in chronic disease rather than acute conditions.
- ◊ *Counter-action* of the life force—an increase in (often) one symptom of the symptom-complex. Seen more likely in chronic disease, usually 2-5 days after the remedy given.
- ◊ *Disappearance* (or reduction) of symptoms of the illness.
- ◊ Return of *normal behavior* (grooming, interaction, habits, personality characteristics).
- ◊ *Sequential increase and reduction* of one or more symptoms of the disease complex—brief and not intense—and often occurring in reverse chronological order.
- ◊ *Return of “old” symptoms*, usually ones that were suppressed by prior allopathic treatment, usually several weeks after starting treatment.

### The Process of Palliation

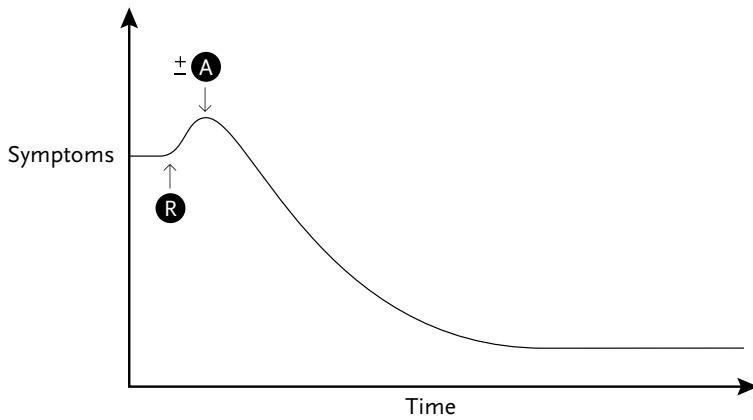
- ◊ A symptom (or group of symptoms) *rather quickly disappears* while the medicine is being used.
- ◊ Though some symptoms are relieved, the patient *does not have increased well-being*.
- ◊ Some *prior symptoms are not better*—in fact persist unchanged or become worse
- ◊ With time, *new symptoms*, not seen before, now make their appearance (“side effects”).
- ◊ There are *no signs of cure* (as defined above).
- ◊ If the medication is discontinued, the *symptoms return* and are usually more intense than before.
- ◊ Over time, if the medicine is continued, the patient deteriorates (loss of interest, apathy, sluggishness, a new crisis of *apparently “new” disease* with a different diagnosis).

## **The Process of Suppression**

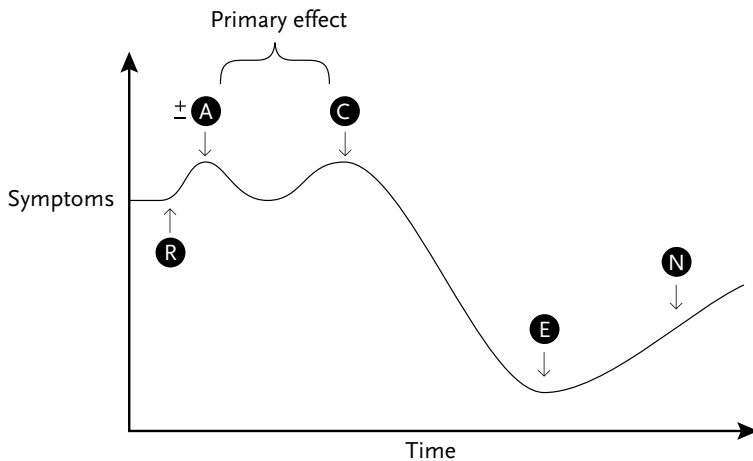
- ◇ One or more symptoms disappear for a while, or *permanently*. This may happen very quickly or over a period of time. *The medicine does not have to be continued* because the symptom is gone.
- ◇ Continued *one or more remaining symptoms* — not considered to be part of the diagnosis.
- ◇ There is no evidence of enhanced well-being and *no evidence of a process of cure*.
- ◇ Over time (weeks, months) *a new symptom appears* in a different place in the body (e.g., a “new” diagnosis).
- ◇ Alternatively, no new physical symptoms develop but the patient *worsens emotionally*. This can happen very soon after the suppressive effect.
- ◇ The patient seems to be *relatively immune to common infectious diseases* (because still ill).
- ◇ There may be an increased attraction or *susceptibility to parasites*.
- ◇ After a period of what is considered as “good health”, there is a crisis and discovery of *a disease more severe* than the original one.
- ◇ New diseases that appear are *more interior*, e.g., deeper inside the body, or further up towards the chest or head.
- ◇ When there is an injury or infection, there seems to be *little evidence of resistance* by the body. There is no fever or inflammatory process — just a general decline.



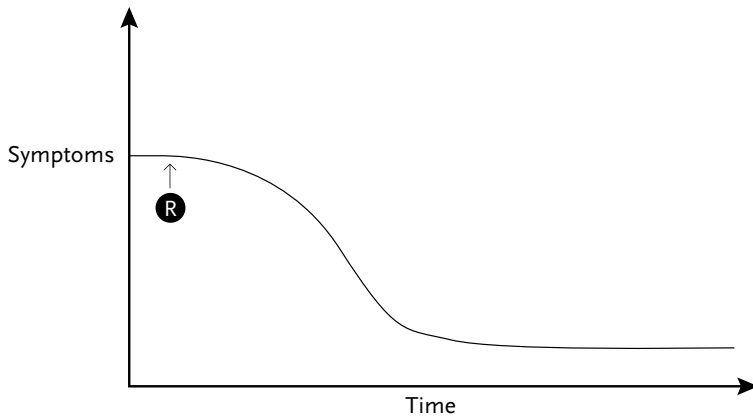
**Acute Remedy Response**



**Chronic Remedy Response**



**Simillimum, Palliation, or Suppression**



**Key**

**R** Remedy given

**A** Aggravation

Remedy is displacing disease.

In acute states this occurs a few minutes after a remedy is given. In chronic states this occurs within 12-24 hours.

**C** Counteraction

Beginning of vital force reaction.

Occurs 2-5 days after remedy is given.

**E** End of remedy action

**N** New remedy needed



# Introduction To Materia Medica

## Introduction

Remedies are applied to cases for treatment of *states of illness* rather than for a diagnosed condition. These states can change, as the condition progresses, in either a curative direction or as worsening of the disease, thus the need to monitor responses to remedies as the case is managed.

In the study of materia medica, we learn to acquire a “picture” of the remedy in our minds, an image of what the patient will be like when displaying a pattern that is similar to what the remedies will do in a healthy individual.

## Remedies Of Importance — The Polychrest Remedies

There are certain remedies that are very often used in homeopathy. Over the 200 years of homeopathic experience and research, certain ones have been confirmed as being the most useful. This is because they are ones that very much correspond to the *frequently seen signs of illness, regardless of the type of illness it is*. These remedies are called *polychrest*\* remedies.

An example would be a remedy for injuries. The majority of injured patients will have some pain in the injured part worse from moving it, feeling of soreness or being bruised, and anxious concern about having the injured part touched or handled. This very much corresponds to **Arnica**, a remedy that has these characteristic features:

- ◆ A feeling of soreness, of being bruised.
- ◆ Anxiety at someone approaching the injury.

Therefore, it is understandable that Arnica will very often be useful in the great bulk of injuries that one sees because the symptoms mentioned are a common expression of injury.

There are other remedies, also commonly used in injuries, which are variations of the typical pattern. Some brief examples are:

- ◆ **Hypericum** — Injuries to parts of the body that are already very sensitive, like fingers, teeth, spine.
- ◆ **Ledum** — Injuries with a lack of reaction to the part, e.g., no inflammation but the area stays “shocked” and cold to touch.
- ◆ **Calendula** — Injuries involving loss of large amounts of tissue, great chunks torn out or gaping wounds, often with a great deal of hemorrhage.

The practitioner, knowing the characteristics of these medicines, can readily choose the one that is most appropriate for the state of the patient at that time. As the condition changes during treatment, then one can change to remedies that become more suitable for the emergent condition. This is especially apparent in the treatment of acute illness but still often the situation for chronic disease treatment as well.

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\* The word comes from the Greek, meaning “many uses.”

# Rhus Tox. Skin Symptoms

(Interpretation of a sample text from a materia medica)

## Materia text\*

**Skin** — *The cold fresh air is not tolerated; it makes the skin painful. Skin red, swollen, itching intense. Urticaria during heat. Vesicles, herpes; urticaria; pemphigus; erysipelas; vesicular suppurative forms. Glands swollen. Cellulitis. Burning eczematous eruptions & tendency to formation of scales. Skin stiff, thick, dry, hot, burning; itching, < hairy parts. Vesicles over abscess. Baker's itch. Rubbing affected part < eruption. Itching & burning and smarting, feeling as if pierced with hot needles. ITCHING > HOT WATER. Boils and abscesses. Itching all over, < on hairy parts; burning after scratching. Burning and neuralgic pains after herpes zoster. If face is attacked by eczema there is edema of loose cellular tissue about eyelids. The more they scratch the greater the urgency to scratch; eczema.*

## Interpretation

### Each sentence refers to one separate symptom.

The skin has become very sensitive to the sensation of cold air and exposure to it is painful.

The skin is red and swollen, with intense itching. That the itching part is emphasized by italics means that it is more typical or more prominent as an aspect of the condition. There can be other skin conditions, corresponding to other remedies in which the skin is red and swollen but what makes rhus tox. the indicated remedy is the accompanying intense itching.

The appearance of hives (urticaria) or wheals during an attack of fever (heat).

A variety of eruptions are described, all listed in the same sentence as they share the nature of eruption, but the variations are described and separated by a semicolon.

Swollen glands, any place on the body.

Cellulitis, inflamed skin condition, possibly bacterial. Notice the emphasis of this symptom by being italicized.

A type of skin eruption in which there is the for-

mation of scales associated with a burning sensation — a type of eczema.

Any condition in which the skin becomes thick, dry, hot and burning. This tends to occur where there is hair on the skin (as could be a discrimination in people). Note that this thick and hard skin would occur as part of the progression of a disease condition, not because of persistent scratching and chewing.

An abscess condition with the formation of blisters over the abscess, therefore not indicated for every kind of abscess, just this type.

Baker's itch, a type of acute dermatitis caused by the flour mite. Observed in professional bakers on their hands and forearms, due to their daily work with flour. Begins with a great itch, followed by periods of oozing, and ultimately the skin becomes dry and scaly; lesions are eczematous-like in appearance<sup>†</sup>.

When there is an eruption, rubbing that area makes the eruption worse.

The affected skin itches, burns, and smarts and feels like it is pierced with hot needles.

The itching is relieved by application of hot water, as in taking a hot shower. This is emphasized by using capital letters. It is an uncommon symptom. Most skin conditions are made worse by application of heat, so this makes the action of the remedy remarkable and it is given this emphasis.

Boils and abscess — details not mentioned.

Itching all over the body, worse where there is hair; in some cases there will be burning after scratching it.

Herpes zoster that resolves but leaves behind the sensation of burning and nerve pains in the affected area.

If the face, a specific location, is affected by an eczematous eruption, there will be loose tissue appearing around the eyelids.

Eruptions are characterized by scratching, increasing the necessity to scratch even more. Often seen as part of eczema.

\* From Vermeulen's *Concordant Materia Medica*.

<sup>†</sup> Prosser White, R. Bread-Baker's Itch. *The Journal of State Medicine* (1912-1937), Vol. 32, No. 12 (December, 1924), pp. 556-563. Oxford University Press, England.



# Brief Remedy Descriptions

## Aconitum

This remedy is especially indicated *when the condition has come on quickly, and is associated either with intense inflammation or extreme fear*. The patient is very bothered by pain, with all the signs of intense suffering. To them the pain is intolerable and the patient is driven to despair with it. So you will see obvious anxiety that cannot be allayed and pitiful crying.

Sudden and severe loss of strength [Ars., Camph., Hydr-ac. (acid of cyanide)]. Face pale, tendency to fainting weakness. Very much wants to lie down. Painfulness of the whole body to contact (he does not wish to be touched) (Arn.). Inflammation of inner parts (mucous membranes). Tightness of the muscles (acute rheumatism).

*Fevers, inflammatory and due to infectious diseases – especially the early stage of fever with malaise*. Hard full pulse or an imperceptible pulse. Fever and wants to be uncovered. Great aversion to light. Foreign bodies (dust, stickers, plant awns) in the eyes. Afraid to go out, go into a crowd, where there is any excitement or many people, to cross the street.

*Worse lying on the affected side* (Bell, Hep, Nux-m), evening and at night, in a warm room, when rising from bed, and lying on the left side. Better in the open air (Alum., Mag-c., Puls., Sab.).

## Apis Mellifica

Typically, the lesions that indicate this remedy show as *inflammatory swelling, puffy and edematous with a rosy red hue*—much like what appears after the sting of a bee. Very important in hydrothorax which is like an internal accumulation of fluid in a similar way.

Very busy, restless, yet awkward. *Great sensitivity to touch or external pressure, especially*

*on the abdomen*. Swollen throat, tonsils. Great exhaustion, as if physically over-exerted, must lie down (Bapt., Kali-p., Sep).

Dark colored and scanty urine. Ascites, reduced urine output (kidneys), sore abdominal walls. Acute nephritis, when urine scanty and dark. Peritonitis (Bell., Bry., Lach). *Lies in a torpor\*, delirium, sudden shrill cries*.

Urticaria, worse during night. Eruptions, like hives (Rhus-t., Urt-u.). Swelling due to edema, without thirst. Edematous swelling of the eyelids with pains; lids turned inside out, with granulations on their edges, cornea especially involved, falling out of the eyelashes (Bor., Graph., Sep., Sulph.).

Inflammation of the eyes, with intense photophobia and increased secretions (Bell., Canth., Merc-c., Rhus-t., Sulph.). Keratitis, with intense chemosis of the conjunctiva (Merc-c.).

Sensation as though would not be able to breathe again. Rapid, painful, spasmodic respiration; aggravated by lying down, and relieved by inhaling fresh air, in an upright position. Frequent, involuntary deep breathing (Ign., Phos-ac.).

*Edematous swelling of the front feet, legs and feet*. With heart troubles feeling of suffocation, as if could never breathe again. Gaping, after coughing. Affects right side (swellings, edema).

Diarrhea in eruptive diseases, especially if the eruption is suppressed; involuntary stool, from every motion, as though the anus were wide open (Phos.).

*Worse in a warm room, after sleeping, from getting wet, from hot applications, in the evening and from pressure*. Better in open air, from cold or cold bathing, from uncovering, and when erect.

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\* A state of physical or mental inactivity; lethargy.

## Belladonna

Similar to Aconitum in the *tendency to inflammation but characteristically there is excitement, even delirium, in acute illnesses* such as infectious disease. Sees illusions with biting rage. *Furious delirium* (Bapt., Bry., Hyos., Lach., Stram., Verat.); with a wild look; wants to bite, strike or fight; face flushed and eyes red. Almost constant moaning. *Desire to escape*, with restlessness and anxiety. All the senses are oversensitive (Coff., Nux-v., Stram., Strych.).

Plethora. Congestion of the head. Swelling and pulsation in blood vessels (Glon., Nat-m., Stram.). Carotids throb violently; jugulars swollen; face red. Light and noise are intolerable (Coff., Nux-v., Sul.).

Vertigo, with vanishing of the sight, stupefaction and debility (Chin.). Squinting (Apis, Cic., Cycl., Gels., Stram.).

*Bleeding from inner parts* (Acon, Chin, Ferr-p, Mill, Sab).

Very acute hearing (Coff., Nux-v., Op.). Severe boring pain in the ears which comes on suddenly.

*Contortion of the limbs* (Acon., Ars., Cupr., Mag-p, Sec, Stram). Spasms of single limbs, or of the whole body. Loss of sensation and motion of one side of the body (Caust., Cocc., Phos., Plb., Rhus-t., Zinc.).

Grinding of the teeth during sleep. Throat dry, angry-looking congestion, red – worse on the right side. Patient bores its head into the pillow, and rolls it from side to side (Stram.).

Inflammation of inner parts (mucous membranes) with a tendency to suppuration or with nervous symptoms (Asaf., Hep., Sil.). *Indurations after inflammations* (Graph., Merc., Sil., Sulph.). A white tongue with the papillae showing through it – a “strawberry tongue.”

Sleepiness, but cannot sleep. A drowsy, sleepy state, with starting and jumping while sleeping. *Pulse full and hard* (Acon., Ferr-p., Verat-v.). Nervous fevers with loss of consciousness or delirium (Hyos., Kali-p., Op., Phos-ac.). Stupor-like sleep.

*Swelling and induration of the glands* (Calc., Calc-f., Carb-an., Merc-i., Sil.). Pupils dilated. Aversion to light. Color of face (and mucous membranes) is bluish red (Lach.). Alternate redness and paleness of the skin. Development of a skin eruption that is scarlet red (Stram). *Skin inflammation (or bacterial infection) that is bright red, with rapid swelling, the skin becoming smooth, shining and tense.*

Susceptible to developing a cold with great sensitivity to a draft of air (Calc., Hep., Kali-c., Sil.). Breast heavy, very hard and redness runs in streaks from the center.

*Head hot and painful, face flushed; eyes wild, staring; pupils dilated; pulse full and bounding, mucous membranes of the mouth dry; stool delayed and urine suppressed; sleepy but cannot sleep.*

Involuntary urination, constant dribbling; paralysis of sphincter. Severe pain in the back, as if it would break. Hot head with cold limbs. Colic in abdomen, better from bending double or backward or from lying on the abdomen. Barking cough (Dros., Spong., Verb.), waking after midnight, with pain in the larynx and threatened suffocation.

*Worse from touching the parts affected even softly. Worse from swallowing liquids, from motion, from noise, from a draft of air, after 3pm and in the summer sun.* Aggravated in the afternoon, at night. Better while resting, while standing, while leaning the head against something, and in a warm room.

## Bryonia

Appropriate for acute diseases or injuries with *much aggravation of the condition from any movement*. So the patient tends to keep the part still or the whole body quiet and unmoving. Any forced movement aggravates the pains and continued movement only makes it worse.

Pain in muscles, connective tissue, worse from movement or from contact. Joint stiffness (Amm-m., Bell., Caust., Colch., Rhus-t.). Swelling and stiffness of the affected parts of the body (Apis, Bell., Colch., Kali-c.). Oversensitive to external impressions (Bell., Coff., Nux-v.). Sick after emotional upset or anger (Coloc., Ign., Staph.). Wants things, but refuses them when offered (Cham.). Does not want to be carried or raised up.

Diarrhea with acrid stools that irritate the anus. Stools very thin, like “dirty water” or contain undigested food. D. worse in the morning or from moving (better staying very still). Constipation from dryness and hardness of the stools, or because they are too large (Op., Plb., Sel., Sulph.). C. from lack of rectal action (Alum., Op., Sulph.), no attempt at stool, no apparent desire (Plat., Sep., Sil.). C. from traveling, confined to a crate or carrier.

Nausea, worse from sitting up. Vomiting of bile (Cadm-s., Eup-p., Ipec., Nat-s., Nux-v., Podo.). Drinks large amounts but not often. Food is vomited immediately after eating. Peritonitis with pains (Apis, Ars., Bell., Lach., Phos., Sulph.); abdomen very sore to the touch, with constipation. Liver inflammation, jaundice; reluctance to move. Frequent bleeding of the nose. Inflammation of inner organs or tissues, especially lungs and liver.

Mucus membranes of mouth, eyes, nose are bluish-red. Dyspnea, breathing too deep (Ant-t., Ars., Phos.). Cough, dry and spasmodic (asthma) with retching or gagging, even vomiting. Cough worse after eating or drinking or on entering a warm room. Dry hard racking cough with very little expectoration.

Illness following suppressed natural discharges (heat cycle, milk production) or from a suppressed symptom, such as an eruption or diarrhea. Hard and fast pulse (Acon., Bell., Ferr-p., Stram., Verat-v.). Infectious disease does not come to completion (producing an eruption or discharge) and instead patient worsens (Apis, Ars., Cupr., Hell., Phos., Sulph., Zinc.).

Urine hot & red, or dark and scanty. Great urgency to urinate, almost irresistible (cat will do it any place as if can't wait to get to box). Frequent urination. During urination, urethra feels constricted (obstruction: Acon., Puls., Thlaspi).

Mastitis, glands stony hard; hot and painful (Bell.). Milk fever. Chewing motion of jaw (Acon., Bell., Calc., Cham., Hell., Ign., Merc., Phos.). Delirium, noisy (Ars., Canth., Hyos., Stram.). *Excellent remedy for inflammation that results in serous effusions* (Apis, Sulph.). Pleurisy with effusion, hydrothorax. Pleuro-pneumonia.

Synovitis, affected joint pale-red and tense, sharp pains, worse from any motion. In parvovirus, mucus membranes are dry, lips and tongue parched and cracked, stools are dry, dog sleepy or sleeps during day and is delirious at night and lies perfectly quiet.

Worse at 9pm, by motion, from moving the part that is affected, during inspiration, while lying on the painless side, from touch, from warmth, during the summer. Better while exhaling, *while lying on the painful side, by tightly bandaging or wrapping the affected parts, from pressure*, during rest, and from cold food and drink.

## Nux Vomica

*This remedy has more correspondence to common symptoms of illness than any other in the materia medica thus it is often needed and used. One of the best remedies with which to begin treatment as it removes the influence of prior medications.*

Patient thin, lean, quick, active, nervous and irritable. Symptoms intensified by a sedentary life, indoor life, overeating, food too rich or too much food for the level of activity.

*Oversensitive and over-impressionable. Digestive upset, nausea & vomiting every morning with depressed behavior. N. & V. after eating (Ars., Bry., Cocc., Puls). Constant nausea (Ipec.). Feels better after vomiting if it can be achieved. Discomfort (pain) in the stomach about two or three hours after eating. Sleepiness after eating (Sul.). Regurgitation of fluid from the stomach (not vomiting but regurgitation).*

*Dizziness with tendency to fall to the side. Mouth and throat full of fetid ulcers (Bor., Kali-m., Merc., Nit-ac.). Mouth dry and sore with bloody saliva. Bad smell from the mouth (Aur., Bapt., Carb-ac., Kali-p., Lach.). Gums deteriorating (Ars., Merc., Nat-m.). Jaundice (Chin., Merc., Nat-s.). Flatulent colic with desire to pass a stool (Aloe, Coloc., Puls.). Constipation due to irregular peristalsis. Constant ineffectual urging to stool (Sulph.). Bowel movement feels incomplete, unfinished (Alum., Ign., Mag-m.). Alternate constipation and diarrhea (Aloe, Podo., Sulph., Verat.). Dysentery (Aloe, Merc., Sulph.).*

Strangulated hernia (Coloc., Lyc.). Painful, ineffectual efforts to pass urine, with scanty discharge and burning (Canth., Merc., Tereb.). Strangury (Bell., Canth., Clem., Con., Equiset., Merc-c., Puls., Sep.).

*Painful urging to pass urine with also the urge to pass stool at the same time (Alum., Canth., Dig., Kreos., Nat-m., Prun., Staph.). Urine passed in drops with pain during (Canth., Puls.). Weakness and paralysis (Con., Kali-p., Plb., Sil.). Left sided paralysis (Lach., Rhus-t.). Paralysis*

after a stroke (Bar-c., Phos.). Convulsions with consciousness (Cina, Stram.). *Spasms with tetanic rigidity of nearly all muscles, with interruptions of a few minutes, during which muscles are relaxed.* C. brought on by the slightest touch or draft of air. Opisthotonos, with inability to move but wants to be held. Jaws snap shut, stiff. Cannot tolerate noise, music, talking, strong odors or bright light (Bell., Colch. Stram.).

*Angry and impatient, can't stand pain (Cham., Coff.). Grouchy about things not being done the way desired by the patient. Cannot endure being opposed (Aur., Bry., Cham., Hep., Nit-ac.). Easily offended (Ign., Puls., Staph.). Bad mood (Bell., Ign. Puls.). Inactive, doesn't want to do anything, just sits (Bry., Ign., Sep.). Mean and nasty disposition (Nit-ac.). Argumentative, starts fights (Anac., Aur., Bry., Sulph). Catarrh, from sitting in cold places, on cement or stones; worse in a warm room and better in cold air. Dry coryza (upper resp.) worse at night, nose completely filled up (Puls., Sticta).*

Dry racking cough (Bry., Con., Sticta). *Spasmodic asthma, great anxiety and suffocation (Ars., Cupr., Lobel.). Dyspnea, while coughing, after eating, on lying down and from walking. Much pain in the lumbar region (Aesc., Calc., Rhus-t.). Blood-shot eyes (Bell., Stram.). Troublesome erections (Canth., Phos., Pic-ac., Plat.). Heat comes too often (too early) and flow too heavy, with weakness. Dislike of cold or cold air (Hep., Psor., Sil.). Wants to be covered during fever. High fever, whole body burning hot yet still wants to be covered (made warm) or is too chilly. Face becomes red and hot during fever (Bell, Stram.).*

Symptoms worse in the morning (and after waking), after eating, at 3 am, from touch, at 10 or 11 am, from noise, in cold weather, becoming angry, from over-indulgence or over-eating (Puls.), use of medicines. Feels better in the evening, while at rest, during damp, wet weather (Caut.), in a warm room, being covered, after a bowel movement, from having a discharge.



## Pulsatilla

*Pulsatilla is one of the most common acute remedies needed in veterinary medicine, most frequently used for the treatment of upper respiratory infections, otitis, gastroenteritis and cystitis. This remedy is also useful for behavioral disorders in animals resulting from grief or loss. The following is a brief overview of what the Pulsatilla patient looks like in each of these situations.*

The characteristic discharge of the Pulsatilla patient is often thick and profuse, and can also be yellow or yellow-green in color. Thirstlessness and chilliness are concomitants that tend to occur with nearly every complaint. Even in situations of fever or fluid losses, the patient will drink little or no water. The patient will also seek out warm places to lie such as heat vents or near fireplaces, stoves, and radiators.

The complaints are often changeable, giving Pulsatilla the reputation of the ‘weathercock remedy’. No stool is the same, and the moods are changeable as well. The two most common modalities of the Pulsatilla patient are that the symptoms are made better in open air and by company or consolation. The Pulsatilla patient seeks company and feels better for it. This is especially important if an animal becomes clingy and wants to be petted when they are sick, yet they are independent and aloof in health. Now that the picture of the Pulsatilla patient has been explained, the following are common clinical conditions where this remedy is needed.

Pulsatilla is indicated in the treatment of bladder disorders such as urinary incontinence and cystitis. The incontinence episodes may occur during sneezing or coughing fits, or during sleep when they are referred to as ‘nocturnal enuresis’ in the materia medica. In cases of cystitis, this remedy is useful when there is stranguria with interrupted stream, and in cases where hematuria occurs following urination.

In cases of acute onset of otitis, Pulsatilla is useful for swelling, pain, discharges of pus, blood or thick yellow exudate, and ulcerative

lesions in the canals. Pulsatilla is also indicated for milder conditions when there is an excessive accumulation of wax within the canals. While otitis is always a chronic condition, much relief can be brought to these patients by starting with an acute remedy such as Pulsatilla to improve the inflammation, discharges, and pain.

Pulsatilla is a top consideration for the treatment of gastroenteritis, and must be differentiated from Arsenicum album, Phosphorus, and Nux vomica. To identify the Pulsatilla patient, look for the tendency to be worse from fatty foods such as rawhides, cooking grease and other conditions leading to ‘garbage gut’ and pancreatitis. This patient will often be thirstless in spite of fluid losses, and the abdomen may be distended and painful on palpation. Auscultation will reveal increased gut sounds with rumbling and flatus. Radiographs may demonstrate an incarcerated gas pattern that is suggestive of obstruction or ileus. There may be constipation that alters with diarrhea, or diarrhea with mucus and blood.

In the treatment of feline upper respiratory disease complex, Pulsatilla is often indicated where there is catarrhal conjunctivitis with yellow or green oculonasal discharges, and sneezing. Remember that these patients are chilly and seek warm places, and their symptoms are always better when they are in open air.

In addition to the treatment of physical symptoms, Pulsatilla is also very effective in the treatment of behavior changes. This remedy is indicated for patients feeling abandoned, such as a pet that stops eating during its stay in the kennel or with the pet sitter while their owner is on vacation. Pulsatilla may be indicated for anxious animals that are coming into shelters or foster homes, or when a client returns from vacation to find that their pet is hiding and nervous.

To demonstrate how Pulsatilla may be used to address behavior changes, the following case is presented by Sarah Stieg, DVM, MRCVS:

### **Barney's Unfortunate Holiday**

A 5-year-old neutered male German Short Hair Pointer named Barney presented on May 18, 2011 in West Yorkshire, England, for an anxious behavior change after his family returned from holiday abroad. The clients had employed a new housesitter for this trip to stay and care for their two dogs, as well as look after the farm.

When returning from holiday three days prior to bringing Barney into the veterinary surgery, Barney gave an extraordinary welcome to his family on arrival home. To their surprise, he then didn't want to eat or even chew treats and seemed much clingier than his usual self. Normally, Barney was a typical confident, outgoing, working German Short-hair pointer. The clients noted that this behavior change seemed very odd in the light of the their second dog (who is a rescue) was behaving completely normal.

The clients returned to their daily routine, and for the previous two evenings they noted that Barney had been desperate to sit on their

lap while they watched TV. Yesterday, the clients found Barney hiding under a bed trembling after a startling noise in the home, which they remarked he had never done before. The anxiety seemed more notable in the afternoon and evening, but he would sleep through the night and appeared to be normal on walks. The clients have gone away many times before, and Barney had not ever demonstrated these behaviors upon their return.

Based on these collective behavior changes, a single dose of **Pulsatilla 10M** was prescribed and administered in dry pellets on May 18, 2011. The clients reported that within two hours of the remedy that the symptoms had resolved and the next day confirmed he was 100% back to normal. No return of the anxious behavior was exhibited – even after subsequent holiday trips.





# Guide Notes in Case Taking

by Sarah Stieg, DVM MRCVS

## Taking the Acute Case

### ☞ STEP 1: [Subjective]

#### A. Current Complaint(s):

- Complete description, including modalities, timeline, progression, etc.
- Associated current medical treatment. Has the client already medicated the patient today?

#### B. Historical Complaints / Past Med Hx:

- Has this problem happened before?
  - If treated, response to treatment?
- History of ill health? Current or previous medication?
- Up to date on routine care? Vaccinations, Farrier trim cycle, Worming/fecal testing, etc.

#### C. Diet/Food (Nutrition):

- Daily Diet: type (processed, raw, home-cooked, organic), number of meals, supplements.

#### D. Modalities/Concomitants/Misc. \*Symptoms to inquire about in every case\* (since ill/normal):

- Temperature Preference (seeking cold places (tiled floor); heat/radiators; wanting to be covered)
- Weather/Drafts/Open Air
- Time of Day
- Periodicity
- Thirst
- Appetite / Eating behavior / Cravings
- Stool / Urine
- Repro/Heat cycles/Pregnancy

#### E. Temperament/Disposition:

- Changes in temperament since ill vs general disposition.

### ☞ STEP 2: [Objective] PE, Lameness Exam, RAD's, Laboratory Data, etc.

### ☞ STEP 3: [Assessment]

#### A) Problem List: (Master Problem List)

#### B) Homeopathic Work up:

- 1) Is this case well taken?
- 2) Obstacles to cure?
- 3) Methodology:
  - a. Acute/Acute Flare-up of Chronic Disease
  - b. Vitality (0-10 Highest, or low/medium/high)
  - c. Seat of Illness/Organ Affinity
  - d. Causation
  - e. Never well since
  - f. Keynotes

#### 4) Homeopathic Symptom List: (Inclusive / complete list)

- Unusual, Peculiar (SRP)
- General or "I am" symptoms (pertain to the whole P)
- Symptoms with severity; Persistent symptoms; Recurring symptoms
- Modalities (what alters symptoms)
- Concomitants (symptoms that occur with chief complaint or illness)
- Behavioral changes from normal
- Particulars – affecting a part but not the whole
- Identify common symptoms (pathognomonic to the disease or pathology, e.g. sneezing with URI's)

#### 5) Homeopathic Repertorisation:

- Select rubrics, repertorize & note repertory(s) used

#### 6) Homeopathic Discussion /Differentials

### ☞ STEP 4: [Plan]

- ✘ RX Remedy – Potency? Dose?
- ✘ Supportive Care (Wound cleaning/bandaging, Fluid therapy, Ear cleaning, Nutritional support, etc.)
- ✘ Phone/Email Report; F/u appointment

**Follow-up Evaluation:**

**STEP 1:** [Subjective] Minutes/hours/Days Post-Remedy:

- ✘ Vitality / Wellness: Wellbeing, Appetite, Energy, Normal Behaviors?
- ✘ Review Current Symptoms: Same, Modified, Worse, Better?
- ✘ New Symptoms, Modalities, Concomitants?

**STEP 2:** [Objective] PE, Lameness Exam, RAD's, Laboratory Data, etc.

**STEP 3:** [Assessment]

**A) Problem List:** (Master Problem List – Identify each as Improved / Resolving / Worse / No Change)

**B) Homeopathic Work up:**

1. Homeopathic Response Evaluation:
  - Cure / Palliation / Suppression / No response or general disease progression
  - Aggravation or counter-action observed?

*If case needs a new Prescription – Review/Retake the following:*

2. Homeopathic Symptom List
3. Homeopathic Repertorisation [Repertory(s) Used]
4. Homeopathic Discussion /Differentials

**STEP 4:** [Plan]

- ✘ Watch and Wait on Remedy / RX Remedy (Potency? Dose?)
- ✘ Continued Supportive Care
- ✘ Phone/Email Report; F/u Appointment

**Review of Cure, Palliation, & Suppression:**

	Cure	Palliation	Suppression
<b>Increased Well-Being</b>	+	+ / -	- (can worsen)
<b>Aggravation</b>	+ / -	+ / -	-
<b>Counteraction</b>	+	+ / -	-
<b>Symptoms</b>	Gentle amelioration over time	Disappear quickly (return relatively unchanged) some persist	Disappear completely, some persist
<b>Return of Old Symptoms</b>	+	-	-
<b>New Symptoms</b>	+ / -	+	+
<b>New Deeper Disease</b>	-	+ / -	+
<b>Over Time</b>	Reduction of illness, improved overall health	Generalized deterioration, New “disease” presents	Crisis of health (more severe deeper Dz) Following period of “good health”
<b>Length Between RX's</b>	Increase	Decrease or no response	Variable - symptoms become latent

*Note: Partial remedies can appear curative, but over time become palliative.*

Sarah Stieg DVM MRCVS

# Case Analysis Worksheet

Patient Name:

Date:

*Case Study Section*

Symptom 1:	Rubric 1:
Symptom 2:	Rubric 2:
Symptom 3:	Rubric 3:
Symptom 4:	Rubric 4:
Symptom 5:	Rubric 5:
Symptom 6:	Rubric 6:
Symptom 7:	Rubric 7:

The remedies in red (if printed in color) are the anti-miasmatic remedies.

Remedy	S.1	S.2	S.3	S.4	S.5	S.6	S.7	Totals
Acon.								
Agar.								
Alum.								
Anac.								
Ant-t.								
Apis								
Arg-n.								
Arn.								
Ars.								
Bapt.								
Bar-c.								
Bell.								
Berb.								
Bor.								
Bry.								
Calc.								
Calc-p.								
Camph.								
Canth.								
Carb-an.								
Carb-v.								
Caust.								
Cham.								
Chin.								
Clem.								
Cocc.								
Coloc.								
Con.								
Crot-h.								
Cupr.								
Dulc.								
Euphr.								
Ferr-p.								
Ferr.								

*Case Study Section*

Patient Name:

<b>Remedy</b>	<b>S.1</b>	<b>S. 2</b>	<b>S. 3</b>	<b>S. 4</b>	<b>S. 5</b>	<b>S.6</b>	<b>S. 7</b>	<b>Totals</b>
Gels.								
Graph.								
Hepar								
Hyos.								
Hyper.								
Ign.								
Iod.								
Ip.								
Kali-bi.								
Lach.								
Led.								
Lyc.								
Lyss.								
Merc-c.								
Merc.								
Mez.								
Nat-c.								
Nat-m.								
Nat-s.								
Nit-ac.								
Nux-v.								
Petr.								
Ph-ac.								
Phos.								
Phyt.								
Plb.								
Podo.								
Puls.								
Rhus-t.								
Ruta								
Sars.								
Sep.								
Sil.								
Spong.								
Stann.								
Staph.								
Stram.								
Sulph.								
Thuj.								
Verat.								
Zinc.								

# Queen is Car-Struck!

by Carolyn Benson, DVM

Co-author Sarah Stieg, DVM, MRCVS

## History/Presenting complaint

**Q**ueen is a 3-year-old 110 lb. spayed female Presa Canario who presented to our clinic on January 29, 2020, several hours after being struck by a car. Queen's unfortunate collision happened while out on her usual walk, when she slipped her leash and ran to greet another dog across the street. The client witnessed her being struck on the left side of her body, at her head and chest, and she, along with several others, were fortunately able to corral Queen back to them. Immediately following the trauma, the client reported that Queen was noticeably favouring her left front limb (weight-bearing) and that she observed a large laceration on her face with a significant amount of bleeding. Queen did not appear to show any signs of breathing difficulty, nor any changes in her mentation



## Physical Exam Findings

Abnormalities on physical examination included a deep facial laceration extending from between the eyes down and towards the medial canthus OS, with significant separation of tissue (varying from 2 mm to 1 cm), with associated soft tissue swelling primarily at the distal portion of the wound, no active hemorrhage, some dried blood present, sensitive when area touched. Several small abrasions were evident, on the medial aspect of digit III LH and R dorsal skull, along with subtle soft tissue swelling dorsal to medial canthus OD. Her skin appeared NVL otherwise.

Queen's temperature was WNL, mucous membranes were pink, and CRT was normal. No obvious abnormalities were detected on thoracic auscultation including no murmur or arrhythmia, lungs sounded clear. There was no sensitivity or other abnormalities on abdominal palpation. No oral lesions visible. Ears NVL including TM's appeared intact. Eyes appeared NAF including PLRs intact (direct and consensual), no anisocoria; sclerae and conjunctivae were NVL, digital pressures normal, menace intact. NAF on compression along spine, proprioception normal; good ROM in all 4 limbs, no sensitivities or displacements or swellings detected, subtle favouring of LF was evident while ambulating in clinic. NVL perineum, vulva. BCS 3/5. Queen was BAR, nervous at times, and hesitant to be approached to examine the wounds.

## Assessment

Multiple wounds sustained secondary to vehicular trauma, including deep facial laceration. The patient appears stable including no obvious signs (dyspnea, other) of deeper effects observed at the time of presentation, hours following incident.

## Homeopathic Analysis

The keynote symptoms of this case, the traumatic injury caused by the blunt impact of the car and the resulting aversion to being touched, are strongly suggestive of a specific remedy choice – one you

Case Study Section

will become very familiar with as you continue your study in homeopathy. Let's examine this further, though, with some homeopathic analyses. The purpose of the homeopathic analysis is to aid your selection of the most prominent remedies to study. The homeopathic analyses displayed next are performed using the Boger, C., Boenninghausen Repertory, inputting the main symptoms of traumatic wounds.

*Boger, C., Boenninghausen's Repertory: First Analysis*

MacRepertory's Remedy Graph										
All R's	30	12	12							
Analysis	Arn.	Ruta	Con.	Sul-ac.	Puls.	Rhus-t.	Cic.	Hyper.	Led.	Phos.
Skin; Wounds (65)	100	100	94	94	89	89	83	83	83	83
Generalities; Contusions, bruises, etc. (30)	4	4	3	3	2	2	3	2	2	2

*Boger, C., Boenninghausen's Repertory: Second Analysis*

MacRepertory's Remedy Graph										
All R's	30	12	12							
Analysis	Arn.	Con.	Ruta	Sul-ac.	Hep.	Puls.	Rhus-t.	Iod.	Petr.	Sulph.
Skin; Wounds (65)	100	94	94	94	89	89	83	78	78	78
Skin; Wounds; contused, crushed, blows, etc. (13)	4	3	3	3	2	2	1	1	2	1

The prominent acute injury remedies that match the type sustained by Queen are Arnica montana (Arn.) and Ruta graveolens (Ruta.). As we will continue to reinforce throughout the course, finalizing a remedy choice is best made following consultation with and review of the Materia Medica. Once consulted, you will find the emphasis on Arnica to the traumatic nature of this injury, as well as the strong aggravation with touch, a characteristic that is not as prominent with Ruta.

Here we add this symptom of aggravation by touch to one of the initial analyses to demonstrate how this alters the remedy listing:

*Boger, C., Boenninghausen's Repertory: Third Analysis*

MacRepertory's Remedy Graph										
All R's	30	12	12							
Analysis	Arn.	Ruta	Puls.	Rhus-t.	Con.	Led.	Sul-ac.	Sulph.	Lach.	Arg.
Skin; Wounds (65)	100	92	89	89	85	85	85	85	82	78
Generalities; Contusions, bruises, etc. (30)	4	4	2	2	3	2	3	1	1	3
Generalities; AGG; Touch (126)	4	2	3	3	1	3	1	4	4	2



In reaching for a materia medica in a scenario such as this — an excellent quick resource guide for the new homeopath, especially in emergencies, is Boger's *A Synoptic Key of the Materia Medica*, which highlights the most prominent features of a remedy.

**Arnica** is noted for:

- SPHERE OF ACTION: BLOOD, BLOOD-VESSELS, **Nerves**, Muscles
- AGGRAVATED BY: INJURIES (BRUISES, **Shock, Jarring**), TOUCH, Motion

While **Ruta** is noted for:

- SPHERE OF ACTION: **Fibrous tissues, Cartilages, Periosteum**
- AGGRAVATED BY: **Over-exertion (Injury, Sprains)**, LYING, SITTING

While both remedies are indicated for trauma, they have different spheres of action, and different modalities. While Arnica is often aggravated from motion, Ruta tends to be aggravated from lying or sitting (this can be displayed as a restlessness in the patient); and as mentioned previously, while both may be aggravated from touch, Arnica has a stronger emphasis for this symptom.

The remedy that seemed most appropriate for Queen was Arnica, due to the traumatic nature of the injury, the tissues involved, along with the aversion to having the wound touched and being approached. While at this stage in her injury Queen most closely matches Arnica, we should keep in mind that other remedies may be needed later to finish the healing process. As with all homeopathic prescriptions, close evaluation of the patient following administration will guide to any further doses and change in remedy selection.

## Prescription

**Arnica 200CH**, single dose. This potency was selected with the knowledge and experience that acute traumatic injuries typically respond well to higher potencies, and to reduce the need for repetition. The dose was administered in the exam room, and given the extent of her trauma, we elected to keep Queen and the client together at the clinic to continue to monitor her closely until it was felt she was stable enough to return home. During this time of observation, various options for treatment were discussed at length, including allopathic drugs, radiographs, referral for ultrasound, and GA to suture the facial laceration, and these were all declined by the client. The client was comfortable with treating symptomatically, understanding the potential for delayed and more serious sequelae to trauma (pneumothorax, intracranial effects, etc.), and elected for continued homeopathic treatment.

Following the remedy dose and further evaluation within the hour, Queen appeared stable with all vitals WNL, and the client elected to return home with her then. Additional doses of the Arnica 200CH were sent home to have on hand, awaiting evaluation of response to this initial dose. The client was instructed to keep Queen's activity restricted for the upcoming days, to monitor closely for any signs of regression, however subtle, including changes in breathing pattern, mm colour, lameness, wounds, appetite, and demeanor (client is a retired RN and a longstanding client). Requested an update in the next few hours in the meantime, however the client was to call the practice immediately if any changes or concerns.



### Learning Point

A brief comment here regarding pain. Arnica is very commonly utilized to manage pain in such situations, and humans have been documented to describe improvement in symptoms

of pain within seconds of a dosing, so we are addressing this aspect through our homeopathic treatment as well. As our study of homeopathy continues, we also will show how this medicine is applied to post-operative management as well in the course.

## Case Follow-up

Several hours later, the client reported with an email-update as requested:

*“Thank you for all your help and support this morning! So far good news. No signs of head or chest complications. Queen has mostly slept or just laid down quietly since we got home. I think the Arnica really helped. Just about 5 pm she told me she was hungry and she has now eaten ... happily and wants more but I’ll wait until around 7-8 pm. Out for one quick void. Otherwise good... Bless you.”*

My interpretation of this update was that Queen was showing improvements and appeared to be comfortable. We see that the client commented here about Queen mostly sleeping or ‘lying quietly’ once home. From a homeopathic perspective, we often see patients have a long rest following a medicinal dose, indicating the effect of the medicine on the healing process. We also know, though, that resting can occur as a result of discomfort or other symptoms, so we must be sure to evaluate the totality of our patients, on all levels, in order to differentiate and accurately interpret their response, just as we would carefully monitor our patients under allopathic treatment. As I’ve known Queen since she was a pup, I have a sense of her behaviours and temperament, and this, combined with my long-standing relationship with the client, was particularly helpful in this situation. Queen displayed her usual behaviour of afternoon rest, showed no hesitation when approached and checked on by my client – a significant improvement from earlier - and ate eagerly when offered. Based on this knowledge and update, I recommended to wait on any further doses, and asked that the client update me once again before bedtime (client has my personal email), reminding to update sooner or take to the nearby emergency clinic if any changes or concerns in the meantime.

Update (email) before bedtime:

*“Just wanted to let you know that Queen is still doing well. Good pupils, mucous membranes, breathing. The upper part of the cut near her eye is starting to heal, less swollen and starting to close... She’s now decided she’s hungry (again), wants to play and maybe wants to go out.”*

So here we have our bedtime update, now about 12 hours since Queen’s trauma. As we can see, the client is reporting several more positive changes in her recovery – ‘starting to heal’, just these few hours after the dose; as well, ‘wanting to play’. We’ve mentioned often that one of the keys to interpreting a response to a homeopathic dosing is the observation of an improvement in the patient’s overall well-being. In Queen’s case, we see that she is showing this here. Combined with the resolution of her anxiety/fear of being approached or touched, this improvement on a deeper level helps us know we are on a curative path with our patient and our prescription.



### **Learning point: Aphorism 210**

In all cases of disease to be cured, the patient’s emotional state should be noted as one of the most preeminent symptoms, along with the symptom complex, if one wants to record a true image of the disease in order to be able to successfully cure it homeopathically.

Based on this latest update, I recommended to once again wait on any further doses and for the client to continue to observe her closely, and update again first thing in the morning, with a reminder to take her to the local emergency clinic immediately if any changes or concerns through the night.

So now this is the following day, January 30th, since the initial trauma and single Arnica dose. Here we have an excerpt from the client's email from that following morning:

January 30, 2020: 24 hours later

*"Queen seems really much better today. You can see in the picture that the wound near her eye is healing. She has no signs of neurological or breathing problems. She is eating well and walking without a limp on our short elimination walks."*

Based on our observations that Queen appears to be showing a favourable response to the Arnica dosing, with not only a significant healing response with her facial laceration, but also with her feeling well overall, with good appetite and eliminations, we waited further on any next dosing and continued to observe.

The client stayed in close contact with me as requested. At our follow-up in-clinic visit on February 7, 2020 (now 9 days after her trauma), no abnormalities were found on examination including all vitals WNL and no lameness evident, except for some thickening palpable along her wound site. Given these findings, a 'homeopathic nudge' was prescribed of a single dose of **Arnica 200CH**, to stimulate further healing and minimize scarring.



**Learning point:**

As Queen had shown such a clear and favourable response to her initial dose of Arnica 200CH, this same potency was repeated. If a potency is acting well, then there is no need to adjust this – as the patient is responding in a curative direction. The desired effect is for the patient to respond in a healing manner, moving towards cure in the gentlest manner possible – thus if this is being achieved at a satisfactory depth and pace, then we need to allow the vital force of the patient to do its work uninhibited by further interventions.

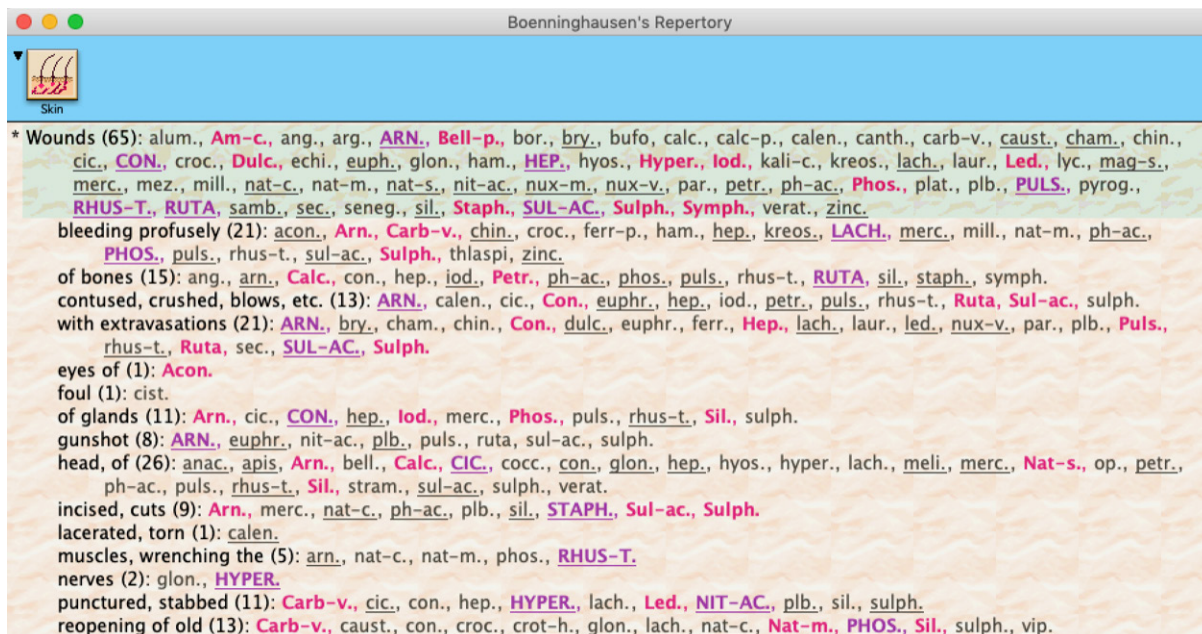
As requested, the client continued in close contact following this appointment, and throughout the weeks and months to follow. The scab had fallen off shortly after the second dose, leaving healed skin and the fur to grow back. At just over 3 weeks since her trauma, and after receiving two doses of **Arnica 200CH**, 9 days apart, there remained just a subtle ridge of scar tissue that could be felt at the original trauma site. As she was continuing to progress in a positive direction, we waited on any further doses and this remaining area resolved, the fur re-grew, and Queen was left with no permanent scarring or hair pattern change. It's been my experience that you have minimal to no scarring remaining following homeopathic treatment for wounds such as this.

## Case Conclusion

In closing, the case of Queen presents an opportunity to explore the treatment of wounds, something we see so often in practice. The homeopathic medicine, Arnica, is often helpful for trauma in all its forms. And though it typically corresponds to the initial stages of injury and wound healing, it can be applicable to all stages. If we review our knowledge of the physiology of the stages of wound healing – hemostasis, inflammation, proliferation, and remodeling – we see that Queen moved through to the third stage in response to her initial dosing, and then required a second dose to complete this and the final phase, to cure, leaving the patient free from scarring.

Review of the remedies found in each of the wound rubrics in the Boger, C., Boenninghausen Repertory gives a solid resource and foundation for study, and we will review the treatment of wounds and injuries in more detail throughout the course.

*Boger, C., Boenninghausen's Repertory: Wound Rubric Study*



In the case of Queen, we also see her hesitation with being touched as a keynote symptom, guiding to this remedy choice. The hesitation for having a wound being touched is, of course, a common reaction – which is why Arnica so frequently corresponds to this pattern of response in an initial stage of injury for many patients. However, in Queen's case, she wasn't just hesitant about the wound being touched, she was also anxious/fearful about being approached which is also a strong symptom of Arnica so helped select the prescription. The accuracy of the prescription was confirmed by this emotional state being one of the first changes noted by the client to resolve within a short amount of time of the initial dose being given.

Queen's case also highlights the difference in homeopathic treatment relative to allopathic, with the importance of waiting on any further doses when improvements are observed in the patient. Queen clearly showed a favourable response to the initial Arnica dose, and as well, to follow the second dosing many days later. Had this clear improvement not been observed, this would have been our opportunity to review and decide whether to repeat the dose sooner or choose a new remedy.

Queen has continued in my care since this accident and has not shown any long-term effects from this trauma, demonstrating the simplicity and healing potential of the use of homeopathy in traumatic injury situations. Certainly, there is nothing in our training that could stimulate such a quick and thorough amount of healing in such a short period of time – her wound looked almost healed within 24 hours of the dosing! Showing the power of this medicine and encouraging reverence for the vital force's ability to heal in response.

**References**

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2. Hahnemann S, edited by O'Reilly WB. Organon of the Medical Art, 6<sup>th</sup> ed. Redmond, WA: Birdcage Books; 1996: 196.

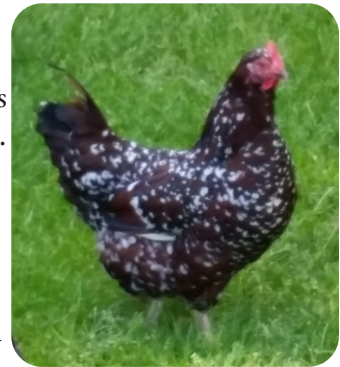


# How to Perform a Hand Analysis: The Case of the Barking Chicken

by Sarah Stieg, DVM, MRCVS  
Presented by Carolyn Benson, DVM

## Introduction

The purpose of this presentation is to help students understand how to perform a hand analysis. In order to do so, we will first evaluate our example case, select characteristic symptoms, and translate the symptoms into rubrics. Once complete, we will be ready to perform a hand analysis. Follow the guide notes to *Taking the Acute Case* on page one of the Case Study section of your workbook as we begin our case evaluation.



## Case Presentation

The winter of 2015 was especially cold in Michigan during the month of February, with temperatures dipping below 0° F for nearly a week. There was no snow, and the air was very dry. February 20, 2015, was one of these sub-zero days, when an 8 month old Speckled Sussex hen presented for acute onset of unthriftiness and respiratory troubles, including increased respiratory effort, wheezing, and a barking cough. This hen is part of a small flock of approximately two dozen chickens who are free-range and eat organic, non-GMO feed. Due to the extremely cold weather and dry air, none of the chickens were venturing out of the henhouse, but this was the only hen showing symptoms of illness. The client brought her indoors for care, and while the symptoms were slightly improved in the warmer air, they did not resolve.

**Assessment:** Suspected bronchitis, bronchopneumonia

## Homeopathic Work Up

### Methodology

Reviewing the methodology of the case is the first important step in case analysis, as it will clarify the practitioner's thought process in order to select the most valuable symptoms for analysis. Begin by asking yourself the following questions:

1. Is this case well taken? This case has limited information due to the nature of the patient being kept in a group of livestock animals, however all information that can be gleaned has been acquired.
2. Obstacles to cure? Client observation, lack of diagnostics, unknown history
3. Acute/Acute Flare-up of Chronic Disease – Acute Flare-up of Chronic Disease.
4. Cure/Palliation – Cure.
5. Vitality (0-10 Highest, or low/medium/high) – Medium.
6. Seat of Illness – Respiratory tract.
7. Causation – Severely cold temperatures; dry air; poor ventilation due to crowding from all birds staying in henhouse for several days.

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\* Case submitted by PIVH Graduate Lisa Melling, DVM, CVH

### Homeopathic Symptom List

Next, identify the most characteristic symptoms of the case and translate them into appropriate rubrics. Be aware that there may be more than one rubric applicable to describe a symptom. If you can't locate the exact description of your symptom in the repertory, read the entire relevant repertory chapter (such as the respiration or cough chapter in this case) and look for alternative translations. Make a complete list of all the possible symptoms in the case and corresponding rubrics you found to choose from, noting the number of remedies in each rubric. For simplicity of this particular case exercise, we are just going to use the Boger, C., Boenninghausen Repertory.

<i>Symptom</i>	<i>Corresponding Rubrics - Boger, C., Boenninghausen Repertory</i>
Increased respiratory effort	Respiration, difficult (94)
Wheezing	Respiration tight, wheezing (95)
Cough	Cough, in general (121)
Cough, barking	Cough, barking (19)
Cough, worse in cold air	Cough, excited or agg, by cold air (29)
Worse by cold temperatures	Conditions of aggravation and amelioration in general, — after becoming chilled, taking cold (76) — agg. when becoming cold (74)

### Steps To Perform a Hand Analysis:

**Step 1:** On the hand analysis sheet, write your symptom, followed by its corresponding rubric. For example, S1: Increased respiratory effort, R1: Respiration, difficult. Do this for each symptom you will use in your analysis. For our example hand analysis on the following page, we have selected three of the key symptoms and their corresponding rubrics.

**Step 2:** In the S1 category, write down the number which corresponds to the symptom gradation for each remedy. For example, the first remedy in Respiration, difficult is Aconite which is listed as a grade 3 in that rubric, thus write the number 3 in the cell that corresponds to Aconite in the S1 column. Do this for each remedy with the appropriate gradation listed under the symptom. When you have completed your hand analysis for all your symptoms, add up the numbers for each remedy and place this in the totals column on the far right to help identify your top ranking remedies.

*Note on Gradation:* The remedies in each rubric are typically listed in alphabetical order, and each remedy is shown as a specific grade. Gradation for each remedy is based on the frequency in which that symptom appeared in provers. Therefore, the higher the number, the more strongly the symptom was represented in the provings of that remedy. Different repertories will have a varying number of total gradation possible, but will follow a similar format, e.g. Boger C., Boenninghausen's repertory has four levels of grading remedies, while Kent's repertory only has three. In Boger C., Boenninghausen's repertory, the grading is represented as follows:

Grade 1 = Roman

Grade 2 = *Italic*

Grade 3 = **Bold**

Grade 4 = CAPITAL



## Case Analysis Worksheet

Patient Name: Speckled Sussex Hen

Date: February 20, 2015

Symptom 1: Increased respiratory effort	Rubric 1: Respiration, difficult (94)
Symptom 2: Barking cough	Rubric 2: Cough, barking (19)
Symptom 3: Worse by cold temperatures	Rubric 3: Conditions...- agg. when becoming cold (74)
Symptom 4:	Rubric 4:
Symptom 5:	Rubric 5:
Symptom 6:	Rubric 6:
Symptom 7:	Rubric 7:

The remedies in red (if printed in color) are the anti-miasmatic remedies.

Remedy	S.1	S.2	S.3	S.4	S.5	S.6	S.7	Totals
Acon.	3	1	2					6
Agar.	2		2					4
Alum.	3							3
Anac.								
Ant-t.	2							2
Apis	1							1
Arg-n.	1							1
Arn.	2		3					5
Ars.	4		4					8
Bapt.								
Bar-c.	1		2					3
Bell.	4	4	3					11
Berb.								
Bor.			2					2
Bry.	3		3					6
Calc.	2		3					5
Calc-p.								
Camph.	3		3					6
Canth.	2		1					3
Carb-an.			1					1
Carb-v.	3		1					4
Caust.	1		3					4
Cham.			2					2
Chin.	2		2					4
Clem.		1	1					2
Cocc.	3		3					6
Coloc.								
Con.	1		2					3
Crot-h.								
Cupr.	3							3
Dulc.			3					3
Euphr.	1							1
Ferr-p.								
Ferr.	2		1					3

Case Study Section

Patient Name: Speckled Sussex Hen

Date: February 20, 2015

Remedy	S.1	S. 2	S. 3	S. 4	S. 5	S.6	S. 7	Totals
Gels.		1						1
Graph.	1		3					4
Hepar	3	4	3					10
Hyos.	3		3					6
Hyper.								
Ign.	1		2					3
Iod.	4							4
Ip.								
Kali-bi.	2							2
Lach.	4		1					5
Led.	2							2
Lyc.	3		3					6
Lyss.								
Merc-c.								
Merc.	2		2					4
Mez.	1		1					2
Nat-c.	3		2					5
Nat-m.			1					1
Nat-s.								
Nit-ac.		3	2					5
Nux-v.	2		4					6
Petr.			2					2
Ph-ac.	1		2					3
Phos.	4	1	3					8
Phyt.								
Plb.	2							2
Podo.								
Puls.	2							2
Rhus-t.	2		4					6
Ruta			1					1
Sars.	1		1					2
Sep.	1		3					4
Sil.	1		2					3
Spong.	3	4	2					9
Stann.	3	1						4
Staph.	1		1					2
Stram.	2	2	1					5
Sulph.	4	1	3					8
Thuj.		1	1					2
Verat.	3		2					5
Zinc.								

**Step 3:** The top remedy differentials are then selected from the remedies with the highest total scores, ideally being represented in all the rubrics selected. Once these are identified, review your top remedies in the materia medica and determine which remedy best fits your patient. Reviewing the example hand analysis results, the top remedies in this analysis are listed as follows in descending alphabetical order from their total scores: Bell (11), Hepar (10), Spongia (9), Ars (8), Phos (8), Sulphur (8).

Several different analyses could be performed in this case, depending on rubric selection and combination. Here are a few potential combinations demonstrated through a computer-generated analysis which show similar top remedy differentials appearing in each analysis:

	bell.	hep.	spong.	phos.	sulph.	ars.	acon.	kali-c.	aur.	bry
	1	2	3	4	5	6	7	8	9	10
14	13	12	11	11	10	9	9	8	8	
<b>1. Ablage 1</b>										
1. RESPIRATION - Difficult										
2. COUGH - Barking										
3. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Cold - agg., when becoming										

	bell.	hep.	spong.	ars.	nit-ac.	sulph.	aur.	acon.	calc.	Cocc
	1	2	3	4	5	6	7	8	9	10
14	12	12	10	10	10	9	8	8	8	
<b>2. Ablage 2</b>										
1. RESPIRATION - Tight, wheezing										
2. COUGH - Barking										
3. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Cold - agg., when becoming										

	ars.	bell.	phos.	sulph.	bry.	nux-v.	acon.	hep.	hyos.	kali-c
	1	2	3	4	5	6	7	8	9	10
15	14	14	14	13	13	12	12	12	12	1
<b>3. Ablage 3</b>										
1. RESPIRATION - Difficult										
2. COUGH - In general										
3. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Cold - agg., when becoming										

	bell.	hep.	phos.	bry.	sulph.	acon.	carb-v.	hyos.	spong.	ars.
	1	2	3	4	5	6	7	8	9	10
16	15	14	13	13	12	11	11	11	10	
<b>4. Ablage 4</b>										
1. RESPIRATION - Difficult										
2. COUGH - Barking										
3. COUGH - Excited or aggravated by - air - cold, from										
4. CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Cold - after becoming (chilled, taking cold), etc.										

It is important to note how changing the cough rubric from the more specific barking cough rubric (19 remedies) to the general cough rubric (121 remedies) in the clipboard 3 example alters the top remedies in the analysis. This demonstrates why it is imperative that your rubric choice is accurate, as one rubric can sway the whole analysis and significantly change your remedy differential list.

## Remedy Review

On comparing multiple analyses, the top remedy differentials in alphabetical order for this case are: Aconite, Arsenicum, Belladonna, Bryonia, Hepar sulph, Phosphorus, Spongia, and Sulphur. These are all highly indicated remedies for coughing and bronchitis and contain the modality of

## Case Study Section

being worse from cold. However, Hepar sulph has a keynote symptom of respiratory complaints becoming worse in cold, dry air. From Nature's Materia Medica, "Bronchiectasis... Asthma worse in dry cold air, better in damp... Colds and flus from exposure to drafts or cold dry winds. Chronic sinusitis or bronchitis from exposure to cold winds, drafts or cold dry weather... Whooping cough. Croup that's worse from dry cold."<sup>1</sup> From Lippe's Key Notes Red Line Symptoms of Materia Medica, "DEEP, ROUGH, BARKING COUGH (Spong.), WITH HOARSENESS AND RATTLING OF MUCUS, WORSE IN COLD AIR."<sup>2</sup>

## Prescription

**RX: Hepar sulph 30c** dissolved in water – 1 dose q2 hours until improvement was noted. Once improvement was noted, stop dosing and contact practice for follow-up report. If no improvement noted after 3 doses or if any signs of worsening, client was to discontinue remedy and contact practice to reassess case. Doses of the dissolved remedy were to be administered PO (or "PB" per-beak) by syringe, considering a few drops to 1/2 ml as "one dose."

The reason the interval of q2 hours was selected, was due to the species and severity of symptoms. Birds hide their illness often until they are extremely ill, nearing death. Thus, this was treated as a life-critical situation and while time was needed to give the patient a chance to respond, the re-dose interval needed to match how fast this situation could advance and lose the patient.

## Response

- \* Two doses were administered, two hours apart. Four hours after initiating treatment, the client phoned to report that the respiratory effort and coughing had improved. The hen was making normal chicken sounds, and had improved energy, activity. However, the wheezing was persisting.
- \* Advised owner: This is a curative response. Considering the degree of pathology needed to cause these symptoms, it is reasonable that the wheezing is still persisting at this time. The return of species normative behaviors (normal chicken sounds, improved energy, activity), as well as the improvement in respiratory effort and coughing are all suggestive that the patient is recovering. Do not repeat remedy unless improvement stalls or symptoms worsen.
- \* Two days following treatment, the client reported that the hen was doing great. She did not need more than the two doses given on the first day. All symptoms had resolved, she had great energy, and was to be returned to the flock.
- \* Four months later during a house call for the client's dogs, the hen was observed with the flock, and it was clear that she was still thriving.

## References

1. Murphy R. Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies. Blackburg, VA: Lotus Health Institute; 2006: 909-914.
2. Lippe, A. Key Notes and Red Line Symptoms of the Materia Medica. New Delhi: B Jain; 1998: 392-396.

# Marmite and the Weaning Time Blues

Presented by Sarah Stieg, DVM, MRCVS

## Introduction:

The goal of this presentation is to walk the new homeopath step-by-step through the process of case taking, working-up, and prescribing for an acute homeopathic case. Our patient is Marmite, an eight-month-old black Standardbred-cross filly who presented on a farm call for the “snots” and “going sour” post-weaning in early June, 2011.

## Case Synopsis:

Marmite was one of the latest crop of weanlings from an experienced local dealer and breeder of hunter/sport-horse types in North Yorkshire, England. All of last year’s foals were weaned together during the first week of June, 2011. Marmite was her owner’s top pick of the foals that year, due to her striking appearance and confident “bold as brass” personality.

Immediately post-weaning, Marmite’s owner noticed a dramatic alteration in her character. She radically changed from being “bolshie,” ever-curious, and the first to greet anyone in the field — to almost instantly sour and short tempered. Marmite seemed dejected in appearance, having a tight-lipped, scrunched-up look about her face, and suddenly was the last to come greet anyone in the field. She would stick her head in the air and just walk over you, as well as trying the same tactics (to push through) the field gates.

Previously she had been the highest of all the young stock (including the two-year-olds and yearlings) in the hierarchy of the herd, however after weaning had dropped to the very bottom of the pecking order of the other weaned young stock.

Her owner repetitively described Marmite as having “gone sour,” as her behavior changes were so striking in comparison to her previous personality. This behavior change continued to worsen over the initial few days after weaning and then seemed to just plateau. Improvement failed to occur over the first week, and then began to worsen as she began to unpredictably strike out at the owner and try to nip when it came to handling.

Marmite’s owner also observed a snotty yellow-green mucoid discharge from her nose within several days after weaning. None of the other yearlings had developed the “snots.” There had been no new horses moved onto the yard, but all the weanlings had been moved from the broodmare pasture to a new location for weaning, i.e. a paddock next to the stable yard on the other side of the village where they had never been before. While the nasal discharge was not getting any worse, it was not clearing up either and thus “vetin’ry” was called out to the yard.

Physical exam was unremarkable aside from a yellow-green mucoid discharge from both nares. She did not have a cough. Marmite’s temperature was normal and her chest was within normal limits upon auscultation. Behaviorally, she was found to be mildly “challenging” at best to examine.

## Problem List:

- 1) Acute Upper Respiratory Tract Disease (new environment, stress?)
- 2) Behavior Change Post-weaning

## Homeopathic Work up:

Once the history, physical exam, and case assessment are complete, the practitioner must begin a methodical homeopathic analysis of the patient. Follow the Guide Notes to Case Taking: *Taking the Acute Case* on page one of the Case Study section of your workbook under *Step 3: Assessment, Homeopathic Work-up*. By creating a system of analysis that is performed in the same method for every patient (just like when learning how to perform a consistent reliable physical exam), the principles of prescribing will soon become ingrained and no case nuance will be overlooked.

We begin with reviewing the methodology. Before categorizing our case, we need to establish if this **case is well taken** or is there is any information missing that needs to be obtained? Secondly, are there any **obstacles to cure**, and if so can they be addressed/removed? Once these questions have been addressed then we can begin our analysis. In Marmite's case, we have all the information that is able to be provided and there is no other history available; and the only potential obstacle to cure is owner observation – Marmite is one of many horses split into multiple locations, and this type of situation can lead to what is termed “observational inaccuracy.”

The first case categorization that needs to be established is if this a “**true**” **acute case** (such as an injury) or an **acute flare-up of chronic disease**? If a “true” acute problem, then the recovery should be rapid without ongoing treatment being warranted. If this is an acute flare-up of chronic disease, then the patient will need to be treated for this acute crisis, but a deeper acting remedy will be needed at some point in the future to address the underlying miasmatic mistunement that created the susceptibility to this problem.

How do we tell the difference between a “true” acute problem and an acute flare-up of chronic disease? Sometimes by the nature of the illness or injury (e.g. a laceration is truly an acute injury, vs. cystitis which is always an acute flare-up of chronic disease), or the context of the patient becoming ill. Marmite might have appeared to acquire an acute URI from changing environments under stress (weaning), but why was she the only weanling to become ill? Certainly if this was an infectious epidemic other weanlings would have been affected? This demonstrates that Marmite had an underlying susceptibility, and therefore this is an acute flare-up of chronic disease.

Following this crucial assessment, we then need to decide what our intention is for treatment – is this a case that can be **cured**? It is in Marmite's case. Our intention should always be to cure, in the highest sense. In cases where that is not biologically possible, we must understand how incurability might affect our prescription and subsequent patient response to treatment.

One of the most *vital* initial assessments that can be commonly overlooked by new students is determining the **seat of illness** or **primary organ** affinity of the case. This helps focus the mind of the homeopath to first ascertain what the key symptoms will be (and therefore the rubrics), and second select a remedy which contains an emphasis in this area(s). For Marmite, the seat of illness is to be found in the upper respiratory tract and the mind.

Next is the assessment of the **vitality** of the patient and how this might affect the prescription (potency, reassessment time). Marmite is a young animal with no pre-existing history of illness. Her symptoms involve only functional changes (production of nasal discharge) with no permanent pathology at this time. Thus, we would assess her as having a medium to high vital force. Some would argue however, if she had a high vital force then she would not have become ill at all like the other weanlings.



Finally, does the patient have a notable **causation** or **never-well-since**? What is the difference? A causation is something that directly causes the mistunement or illness; while never-well-since describes events that are not clearly causative, but precede the patient's decline (i.e. the patient has 'not been quite right' ever since that point in time). See the difference? It is important to be clear that never-well-since is not referring to the duration of illness. There might not be either a causation or a never-well-since in a case, but they must be contemplated and noted if applicable.

Last but not least, are there any keywords or **keynotes** that stand out in the case? Again, there might not be, but it is important for the practitioner to contemplate. Keynotes are striking symptoms, modalities, or concomitants in a case that define its uniqueness and can point to an individual remedy or group of remedies, such as a hemorrhage site that feels cold, or the patient is chilly yet desires the window to be open for fresh air in the winter.

Here is the homeopathic methodology outlined for Marmite's case:

1) **Methodology:**

- a. Acute/Acute Flare-up of Chronic Disease – ACUTE Flare-up of Chronic Disease
- b. Cure/Palliation – CURE
- c. Seat of Illness/Organ Affinity – Upper respiratory tract (nose/sinuses), Mind
- d. Vitality (0-10 Highest) – 8
- e. Causation – Weaning

Now that the mind of the practitioner has been organized, a complete symptom list must be generated, paying attention to any unusual or strange/rare/peculiar (SRP) symptoms, descriptors, modalities, concomitants, causative factors, etc. Review the inclusive list of symptom types under *Homeopathic Symptom List* in the Guide Notes to Case Taking handout. Notice how this list of symptom types are ranked in order of importance with SRP's at the top and common symptoms (pathognomonic to the disease or pathology, such as sneezing with a URI) that are the least important at the bottom. Once this list is complete, it needs to be translated into potential rubrics and a repertorization performed.

*It is vitally important to note* — veterinary homeopaths must avoid anthropomorphizing their animal patients and therefore be **extremely careful about assessing mental/emotional symptoms when using human mental rubrics in analyses**. When a behavior change is noted, first we must reflect and ask ourselves, is this a species normative behavior, or within a range of species appropriate responses? Or is this response excessive, unique, or particular to that individual? In Marmite's case, of all the weanlings she was the only one who experienced such a degree of behavior change. While there is normally distress associated with weaning, most weanlings will adjust and adapt to their new herd over time. Marmite did not and was becoming worse. Therefore, this becomes an important symptom.

Now that we have established that this behavior change was significant, how do we correctly interpret this behavior for our symptom list and then translate into a human mental rubric? An analysis can easily be swayed by a conjecture to what that individual is "feeling." While animals do experience emotions, placing human emotional value on the exhibited behavior always holds some degree of inaccuracy. Thus, behavior should always be interpreted in the context of that individual species' appropriate behavior, body language, etc., and it is *safest* (in terms of accuracy) to use the most generalized representing emotion possible for the behavior displayed.

## Case Study Section

Several emotions could be used to describe this sour change in Marmite: irritable, irascible, dejected, melancholy. Is Marmite actually dejected or sad/melancholy? We can say possibly, but we are not certain. All we do know is she is acting with impatience and aggression. While striking out and nipping are signs of aggression in horses, similar to scoring bite inhibition in dogs this was actually a lower level of aggression, as Marmite due to her size could have easily hurt her owner or vetin'ry if she so desired. This makes irritability the most accurate generalized descriptor.

How to address the causation of weaning? Since there is no specific rubric to describe the separation of mother and child at weaning in the human repertory (any weaning rubrics will be related to weaning off the mother's milk, not the complete separation of the mother and child that is done with most animals), the best description of this separation is abandonment. Feelings of abandonment are described in the older texts as "forsaken."

Here is Marmite's homeopathic symptom list:

### 2) Homeopathic Symptom List:

1. Nasal discharge, yellow-green mucus
2. Behavior change: "Sour", irritable
3. Causation: Weaning, e.g. abandonment (or forsaken)

Now the symptoms must be prioritized and rubrics must be selected. For the purpose of this exercise in learning how to work up a case and perform a hand analysis, we are just going to use Kent's repertory.

### *Rubrics to consider:*

<i>Symptom</i>	<i>Rubric – Kent's Repertory</i>
1. Nasal discharge, yellow-green	— Nose – Discharge, – yellowish-green (31)
2. Irritable behavior	— Mind – Irritability (245)
3. Causation: weaning, abandoned/forsaken	— Mind – Forsaken feeling (32)

### 3) Homeopathic Repertorization: [Repertory(s) Used: Kent]

Marmite's case actually has very few symptoms. There is only one physical complaint, the nasal discharge, which has a descriptor: yellow-green. Discharges and descriptors of the nature of discharges are important symptoms. This symptom must be used in the analysis as it is the only symptom that can be interpreted with complete accuracy. Since there are only three potential symptoms, the behavior symptoms will need to be used by selecting the most fitting general rubrics as previously explained, e.g. in this case MIND – Irritability was selected to summarize the "sour" behavior change.

Any symptom that might not be accurate enough for analysis should be relegated to materia medica study in differentiating the top remedies selected, and generally the analysis used for concrete symptoms only. However, a method to further explore rubric options is to perform multiple analyses, one with and without a questionable rubric to determine how it changes the remedy options for selection.

Due to the potential inaccuracy interpreting behavioral symptoms, when conducting a homeopathic analysis with a case that has a striking behavioral component, it is best to try several different

analyses taking this into consideration (with and without questionable rubrics). This same method can also be applied to a potential causation, or any other symptom with questionable or hypothesized accuracy.

	puls.	alum.	kali.c.	nat.c.	psor.	rhust.	aur.	sep.	calc-s.	hep.	hydr.	kali.bi.	merc.	phos.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	1
	3	3	3	3	3	2	2	2	2	2	2	2	2	2
	9	6	6	6	6	5	6	6	5	5	5	5	5	5
Clipboard 1														
1. MIND - FORSAKEN feeling (32) 1	3	1	1	1	3	1	3	-	-	-	-	-	-	-
2. MIND - IRRITABILITY (245) 1	3	3	3	3	2	3	3	3	3	2	2	2	2	3
3. NOSE - DISCHARGE, - yellowish-green (31) 1	3	2	2	2	1	1	-	3	2	2	3	3	3	2

	puls.	sep.	alum.	calc-s.	hep.	hydr.	kali.bi.	kali.c.	merc.	nat.c.	phos.	sil.	thuj.	caust.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	6	6	5	5	5	5	5	5	5	5	5	5	5	4
Clipboard 2														
1. MIND - IRRITABILITY (245) 1	3	3	3	3	3	2	2	3	2	3	3	3	3	3
2. NOSE - DISCHARGE, - yellowish-green (31) 1	3	3	2	2	2	3	3	2	3	2	2	2	2	1

**Analysis 2: Possible Causation Removed**

**4) Homeopathic Discussion/Differentials:**

Once several analyses have been performed, the top remedies must be reviewed. Generally, the top ten or more remedies should be scanned to identify the potential simillimum. Remember an analysis or repertorization is simply a tool to help guide the practitioner to generate a list of the most highly indicated remedies *for the rubrics the practitioner has selected*.

Since our analysis of the mental symptoms cannot be completely accurate, it is important in such cases to not limit the search to just the top few remedies. For it is only the practitioner that can combine the knowledge of the repertorization, materia medica, and the patient, to derive the simillimum.

The first steps in reviewing the materia medica are to investigate: if the seat of illness is to be found in the remedies being considered; and if a potential causation has been identified, if that causation is present. Unless a behavior change is marked, as was present in this case and thus selected for a rubric in the analysis, materia medica investigation is routinely where any mental/emotional changes are to be investigated and confirmed in the remedy.

All of the patient’s symptoms should be reviewed in the materia medica for the remedies selected for comparison. Remember that ***all of the patient must be in the remedy, but not all of the remedy must be in the patient***. This is to remind us that well-proven remedies contain a vast set of symptoms, and our patients do not need to present with all of them. However, the remedy selected to treat the patient must have all of the patient’s symptoms contained in its materia medica description. It is important to note that different materia medicas contain different volumes of symptom information. Thus, it is always recommended to compare top remedy choices in multiple materia medicas. While this can seem daunting to the new student, this process will become smoother and efficient over time, as with any learned skill.

## Case Study Section

Materia medica review for Marmite assessed that based on the acute onset of illness due to the stress of weaning (e.g. potential causation), the characteristic nature of the discharge, and the behavioral changes, Pulsatilla contained all the striking characteristic symptoms of the case. Pulsatilla was selected with the intention that a chronic (or antimiasmatic) remedy would be needed at a later date to address the underlying susceptibility in this patient.

### *Symptoms from Kent's Materia Medica & Murphy's 'Nature's Materia Medica' under Pulsatilla:*

- Nose: Yellow mucus; sinusitis with thick yellow, green nasal discharge.
- Mind: History of abandonment or grief; forsaken feeling; very irritable and touchy, feels slighted; easily offended; peevish; moody, contradictory.
- Causations: Abandonment; grief.

### **Homeopathic Prescription:**

Once the remedy has been selected for the patient, a potency and reassessment schedule needs to be determined. We already established Marmite was a young animal with a relatively strong vital force; only functional changes were noted (nasal discharge); and she was suffering from mental/emotional effects. Therefore, **Puls 10M** – a single dose of dry pellets – was selected and administered approximately 1.5 weeks post-weaning. The owner was advised to report two days post remedy administration, as an initial response was expected within the first 24-48 hours.

### **Follow-up 48 hour – 2 weeks Summary Post Remedy:**

Within 48 hours Marmite's owner noticed significant overall improvement. Marmite was first up to the gate and "looked a different horse" — her whole facial expression had changed, she was no longer pursed-lipped or sour looking. She stopped putting her head in the air and barging past the owner or trying to push through the gates. Her owner remarked that Marmite was actually inquisitive again and seemed to have her original personality coming back. She was interested in training, was fine to put the head collar on/off, and suddenly was the easiest of the yearlings to learn to tie-up over this time period.

The nasal discharge improved initially post remedy by decreasing in volume and becoming less purulent in color/consistency. Within 2-3 days all nasal discharge completely cleared and had not returned. The case (of this acute flare-up of chronic disease) was assessed to be cured, however follow-up treatment was advised to address her underlying susceptibility.

### **Follow-up Summary 5 weeks & 3 months Post Remedy:**

Marmite's owner continued to update on Marmite's progress, however delayed booking further treatment. Over this time period however, Marmite had no recurrence of the "snots," she remained in good health, and her original personality continued to blossom.

### **Case Summary Evaluation & Discussion:**

Marmite's owner eventually followed-up with further homeopathic treatment for a deeper acting anti-miasmatic remedy to address Marmite's underlying susceptibility of her constitutional state (e.g. out of all the horses weaned together she was the only one to fall ill). The details of treatment

are beyond the scope of this discussion of an acute flare-up of chronic disease; however, in summary Marmite responded in a curative manner and after treatment continued to show further positive development. She was sold on to make a hunter/sport horse type at four years of age.

This case demonstrates how Marmite's behavior change could have easily evolved into permanent, deeper behavioral issues at a key stage of training and mental development (especially dependent on how harshly she was handled), subsequently becoming a "problem horse." Thankfully for Marmite, this was avoided. Instead, she matured into her true potential, demonstrating that she was extremely intelligent and a quick learner.

Considering that Marmite lived on a breeding/training yard and never had a recurrence of the "snots" despite rotating fields (locations of grazing, encountering different horses), it also demonstrates that treating the dynamic imbalance of the vital force of the patient allows them to achieve a higher state of health, where they are more resilient to stress and disease.







# Madge: Treatment of Severe Hemorrhage Following a Dog Bite

Presented by Tanya Holonko, DVM

## Introduction

Madge is an adorable 7-year-old spayed female Springer Spaniel, with the emphasis on “Springer”; she has boundless energy, a limited attention span, and an obsession for her little babies, her small stuffed toys that she carries around and monitors with a vengeance. I adopted her after her owners abandoned her on a snowy frigid New Year’s Eve day in 2013.



## Presenting Complaint and Case History

Madge and I had been living with my partner Norman and his dog Ruthy for a few months. Madge is a slight girl, about 45 pounds, but makes up for it with a huge annoying presence. One of her favorite things to do is to bound up and down in front of Ruthy and nip at her face. Ruthy is a large strong boxer cross, 85 pounds at least, who makes up for it with her sweet and tolerant personality, most of the time.

On Friday night, January 23, 2015, the dogs were gated in the laundry room and had settled in for the evening. Norman and I had just settled in on the couch to watch a movie, when suddenly a fight erupted in the laundry. It took 5 seconds to get to the scene. Both dogs stared up at us in amazement, but blood was all over the floor and blood was spurting rhythmically in arcs from the medial proximal aspect of Madge’s right front leg.

I grabbed a clean dish towel, placed it over the gusher, and we moved Madge to the living room. I asked her to lie down on her back and she obeyed. I was attempting to keep her limb elevated above her heart. Her usual bouncy demeanor was replaced by a quiet passive yet alert attitude. The towel soaked through with blood in seconds. I had Norman put pressure on the wound with a clean dishtowel while I quickly assessed Ruthy. Within 5 seconds I could tell that she had no discernible injuries and not a spot of blood on her.

When I returned to Madge another towel had soaked with blood. I grabbed my emergency remedy kit and administered a single 30C dose of a remedy, #10 dry pellets sprinkled onto her gums, at approximately 11:30 pm. Another clean towel was placed over the puncture wound.

## Abnormalities on Physical Exam

Only one puncture wound could be found on Madge’s right front inner leg; a clean deep wound nearly a centimeter in diameter, spurting bright red blood. There were no other apparent wounds; she was BAR, yet more subdued and obedient than usual. Her gums were pink, slightly tacky, CRT less than 2 seconds.

## Assessment

A large vessel had been lacerated, most likely arterial, in the right front leg, after Madge received a dog bite to that leg.

## Homeopathic Methodology

The most effective homeopathic methodology in an emergency, is to know the remedies for that condition. A quick 5-10 second analysis is all the time the practitioner might have. In acute cases such as this, if you identify the etiology or cause, it often becomes one of the keynote symptoms, or even the only keynote symptom.

- Acute or Acute Flare-up of Chronic Disease? Acute
- Cure or Palliation? Cure
- Vitality Level (Low/Medium/High)? Medium to High
- Seat of Illness/Organ Affinities? Blood; blood vessels; arteries; skin wounds
- Causation? Injuries, wounds, puncture wounds, dog bite
- Key Words? Wounds, punctures, incisions, stabs, bleeding profusely, hemorrhage, bright red blood, blood vessels, arterial vessels. Once these “key words” have been identified, they need to be translated into usable homeopathic rubrics.

## Homeopathic Symptom List

- Hemorrhage, arterial
- Wounds, injuries, bleeding
- NOTE: Might you want to consider Madge’s “subdued” mental state after the injury as a symptom? Could there be an underlying issue with blood coagulation?

## Rubric Selection

*A Synoptic Key of the Materia Medica*, Part 2, A Short Repertory, Boger:

GENERALITIES: INJURIES, shocks, wounds, bruises, etc.: incisions, stabs, etc.: (6) *arn.* *lach.*  
*Phos.* *puls.* *Staph.* *sul-ac.*

GENERALITIES; HEMORRHAGE, bloody discharges, etc: (36) *Acon.* *ARN.* *ars.* *BELL.*  
*Cact.* *CALC.* *canth.* *Carb-v.* *CHIN.* *croc.* *Crot-h.* *FERR.* *ham.* *hydr.* *ip.* *Kreos.* *lach.* *led.* *lyc.*  
*MERC.* *merc-c.* *Mill.* *NIT-AC.* *Nux-v.* *PHOS.* *PULS.* *rhus-t.* *sabin.* *Sec.* *Sep.* *Sul-ac.* *sulph.*  
*ter.* *thlas.* *tril-p.* *vib.*

HEART, CIRCULATION AND PULSE: BLOOD VESSELS: (24) *acon.* *aml-ns.* *apis.* *ARN.*  
*Bell.* *CARB-V.* *ferr.* *Flu-ac.* *gels.* *glon.* *Ham.* *Hyo.* *Lach.* *lyc.* *nat-m.* *Phos.* *PULS.* *sang.* *Sec-c.*  
*sep.* *sulph.* *Thuj.* *vip.* *zinc.*

*New World Veterinary Repertory*, Pitcairn & Jensen:

GENERALITIES; INJURIES, wounds: bleeding: readily bleeding: (14) *acon.* *Arn.* *carb-v.* *Chin.*  
*Crot-h.* *KREOS.* *Lach.* *nat-m.* *ph-ac.* *PHOS.* *puls.* *Sul-ac.* *sulph.* *zinc.*

GENERALITIES; HEMORRHAGE: blood does not coagulate: (21) *am-c.* *anthr.* *apis.* *ars.* *both-l.*  
*carb-v.* *chin.* *chlol.* *Crot-c.* *crot-h.* *dig.* *dor.* *elaps.* *kali-p.* *Lach.* *lat-m.* *nat-m.* *Nit-ac.* *Phos.* *sec.*  
*sul-ac.*

**Boger C. Boenninghausen's Repertory:**

SKIN AND EXTERIOR BODY – Wounds, (injuries in general, falls, bruises, blows, contusions)  
 – bleeding profusely (of small): (21) *Acon. ARN. CARB-V. Chin. croc. ferr-p. ham. Hep. Kreos. LACH. Merc. mill. nat-m. Ph-ac. PHOS. Puls. rhus-t. Sul-ac. SULPH. thlas. Zinc.*

**Kent's Repertory:**

GENERALS – WOUNDS – bleeding freely: (20) *aran. Arn. Carb-v. cench. croc. crot-h. ferr. hep. Kreos. LACH. merc. mill. nat-m. ph-ac. PHOS. puls. rhus-t. Sulph. sul-ac. Zinc.*

**Homeopathic Analysis**

**Boger C. Boenninghausen Analysis:**

	phos.	arn.	rhus-t.	bell.
	1	2	3	4
	9	8	6	5
<b>Ablage 4</b>				
1. SKIN AND EXTERIOR BODY - Wounds, (injuries in general, falls, bruises, blows, contusions) - bleeding profusely (of small) (21) 1	■	■	■	■
2. SENSATIONS AND COMPLAINTS IN GENERAL - Hemorrhages, bleeding, etc. - bright or pale (10) 1	■	■	■	■

**Kent Analysis:**

	lach.	phos.	carb-v.	sul-ac.	arn.	nit-ac.	hep.	nat-m.	puls.	rhus-t.	sulph.	crot-h.	kreos.	sec.	zinc
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	11	11	9	9	7	7	6	6	6	6	6	5	5	5	5
<b>Ablage 1</b>															
1. GENERALS - WOUNDS - bleeding freely (20) 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
2. GENERALS - HAEMORRHAGE - blood does not coagulate (21) 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
3. GENERALS - INJURIES (including blows, falls and bruises) (49) 1	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

**Homeopathic Case Evaluation, Remedy Differential**

Let's do a quick comparison of some of the most likely remedies using Boger's "A Synoptic Key of the Materia Medica". This reference has proven invaluable for acute urgent (life threatening) situations. It is best used for ACUTE PRESCRIBING; using GENERAL SYMPTOMS; carefully considering the section REGION of the body/part affected; and choosing 1-2 RUBRICS (*Richard Pitcairn, Basic and Advanced Courses, 1999-2008*).

**ACONITE**

- **REGION:** HEART, Arterial, Circulation
- Bright red haemorrhage

## Case Study Section

### **ARNICA**

- **REGION:** BLOOD, BLOOD VESSELS
- WORSE from INJURIES
- HAEMORRHAGIC TENDENCY, epistaxis, etc.

### **CARBO. VEG.**

- **REGION:** HEART, VENOUS CIRCULATION, Blood
- HAEMORRHAGE, dark oozing

### **CHINA**

- **REGION:** BLOOD, CIRCULATION
- INTERMITTENCY. PROFUSE EXHAUSTING DISCHARGES
- HAEMORRHAGES, etc.

### **CROTALUS HORRIDUS**

- **REGION:** BLOOD, Heart
- HAEMORRHAGE; slow, oozing, of dark, thin blood

### **KREOSOTUM**

- **REGION:** BLOOD, Teeth
- Haemorrhage; passive; brown, dark

### **LACHESIS**

- **REGION:** BLOOD, HEART, CIRCULATION
- HAEMORRHAGE, thin; dark particles; nose-bleed, vicarious

### **NITRIC ACID**

- **REGION:** Blood, Skin
- HAEMORRHAGE; easy; bright; of bloody water

### **PHOSPHORUS**

- **REGION:** CIRCULATION, Blood, BLOOD VESSELS, Arteries
- Recurring effects, cold, croup, bleedings, etc.
- HAEMORRHAGE, vicarious

### **SULPHURIC ACID**

- **REGION:** Blood, Blood vessels
- Haemorrhage; violent; black; thin

The remedies that best fit this case would be Phosphorus, Arnica, Aconite, and possibly China or Nitric acid; of these, Phosphorus seems to fit the arterial blood vessel location that was involved in the injury, as well as the remedy's strong association with hemorrhage in general. A quick scan of the other remedies would eliminate them based on the Madge's case symptoms and type of hemorrhage she displayed (NO dark oozing blood, black thin blood, slow oozing of dark thin blood, thin dark particles, passive dark brown blood).

## Remedy Selection and Prescription

**Phosphorus 30c** was chosen and administered, approximately 15-20 seconds after the puncture wound was discovered, approximately 11:30 pm at night.

### Prescription Response:

Almost immediately, the aggressive flow of blood from the wound began to lessen, so that within 5 minutes, the flow was a mere ooze from the puncture; I continued to check the non-stick bandaging as needed, however, no further bandage changes were needed until morning. After receiving the remedy, Madge remained calm, but more relaxed, and she fell asleep by the couch. I stayed on the couch overnight to observe her. She slept uneventfully through the night.

In the morning (Sunday, January 24, 2015), she was her usual exuberant self, and I leashed her to walk her outside. She was able to place full weight on the leg, and wanted to trot around the yard, which I restricted to a walk for only a few minutes. When we returned to the house, the wound was beginning to bleed slightly, with bright blood; I then immediately administered a second dose of **Phosphorus 30c** at approximately 9:30 am. No bandage was placed over the wound. The oozing of blood ceased, and no further remedies were required. She healed without further complication.

### Case Summary

It is important to simply know the most important emergency remedies for bites, stings, shock, hemorrhage and other acute situations so they can be used as quickly as possible.

Lower potencies are more forgiving than higher potencies; even if you do not know if you have the best remedy fit, you may still achieve success with the case.

In my experience, using the few simple rules for Boger's "A Synoptic Key" in acute cases has been invaluable. An appropriate remedy can often be identified quickly and efficiently.

In this particular case, it was a Friday night, and the nearest veterinary emergency clinic was 45-60 minutes away. It is my opinion that the excitement of a car ride late at night to a stressful conventional emergency clinic could have been an obstacle to cure; the outcome may not have been as favorable.

### References

1. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students*. B. Jain Publishers Ltd. 2008.





# Insect Stings: A Buzzzy Day!

Presented by Sarah Stieg, DVM, MRCVS

## Introduction

Allergic reactions due to bee, wasp, and other insect stings are the inevitable sequela of curious critters interacting with the great outdoors. Many patients will just have a local reaction to the sting or bite, but it is all too common to result in varying severity of type 1 hypersensitivity reactions. Type 1 hypersensitivity reactions are defined as acute, systemic inflammation which is triggered by IgE-mediated degranulation of mast cells and basophils; degranulation releases histamine, leukotrienes, interleukins, and other vasodilatory and inflammatory substances.<sup>1</sup> Our patients usually present with swelling, urticaria, angioedema, pruritus, and severe cases can lead to dyspnea and shock.

Both homeopathic and allopathic medicine have similar goals – to stop the reaction to relieve the discomfort. However, homeopathy works with the patient's own immune system without suppressing it and reactions are observed within seconds to minutes of remedy administration. The healing reaction will often be complete within minutes to a few hours with resolution of all symptoms.

Homeopathy also provides a safe approach to begin treating these reactions at home. Owners can keep acute emergency remedies in the home (or in a travel pouch on their walks) which they can administer under veterinary direction on the way into the vet clinic. This is especially helpful when a patient has a history of severe anaphylactic reactions, for the remedy to be given as quickly as possible from the time of the incident. Note that a tendency to allergic reactions is always a sign of chronic disease and needs to be addressed with a deeper acting remedy; we will address this at a later stage of the course.

The following case examples are presented as an exercise to learn the different remedies noted for insect bites and stings, as well as type 1 hypersensitivity reactions in general.

## Presenting Scenario:

It's just over halfway through August in Yorkshire, England, the temperature has dropped to the upper fifties, and it has been decidedly cool and of course wet. While some countries are still basking in sunshine, shorts, and barbeques, the weather has distinctly turned more autumnal, once again leaving all those in Yorkshire dissatisfied with the paltry English summer. As our stalwart veterinary surgeon Dr. Stieg looked ahead at forecast for the rest of the week, she sighed realizing that again she had missed the only sunny day that week being out on house/farm calls. Such is the life of a country vet, as James Heriot used to say!

Helping the sixth wasp be guided out of her office window that evening, Wednesday August 19, 2015, she noted this was a sure sign of the season changing; as per usual this time of year brings the wasps to slow down and die off in their annual cycles. She thought to herself, thank goodness our rescue Saluki 'Dizzy' is too smart (or not) to bother chasing wasps with them slowing down at this rate.

The following morning, a phone call broke the monotony of the snooze alarm by the bedside...

## Case 1: Humphrey, approx. 2yr old (rescue) NM White Boxer

Humphrey presented as an emergency call Thursday morning August 20, 2015. A wasp landed on Humphrey on his walk early this morning along the River Swale outside of Richmond in North



Yorkshire, England. Being a typical young boxer, he subsequently tried to eat it and was stung at 07:30. His face immediately swelled, jowls seemed several times their normal size, and was getting worse as he had now broken out in hives and was panting hard. Humphrey's owner almost lost her elderly boxer several times to anaphylactic shock from wasp stings and was quite panicked. His owner was advised to come straight to the home practice as she was already in the car.

On presentation at 08:30, Humphrey was panting, hyper-anxious, and restless. His face was swollen and erythematous, and his upper lips and muzzle was at least four times the size of normal and quite firm/hard in texture. His conjunctiva were erythematous and his eyelids were significantly swollen OU causing him to squint. Ear pinnae were bright red AU. There was no cough or distress on laryngeal palpation or tracheal pinch, and while he was panting hard, he would pause when distracted and be able to breath per normal. Auscultation of his chest was WNL's. Urticarial, erythematous eruptions were present of 0.25-1.5cm in size over his whole body. Throughout the exam, he continued to try and itch. No other abnormalities were appreciated.

## Case 2: Zia, 3yr old SF English Springer Spaniel

Zia presented as an emergency phone call at 19:35 on Thursday August 20, 2015. Zia had just come in from outside wandering in her small back garden at her home outside of Leeds in West Yorkshire, England, with her right eyelids completely swollen shut and as large as a golf ball. On further inspection, her jowls were starting to swell and feel hard to the touch, but were worse on the right side. Zia was trying to itch frantically and rub her face. Her owners were holding her on the couch and preventing her from pawing at her face. On further questioning and requested examination, her owner confirmed that there was no obvious foreign body in her eye, but she found a spot on her lower right eye lid in middle – possibly where she got stung? There were no hives present, she was breathing normally, and the only part of Zia that seemed to be affected was her face, and primarily the right side.

Zia's owner was very concerned; though she had always owned a pack of dogs for over twenty years, she had never dealt with an allergic reaction like an insect sting before. All three of the other older working dogs in home were completely fine.

## Assessment

Each of these two cases contains strong common symptoms of a type 1 hypersensitivity reaction. Humphrey was observed to eat/be stung by a wasp, but Zia presented with an unknown etiology with the most probable cause of an insect sting given the environmental factors and presentation.

## Homeopathic Work up

### 1. Methodology

- a. Acute/Acute Flare-up of Chronic Disease – Acute? (Humphrey's degree of reaction may indicate part of his chronic disease)
- b. Cure/Palliation – Cure
- c. Vitality (0-10 Highest, or low/medium/high) – Medium to High
- d. Seat of Illness – Allergic reaction/Skin
- e. Causation
  - Humphrey – Wasp sting
  - Zia – Insect sting? Wasp Sting?

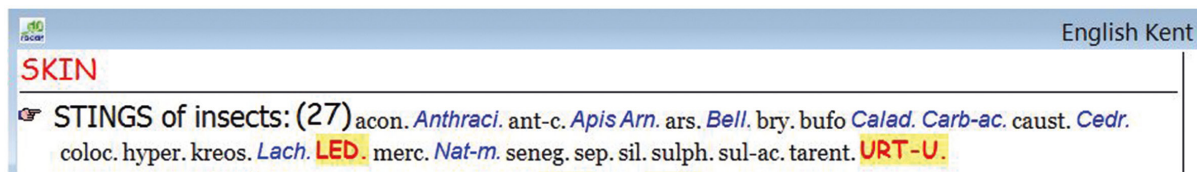
**2. Symptom List for Both Cases:**

- a. Causation: Wasp Sting (Humphrey), Insect Sting? (Zia)
- b. Hives/Urticaria
- c. Itching
- d. Swelling, edema

**Case Evaluation & Analysis**

These cases will be discussed in the context of keynote and repertorization. Viewing simply the etiology of the insect sting (or probable case in Zia’s case), the following rubric should be examined from Kent:

*Figure 1: Rubric from Kent’s Repertory in Radar Repertory Software*



A simple strategy for case analysis in this type of acute case is to identify the etiology, as this often is a keynote symptom. Then by comparing the highest grade remedies in the materia medica, one is able to select the best fitting remedy for the patient.

A formalized homeopathic analysis can also be conducted, using the etiology and the complete symptoms of the patient. It should be noted that *dropsy* is a historical term for edema in the tissues or a body cavity. Compare the two analyses, the first using dropsy and the second using swelling. One can see that a repertory software program allows multiple analyses to be performed in minutes, to compare different symptom selection and rubric choices. For a busy clinician, repertory software programs are vital to rapidly analyze cases.

Since Zia’s etiology was unknown, a third analysis is provided with just her symptoms, as the etiology is just a hypothesis. This is important to note – in rubric selection one must not sway the whole case analysis by a symptom or rubric the practitioner cannot “hang their hat on” as this can skew the whole case. Again, this stresses the importance in busy practice of being to perform multiple analyses.

**Homeopathic Analysis 1: With Etiology, Symptoms, & Dropsy**

	apis	ars.	led.	sulph.	ant-c.	sep.	bry.	calad.	lach.	merc.	bell.	sil.	urtu.	carb-s.	graph.	nat.m.	calc.	caust.	dulc.	lyc.	puls.	rhust.	
1. SKIN - STINGS of insects (27) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
2. SKIN - ERUPTIONS - urticaria (102) 1	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3
3. SKIN - ITCHING (172) 1	11	10	10	9	8	8	7	7	7	7	6	6	9	8	8	8	7	7	7	7	7	7	7
4. GENERALS - DROPSY,external (91) 1	2	1	3	1	1	1	1	2	2	1	2	1	3	-	-	2	-	1	-	-	-	-	-
	3	3	3	3	2	2	2	2	1	1	1	1	3	3	2	3	3	3	3	2	2	3	2
	3	3	2	3	2	3	2	2	2	3	1	3	3	3	3	3	2	3	2	3	3	3	2
	3	3	2	2	3	2	2	1	2	2	2	1	-	2	3	-	2	-	2	2	2	1	2

**Homeopathic Analysis 2: With Etiology, Symptoms, & Swelling**

	apis	ars.	led.	nat.m.	sulph.	bry.	caust.	merc.	ant.c.	lach.	sepp.	arn.	bell.	kreos.	sil.	acon.	sul.ac.	thust.	urtu.	pu'
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	3	3
	11	10	10	10	10	8	8	8	7	7	7	6	6	6	6	5	5	9	9	8
Clipboard 4																				
1. SKIN - STINGS of insects (27) 1	2	1	3	2	1	1	1	1	1	2	1	2	2	1	1	1	1	-	3	-
2. SKIN - ERUPTIONS - urticaria (102) 1	3	3	3	3	3	2	3	1	2	1	2	1	1	2	1	2	2	3	3	2
3. SKIN - ITCHING (172) 1	3	3	2	3	3	2	3	3	2	2	3	1	1	2	3	1	1	3	3	3
4. SKIN - SWELLING (93) 1	3	3	2	2	3	3	1	3	2	2	1	2	2	1	1	1	1	3	-	3

**Homeopathic Analysis 3: Symptoms only**

	thust.	apis	ars.	puls.	sulph.	merc.	dulc.	nat.m.	bry.	calc.	caust.	hep.	lyc.	sil.	ant.c.	con.	graph.	mez.	phos.	sepp.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
	12	11	11	11	11	10	9	9	8	8	8	8	8	8	7	7	7	7	7	7
Clipboard 5																				
1. SKIN - ITCHING (172) 1	3	3	3	3	3	3	2	3	2	2	3	1	3	3	2	2	3	3	2	3
2. SKIN - ERUPTIONS - urticaria (102) 1	3	3	3	2	3	1	3	3	2	3	3	3	2	1	2	2	2	2	2	2
3. SKIN - INFLAMMATION (60) 1	3	2	2	3	2	3	2	1	1	2	1	3	1	3	1	1	1	1	1	1
4. SKIN - SWELLING (93) 1	3	3	3	3	3	3	2	2	3	1	1	1	2	1	2	2	1	1	2	1

**Remedy Differential Review**

**Apis mellifica** - Of all these remedies Apis mellifica has profound affinity for allergic edema, especially of the face, eyelids, lips, mouth and throat. Burning, sticking sharp pain with excessive swelling. It acts on the cellular tissues, causing edema. Redness, heat, and swelling are present, can include the ears, eyelids with lachrimation and intense chemosis. Nettle rash type eruptions; rosy red sensitive and sore skin; and hives with burning stinging and itching, and large urticaria. Swollen throat from allergic reaction. Lungs – panting breathing, feels as he would not draw another breath.<sup>2, 3</sup>

- **Note on Isopathy:** If Apis is given for bee stings it is considered isopathy, which is giving the same rather than a similar medicine. Hahnemann on discussing isopathy highlights that it is as not as powerful as treating with similar medicines and can be unpredictable in patient response. One should be cautioned that isopathy can aggravate a patient’s symptoms rather than relieve them. It is a simplistic way of prescribing and not as accurate. Thus, it is the reliability of similars that is certain and most accurate. If a patient presents with Apis-like symptoms but was stung by a bee, note that other corresponding remedies should be used.

**Ledum palustre** – Ledum is a very high grade (three) for insect stings and is strongly suggested to be considered for puncture wounds: stings of insects, especially of mosquitoes. Urticaria, white, reddening when rubbed; intense itching, stinging, burning after stings of yellow jacket. Red spots and rash. Eyes bloodshot, lachrimation. Edematous swelling, hot tense, hard swellings. Dyspnea, chest feels constricted, suffocative arrest of breathing. Better cold applications.<sup>2, 3</sup>

**Hypericum perforatum** – Often an overlooked remedy for insect stings and reactions due to it being a grade one in Kent’s rubric. Hypericum is noted for stings of insects and insect bites; keynote excessively painful, worse from touch or pressure. Smarting eruption like nettle-rash. Burning and stinging pains. Violent eruption, smarting.<sup>2, 3</sup>

## Case Study Section

**Rhus toxicodendron** – While not in Kent’s Rubric for insect stings, Rhus tox contains all the symptoms of this type of allergic reaction. Intense itching with restlessness, cellulitis. Edema of the eyelids. Red, swollen skin; dry, hot, burning. Urticaria. Itching with burning and smarting, feeling as if pieced with hot needles. Itching all over, worse rubbing, burning after scratching. Oppressed breathing, anxious breathing as if not able to draw in a long breath. Better heat, warm wrappings and applications.<sup>2, 3</sup>

**Urtica urens** – *Urtica urens* is also a very high grade (three) for insect stings, but does not have the edema in comparison to *Ledum*. It is noted for severe allergic reactions with urticaria, wheals, welts, and hives; urticaria with burning heat and violent itching; erythema with burning and stinging; itching raised red blotches; and nettle rash.<sup>2, 3</sup>

## Remedy Selection

**Case 1 – Humphrey:** The keynote of this case is the violent, swift reaction centered in the inflammatory response and corresponds to *Apis*. His symptoms were so rapidly developing that the owner was literally able to watch them appear. The patient was restless, agitated, and extremely itchy.

**Case 2 – Zia:** Zia presents a more interesting scenario, in that the etiology was unknown but presumed to most likely be an insect or wasp sting. Her symptoms were quick to develop, but not as violent in onset as Humphrey’s.


Unfortunately a complication due to location was involved. Zia resided 1.5 hours away and thus was outside of a respectable emergency travel radius. While there was a local 24 hour emergency clinic just 15 minutes from the owner’s home, the owner wanted only pure homeopathic treatment for her dogs. Zia’s owner had the following remedies at home: *Arnica 200c*, *Bryonia 1M*, *Calendula 1M*, *Hyp 200c*, and *Rhus tox 200c*. What remedy would you select?

## Treatment and Response


### Case 1 – Humphrey:

Given his young age and strong vital force, ***Apis 1M*** was selected and administered in a single dose of dry pellets as soon as his physical exam was complete at **08:40**. While *Apis 1M* was being prepared to send home with his owner (in case an additional dose would be needed and to store in her emergency homeopathic kit), Humphrey’s owner exclaimed that he was already responding within 30 seconds of the remedy – his face looked less erythematous and the swelling had begun to come down.

### Summary of Progress Reports:

 **[08:45]** *5 min post-remedy administration:* While waiting for his medication to go home, Humphrey’s owner watched in astonishment as his symptoms rapidly were resolving. His ears were no longer red, his facial swelling decreased by 50%, his lips were now soft instead of firm, and the hives were getting smaller. When he left for home he was no longer distressed.

**PLAN:** Excellent curative response appreciated – patient is significantly improved. Monitor for now and do not repeat remedy unless symptoms are not resolving or are worsening. Owner to phone if patient worsens in anyway. Owner to phone mid-morning with progress report.

 **[09:21]** *40 minutes post remedy administration:* Owner texted that Humphrey was much improved overall, the swelling had gone down considerably and he was no longer bright pink.

**PLAN:** Monitor, patient improving.



☎ [14:00] Owner forgot to phone mid-morning with her progress report as the Humphrey seemed mostly back to normal by the time he was home. Muzzle and jowls were taking the longest for the swelling to resolve. He was still a bit swollen, just at top of his chops, no pink left, not changed much since late morning. “If you didn’t know him would think he was normal. Did two long walks and run today and he was completely fine.”

**PLAN:** Excellent response, minor symptoms persisting for several hours with no change, time to repeat remedy. **Repeat Apis 1M one single dose.**

☎ [15:30] Owner reported that Humphrey was completely normal.

**PLAN:** Brilliant response, no further treatment needed.

### Case 2 – Zia:

Since a full homeopathic pharmacy was not available, remedy choice was based on what the owner had in her small emergency collection of remedies. Ledum would have been the first choice remedy for the patient’s condition, due to the degree of swelling about the eye (note Ledum has a strong affinity for the eye akin to Symphytum), with Apis as a second choice differential. Rhus tox 200c was selected as the best choice of what remedies were available to the owner at this time. Ideally, a 1M potency would have been given due to the young age and high vitality of the patient, and the degree of intensity of the symptoms. **Rhus tox 200c** was administered at **19:35**. Her owners were to report in 15-20mins.

#### Summary of Phone Progress Reports:

☎ [19:55] Zia is still itching with swelling present, but she is no worse. Previously to the remedy, she was worsening every few minutes. After the Rhus tox 200c, she seems to have stopped.

**PLAN:** Patient is responding with the cease of rapid symptom progression. As the symptoms had not progressed any further: **Repeat one dose of Rhus tox 200c**, call in 15-20min.

☎ [20:20]: After the second remedy – Zia stopped itching and went to sleep. Now her right eye is slightly less swollen and her left jowl feels softer and has gone down quite a bit.

**PLAN:** Sleeping post remedy administration is an excellent sign that a curative reaction is beginning. Monitor and reassess in 1 hour.

☎ [21:25] Zia has continued to improve and mostly slept for the last hour. She seems comfortable now and not trying to itch at all. Her right eye has gone down significantly – most of the swelling above the right eye is gone, just mildly still present on lateral side and lower lid. She is also still squinting a bit. Left jowl is almost normal. Right jowl is reduced significantly but still a bit firm. Coughed a few times like she is clearing her throat (Ddx: draining sinuses?).

**PLAN:** Patient is still improving – watch and wait on further medication. Only repeat if no further improvement is made in another hour. Continue to monitor if still improving. Repeat if patient starts itching again. Report if worse and update in morning.

☎ August 22, 2015 [08:00]: Owner repeated **Rhus tox 200c** at **23:00** when she went to bed. Her right eye seemed almost normal and she wasn’t itching at all. But she still had some swelling on her jowls thus her owner made the decision to repeat the remedy. Zia slept well through the night. When her owner got up for work at 04:30 today, Zia was completely normal and had no facial swelling remaining.

**PLAN:** No further treatment needed. Will post today Ledum 200c and Apis 200c for owner to keep in her emergency kit!

## **Summary**

In cases of insect stings and type 1 hypersensitivity reactions, familiarization with a strong remedy differential list will aid the practitioner to act swiftly on emergency presentation, especially if anaphylaxis is threatened.

Identifying the simillimum results in rapid improvement, often observed following the first dose as a return of energy and well-being. Humphrey demonstrated a clear, rapid curative response within seconds and had improved significantly before the client's medication and paperwork had been prepared.

In Zia's case, despite *Rhus tox* not being the first choice remedy for Zia (such as *Ledum* or *Apis*), she showed a rapid curative remedy response after two doses of the remedy. Even though she didn't "improve" to her owner after the initial dose, most importantly the allergic reaction that was visibly progressing every few minutes had ceased immediately. Communicating signs of cure (and remedy reaction) to the client is crucial for their understanding of the homeopathic response and thus compliance. Once this was pointed out to the owner on the phone, she was markedly impressed as she had not thought about the reaction ceasing and was purely focused on the swelling going down as the only sign of improvement.

After Zia's second dose, this is when we appreciate a common patient reaction to a curative remedy. When a patient goes to sleep after a dose of a remedy, this is always an excellent sign that the patient's vital force is processing the remedy and a reaction is beginning. Again it is important to tell owners to look out for this response, emphasize its significance, and to tell them to allow the patient to sleep for as long as they chose to do so. It is most likely that if a 1M had been available, then only a single dose would have been needed.

The third dose administered by the owner at 23:00 was unnecessary as the patient appeared to still be improving and was mostly resolved. Client expectation management is very important no matter what modality of medicine is used. This client had not experienced an allergic reaction like this before, and thus it should have been made more clear how long it would take for all the swelling to resolve so the owner had a more concrete time-frame to determine if it was still alright for symptoms to be present.

In homeopathy, training clients to be excellent observers without interfering with the remedy reaction can be challenging, as they often feel as though they are "doing nothing" and want to help. It is important to stress that unnecessary or frequent repetition of a remedy will impede the patient's ability to mount a full response and can also aggravate a patient's symptoms if the vital force is overstimulated. Providing clear expectations of the time frame need for healing (and symptom resolution), as well as giving clients things to do (regarding monitoring parameters and supportive care), can help alleviate this tendency.

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# Nathan's So Nauseous!

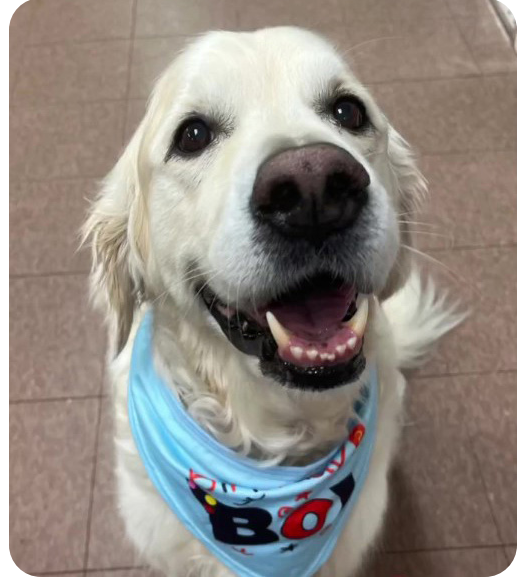
Presented by Carolyn Benson, DVM

## History/Presenting Complaint

Nathan is an 8-year-old 80 lb. neutered male Golden Retriever who presented to our clinic on April 26, 2023, for symptoms of continuous vomiting beginning around 8am that same morning, which was highly unusual for him. On further questioning, the client reported that Nathan “seemed fine” earlier that morning, had gone for his usual walk, passed a normal stool there (no obvious FB or mucous or blood seen), then had returned home and eaten his usual breakfast.

About 1.5 hours after feeding that morning, he vomited what appeared to be undigested food, then vomited more of his breakfast about another hour to follow. The client took him for a next walk, where he showed good energy, however he vomited once again, this time undigested food with some white foam.

Throughout, he’s not seemed much interested in water, though did drink a small amount after the client added some treats to this, to encourage him. The client confirmed no known FB or toxic ingestion, and that he’d not been to doggy daycare lately, however Nathan is very food oriented so does have a tendency to “get into things” at times, despite them doing their best to prevent this.



## Initial Examination Findings

On complete examination, Nathan’s temperature was normal (38.5 C /101.3 F), mucus membranes were pink and moist, CRT <1s, his peripheral lymph nodes were normal, and no abnormalities were detected on thoracic auscultation. As well, there was no obvious sensitivity or thickenings or masses or other abnormalities evident on abdominal palpation. BCS 3/5. His demeanour, however, was significantly subdued, and upon arrival to the clinic that morning, Nathan hadn’t greeted us with his usual lively entrance and frenetic barking that would reverberate throughout the entire clinic. This change in demeanour was so drastic that both my colleague and I – who have known Nathan since he first came to us as a puppy – both commented and expressed our deep concern to each other that day.

During our visit, Nathan was observed to vomit three different times – the vomitus was initially partially digested food with some bilious fluid, then some white foam to follow, then a smaller volume of similar liquid that contained a 1" piece of solid material (on closer inspection, this appeared to be a piece of a treat from that morning). These episodes all occurred within a 20-minute period of time, and with each, Nathan appeared to become progressively more nauseous and uncomfortable – standing and lowering his head, some lip-smacking. In between each of these episodes, he showed some temporary relief, however there was clear worsening of his overall demeanour by the third episode, to the point that he went to lie quietly on his own, completely out of character to his usual behaviour.

## Case Study Section

### Assessment

Acute onset of frequent episodes of vomiting. Potential rule-outs included gastrointestinal FB or other ingestion, organ (kidney, liver, pancreas, etc.) dysfunction, infectious, other. Appears stable, however nausea is progressively worsening, along with a further decline in demeanour, and Nathan is clearly becoming more uncomfortable during these relapsing episodes.

### Treatment Plan

Nathan's symptoms and concerns were reviewed with the client, and options for next diagnostic steps including abdominal radiographs, ultrasound, referral for hospitalization for IV fluid and other therapies were discussed. The client declined these, along with allopathic options for treatment, and requested homeopathic treatment, along with complete bloodwork to aid in our case assessment.

Given Nathan's visible worsening, homeopathic treatment was immediately commenced. What remedy do you think we should give Nathan?

## Homeopathic Work up

### 1. Methodology

- a. Is this case well taken? Yes, we seem to have garnered as much detail as possible, combining client and examination details.
- b. Obstacles to cure? Uncertainty of possible triggers (FB, etc.).
- c. Acute/Acute Flare-up of Chronic Disease – Suspect Acute.
- d. Cure/Palliation – Cure.
- e. Vitality (0-10 Highest, or low/medium/high) – Medium to High.
- f. Seat of Illness/Organ Affinity – Gastrointestinal tract.
- g. Causation – Unknown, though suspicious of dietary indiscretion.

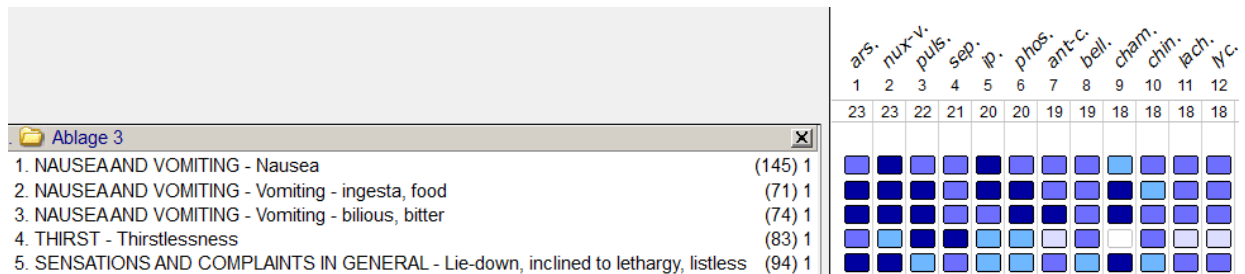
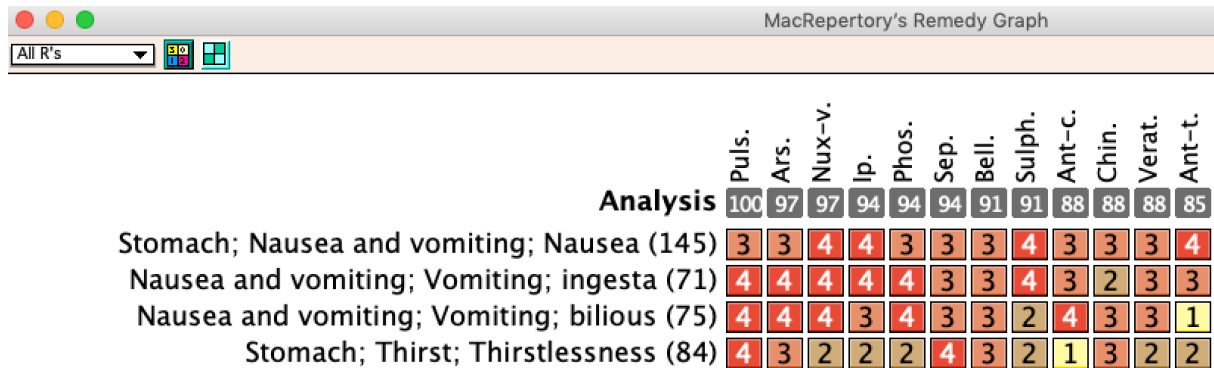
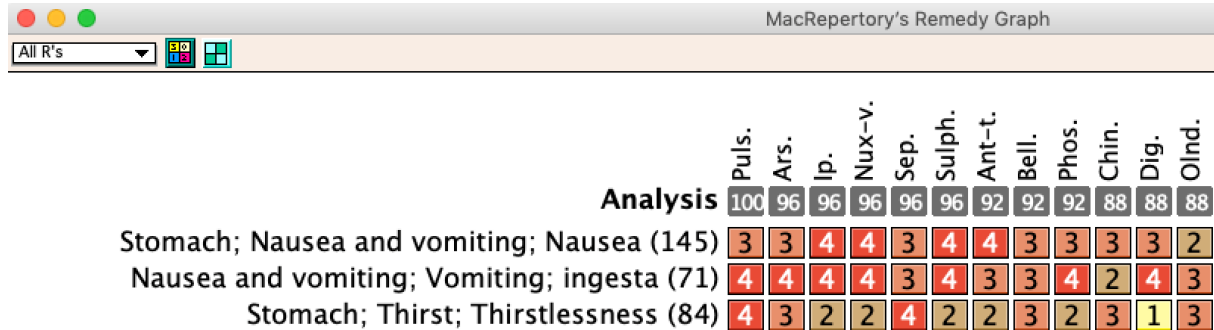
### 2. Homeopathic Symptom List:

1. Continued vomiting, with some temporary relief after each episode.
2. Vomiting food, bile, foam.
3. Worsening nausea.
4. Thirstlessness.
5. Progressive lethargy.

<i>Symptom List</i>	<i>Corresponding Rubrics in Boger-Boenninghausen Repertory</i>
Vomiting — Food — Bile	NAUSEA AND VOMITING – Vomiting - ingesta, food (71) NAUSEA AND VOMITING – Vomiting - bilious, bitter (75)
Nausea	NAUSEA AND VOMITING – Nausea (145)
Thirstlessness	THIRST – Thirstlessness (84)
Lethargy	SENSATIONS AND COMPLAINTS IN GENERAL – Lie-down, inclined to lethargy, listless (94)

## Homeopathic Analysis

Using the Boger-Boenninghausen repertory, the following analyses were created to study his case. The first analysis utilizes the most essential symptoms, the second analysis adds in the bilious vomiting, and the third analysis looks at all the symptoms.



## Remedy Differential

Using the Boger-Boenninghausen Repertory, the top remedies that appear are: Arsenicum album, Ipecacuanha, Nux vomica, and Pulsatilla. These polychrest remedies are often indicated in the acute treatment of digestive disturbances, with some differentiating characteristics, once again supporting the practice of returning to the Materia Medica to review in more detail to determine the remedy that represents the patient's symptom totality most closely. Though the routine practice is to consider at least the top ten or more remedies in one's analysis (so could further include here Belladonna, China officinalis, and Phosphorus), for the purpose of our learning in this case we will narrow our focus to these four.

**Arsenicum album** – Has as one of its main spheres of action the mucous membranes and organs of the body, a remedy often considered in cases of digestive disturbance including vomiting,

## Case Study Section

often brought on by 'food poisoning'. A profoundly acting remedy on every organ and tissue. Its clear-cut characteristic symptoms and correspondence to many severe types of disease make its homeopathic employment constant and certain. Its general symptoms alone often lead to its successful application. Among these the all-prevailing debility, exhaustion, and restlessness, with nightly aggravation, are most important. Great exhaustion after the slightest exertion. This, with the peculiar irritability of fibre, gives the characteristic irritable weakness. Unquenchable thirst... Odour of discharges is putrid... The prostration seems to be out of proportion to the rest of his illness... Vomiting of blood, bile, green mucus or brown-black mixed with blood. Stomach extremely irritable... Vomiting with diarrhoea.

**Ipecacuanha** – The principal feature of Ipecac is its persistent nausea and vomiting, which form the chief guiding symptoms... Spasmodic affections. Haemorrhages bright red and profuse; with nausea. Gastrointestinal disturbances; and RESPIRATORY AFFECTIONS, with CONTINUOUS NAUSEA. Discharges are foamy and profuse. Nausea and shortness of breath usually accompany most of the complaints... Horrid nausea, not better vomiting.

**Nux vomica** – The sphere of action for Nux vomica is often the digestive organs, with symptoms frequently aggravated by cold, 'high living', overeating, and slight causes (noise, touch, pressure). Is the greatest of polychrests, because the bulk of its symptoms correspond in similarity with those of the commonest and most frequent of diseases. It is often the first remedy, indicated after much dosing, establishing a sort of equilibrium of forces and counteracting chronic effects. Nux-v. is pre-eminently the remedy for many of the conditions incident to modern life... Esp. adapted to digestive disturbances, portal congestion, and hypochondriacal states depending thereon... Great debility, & oversensitiveness of all the senses... Sour, bitter eructations. Nausea and vomiting, with much retching. Region of stomach very sensitive to pressure [Ars.; Bry.]; can't bear tight clothes. Doesn't want to be touched. Wants to vomit, but can't. Nausea, better if he can only vomit; "If I could only vomit, I would be so much better." Violent retching, worse hawking.

**Pulsatilla** – The sphere of action of this remedy is often centred on the mucous membranes (including stomach and bowels) and mind, often aggravated by the eating of rich foods, fats, and ameliorated by continued, gentle motion and fresh, open air. The weather-cock among remedies; symptoms ever changing; changing and contradictory symptoms. The patient seeks the open air; always feels better there, even though he is chilly. Discharges thick, bland and yellowish-green... Thirstless, peevish and chilly... Affects MIND; VEINS; MUCOUS MEMBRANES; respiration and one side... THIRSTLESSNESS; CHILLINESS AND SHORTNESS OF BREATH; with digestive or menstrual disorders... Eructations; taste of food remains a long time. Flatulence. Persistent nausea [with nearly all symptoms], worse night, ... with retching and uprisings. Nausea, with colic, better after vomiting. Stomach bloated, hard; with flatulence. Nausea with rumbling and gurgling in hypochondria. Eructation, nausea during stool.

## Prescription

Nux vomica was chosen based on the symptoms of relapsing vomiting, including of ingesta and bile, with some apparent relief to follow and between episodes, the lack of thirst, and suspected dietary indiscretion. As well, we observed the significant change with his demeanor, from his usual outgoing and vocal nature, to becoming quiet and seeking solitude. These symptoms were combined with the knowledge of general remedy pictures, and the ultimate resource of the Materia Medica.

**Learning point:**

In such acute cases, there are often several remedies that may be indicated that the patient could respond favourably to. Finding the simillimum is ideal, but many times in acute disease a close-fitting remedy will be enough for the patient's vital force to begin to rectify the turmoil of disease and begin to recover. In cases of a close-fitting or partial match, sometimes the patient may require more doses than if the prescription was the simillimum, or the patient may reveal new symptoms that weren't yet visible in response. Evaluation of the patient and their symptom totality is the ultimate guide to determining whether they are responding curatively, or if a change in prescription is needed.

A single dry dose of **Nux vomica 1M** was administered in-clinic, so as not to wait any further, given the frequency, severity, and progression of Nathan's symptoms. As well, a blood sample was collected and submitted to Idexx for a Complete Wellness Profile (full CBC and Biochemistry) including Total T4 along with Spec cPL and Cortisol (random); a spot check of blood glucose revealed a reading of 4.1 mmol/L.

With no further vomiting observed a half hour to follow this initial homeopathic medicine dose and with Nathan seeming more settled, he was discharged home. Recommendations at that time included: NPO except a small volume of water made available to him through the afternoon until next update (with a shift in interest in drinking a possible indicator of a return of well-being), to keep Nathan rested except to go outside to eliminate, and to check each stool for any evidence of foreign materials. Requested an update in the next few hours, with client instructed to contact the clinic by phone immediately if any further episodes of vomiting or other signs of nausea, however subtle, along with any other changes or concerns. Further recommendations to be given once latest bloodwork results are received and based on our next observations with him.

**Case Follow-up**

Despite the recommendations given, several hours later at 17:00, the client updated by phone to report that Nathan had vomited three times since returning home, within an hour window, between 14:50-15:50; each a 'lighter yellow' liquid, each preceded by heaving. The client then inquired to whether these latest symptoms could have been triggered by her syringing water to him since home, as these symptoms occurred soon after this. On further questioning, the client then explained that she was very concerned about him becoming dehydrated, so elected to administer water by syringe. Though the client's instructions were to allow Nathan to drink only a small amount of water on his own volition, having done as she did has revealed to us an additional symptom, one that we couldn't have interpreted with certainty earlier, of nausea aggravated by drinking.

Since 15:50, he appeared to be resting comfortably including spending some time in the yard. No pacing or restlessness observed, and no further vomiting; has not passed any stools since early morning.

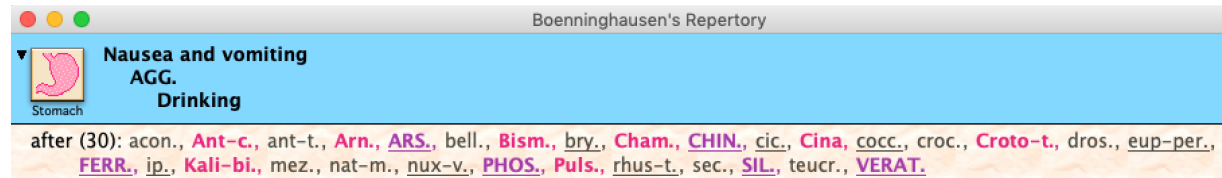
**Learning point:**

We have here a situation where a client strays from our clinical recommendations, and in response in the case of Nathan, a next symptom is revealed – nausea aggravated by drinking. We had observed and included in our initial homeopathic symptom list that Nathan was showing a lack of thirst on presentation. It now appears that his hesitancy to drink was likely related to nausea, that we would not have been able to accurately interpret at the time.



## Case Study Section

Here we look at the associated rubric, from Boger-Boenninghausen Repertory (MacRepertory) and find confirmation that Nux vomica is present:



In light of this and Nathan's current comfort levels, the client was asked to continue to keep him calm and resting for the remainder of the evening, and NPO except water, should he be interested in this on his own accord. No further doses were recommended just then and I elected to give more time to follow the initial dose. This decision was based on the fact that we had a clear trigger for the vomiting episodes that occurred soon after Nathan returned home, and that it had been over an hour since, and he appeared to be comfortable and stable. Had Nathan's nausea symptoms continued, this would have been an indication to repeat the prescription.

An update was requested in the next few hours (client has my personal email for out-of-hours correspondence), however the client was to report sooner if not improving, or immediately if any other changes or concerns occurred in the meantime, and to take to nearest emergency clinic if any significant deterioration once the clinic has closed for the night.

Email update (excerpt) at bedtime:

*"Nathan had some water just now at 10:20 pm. ... the first time since we came home from the clinic. There are two bowls of water, one with warmer water than the other. He had some from both bowls. I then gently removed the bowls from him so not to let him drink too much. Will see if he can keep it down... I'll let him sleep in tomorrow morning since he cannot go for a walk or have breakfast right away. Will email you once he wakes and let you know what he shows us through the night. Hoping will get the okay from you then to feed him."*

Client was asked to continue as per earlier instructions, including NPO except water, rest, along with close observation through the night. Should Nathan show any regression including return of nausea/vomiting symptoms, could give a single next dose of Nux vomica 1M, otherwise if improving, wait further. Client to report first thing in the morning.

## Case Follow-up – The Next Day

April 27 2023, Email update (excerpt) early morning:

*"Nathan had a restful night last night sleeping in my room. He didn't drink any more water after that one time at 10:20 pm the night before and had kept it down throughout the night. Had the bowls of water in my room for him."*

*He slept well changing positions several times as usual. He is still sleeping while I'm typing this. Saw him grooming himself slightly just now and laid down on his side to sleep again. Will see what time he will wake up this morning. Heard his tummy gurgling just now - maybe he's hungry like you said yesterday. No flatulence noticed."*

Client was instructed to continue as per previous instructions including NPO except water just now, as we await the final bloodwork report. Request next update over lunch hour, sooner if any changes or concerns in the meantime.



April 27 2023, Email update (excerpt) over lunch hour:

*“Nathan kept the water down he drank at 6:55 am this morning. He didn’t pee so far nor any bm. He did wait for his dad to play with him at the backyard around 7:30 am. But of course, we have to keep him quiet then. He then slept for most of the morning... No burping or nausea...”*

Final bloodwork results received and reviewed, all WNL’s showing no evidence of systemic inflammatory response, organ dysfunction, or other disturbances.

Client was instructed to gently reintroduce some food this afternoon, lean cooked pork and rice, pureed, and continue to encourage Nathan to rest, and update again by evening. Options for next diagnostic steps were reviewed, including abdominal radiographs, U/S, comprehensive fecal, and all were declined by client at this time.

April 27 2023, Email update (excerpt) at 15:20:

*“As advised, (I gave Nathan) one tablespoonful or so (of the pureed food) to try. He definitely enjoyed it. And now is asking for more.*

*He pooped just now after eating his first meal producing one piece of very firm/hard stool... Quite dry in texture. I examined the stool and found some string like substance in it... The “string” is quite tough and not easy to pull/break apart. It doesn’t resemble the stuffing in his toys. Still trying to think where this came from. Maybe will enlist the help of my husband and son to figure it out tonight. Hoping there’s not too much more of this inside Nathan. He hasn’t peed yet. The last time he peed was around 10:30 pm last night before bed.*

*If he can keep his food down, when should I give him another spoonful next?”*

Recommended that the client continue with smaller meals of the cooked puree for Nathan through the next few days, and then gently transition him back to his usual diet to follow, as long as he is continuing to improve. The client stayed in close contact and within the next 24 hours, Nathan was completely back to his old self, with great energy including on his walks and a return to his usual ‘talking’! His appetite was golden, there was no relapse in vomiting, and his stools were formed and consistent, with no further foreign material found in his next eliminations (owner continued to check this through that week). Nathan recovered here without requiring any further doses, and we have since returned to constitutional prescribing with him.

## Case Summary and Discussion

*“Details are gold to the homeopath.”*

— Wendy Thacher Jensen, DVM, *Practical Handbook of Veterinary Homeopathy*

Whether for the treatment of acute or chronic dis-ease, the various ways in which a patient individualizes their symptom presentation – their unique patterns of illness – hold great significance for successful prescribing in homeopathy. As we’ve detailed further in our Common Clinical Conditions lecture, there are many symptoms we look for when evaluating our patient, to go along with our presenting complaint. These symptoms – some general, guiding, keynote, particular, or peculiar – along with any modalities, when present, are then considered and combined to reach the totality for the individual, and a remedy is well-chosen from there.

In the case of Nathan, we observed the vomiting of ingesta and of bile, the lack of interest in water, and eventually the revelation of his nausea aggravated by drinking. As well, we observed the significant change with his demeanor, from his usual outgoing and vocal nature, to quiet and seeking solitude. We also discovered to follow our prescription the foreign material in his stools, evidence

## Case Study Section

of the likely causation for his symptoms. In contrast, another patient with a similar causation might have instead presented with vomiting without relief, restlessness, along with a strong desire for water and company, and so distinguishing them from Nathan, and guiding to a different homeopathic prescription.

So, while we gather the individual symptoms presented by our patient, our final prescription always rests with the totality. From Lecture XII of Kent's Lectures on Homoeopathic Philosophy:

The "totality of the symptoms" means a good deal. It is a wonderfully broad thing. It may be considered to be all that is essential of the disease. It is all that is visible and represents the disease in the natural world to the eye, the touch and external understanding... It is all that enables the physician to individualize between disease and between remedies; the entire representation of a disease is the totality of the symptoms, and the entire representation of a drug is the totality of the symptoms. It does not mean the little independent symptoms, but it means that which will bring to the mind a clear idea of the nature of the sickness... But it is not enough to consider the totality as a grand whole; besides considering all the symptoms collectively each individual symptom must be considered. Every symptom must be examined to see what relation it sustains to and what position it fills in that totality in order that we may know its value, whether it is a common symptom, whether it is a particular symptom, or whether a peculiarly characteristic symptom.

*"The failure of allopathy was that it treated disease, or a part of an organ, or tried to do so, whereas the only means of cure was to treat the whole patient."*

— Dr. Fergie Woods, English physician and homeopath

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# Tiny Tony Has A Cold: A Kitten with Upper Respiratory Disease

Presented by Andrea Tasi, VMD

## Step One: (Subjective)

### Signalment and History:

Tiny Tony is a 7-8 week old intact male DSH orange and white kitten. He, along with his three littermates are under the care of Judy L., a kitten foster volunteer for a local animal rescue group. The kittens were caught by a good Samaritan and turned over to the rescue group on May 5, 2011. Mom cat is a neighborhood stray, but is not feral. She was not caught. The kittens have had no veterinary care, and all seem fine except Tiny Tony. Judy brought the kittens to her home on May 7, setting them up in her “new kitten room”, which is clean, well-equipped with kitten friendly resources. She offers canned and kibble food to all kittens.

I have provided pro bono homeopathic care to Judy’s kittens since 2007 (when I completed the homeopathy course). She contacted me on the morning of May 8 to relay her concerns about Tiny Tony: he was a bit more lethargic than the other kittens yesterday, not exploring the room as actively as the other kittens. Today his lethargy is worse, and he is not eating (he approaches the food but doesn’t eat). Judy has also noted he is sneezing with some watery discharge noted, has runny eyes with “thick yellow” discharge. She has also observed that he is “drooling”. While the other kittens have happily discovered the deep bowl-type plush/fleece cat bed and like to sleep all burrowed into it, he is sleeping by himself in a cardboard box.

## Step Two: (Objective)

May 8, 2011

I came to see Tony at 9:30am. My physical exam findings:

- Kitten is QAR, friendly and easy to handle. Good overall body condition. Fur a bit unkempt.
- Temperature (rectal) = 104.8°F (40.4°C)
- Bilateral conjunctivitis and mild chemosis with mucopurulent discharge both eyes. No rawness/irritation at medial canthi when discharge wiped away.
- Audible nasal congestion, sneezed during exam, serous discharge. Moving air through nares. No irritation around nares.
- Halitosis, breath smells very bad. 2 small (3mm) punctate, round red ulcers on surface of tongue. Painful when tongue touched gently. Saliva accumulated at lip commissures, a little active “drooling” of thick, smelly saliva.
- All the other kittens look fine on exam.

## Step Three: (Assessment)

Tiny Tony apparently has an upper respiratory infection that also involves his eyes and tongue. His fever is fairly high, but this does not worry me in kittens with “colds”, as this is consistent with his immune system ramping up to do the best job it can.

**Tiny Tony Master Problem List:**

<ul style="list-style-type: none"> <li>• Upper respiratory disease, likely calici virus.</li> <li>• Sneezing.</li> <li>• Nasal congestion.</li> <li>• Fever.</li> <li>• Conjunctivitis, chemosis and mucopurulent ocular discharge.</li> </ul>	<ul style="list-style-type: none"> <li>• Tongue ulcer.</li> <li>• Salivation.</li> <li>• Halitosis.</li> <li>• Lethargy.</li> <li>• Anorexia.</li> </ul>
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**Homeopathic Work up**

**1. Methodology**

- a. Is this case well taken?
  - We have a limited amount of information, but clear and useful symptoms are present. This is often the best we can do in situations like this. Thankfully, the past history doesn't matter much in making a treatment plan for an acute event in a young animal.
- b. Obstacles to Cure?
  - The stress of recent environmental/home changes and the abrupt removal from his mom are certainly challenges for any kitten in this situation. He is, however, likely now in a safer and more resource-rich environment than as stray. His littermates are with him, and he is old enough to be away from mom safely, although I prefer if kittens can stay with their mom cat until closer to 10-12 week. I think these obstacles are no impediment to successful homeopathic treatment.
- c. Acute/Acute Flare-up of Chronic Disease?
  - At the time I took his case I thought of him as a true acute, but upon reflecting that he was the only affected kitten of the litter, this is likely an acute flare/manifestation of chronic disease, as he obviously had increased individual susceptibility.
- d. Cure/Palliation?
  - Cure is reasonable goal.
- e. Vitality (0-10 Highest, or low/medium/high)?
  - 10/10. He is a young animal, in good body condition, and the presence of a fever suggests active immune response. I think Tiny Tony's vital force is not tiny!
- f. Seat of Illness/Organ Affinity?
  - Upper respiratory system, eyes, oral cavity.
- g. Causation?
  - Likely stress allowing viral infection.
- h. Never well since? Keynotes?
  - None noted.

**2. Complete Homeopathic Symptom List:**

<ol style="list-style-type: none"> <li>1. Coryza (cold).</li> <li>2. Sneezing.</li> <li>3. Conjunctivitis.</li> <li>4. Chemosis.</li> <li>5. Eye discharge: mucopurulent/yellow.</li> <li>6. Fever.</li> </ol>	<ol style="list-style-type: none"> <li>7. Lethargy.</li> <li>8. Anorexia/loss of appetite.</li> <li>9. Ulcers on tongue (red, painful).</li> <li>10. Halitosis.</li> <li>11. Salivation.</li> </ol>
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### 3. Complete Homeopathic Symptom List with Classification of Symptoms

- ◆ **Unusual/SRP Symptom:**
  - Tongue ulcers, red in color. (MOST kittens w URI do NOT have oral ulcers.)
- ◆ **General Symptoms** (NB: not all generalities are found in the GENERALITIES section of repertory):
  - Fever.
  - Lethargy.
  - Loss of appetite.
- ◆ **Modalities:**
  - None noted.
- ◆ **Concomitants:**
  - Coryza with eye symptoms.
  - Coryza with fever.
- ◆ **Particular Symptoms**, including discharges:
  - Eyes, conjunctivitis and chemosis.
  - Eyes, mucopurulent (thick yellow) discharge).
  - Sneezing.
  - Halitosis/bad odor to mouth.
  - Salivation.
- ◆ **Common Symptoms:**
  - Lethargy: typical for ANY kitten with a fever.
  - Loss of appetite: typical for ANY kitten with a fever.
  - Sneezing: typical for any kitten with upper respiratory based disease.
- ◆ My choice of **Guiding Symptoms**, i.e the symptoms upon which I will build my case analysis:
  - Tongue ulcers.
  - Halitosis, bad odor to mouth.
  - Coryza with concomitants of eyes problems and fever.

### 4. Homeopathic GUIDING Symptoms with Corresponding Rubrics

Symptom List	Corresponding Rubrics (#of remedies) B= Boger-Boenninghausen Rep. K= Kent's Rep.
Tongue ulcers, red	MOUTH, TONGUE, Ulcers on. (35, B) No specific color rubrics for ulcers MOUTH, ULCERS, tongue. (50, K)
Halitosis/bad odor to mouth	MOUTH, Odor from, bad breath, etc. (95, B) MOUTH, Odor (breath) offensive (113, K)
Coryza with eye symptoms	NOSE, CORYZA, CONCOMITANTS, Eyes, affected. (12, B)

Case Study Section

Symptom List	Corresponding Rubrics (#of remedies) B= Boger-Boenninghausen Rep. K= Kent's Rep.
Coryza with fever ALSO: Fever with coryza	NOSE, CORYZA, CONCOMITANTS, Feverishness. (22, B) FEVER, CONCOMITANTS, CORYZA, in general. (23, B)
Fever (if using Kent/no concomitants)	FEVER, INFLAMMATORY fever (33, K)
Coryza (if using Kent/no concomitants)	NOSE, CORYZA (197, K)
Mucopurulent eye discharge	EYES, DISCHARGES of mucus or pus. (76, K) EYES, Blennorrhoea. (20, B)

Homeopathic Repertorization w/ Boger-Boenninghausen Repertory: I chose this repertory because of my experience with very useful coryza section that has concomitants. I like to keep my analyses small/tight for acute cases and did not feel that further eye rubrics were needed as the coryza concomitant of “eyes affected” is adequate:

	merc.	ars.	nux-v.	lach.	bell.	cham.	graph.	nit-ac.	sulph.	puls.	carb-v.	rhus-t.	bry.	hep.	sep.	sil.	spig.	acon.	ager.	camph.	chir.
1. MOUTH - Tongue - ulcers - on (35) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
2. MOUTH - Odor from, bad breath, etc. (95) 1	17	15	14	13	12	11	10	10	10	9	8	8	7	7	7	7	7	6	6	6	6
3. CORYZA - Concomitants - feverishness (22) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. CORYZA - Concomitants - eyes - affected (12) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Homeopathic Repertorization with Kent's Repertory (no specific concomitant sections):

	merc.	sulph.	ars.	lach.	puls.	chin.	kell-i.	nc.	bry.	calc.	cham.	nat-m.	sil.	apis	aur.	hep.	kreos.	nit-ac.	nux-v.	rhus-t.	bell.	
1. FEVER - INFLAMMATORY fever (33) 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
2. NOSE - CORYZA (197) 1	20	17	15	15	15	14	14	14	13	13	13	13	13	12	12	12	12	12	12	12	11	1
3. EYE - DISCHARGES - of mucus or pus (76) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
4. MOUTH - ULCERS - Tongue (50) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
5. MOUTH - ODOR (breath), - offensive (113) 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

5. Homeopathic Discussion/Differentials

For the purpose of this case, where one of my goals is to emphasize the use of concomitants (when present/applicable), we will use our Boger-Boenninghasen analysis to choose our remedy differentials, studying the 4 remedies that “cover” all our guiding symptoms.

Compare Mercurius, Arsenicum album, Nux Vomica, Lachesis. Text is from *Hering's Guiding Symptoms of Our Materia Medica* unless otherwise noted.



- **Mercurius:**
  - Nose: Coryza with much sneezing...with catarrhal inflammation of larynx, trachea, bronchi and eyes...feverish.
  - Eyes: Purulent ophthalmia with copious discharge; lids much swollen...conjunctivitis.
  - Tongue: Intense redness of tongue...profuse salivation and tendency to fissures or ulceration; <from least contact with food.
  - Inner Mouth: Sickly smell from mouth.
  - Fever: Catarrhal, rheumatic fever after catching cold.
  - Lippe's Keynotes: SALIVATION VERY MARKED.
  - Boger's Synoptic Key: Ulceration, Yellowness of nasal discharge. Region affinity for mucus membranes, salivary glands.
- **Arsenicum:**
  - Nose: Fluent coryza with much sneezing.
  - Eyes: Ophthalmia of children; conjunctiva looks like a piece of raw beef; Lachrymation; Acrid tears gush from eyes.
  - Tongue: Bluish ulcers on tongue; tongue dry.
  - Inner Mouth: Bad odor from mouth; dryness of mouth; Saliva abundant, tough, fetid, bloody; malignant ulceration of mouth.
  - Fever: Burning heat, unquenchable thirst.
  - Lippe's Keynotes: ANXIETY & RESTLESSNESS VERY HIGHLY MARKED. WATERY CORYZA: DISCHARGE CAUSES BURNING OR SMARTING OF NOSTRILS. LACHRYMAL DISCHARGES BURN AND EXCORIATE THE CHEEKS.
  - Boger's Synoptic Key: ACRID, SCANTY THIN SECRETIONS, coryza, saliva, etc. Region affinity for mucus membranes, respiration (especially lungs).
- **Nux vomica:**
  - Nose: Coryza; acrid discharge from nose, which feels obstructed...with lachrymation...hot, feverish and chilly on moving. Snuffles or fluent coryza of children.
  - Eyes: The eyes run water, as in a moist inflammation of eyes or as in a stopped coryza. Ophthalmia with bloody exudation Conjunctivitis; <in morning, agglutination of lids and photophobia.
  - Tongue: dry; black and dark red, cracked on edges; first half of tongue clean, sometimes red and shining, posterior covered with deep fur; red, sore and yellow at base; painful blisters.
  - Inner Mouth: Breath, offensive, particularly in morning and after dinner; from indigestion; sour smelling; putrid. Dryness of mouth.
  - Fever: Heat...with thirst; violent, long lasting with great thirst; with red face and aversion to uncovering.
  - Lippe's Keynotes: MUST BE COVERED IN EVERY STAGE OF FEVER. IRRITABLE AND IRASCIBLE.
  - Boger's Synoptic Key: RESPIRATORY ORGANS amongst main region affinities. Sneezing, violent. Nose stopped. Coryza fluent by day...dry at night. EASILY CHILLED, CAN'T UNCOVER. Region affinity for digestive organs, respiratory organs.
- **Lachesis:**
  - Nose: Coryza preceded by headache; discharge watery, with red nostrils, herpes on lips. Coryza preceded by one or two days by a feeling of soreness, rawness and scraping in throat.
  - Eyes: Inflammation of eyes and lids, with pain in them. Eyes watery.

## Case Study Section

- Tongue: Blisters on inflamed tongue change into ulcers, threatening suffocation. Canker sores on tip of tongue.
- Inner mouth: Bad odor, stench from mouth. Stomatitis. Saliva abundant and tenacious; much slimy saliva.
- Lippe's Keynotes: Inflamed parts very tender to touch and of bluish or dark color.
- Boger's Synoptic Key: Swallowing painful. Region affinity for throat, nerves, circulation.

### Step Four: (Plan)

Based on my experience and remedy differentials I chose Mercurius for Tiny Tony. The presence of pus (eye discharge) is more characteristic of Mercurius than the other 3 choices. Ulceration, in general, is also characteristic of Mercurius. Although I did not use salivation in my repertorization, it is a KEYNOTE of Mercurius. There was no acrid/excoriating nature to the eye discharge; if so that would have made me consider Arsenicum more strongly. Most Arsenicum and Nux patients are chilly; this little guy was choosing a box over a fleecy bed. He might have been showing me the "thermometer" nature of Mercurius patients: they can be aggravated by both warmth and cold. The absence of any distinct throat symptoms (to the best of my ability to tell) and no blue/dark discoloration to the ulcers made me feel Lachesis less likely to be the right choice.

#### 📅 May 8, 2011

**10am Rx:** I administered **Mercurius 200C**. One dose dry pellets by mouth. WHY 200C? Because that is the emergency kit potency I carry on housecalls. I start most urgent/emergency cases with 200C or 1M. Either would have been appropriate here in my opinion.

- Supportive care: keep face clean. Gently wipe away discharge from eyes and any accumulated saliva from muzzle. Offer pureed or mousse style tasty food.
- Follow up by phone in 4-6 hours, sooner if seems worse in any way.

**Follow up Evaluation:** Phone call 3:30pm (5.5 hours post remedy): Tony seems a bit more active, even played a bit. He licked at, then ate a little mousse style cat food. Judy says he feels less warm to the touch but she is unable to check rectal temperature. His eyes definitely look less "goopy". I interpret this as positive progress as Tiny has obvious improvement in overall well-being. I suggest wait/watch and I will come recheck in the morning.

#### 📅 May 9, 2011

**Phone call 8am (22 hours post remedy):** Tony seems much better. Judy says he is eating and not drooling. Energy much improved. Still some sneezing. I will come to examine him later today, vs this morning, since he is obviously much better.

**Recheck exam 11am (25 hours post remedy):** Judy says "Tony seems almost good as new." Temperature 101°F. Eyes look much better: chemosis resolved, conjunctivitis reduced. Very little discharge. Congestion not audible. Tongue ulcers now just very subtle pink spots on tongue, have obviously epithelialized. Not drooling. Breath smells like normal kitten breath. He is eating well and playing some. No new symptoms.

— **Assessment & Plan:** Apparently curative response so far. No further remedy indicated. Follow up by phone in 8 hrs.

**Phone call 7pm (33 hours post remedy):** He is doing fine. Eating well and playing more. Heard just one sneeze today. Eyes not running at all. Advised wait, no further remedy. Follow up by phone

tomorrow morning to be sure progress holds.

☛ **May 10, 2011**

**Phone call 10am (49 hours post remedy):** He seems all better. Judy says his eyes and tongue look normal. All other kittens are fine too. No further action needed. If any other kittens show any signs let me know. None did.

## Case Summary and Discussion

Tiny Tony was adopted, along with one of his littermates, 2 weeks later. The other 2 kittens were adopted as a pair too, as we make every effort to keep littermates together to the degree that we can.

Teaching points from this simple case:

1. Homeopathy is an effective therapeutic modality for cases that we are already seeing all the time, for which we DON'T have effective therapy in our conventional/allopathic "toolbox"! What would I have been able to do for this kitten with allopathic treatment? Would it have been easy to medicate this kitten with conventional drugs? Do you think he would have recovered so quickly?
2. Concomitants, when present, can lead us effectively to good remedy choices. I did not even "flesh out" the eye symptoms with further rubrics, as the rubric NOSE CORYZA, concomitants, eyes affected has such a useful grouping of remedies. Emphasizing purulent discharge would further strengthen Mercurius as a remedy choice, as Mercurius as one of the three most important remedies when pus is present (Hepar sulph, Mercurius, Silicea). Studying the concomitants section of common clinical presentations will help you to home in quickly on most useful remedies. Boger-Boenninghausen's Repertory and Boger's Synoptic Key to the Materia Medica are especially useful classic texts that emphasize concomitants. New World Veterinary Repertory, which Dr. Pitcairn and Dr. Jensen based on the Boenninghausen model, also has many concomitants sections.
3. The vitality of the young can result in apparently miraculous healing responses to the correct remedy. Judy and I were dumbstruck at how this kitten improved overnight, especially the degree to which his tongue had healed, and his energy completely returned to normal. The "miracle" is simply the ability of a good homeopathic prescription to unlock the patient's innate potential for healing.

And lastly, a word from our founder...

From Aphorism 6 of The Organon of Medicine 6th Ed. (Kunzli translation):

The totality of [the] perceptible signs represents the entire extent of the sickness; together they constitute its true and only conceivable form...As far as the physician is concerned, is not that which reveals itself to the senses in the symptoms the very disease itself? S/he can never see the immaterial element, the vital force causing the disease. S/he need never see it; to cure he needs only to see and understand its morbid effects.

**References**

1. Hering, Constantine. *Hering's Guiding Symptoms of Our Materia Medica*. New Delhi, India: B. Jain Publishers (P) LTD; 2003.
2. Hahnemann, S. *Organon of the Medical Art: The First Integral English Translation Of The Definitive Sixth Edition Of The Original Work On Homoeopathic Medicine*. Translated by Jost Kunzli, Alain Naude, and Peter Pendleton. Blaine, Washington: Cooper Publishing; 1982.



# Rawhide Gone Wrong

Presented by Sarah Stieg, DVM, MRCVS

## Introduction

Genus epidemicus is a repertorizing technique that utilizes the combined symptoms of a group of patients afflicted by a disease or epidemic in order to identify the simillimum remedy best suited to treat their condition. This simillimum remedy is called the remedy epidemicus and can be administered to large populations of patients without having to work up each individual case.<sup>1</sup> Hahnemann first applied this technique in 1799 to treat an outbreak of scarlet fever, and homeopaths throughout the world continue to use this approach to cure typhus, cholera, yellow fever, and influenza with great success compared to the allopathic approach.<sup>2</sup>



The use of the genus epidemicus method is highly applicable in veterinary medicine, especially for herd health management or dealing with large populations of animals when there are infectious disease outbreaks in livestock, animal shelters, boarding kennels, and stables. Conditions such as calf scours, IBR, BVD, influenza, equine strangles, and parvo are all examples in which the genus epidemicus approach to prescribing may be utilized. The remedy can be administered individually to ill patients or distributed to the whole group or herd (e.g. via watering systems/tanks, misting noses at feed/milking time). When dosing the entire group of animals, this simultaneously treats the individuals who are currently ill, as well as prophylactically dosing the individuals who are exposed to the disease. For example, a graduate of the PIVH program successfully treated a flock of chickens in the spring of 2016 for an outbreak of respiratory disease by placing the remedy into the water tank of the entire flock for one day. While more than twenty of the fifty chickens were severely ill, only one was lost to disease, and the rest rapidly recovered following treatment.

The genus epidemicus is most useful in large patient populations, but it may also be utilized in cases where a few animals show similar signs of illness due to the same causation, such as food poisoning or toxicity ingestion. In the following case, this method was utilized when three dogs in a household developed similar signs of illness following ingestion of a rawhide stick. While each dog received the same remedy, the decision on when to repeat the treatment varied with each individual remedy response. The benefit of treating closely monitored patients is that the prescriber can effectively adjust dosing recommendations based on observation of individual patient response.

The goal of this presentation is to demonstrate the use of the genus epidemicus approach to find the simillimum remedy, and to improve the student's understanding of properly interpreting the remedy response.

## Case Presentation\*

On the afternoon of Thursday December 15, 2016, Lola, Sofie, and Isabella each received a chew stick purchased from a local pet store. These USA-made rawhide treats were white, thin, and had a

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\* Case submitted by PIVH Graduate Lisa Melling, DVM, CVH

## Case Study Section

chicken flavored coating but no filling. The dogs ate the treats quickly, and over the next three days, all of them developed varying degrees of gastroenteritis. The patients were evaluated on Sunday December 18, 2016 at 10am.

### **“Lola” Canine, 7 year-old SF black w/silver Poodle, 11 lbs.**

- \* Lola was the first dog to develop symptoms of illness after breakfast on Friday, the morning after ingesting the rawhide. The patient vomited food one hour after eating, and then drank a large amount of water, which she proceeded to vomit an hour later. Following a third episode of vomiting, the stools became increasingly loose and mucoid throughout the day, with hematochezia by late afternoon. The client offered a small amount of kibble with rice that evening, which was vomited within the hour.
- \* The second day (Saturday) following treat ingestion, the client offered free access to water but withheld food. The patient’s vomiting resolved but multiple episodes of dyschezia and hematochezia occurred. The stool smelled pungent like vomit, and intermittently contained mucus.
- \* The following morning (Sunday) the patient was offered kibble, but after eating only a few pieces she refused food.
- \* In general: Her thirst was markedly increased since the onset of symptoms, and she was also quieter since she had not been well, sleeping more, and not wanting to play.

### **“Sofie” Canine, 12-year-old SF silver-back Yorkie, 11.3 lbs.**

- \* Sofie’s symptoms began Saturday evening, two days after treat ingestion, with multiple episodes of vomiting partially digested food several hours after her evening meal. In one of the piles of vomitus, the client found a 1.5 inch segment of the undigested chew stick.
- \* The following morning (Sunday), she passed a normal stool, followed by a softer, flatter bowel movement. There was no blood or mucus in the stool.
- \* In general: Her thirst had increased, but there was no change in her behavior.

### **“Isabella” Canine, 4.5-year-old SF white Maltipoo, 12.5 lbs.**

- \* Isabella showed no symptoms for two days following the rawhide ingestion. Sunday morning (day three), she was hiding behind the couch and acting lethargic before breakfast.
- \* Within two hours of eating, the patient vomited undigested food three different times. She had not passed any stool that morning.
- \* In general: There had been no change in her water consumption, but the lethargy and hiding were marked changes from her normally out-going, energetic personality.

## **Assessment:**

Gastroenteritis post-ingestion of a rawhide chew, with the suspected possible causation of: Toxin contamination in the chew? Possibility of the chew being rancid or “gone off” / food poisoning? Eating the dehydrated treat too quickly (in too big chunks)?

## **Homeopathic Work up:**

Given the singular causation and similar symptoms in these three dogs, it was elected to take a Genus Epidemicus approach to their case work-up and analysis.



## 1. Methodology

- a. Acute/Acute Flare-up of Chronic Disease – Acute
- b. Cure/Palliation – Cure
- c. Vitality (0-10 Highest, or low/medium/high) – As a group, most likely medium, however each individual's vitality is going to vary.
- d. Seat of Illness – GI
- e. Causation – Possible poisoning/toxicity from chemical processing of rawhide or quality of ingredients (i.e. food poisoning); or debauchery (eating dehydrated rawhide stick too fast).

## 2. Homeopathic Symptom List (Genus Epidemicus) & Related Rubrics for Selection:

Using the Genus Epidemicus approach, here are the symptoms exhibited by all the dogs listed with possible corresponding rubrics to consider. The GI sections are vast in the repertories and this is by no means an exhaustive list of possible rubrics, just the most likely correlating to the symptoms in this case while still keeping a generalized approach to ensure not missing the curative remedy.

<i>Symptom List</i>	<i>Corresponding Rubrics</i>
Causation ? — Toxin, debauchery, etc.	Stomach, Disordered (44, K) Nausea & vomiting - Aggravation - stomach, disordered, after (10, B) Stomach, Digestion - weak - food, improper, overeating, etc. (5, B) Conditions of Aggravation and Amelioration in General, Debauch - after a, agg. (37, B)
Indigestion	Stomach - Indigestion (Includes Complaints After Substances Not Otherwise Described) (56, K)
Vomiting — Undigested food — Portions of undigested rawhide treat	Stomach, Vomiting - food (119, K) Nausea & vomiting - Vomiting, ingesta, food (71, B) Stomach, Vomiting - food, undigested (15, K)
Stools — Loose — Bloody — Mucus (slimy)	Stools, Soft (203, K); Rectum, Diarrhea (214, K) Stools, Loose (30, B); Stools, Diarrhea (96, B) Stools, Bloody (134, K); Stools, bloody (89, B) Stools, Mucous, slimy (105, K); Stools, mucus (73, B) Stools, Mucus, slimy, bloody (68, K)
Increased thirst	Stomach, thirst, extreme (187, K) Thirst, thirst (114, B)
Anorexia	Stomach, appetite - wanting (203, K) Appetite, appetite, want of (119, B)

**Table Key:** Number = remedies present in that rubric; K = Kent's Repertory of the Homeopathic Materia Medica; B = Boger C., Boenninghausen's Repertory.

## Case Study Section

### Rubric Selection – Keep Your Options Open

This is an excellent case for rubric study within the GI sections of the repertories, as there are a number of applicable rubrics to describe their symptoms. Despite this plethora of rubric options, it is important to note that it is difficult to precisely address the causation in this case with a specific rubric using these two repertories. However, there are several options available that characterize the possible situation these dogs are in.

Reviewing the causation possibilities: Given that all three dogs were affected by the same treat, which was given in limited quantity, this leads to the assessment that the causation is most likely due to a toxic affect, verses the other scenarios. As the treat was made in the USA and was sold in-date, it seems less likely to be rancid. Viewing the treat as an "overindulgence" is still a possibility (e.g. effects of debauchery), but less likely given the ingredients and limited quantity. Thus, the most probable explanation is a chemical contamination or preservative, that had a toxic effect. Regardless, we have several rubrics available that describe the general causative effect without knowing the precise cause.

In Kent's repertory we find two applicable rubrics to address this general causation or state of illness, which are Stomach, disordered and Stomach, indigestion. Referencing Dunglison's *A Dictionary of Medical Science*<sup>3</sup> from 1873, disordered is defined as 'sick'. The understanding of this rubric is that a patient's stomach has been disordered or deranged from an external influence, predominantly something consumed. While indigestion is defined as 'dyspepsia', and dyspepsia is defined as, "A state of the stomach, in which its functions are disturbed, without the presence of other diseases, or when, if other diseases be present, they are of but minor importance. The numerous forms of disorder of the digestive organs, have occasionally been termed 'the indigestions'..." Indigestion can be simply understood as a functional disturbance that surrounds the difficulty in digesting food. In sum, both rubrics are similar but Stomach, disordered relates more to an external influence as a causation.

In Boger-Boenninghausen's repertory there are similar rubrics regarding a disordered stomach and weak digestion, though small. Comparing and contrasting these analogous rubrics across different repertories, you will notice in your studies that similar prominent remedies emerge.

This leads us to an important point in rubric study and selection – that caution must be exercised when performing your analysis utilizing rubrics which have a small number of remedies, as this may accidentally eliminate a suitable remedy for your patient. For example, the rubric Stomach, vomiting food in Kent's repertory has 119 remedies, while Stomach, vomiting - undigested food only has 15 remedies. In this scenario, it is best to perform two analyses, one using the larger rubric and one using the smaller rubric to see how this affects your remedy choice.

It is also important to know where to locate different symptoms within the repertories, especially in book form. For example, vomiting is in the Stomach chapter of Kent and in the Nausea and Vomiting chapter in Boenninghausen. The stool symptoms are found in different places depending on the repertory as well, for example in Kent diarrhea is in the Rectum chapter, while the description of the feces is found in the Stool chapter. In contrast, all of the fecal symptoms are found in the Stool chapter in the Boger-Boenninghausen repertory. It is important to distinguish between diarrhea (an increased frequency of watery stools), and soft stools when selecting rubrics.

In a case such as this, performing multiple analyses to explore the different rubric possibilities is of great benefit, both in Kent and Boger-Boenninghausen. The analyses to follow are a sampling of the various possibilities in analyzing this case, showing the difference of using more vs. less restrictive rubrics, as well as the causation. Just from this sampling, the common remedies begin to emerge prominently for materia medica study and review.

### 3. Homeopathic Repertorisation [Repertory(s) Used: Kent, Boenninghausen]

*Kent analyses:*

	ars.	bry.	nux-v.	sulph.	cham.	merc-c.	merc.	carb-v.	chin.	colch.	ip.	phos.	pod.	puls.
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	19	18	18	18	17	17	17	16	16	16	16	16	16	16
<b>Ablage 7</b>														
1. STOMACH - VOMITING - food	(119) 1	■	■	■	■	■	■	■	■	■	■	■	■	■
2. STOMACH - APPETITE, - wanting	(203) 1	■	■	■	■	■	■	■	■	■	■	■	■	■
3. STOMACH - THIRST - extreme	(187) 1	■	■	■	■	■	■	■	■	■	■	■	■	■
4. RECTUM - DIARRHOEA	(214) 1	■	■	■	■	■	■	■	■	■	■	■	■	■
5. STOOL - MUCOUS,slimy - bloody	(68) 1	■	■	■	■	■	■	■	■	■	■	■	■	■

	ip.	nux-v.	ars.	merc-c.	merc.	puls.	sulph.	bry.	calc.	cham.	ferr.	nat-m.	phos.
	1	2	3	4	5	6	7	8	9	10	11	12	13
	16	16	15	15	15	15	15	14	14	14	14	14	14
<b>Ablage 6</b>													
1. STOMACH - VOMITING - food - undigested	(15) 1	■	■	■	■	■	■	■	■	■	■	■	■
2. STOMACH - APPETITE, - wanting	(203) 1	■	■	■	■	■	■	■	■	■	■	■	■
3. STOMACH - THIRST - extreme	(187) 1	■	■	■	■	■	■	■	■	■	■	■	■
4. STOOL - MUCOUS,slimy - bloody	(68) 1	■	■	■	■	■	■	■	■	■	■	■	■
5. RECTUM - DIARRHOEA	(214) 1	■	■	■	■	■	■	■	■	■	■	■	■

	ip.	nux-v.	puls.	ars.	merc.	carb-v.	lyc.	nat-m.	chin.	nat-c.	sulph.	bry.
	1	2	3	4	5	6	7	8	9	10	11	12
	24	24	23	22	22	21	21	21	20	19	19	18
<b>Ablage 5</b>												
1. STOMACH - DISORDERED	(44) 1	■	■	■	■	■	■	■	■	■	■	■
2. STOMACH - INDIGESTION (Includes Complaints After Substa...	(56) 1	■	■	■	■	■	■	■	■	■	■	■
3. STOMACH - VOMITING - food - undigested	(15) 1	■	■	■	■	■	■	■	■	■	■	■
4. STOMACH - APPETITE, - wanting	(203) 1	■	■	■	■	■	■	■	■	■	■	■
5. STOMACH - THIRST - extreme	(187) 1	■	■	■	■	■	■	■	■	■	■	■
6. STOOL - MUCOUS,slimy - bloody	(68) 1	■	■	■	■	■	■	■	■	■	■	■
7. RECTUM - DIARRHOEA	(214) 1	■	■	■	■	■	■	■	■	■	■	■

*Boger-Boenninghausen analyses:*

	sulph.	nux-v.	ars.	puls.	merc.	phos.	cham.	chin.	rhus-t.	bell.	bry.	ip.
	1	2	3	4	5	6	7	8	9	10	11	12
	30	29	28	28	27	27	26	25	24	23	23	23
<b>Ablage 1</b>												
1. NAUSEAAND VOMITING - Vomiting - ingesta, food	(71) 1	■	■	■	■	■	■	■	■	■	■	■
2. APPETITE - Appetite - want of	(118) 1	■	■	■	■	■	■	■	■	■	■	■
3. THIRST - Thirst	(113) 1	■	■	■	■	■	■	■	■	■	■	■
4. STOOL - Diarrhoea	(96) 1	■	■	■	■	■	■	■	■	■	■	■
5. STOOL - Bloody	(89) 1	■	■	■	■	■	■	■	■	■	■	■
6. STOOL - Mucus, of	(73) 1	■	■	■	■	■	■	■	■	■	■	■

	nux-v.	sulph.	puls.	ars.	ip.	merc.	rhus-t.	ant-c.	bry.	sil.	bell.	calc.
	1	2	3	4	5	6	7	8	9	10	11	12
	29	28	27	26	23	23	22	20	20	19	18	18
<b>Ablage 2</b>												
1. NAUSEAAND VOMITING - Aggravation - stomach - disordered, after	(10) 1	■	■	■	■	■	■	■	■	■	■	■
2. NAUSEAAND VOMITING - Vomiting - ingesta, food	(71) 1	■	■	■	■	■	■	■	■	■	■	■
3. APPETITE - Appetite - want of	(118) 1	■	■	■	■	■	■	■	■	■	■	■
4. THIRST - Thirst	(113) 1	■	■	■	■	■	■	■	■	■	■	■
5. STOOL - Diarrhoea	(96) 1	■	■	■	■	■	■	■	■	■	■	■
6. STOOL - Bloody - mucus, slime	(40) 1	■	■	■	■	■	■	■	■	■	■	■

#### 4. Remedy Differential Review & Materia Medica Study

The top acute remedies for consideration in this case are Arsenicum album, Carbo vegetabilis, Ipecac, Nux vomica, and Pulsatilla. Only by reading the materia medica and comparing the top remedy options with the symptoms of the patients can the prescriber decide on the most fitting prescription.

The first steps in reviewing the materia medica are to investigate if the seat of illness of the case is to be found in the remedies being considered, and if a potential causation has been identified. In this case, we are not sure of the causation (suspecting potential toxicity). Thus all probable causations must be considered when reviewing remedy differentials. Once the remedy differentials have been identified to meet this criteria, then the details of symptoms and modalities are to be reviewed for further remedy differentiation.

For example – While all remedies have their seat of illness in the GI tract and are especially fitting following a disordered digestion, Pulsatilla patients are thirstless with nearly all complaints, which is in contrast to the increase of water consumption demonstrated in these dogs. Pulsatilla patients however do not always have to be thirstless and can have an increased thirst, but looking at what is characteristic for the patient and the remedy considering that Pulsatilla tends to be aggravated in the evening or at night and these patients were showing their symptoms during the day, drops Pulsatilla lower on the list for consideration. Ipecac and Arsenicum album are especially noted for food poisonings, while Nux vomica is noted for toxicities and the general ill effects of debauchery. At this point, selecting the simillimum remedy became more challenging as these three remedies are both appropriate for the overall symptom picture as well as causation. Vomiting undigested food was a recurrent theme in these patients, especially when Sofie vomited part of the rawhide more than 24 hours after it was eaten. The rubric, vomiting undigested food (Kent, 15 remedies) contains Ipecac and Nux vomica, but not Arsenicum album. While there is the risk that a small rubric such as this can narrow down remedy choices too much, it can also be extremely useful when trying to decide between fitting remedies. Given that Nux vomica is highly indicated for toxic indigestions and dyspepsia, a deeper materia medica study commenced.

##### *Nux vomica, from Hering's Guiding Symptoms<sup>4</sup>:*

— Vomiting: food; drink; bile; oily, greasy or black substances; slime; sour mucus; blood...of food that was taken a day or two before (contraction of pylorus)...of greenish matter or undigested food; in periodical attacks.

— Appetite, thirst: No appetite, with complete loss of energy. Dyspepsia. Want of appetite and constant nausea; food disgusts. Hunger: yet aversion to food; with fear of eating (gastralgia).

— Stool and rectum: Stools: thin, brown, dark watery, small, frequent, offensive; small, diarrhoea-like, corroding anus; thin, brownish, mucous; thin, bloody, mucous; thin, green, mucous; dark, thin, fecal; brown, fluid; offensive; involuntary; like pitch, with blood. Diarrhoea: in morning, after rising, or immediately after dinner; with constant urging, passing small quantities...after a debauch.

##### *Nux vomica, from Nature's Materia Medica<sup>5</sup>:*

— Food: Worse over eating...Artificial food disagrees and causes vomiting and purging.

— General toxicity...from strong foods.

— Stomach: Disordered stomach from debauchery, from high living, from drugs...Indigestion...Dyspepsia...Nausea and vomiting every morning, with depression of spirits...of undigested food.

— Stool: Stool often mixed with mucus and blood.

## Initial Prescription

1. RX Remedy: **Nux vomica 30c** – single dose, administered to each patient at 1pm on Sunday December 18, 2016.  
— *Note the potency was selected based on availability to the client out-of-hours on a Sunday.*
2. Phone Progress Reports: 2-4 hours post remedy administration, then as directed with text or phone call follow ups.

## Treatment Response

Four hours after the initial prescription was administered to each dog, the client phoned to give a progress report. None of the dogs had any further episodes of vomiting, but all of them had varying degrees of low energy. Sofie and Lola each had several episodes of loose stool that afternoon, though they did not contain mucus or blood. It is appropriate to re-dose all patients here as we are seeing some progress (i.e. resolution of vomiting and mucus and blood in stools), but symptoms of lethargy and/or loose stools are persisting. Rx **Nux vomica 30c** – single dose to each patient at bedtime. The client was to provide free access to water, but withhold food overnight and report progress in morning.

The following morning, Isabella and Sofie demonstrated improved energy and did not pass any stools. Lola had three episodes of hematochezia with mucus in the early morning hours, and while her energy was better it was still below normal. At this point, all patients have demonstrated improvement, but only Lola should be re-dosed due to her persisting stool symptoms and lower energy. Rx **Nux vomica 30c** 1 dose to Lola at 8am. Thirty minutes later, all dogs were fed a home-prepared meal of cooked chicken and rice, which they ate readily, another sign of improved well-being. The client was advised to feed three more small meals throughout the day, and allow free access to water.

By mid-afternoon, all dogs had continued to improve in their symptoms: they had good appetites at each small meal, no vomiting or diarrhea, and better energy. Sofie demonstrated increased thirst and had several episodes of rancid flatulence which the client felt may be a prelude to more diarrhea, and she elected to repeat the remedy *without being instructed to do so*: **Nux vomica 30c** 1 dose to Sofie at 1pm. By evening, the client reported that Sofie's flatulence had resolved and there were no further episodes of loose stool, though she was still sluggish. The client was advised to repeat the remedy once more: Rx **Nux vomica 30c** 1 dose to Sofie at bedtime.

The following day, everyone's energy and appetite had returned to normal. Sofie and Isabella passed normal stools after breakfast. Lola had two episodes of loose stool that morning, but they were improved in appearance from previous bowel movements, and the client was advised not to repeat the remedy as the patient was still improving. By evening, all the dogs' symptoms had resolved.

## Case Discussion

While the same remedy effectively resolved the symptoms in each patient, the dosing schedule varied with each dog: Isabella received 2 doses, Lola received 3 doses, and Sophie received 4 doses in total. This differs from the standard approach to treatment in allopathic medicine, where a drug is repeated on a set schedule for so many days, even if the patient's symptoms resolve before the end



## Case Study Section

of the prescribed duration of treatment. What determines when a homeopathic remedy needs to be repeated versus watching and waiting? What was the practitioner assessing in each patient?

In the case described in this paper, the following symptoms were assessed in each patient to determine remedy response and repetition:

1. **Well-being:** One of the earliest signs of an effective homeopathic remedy is an increase in general well-being, demonstrated by the return of species-normative behaviors. This can be measured not only in energy level, but also in appetite (especially in cases of gastroenteritis), grooming, playing, etc.
2. **Vomiting:** This symptom should lessen and resolve quickly with the start of homeopathic treatment.
3. **Thirst:** The increase in thirst with illness should be monitored following homeopathic treatment, as it should gradually return to normal as the fluid losses from the vomiting and diarrhea resolve.
4. **Stools:** Keeping in mind the physiological changes in the intestines that lead to diarrhea, it is unrealistic to expect this symptom to resolve immediately with any type of treatment unless a suppressive allopathic drug is prescribed. A favorable response to homeopathic treatment begins with the resolution of mucus and hematochezia, followed by a gradual improvement in the consistency of the stool and a reduction in frequency.

In the treatment of acute conditions, it is generally accepted (though is dependent on the severity of illness or injury) that most patients only need between one and three doses of a remedy before symptoms resolve, as we saw with the rapid improvement of symptoms with Lola and Isabella.

Why then, did Sofie receive four doses? One possibility is that the 3rd dose administered by the owner following passage of rancid flatulence may have been made out of fear that this was a sign of impending diarrhea rather than a return of normal gut motility, and was unnecessary. It is also possible that a 30c was too low of a potency for Sofie's vital force, and she would have responded more readily to a 200c. A third possibility was that Sofie was the eldest patient at 12 years of age, and simply need a bit more time to respond as she was gradually moving in the right direction. A fourth possibility to consider when a patient's symptoms do not resolve by the third dose is that the prescription is close, but not close enough.

In acute prescribing, a remedy that is not an exact match to the patient's case can be similar enough for the vital force to respond in a curative direction. How do we know if the remedy acted in this manner versus truly being the simillimum? Sofie's response is a good example, e.g. more doses were needed, the patient recovered but slower than anticipated compared to her housemates, and the improved well-being that we look for as an early remedy response did not persist. These are all indications that Sofie either needed a different remedy, or perhaps a higher potency. Now that we have reviewed the possible reasons for Sofie's sluggish remedy response, several treatment options should be considered at bedtime that evening of the second day of treatment:

1. *Repeat current remedy at an increased potency* – When available, increasing the potency is the ideal approach to a patient whose symptoms are not resolving with a fitting remedy.
2. *Repeat current remedy at same potency* – Since the patient demonstrated a favorable response to the remedy early on in treatment, give one more dose at bedtime and evaluate in the morning.



3. *Re-evaluate for a new prescription* – If the patient’s symptoms had not resolved by the morning following her 4th dose, it is appropriate to re-evaluate her case and choose a different remedy.

In Sofie’s case, it was elected to give a 4th dose of Nux vomica 30c at bedtime as a higher potency was not available. This decision was confirmed by the return of energy and resolution of symptoms by the morning, but if the patient had not improved, a new remedy would have been prescribed.

Whether we are treating individual patients or a large group of animals, homeopathic treatment of gastroenteritis is rewarding due to the rapid improvement in well-being and symptom resolution that occurs within a few doses. In situations where large populations require treatment, the remedy may easily be administered to the entire group due to the fact that only ill patients will be sensitive, and there is no concern for drug side effects or withdrawal times. Finally, one of the greatest benefits of the homeopathic approach is that it respects the wisdom of the vital force by stimulating a healing response within the patient, rather than suppressing the symptoms occurring from the disease.

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# **Incorporating Homeopathy into Your Veterinary Practice: Our Personal Introduction**

*by Sarah Stieg, DVM, MRCVS and Andrea Tasi, VMD*

## **Introduction**

Beginning your homeopathic journey is an exciting, but potentially nerve-wracking, time as you start to integrate this new modality into your veterinary practice. Some students come to the program with no prior experience or understanding of homeopathy, and others after years of waiting, studying on their own or through other courses. Regardless of your starting position, you can trust that between our faculty and mentoring team, one of us has been in your shoes. Whether you are in a strictly allopathic practice, a mixed holistic practice, starting up the veterinary practice of your dreams, or just freshly out of veterinary school – we have been there! We want you to benefit from our more than 225 years of collective homeopathic clinical experience – including our personal understanding of integrating homeopathy into a variety of practices, starting our own practices, and mentoring students over the decades to do the same.

## **How to start integrating – Mind-shift in Practice**

Homeopathy is quite compatible with some complementary modalities, for example chiropractic, massage, and Reiki. When allopathy and TCM herbal medicine/acupuncture are also offered, you must choose the modality that will best suit the client/patient situation and NOT combine them with homeopathy.

It is tempting to offer clients options – e.g. the choice between antibiotics and/or steroids for a dog's pruritus or a homeopathic remedy. Many students do this in the beginning, finding that, if the client chooses allopathic medicine, –they experience personal frustration from having the tools to cure with homeopathy, but feeling that fear or a lack of confidence prevented them from using it. Students typically find that as their clinical confidence gains momentum, they feel emboldened to simply say to clients, “this is how I treat \_\_\_” and explain why.

## **Explaining Homeopathy to Clients**

Explaining homeopathy to clients can be a stumbling block for many students. For example, it's common for students to try and explain in detail how homeopathy works to the client, which can provide an obstacle to their ability to confidently recommend homeopathic treatment to clients. As allopathic clinicians, when prescribing allopathically we do not explain in great detail the mechanism of action of the drug that is being prescribed – this is also not necessary for homeopathy either. It's important to find a way to explain homeopathy in your own words, in the manner in which you personally talk to clients.

In some cases, simply telling the following to a new client is sufficient – “I've selected this remedy to treat 'x' in (patient's name). You should watch for signs of increased well-being as an indication that (patient's name) is starting to feel better (i.e. better energy, improved appetite, diminished intensity of symptoms). When going into more detail, try to keep things as simple as possible, such as in a case of acute illness: “The homeopathic remedy will help (patient's name) to start dealing with

the cause of the (illness name) in a more productive manner, simultaneously helping them feel better and restoring the ability of their immune system to fix the problem.”

Dr. Andrea Tasi has developed her “homeopathic theory in 3 minutes” client talk over the years, adapting it to individual clients based on their level of interest, with the main goal to communicate to guardians why she needs them to avoid allopathic treatment at the same time of homeopathic treatment.

## **Giving remedies while triaging and waiting for procedures**

This is an excellent opportunity to treat your patients in a critical or crisis state with homeopathy, and then proceed with allopathic treatment if the desired response is not achieved in the time frame you are working within. Using the time period between admission to the hospital and start of the procedure is the perfect opportunity to use homeopathy, yet still feel like you have a back-up plan.

The following are some helpful case examples:

- A dog is hit by a car and brought into your clinic. Normally a happy, outgoing dog, he is anxious and bruised on his abdomen, and tries to bite when he is touched. These are keynote symptoms of Arnica. Give 1 dose in a high potency (1M or above) upon arrival, and allow a response while the owners are filling out paperwork and you are taking the history. The response to Arnica will occur within minutes of remedy administration. Reassess and repeat in 15-30 minutes as needed depending on severity of injury and response to treatment (please see the Injuries and Wounds treatment section for further details of remedy prescription and reassessment).
- A male cat has been straining in the litterbox for the past hour, with no production of urine. Despite his condition he is friendly and tolerant of his exam, including abdominal palpation that reveals a firm bladder that is painful on palpation. A single dose of Pulsatilla in a high potency may relieve the obstruction; repeat and reassess q10-20min. If the cat has not urinated within 30-60 minutes, proceed with catheterization (please see Common Clinical Conditions treatment section for further details of remedy prescription, reassessment and supportive care).

There are many more fitting examples of homeopathic treatment for acute conditions such as colic, wounds, and infectious illnesses that we can discuss during the presentation.

## **Start using homeopathy as post-operative medication while having allopathic analgesic drugs on hand**

Some new practitioners are afraid to use homeopathy as the sole source of analgesia following spay and neuter surgeries, due to the lack of confidence in the treatment therapy (or their ability to prescribe it), and/or the feeling of responsibility and duty toward patient care.

Dr. Sarah Stieg had the benefit of working in a homeopathic clinic as their head surgery technician before veterinary school. Directly observing and managing patients’ post-surgical pain solely with homeopathy was one of the many reasons that convinced her to become a homeopath. She remarks that this normalization of homeopathic treatment approach and success, prior to having the responsibility of being the “licensed veterinarian in charge,” gave her the confidence when she became the veterinarian to prescribe in these situations. It highlighted for her how this sense of responsibility, without the prior experience to trust in the results, can get in the way for new practitioners to progress. It’s analogous to how many older practitioners were reluctant to switch from 1-year licensed vaccines to 3-year licensed vaccines (and thus continued giving them annually), as they were

worried about not providing the “protection” they previously administered to keep their patients “safe.”

New practitioners can wonder, “If the Arnica wasn’t enough, how is the owner going to get a NSAID at 11pm at night without going to the ER?” Having coached many students through this transition, we suggest creating a transition phase that starts with providing a backup plan. Start immediately post-operative by administering Arnica (or the most fitting remedy such as Phosphorus if the incision seemed inclined to bleed more than usual, or Bellis perennis if it had been a difficult spay), thus personally being able to reassess the patient’s response and monitor in clinic (as per the instructions in the Injuries and Wounds treatment section) prior to discharge. If you are happy with the patient’s response progression, then send the patient home with Arnica (or the fitting remedy) with appropriate dosage instructions for post-op management of pain and healing. In addition, one can send them home with a “back-up” allopathic pain medication to only have on hand in reserve if absolutely needed.

The common response is that practitioners will do this for a period of time. As they see their patients respond well to homeopathic post-op care, the clients be more than satisfied with the animal’s pain control and recovery (almost too fast!), and that the clients never administered the allopathic drugs (subsequently bringing them back to the practice for a refund), confidence thus grows and the practitioner STOPS prescribing the “back-up” allopathic medication.

Another benefit to homeopathic treatment of post-operative pain is that patients do not develop the GI upset that occasionally occurs with NSAIDS, or decreased appetite, lethargy and GI stasis secondary to opioids. On the contrary, their appetites and well-being are usually back to normal within 24 hours of surgery, the surgical wounds heal beautifully, and they experience minimal to no post-op complications (proper client management is still key of course). If a patient chews/pulls at a surgical incision – creating a foreign body reaction to the sutures, there is a remedy not only for this but for the many other post-surgical complications!

## **Pro-bono/volunteer work as a learning tool**

Dr Andrea Tasi had a longtime client, Judy L., who was quite active in kitten foster care for a local privately run rescue group. As she was beginning her homeopathic practice, she offered her services to Judy at no charge to help with common kitten issues, and this afforded a great opportunity to treat many acute issues such as upper respiratory disease, diarrhea, dermatophytosis (ringworm), fever, minor injuries, etc. Judy was thrilled as it saved her time and money, and both Dr. Tasi and Judy learned how miraculous homeopathy can be, especially when working with young animals. This arrangement worked well because of good communication, physical proximity, and good cattery management on Judy’s part.

## **Strategies – prescribing and rechecks**

In allopathic practice, many practitioners complain of resistance when booking follow-ups and rechecks. Most practitioners find in homeopathic clinical practice that clients appreciate and greatly value the high veterinarian-to-client contact time, receiving personalized attention from a doctor who knows their animal. With homeopathic treatment, we spend more time in the consultation appointment than is typical of allopathic practice. This investment in client contact-time works two-fold: clients drawn to homeopathic care value this detailed assessment of their animal’s health; and it gives us the time to explain the extent/impact of the current situation on the patient and importance

of rechecks to fully address the problem/illness at hand.

We suggest setting up clear expectations with clients when starting treatment. Explaining their animal's symptom/disease picture, what remedy will be prescribed, expectation for response time and healing progression, and how often we need to recheck their response to treatment in order to ensure successful treatment management and outcome. If a client is not comfortable with this approach, this method will clarify that early on, and then they can be referred to colleague who provides the type of care they are looking for/more suited to.

## **Addressing Fear in Practice**

Fear holds many of us back from progressing. It is useful to identify what your specific fears are (which may vary depending on the scenario or case), so that they can be assessed and addressed in the most intellectually honest way. This can lighten the burdens of unproductive self-criticism and pressures that fear can bring: none of which will help the patient!

Sometimes self-reflection alone can provide the tools needed to address the situation – sometimes we need to phone a friend, or reach out to a colleague, or post to the forum – to work through a situation.

Dr. Sarah Stieg's personal experience in her own homeopathic career, as well as with working with many students – is that the point at which your fear is potentially dominating a situation, likely indicates one or both of the following: 1) there is something that needs to be identified and addressed, and/or 2) this is commonly the point at which a practitioner is about to break through a learning wall to reach the next level of clinical expertise. By letting fear guide one's decisions, it simultaneously can stunt your professional growth.

Finding colleagues to schedule case rounds with is an EXCELLENT way to progress as a clinician, and gain the support we all need in day-to-day practice. Students often team up during the course to find a study buddy, to discuss case work, etc. The following quote is from a prior PIVH graduate:

“For myself, I was so confident in my allopathic skills, but very insecure in my homeopathic abilities as they were so new to me. One of the best decisions I made was to schedule case rounds with another homeopath at least once a week. This homeopath had more skills and experience than me, and reviewing my cases gave me the confidence I needed to prescribe homeopathy as a primary form of treatment. In cases where I decided to use allopathic medicine, I would still review the case and ask, ‘If this had been your case, what remedy would you have chosen?’

When I started offering homeopathy in my practice, I was afraid that if it didn't work, clients would leave me, or worse yet sue me, but this never happened. I then realized that I didn't carry the same reservations in my allopathic practice regarding an initial course of treatment (e.g. ear drops, or antibiotics for a bladder infection). I would just explain the initial course of treatment to my client and that if the clinical problem didn't improve in “x” time then we would need to re-evaluate, which may include a further prescription, diagnostics, etc. I simply needed to employ this same system of establishing goals for initial treatment, re-evaluation, and diagnostic time-scales.”

## **Conclusion**

The fastest way to gain confidence and experience in homeopathic prescribing is to practice as much as possible. Just like graduating from veterinary school – a new graduate needs clinical case



experience to put their academic learning into real-world experience. Imagine if when you graduated veterinary school, you only saw one case a week, or a month? How long would it take you to become a confident and competent clinician? Years or perhaps decades! Compare this to our standard approach to new graduates out of veterinary school which is to encourage entering high-volume clinical practice or internships where they are working on multiple cases a day. Graduates often find the fastest way to grow their expertise in homeopathy is to practice on as many cases as possible, and sometimes to stop offering other forms of medicine.

In our clinical experience, clients desire an honest clinician willing to devote the time needed to help their animal, no matter what modality of treatment is offered. Communicating clearly with our clients is key – so they know we are truly dedicated to making their animals better, reassuring them that if this treatment step doesn't resolve the problem, we would continue to reassess, work through the case and any complications that might arise.

Each of us has our own concerns and fears of adding a new modality to our practice. Feel free to discuss your own apprehensions during the presentation or on the forum after Module One – between all of the PIVH faculty and mentors, at least one of us is sure to have been in your position!



## HOW TO GIVE THE REMEDY

Your homeopathic medicine is in one of three forms — a large number of tiny pellets which look like coarse sand (#10 size ●); 2 or 3 larger pellets (#35 size ●); or small tablets (about the size of small aspirin tablets). Give the remedy by mouth according to the Dosage Instructions and the Preferred Method for your animal, as checked below. Open your pet's mouth while giving it: reach around the upper jaw, inserting the thumb and first finger in the gaps behind the fangs (Fig. A). Most animals will then relax the mouth and allow you to open it with your fingers. If necessary, get someone to hold your pet to prevent it from backing away. The remedy tastes good and is hard to spit out, so there should be no problem. As long as half the medicine is swallowed, the treatment will work.

**WHEN TO GIVE IT:** The taste of food in the mouth can interfere with the remedy. So, do not let your pet eat for at least \_\_\_\_\_ minutes either before or after giving the medicine. A good time for administration is right before bed. Your pet will rest quietly and the remedy can work undisturbed.

### THE DOSAGE INSTRUCTIONS FOR YOUR ANIMAL ARE:

#### THE PREFERRED METHOD FOR GIVING IT TO YOUR ANIMAL IS:

\_\_\_\_\_ Tear off the top of the paper envelope. Without touching the pellets, pour them onto your animal's tongue, as in Fig. A.

\_\_\_\_\_ Crush the pellets to a powder first so your animal can't spit them out: Crease a small piece of thick, clean, paper (such as a file card) down the middle. Without touching the pellets, drop them inside the fold. Close the paper over the pellets. Hold down the edges to keep the remedy in place and crush the contents to a powder by hitting them through the paper with a heavy drinking glass or similar object. A formica counter is best for this. Then use the fold in the card as a "funnel" to pour the powder onto your animal's tongue. Use your fingernail to scrape the last of the powder off the paper and into the mouth (see Fig. A).

\_\_\_\_\_ With pellets, pour the prescribed dose into the cap of the vial or a clean spoon (do not touch the remedy). Drop the pellet(s) into the throat (Fig. B). Hold the mouth loosely shut until your animal swallows (the tongue will push out between the teeth). If necessary, use your finger to push it down the throat. If, despite all this, it is spit out, go ahead and pick it up with your fingers and try, try again.

\_\_\_\_\_ With animals that are difficult to handle or those with very painful mouths, crush the pellet(s) in a clean piece of folded paper, as above. Then dissolve this powder in 1-2 tsp. of fresh milk or half-and-half. Make sure at least half is consumed. Use a clean bowl for this purpose. OR, if the animal is somewhat cooperative, you can just dissolve it in distilled or spring water and then give it with an eye dropper or spoon into the cheek pouch.

#### PRECAUTIONS FOR STORAGE (if more than one dose):

*Keep the container well sealed. Store medicines in a dark, dry place at room temperature away from sunlight and strong odors, especially camphor (in Vick's, Tiger Balm, White Flower, etc.). Also, keep it away from medicine cabinets, mothballs, smoke, perfume, and magnetic fields (near hi-fi speakers, microwaves). Do not refrigerate and do not leave in a hot place, such as a closed car or window ledge. If these precautions are not observed, it is possible the remedy may become inactivated.*

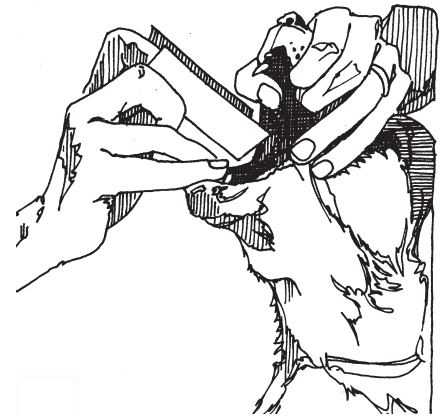


Figure A

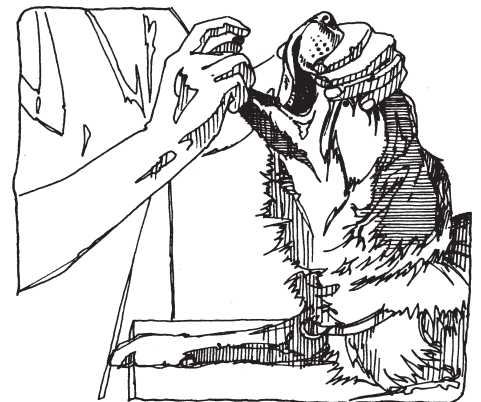


Figure B

# Client Acceptance Form

We are honored that you are willing to trust us with the care of your animal. As you are likely already aware, our practice is not the usual. We offer consultation in the use of homeopathic remedies and nutrition (in the form of fresh food diets, vitamin & mineral supplementation, and food concentrates). We emphasize this form of treatment because we feel it is the most effective way of dealing with a wide variety of health problems that animals face. It is our opinion that homeopathic and nutritional therapy can be used to treat the same broad range of problems that are conventionally treated with drugs. It is also our experience that this is a very successful approach — one that this practice has studied and applied for over 30 years.

However, not every problem can be successfully resolved. Sometimes the disease is too advanced for our methods. Other times, we do not have necessary knowledge or experience. Occasionally, our methods fail in spite of our best efforts. We say this not to discourage you, but rather to honestly communicate our skills and also our limitations.

It is important, as we start working together, that you realize, regardless of the nature of the problem your animal has and in spite of the diagnosis or prognosis that you have received from another practitioner, we are going to use the above-mentioned methods and no other in the treatment of your animal. If it becomes your decision to have conventional drug therapy or surgery, we will refer you to another practice that can provide this rather than do this ourselves. If it is our opinion that for the well-being of your pet you should receive care from another practitioner or by other methods, we will also refer you for this care rather than provide it ourselves.

If what has been presented here is acceptable to you and, indeed, what you wish for your pet, please sign the statement of acceptance that follows. This signature will also be your authorization to us to charge your credit card for the balance of your account each month.

**Declaration of Acceptance:**

I have read the above explanation of the type of treatment offered by Animal Natural Health Center. I agree that this is what I want for my animal. I further state that I am not expecting any other treatment than what is described here and that the Animal Natural Health Center has my permission to use my credit card to charge against my balance each month.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# A Brief Explanation of Homeopathy

**H**omeopathy started about 200 years ago with a discovery by a German doctor, Samuel Hahnemann. Wondering why quinine was useful in malaria, he took the medicine himself and found that, given to a healthy person, it temporarily produced the symptoms found in malaria. When given to a malaria patient, however, it was curative.

Homeopathy means literally to “treat with a similar disease.” Its central principle, “Like cures like,” contrasts with other medical approaches. The term allopathic means to “treat with other than the disease” and is used to denote the standard medical approach of today, which attempts to counteract symptoms. For example, a patient with diarrhea may be given a drug that slows intestinal motility.

To better understand how homeopathy works, it helps to consider two aspects of a disease. First, there is the immediate cause, such as a bacteria, virus, toxin, or internal immunological activity. Second, there is the patient’s response — their reaction and defenses, such as fever, inflammation and discharge. These are the body’s attempts to eliminate pathogens and toxins and to heal the tissue.

While homeopaths do not ignore immediate causes, such as infection, their primary focus is on the patient’s attempts to respond and heal. Their aim is to strengthen the patient’s defenses and shift the balance in favor of recovery.

Dr. Hahnemann found that substances could be used to stimulate healing by applying the principle of “like cures like” in very specific ways. He would give the patient a substance that would gently nudge their system in the direction of the “disease”, reproducing the same (or almost the same) syndrome or whole set of particular

symptoms in a mild form. He found this to be a very effective way to stimulate their natural defenses. It is almost as if the patient’s defenses cannot distinguish between the natural disease and what the similar substance is doing. Thus homeopaths fine-tune the use of medicines to enhance the patient’s own attempts to overcome the disease.

In this manner, homeopathy employs hundreds of substances that have all been thoroughly studied as to their unique effects on body, emotions and mind. Some of these are common herbs; others are from poisonous plants; some remedies are made from toxins and venoms.

Homeopathic pharmacists carefully prepare these many substances in a time-tested manner that enhances their usefulness while minimizing potential harm. They carefully dilute them to eliminate toxic effects, at the same time shaking or grinding them in a way that energizes their helpful effect. This use of a dilute similar substance is somewhat similar to the use of vaccines or to the method of allergy desensitization.

In summary, homeopathy stimulates the healing process through temporarily establishing an artificial disturbance of health with medicines. This disturbance, when similar to the disturbance caused by the disease, makes the body work harder to get well. The healing changes that follow are the result of this stimulation.

While simple in theory, this process requires skill and experience, particularly in chronic conditions. The homeopathic doctor carefully evaluates the changes that occur after use of each homeopathic medicine. In this way, the patient can be guided to recovery of their health over the weeks or months necessary for the body to repel the disease and regrow damaged tissues.

**Dr. Sarah Stieg Veterinary Surgeon & Homeopath**

*Mobile Veterinary Care for All Creatures Great & Small*

**Ardmore Farm, Hailstone Moor, Northallerton, DL6 3QS – 07865-646129 – drsarahstieg@gmail.com**

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## **Practice Terms and Conditions**

1. Dr. Sarah Stieg is a fully qualified and registered veterinary surgeon. When seeking care from this practice, clients are electing for and consenting to treatment of their animals primarily with homeopathy, nutritional support, and referral chiropractic/physical therapy.
2. All imaging, surgery, hospitalisation, and procedures requiring a clinical facility will be referred to the practice most suited for the individual patient and client's needs. For all clients in the primary practice region, Bishopton Veterinary Group in Ripon, North Yorkshire, HG4 2QR will provide all referral services including emergency and out of hours hospital services if required.
3. No pharmaceutical (non-homeopathic) care will be provided by this practice, and if the client requests pharmaceutical care then they will be referred to the appropriate practice to serve their animal's needs.
4. Normal office hours are 11am – 8pm Monday to Friday. All routine communication will be delivered during these hours. Appointment availability is between the hours of 12pm – 7pm, unless subject to travel time.
5. A 24hr emergency phone service is offered for clients of this practice. All patients are required to register at a local practice to ensure that full emergency cover can be met in the event that surgery, imaging, etc. is needed, or if calls are unable to be physically received at that time due to poor phone coverage in Yorkshire. I ask kindly for clients not to contact me by phone or text out of hours for routine communication, except for a true emergency, as I carry my phone at all times to provide this service.
6. Due to mobile phone service in North Yorkshire, if a text message is unanswered within several hours the client must resend or call during the same working day as it may not have been received due to poor phone service. It is the client's responsibility to make contact with the practice if they have any concerns or time sensitive queries.
7. Email is to be only be used for routine communication. Clients must contact the practice mobile for all urgent matters. Emails will be checked several times a week, but this varies with appointment schedules and practice case load. If an email is unanswered beyond 48 hours, then please send a text to the practice mobile.
8. Prior to a patient's first appointment, all medical records from every veterinary practice the patient has been registered with are required to be sent to the practice email: drsarahstieg@gmail.com
9. All services are charged by time. Estimates will gladly be provided on request for all services provided.
10. Hourly rate for all consultation time is £165 an hour, including by phone, text, and email (excluding routine email reporting); the minimum consultation fee is £27.50 (excluding text consultations which are a minimum of £13.75). Clinical case analysis, procedures, gait analysis, visit fees, products, etc. quoted upon request.

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11. All visit fees are charged based on a travel zone day rate. If you require a home or farm visit when I am not traveling to your zone, an appropriate visit fee will be automatically be charged due to the additional travel.
12. Out-of-hours consultations are billed at time and a half (£247.50 an hour), and an emergency travel fee is charged for an out-of-hours home/farm visit. Out-of-hours is defined as any consultations (including phone and text) provided after 8pm and before 9am.
13. Payment is accepted by cash, cheque, or BACS transfer. Payment is expected at the time of service for initial consultations. Clients are then placed on a monthly billing cycle (unless the client requests to pay at the time of service), and payments are due within 14 days of the date invoiced. If an account remains unpaid, a late payment fee of £15 will be applied after 14 days and an interest rate of 2% will be applied per calendar month.
14. If payment is provided directly through a patient's insurance policy, the client is ultimately responsible for the outstanding debt on their account for all services rendered. All yearly insurance excesses are required to be paid upfront, and the practice will only begin direct insurance claims once the yearly insurance excess has been reached. Payment in full is required for new conditions, once a condition is accepted direct insurance claims can commence.
15. Appointment cancellations require a 24-hour notice, otherwise a missed appointment fee of £50 will be applied. If a client fails to show for a home/farm visit, they will be charged a missed appointment fee plus the zone visit fee for traveling to their property.
16. Practice Privacy Policy: In relation to the Data Protection Act 2018, any personal data collected is used for clinical and financial purposes and is held on a secure database by the practice and selected third parties (such as associated clinical laboratories). Personal data: can be used by the practice to contact (by phone, text, email, or post) the client regarding any clinical (including appointment reminders) or financial matters; may need to be disclosed to assist any legal, third-party professional insurer, or debt recovery processes; and will be held on file for a minimum of seven years. The practice will at all times comply with the requirements of Data Protection Act 2018 when processing data on your behalf.

*Please sign below to confirm you have read and accept the above practice terms and conditions, and I look forward to providing veterinary care to your animal.*

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



**Dr. Sarah Stieg Veterinary Surgeon & Homeopath**

*Mobile Veterinary Care for All Creatures Great & Small*

Ardmore Farm, Hailstone Moor, Northallerton, DL6 3QS – 07865-646129 – drsarahstieg@gmail.com

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## **Homeopathic Remedy Instructions for Acute Treatment**

***\*Please Contact the Practice Prior to Any Acute Treatment\****

### **How to Give the Remedy:**

1. No food or water 5 minutes before or after the remedy to ensure the remedy is absorbed.
2. Use the cap to dose the remedy to the patient.
3. For a single dose, pour enough pellets to cover the bottom of the cap.
4. To administer – Flip up (or pull out) one of the patient's lips and pour all pellets onto the gums.
5. The remedy will be absorbed straight through the gums.
6. As long as most of the pellets were received in the mouth of the patient, a satisfactory dose has been given.
7. Alternatively, if the patient is difficult to handle – take a "single dose" as described above, dissolve in a very small amount of water to dose the patient. Use a clean glass and metal spoon to mix. This can either be offered on a clean saucer to drink or can use a clean syringe to place several drops in the mouth or on the beak. For cats, a very small amount of skim milk can be used instead of water. Once a couple of licks or drops of the liquid has been taken, a sufficient dose has been received.

### **Post Remedy:**

- I expect to see a response within the first few minutes to hours depending on the condition. This response usually is initiated with an increased sense of wellbeing from the patient (perceived by them being more comfortable, feeling brighter, or being able to rest, etc.), followed by a gentle gradual improvement of the patient's symptoms.
- You may see one of the symptoms briefly be slightly worse during this time period (this is the body reacting to the remedy), and then you will see a gradual gentle improvement and eventual resolution of their symptoms. If you observe this brief symptom worsening, this can be a good sign – so please don't be alarmed. However, please call me immediately to discuss if this is an appropriate response for your animal's condition or if it might be an indication for me to adjust their prescription.

### **Progress Reporting:**

**Please call as directed post giving the remedy** and let me know what response or any change (physical, behavioral, or general well-being) in the patient you have observed. I will then give you appropriate follow-up instructions based on the patient's condition and reaction to the remedy.

***\*Contact the Practice 24 Hours a Day for Any Immediate Concerns or Emergency Care\****

Patient Name

Signalment

Contact: Phone number

**Dr. Sarah Stieg Veterinary Surgeon & Homeopath**  
Mobile Veterinary Care for All Creatures Great & Small  
Ardmore Farm, Hailstone Moor, Northallerton, DL6 3QS  
07865-646129 – drsarahstieg@gmail.com

**Client:**

Address:

Phone:

Email:

**Patient:**

D.O.B.:

Species:

Breed:

Sex:

Colour:

Microchip Number:

Insurance Policy Number:

Remedy Reaction Progress Chart

<i>Date</i>	<i>Remedy</i>	<i>Indication</i>	<i>Reaction</i>

**Date: /23 [00:00]**

**Subjective:** P presented for evaluation of:

**A. Current Complaint(s), Txt & Response:**

1.

**B. Current Med:**

**C. History:**

1. Vaccinations:
2. Worming:
3. HX of Surgery:
4. HX of Injuries:
5. Repro – Spay/Neuter/Heat cycles/Pregnancy:

**D. Exercise:**

**E. Diet/Food: (Nutrition)**

1. Daily Diet:
2. Supplements:

Patient Name

Signalment

Contact: Phone number

**Objective:** PE: BAR, MM pink/moist, CRT<1.5s, BCS 5/9

EENT: Excellent teeth. Normal ophthalmic exam and fundic exam WNL's. Clear ears AU.

H/L: No murmurs or arrhythmias appreciated, PQSS; BV sounds WNL's x 4 lung fields

ABD: Soft, non-painful, no mass or organomegaly appreciated.

MUSC/SKEL:

URO/GENITAL:

SKIN: Excellent coat

PLN:

All other PE findings WNL's

GAIT ANALYSIS / LAMENESS EXAM:

**Assessment:**

**A) Problem List:**

1)

**B) Homeopathic Work up:**

1. Homeopathic Response Evaluation:
  - Curative direction / Palliation / Suppression / No Response / General disease progression
  - Counter-action observed:
2. Homeopathic Symptom List:
3. Homeopathic Repertorisation: *[Repertory(s) Used: ]*
4. Homeopathic Discussion /Differentials:

**Plan:** Medical Plan:

- 1) Watch and Wait on Remedy / RX Remedy:
- 2) Email Report:
- 3) F/u appointment:

Patient Name

Signalment

Contact: Phone number

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**Client:**

Address:

Phone:

Email:

Yard Address:

**Patient:**

D.O.B.:

Species: Equine

Breed:

Sex:

Colour/Height(hh):

Microchip Number:

Insurance Policy Number:

Remedy Reaction Progress Chart

<i>Date</i>	<i>Remedy</i>	<i>Indication</i>	<i>Reaction</i>

**Date: /23 [00:00]**

**Subjective:** P presented for evaluation of:

**A. Current Complaint(s), Txt & Response:**

1.

**B. Current Med:**

**C. History:**

1. Farrier/Trim cycle:
  - a. Hoof Quality –
  - b. HX: Hoof abscesses –
2. HX of Colic:
3. HX Injuries:

**D. Exercise/Turnout:**

Patient Name

Signalment

Contact: Phone number

**E. Diet/Food:** (Nutrition)

- a. Daily Diet:
- b. Supplements:

**Objective:** PE: BAR, MM pink/moist, CRT<1.5s, BCS 5/9, Wt Tape = kgs

EENT:

DENTAL EXAM:

H/L: No murmurs or arrhythmias appreciated, PQSS; BV sounds x4 quadrants WNLs

ABD: GI sounds x4 quadrants WNLs

MUSC/SKEL:

RECTAL:

REPRO:

SKIN: Excellent coat

HOOVES: Overall excellent hoof quality, excellent frogs, good digital cushion appreciated on palpation. No signs of thrush.

PLN:

All other PE findings WNL's.

GAIT ANALYSIS / LAMENESS EXAM:

**Assessment:**

**A) Problem List:**

1)

**B) Homeopathic Work up:**

- 1. Homeopathic Response Evaluation:
  - Curative direction / Palliation / Suppression / No Response / General disease progression
  - Counter-action observed:
- 2. Homeopathic Symptom List:
- 3. Homeopathic Repertorisation: [*Repertory(s) Used:* ]
- 4. Homeopathic Discussion /Differentials:

**Plan: Medical Plan:**

- 1) **Watch and Wait on Remedy / RX Remedy:**
- 2) **Email Report:**
- 3) **F/u appointment:**





# Homeopathic Pharmacies and Suppliers of Homeopathic Products

Pharmacy	Phone & Info
<b>Ainsworths Homeopathic Pharmacy</b> 42 High Street Caterham, Surrey, CR3 5UB England	tel: 011-44 (0)1883 340332 email: enquiries@ainsworths.com web: www.ainsworths.com
<b>Boiron–Central facility</b> 4 Campus Blvd. Newtown Square, PA 19073-3267 USA	tel: (800) Boiron-1 (800) 264-7661 web: www.boironusa.com Sold over much of US. Familiar “blue tubes” usually available in 6c and 30c in stores such as Whole Foods and many other outlets.
<b>Boiron Homeopathic Inc</b> 1300 René-Descartes Saint-Bruno-de-Montarville Quebec, J3V 0B7 Canada	tel: (800) 461-2066 tel: (450) 723-2066 web: www.boiron.ca This is the main outlet for Canada.
<b>Easy-Pharma</b> 4955 rue de la Randonnée J1N0N8 Sherbrooke Quebec Canada	tel: (877) 837-7022 web: www.easy-pharma.ca email: info@easy-pharma.ca
<b>Freeman’s Homeopathic Pharmacy</b> 18-20 Main Street, Busby Glasgow, G76 8DU Scotland	tel: 0141 644 1165 web: www.freemans.scot email: pharmacy@freemans.scot All potencies, LM’s, Bach Flower Remedies, etc.
<b>Galen Homoeopathics</b> Lewell Mill, West Stafford Dorchester, Dorset, DT2 8AN England	tel: 01305 263996
<b>Hahnemann Laboratories, Inc.</b> 1940 Fourth Street San Rafael, CA 94901 USA	tel: (888) 427-6422 tel: (415) 451-6978 web: www.hahnemannlabs.com email: orders@hahnemannlabs.com LM potencies; animal nosodes.

*Resources Section*

<p><b>Helios Homeopathic Pharmacy</b> 89-97 Camden Road Tunbridge Wells Kent TN1 2QR England</p>	<p>tel: 011-44-(0)1892-536393 email: <a href="mailto:pharmacy@helios.co.uk">pharmacy@helios.co.uk</a> web: <a href="http://www.helios.co.uk">www.helios.co.uk</a></p>
<p><b>Hemkund Remedies, Inc.</b> Unit #106, 8363 128 Street Surrey, B.C. V3W 4G1 Canada</p>	<p>tel: (888) 543-9022 tel: (604) 543-9021 web: <a href="http://www.hemkund.com">www.hemkund.com</a> <a href="mailto:admin@hemkund.com">admin@hemkund.com</a> Remedies from India.</p>
<p><b>Heel Belgium (Homeoden)</b> Industriepark Drongen Booiebos 25 9031 Drongen Belgium</p>	<p>tel.: 011-32-(0)9265 95 65 fax. 011-32-(0)9223 00 76 email: <a href="mailto:info@heel.be">info@heel.be</a> web: <a href="http://www.heel.be">www.heel.be</a> Can provide CM, DM, MM, LM (or Q) potencies.</p>
<p><b>Homeopathy Overnight</b> 80071 Hazelton Road Cottage Grove, OR 97424 USA</p>	<p>Phone orders: 1-800-276-4223 Information and business: (541) 942-5722 web: <a href="http://www.homeopathyovernight.net">www.homeopathyovernight.net</a></p>
<p><b>Natural Health Supply</b> Jim Klemmer 6410 Avenida Christina Santa Fe, NM 87507 USA</p>	<p>tel: (888) 689-1608 tel: (505) 474-9175 email: <a href="mailto:nhs@a2zhomeopathy.com">nhs@a2zhomeopathy.com</a> web: <a href="http://www.a2zhomeopathy.com">www.a2zhomeopathy.com</a> Currently (2023) on closing down sale.</p>
<p><b>Nelsons Homeopathic Pharmacy</b> 87 Duke Street Grosvenor Square London W1K 5PQ England</p>	<p>tel: 011-44- (0)20 7079 1288 email: <a href="mailto:mailorder@nelsons.net">mailorder@nelsons.net</a> web: <a href="http://www.nelsonshomeopathy.com">www.nelsonshomeopathy.com</a></p>
<p><b>Thompson's Homeopathic Supplies</b> 239 Wallace Avenue Toronto, Ontario, M6H 1V5 Canada</p>	<p>tel: (416) 922-2300 web: <a href="http://www.thompsonshomeopathic.com">www.thompsonshomeopathic.com</a></p>
<p><b>Washington Homeopathic Products</b> 260J R Hawbermale Way Berkeley Springs, WV 25411 USA</p>	<p>tel: (800) 336-1695 email: <a href="mailto:info@homeopathyworks.com">info@homeopathyworks.com</a> web: <a href="http://www.homeopathyworks.com">www.homeopathyworks.com</a></p>

# Pronouncing Remedy Names

*The remedy names are all Latin language so the rule is there is no soft “C” sound but rather all the places that “C” occurs is pronounced as “K.” There are some exceptions to this as you will see in the following guide and I assume this is because, to some extent, the words have been anglicized. Try to learn the proper pronunciation at the beginning. It will be much easier as you go along.*

Abies Canadensis (a'bi-es can-a-den'sis)	Arsenicum Iodatum (ar-sen'i-cum io-dat'um)
Abies Nigra (a'bi-es ni'gra)	Arum Triphyllum (a'rum tri-phy'l'um)
Abrotanum (a-brot'an-um)	Asafœtida (as-a-fet'e-da)
Absinthium (ab-sin'thi-um)	Asarum (as'a-rum)
Acalypha Indica (a-cal'i-pha in'di-ca)	Asclepias Cornuti (as-kle'pe-as kor-nut-e)
Acetic Acid (a-set'ic as'id)	Asclepias Tuberosa (as-kle'pe-as tu-be-ro'sa)
Aconitum (ac-o-ni'tum)	Asparagus (as-par'a-gus)
Actæa Spicata (ac-tæ'a spi'ca-ta)	Asterias Rubens (as-ter'i-as ru'bens)
Æsculus (es'cu-lus)	Aurum (au'rum)
Æthusa (e-thu'sa)	Badiaga (bad-i'a'ga)
Agaricus (a-gar'i-cus)	Baptisia (bap-ti'sia)
Agnus castus (ag'nus cas'tus)	Baryta Carbonicum (ba-ri'ta car-bon'i-cum)
Ailanthus (ai-lan'thus)	Belladonna (bel-la-don'na)
Aletris (al'e-tris)	Benzoic Acid (ben-zo'ic as'id)
Allium Cepa (al'li-um se-pa)	Berberis (ber'ber-is)
Aloe (al'oe)	Bismuthum (biz-muth'um)
Alumina (a-lu'mi-na)	Borax (bo'rax)
Ambra Grisea (am'bra gri'sea)	Bovista (bo-vis'ta)
Ammonium Carbonicum (am-mo'ni-um car-bon'i-cum)	Bromium (bro'mi-um)
Ammonium Causticum (am-mo'ni-um caus'ti-cum)	Bryonia (bry-o'nia)
Ammonium Muriaticum (am-mo'ni-um mu-ri-at'i-cum)	Bufo (bu'fo)
Amyl Nitrosum (am'il ni'tro-sum)	Cactus (kac'tus)
Anacardium (an-a-car'di-um)	Caladium (ka-la'di-um)
Antimonium Crudum (an-ti-mo'ni-um crud'um)	Calcarea Carbonica (kal-ka're-a kar-bon'i-ca)
Antimonium Tartaricum (an-ti-mo'ni-um tar-tar'i-cum)	Calcarea Phosphorica (kal-ca're-a phos-phor'i-ca)
Apis Mellifica (a'pis mel-lif'i-ca)	Camphora (kam-phor'a)
Apocynum Cannabinum (a-pos'se-num can-na-bi'num)	Cannabis Indica (kan'na-bis in'di-ca)
Apomorphinum (ap'o-mor'fi-num)	Cannabis Sativa (kan'na-bis sa-ti'va)
Aralia Racemosa (a-ra'le-a ras-e-mo'sa)	Cantharis (kan'tha-ris)
Aranea Diadema (a-ra'nea di-a-dem'a)	Capsicum (kap'si-cum)
Argentum Metallicum (ar-gen'tum me-tal'i-cum)	Carbo Animalis (kar'bo an'i-mal'is)
Argentum Nitricum (ar-gen'tum ni'tri-cum)	Carbo Vegetabilis (kar'bo veg-e-tab'i-lis)
Arnica (ar'ni-ca)	Carbolicum Acidum (kar-bol'i-kum as'i-dum)
Arsenicum Album (ar-sen'i-cum al'bum)	Carduus Marianus (kar'du-us mar-i-an'us)
	Caulophyllum (kaul-o-phy'l'um)
	Causticum (kaus'ti-cum)
	Cedron (ce'dron)
	Chamomilla (kam-o-mil'la)
	Chelidonium (chel-i-do'ni-um)

*Resources Section*

Chimaphila (chim-a-fil'la)  
Chininum Arsenicosum (kin'i-num ar-sen-i-co'sum)  
Chininum Sulphuricum (kin'i-num sul-phur'i-cum)  
Cicuta Virosa (ci-ku'ta vi-ro'sa)  
Cimicifuga (sim-i-sif'u-ga)  
Cina (ci'na)  
Cinchona (cin-kho'na)  
Cinnamomum (cin-na-mo'mum)  
Cistus (cis'tus)  
Clematis (kle-ma'tis)  
Cocoa (ko'ka)  
Cocculus (kok'u-lus)  
Coccus Cacti (kok'kus kak'ti)  
Coffea Cruda (kof'fe-a kru'da)  
Colchicum (kolch'i-kum)  
Collinsonia (kol-lin-so'nia)  
Colocynthis (kol'o-sin'this)  
Conium (ko-ni'um)  
Convallaria (con-val-la'ria)  
Corallium Rubrum (kor-al'li-um ru'brum)  
Crocus (kro'kus)  
Crotalus Horridus (kro'tal-us hor-ri'dus)  
Croton Tiglium (kro'ton tig'li-um)  
Cuprum Metallicum (ku'prum me-tal'i-kum)  
Cyclamen (sik'la-men)  
Digitalis (dig-i-ta'lis)  
Dioscorea (di-os-ko're-a)  
Dolichos (dol'e-kos)  
Drosera (dro'se-ra)  
Dulcamara (dul-ca-ma'ra)  
Elaterium (el-a-te'ri-um)  
Equisetum (ec-we-se'tum)  
Erigeron Canadense (e-rig'er-on can-a-den'se)  
Erygium Aquaticum (e-rin'ge-um a-quat'i-cum)  
Eucalyptus (u-ka-lip'tus)  
Eupatorium Perfoliatum (u-pa-to'rium per-fo-li-a'tum)  
Eupatorium Purpureum (u-pa-to'rium pur-pur'e-um)  
Euphorbia Corollata (u-phor'be-a cor-ol-la'ta)  
Euphorbium (u-phor'bi-um)  
Euphrasia (u-fra'sia)  
Ferrum (fer'rum)  
Ferrum Iodatum (fer'rum i-o-da'tum)  
Ferrum Phosphoricum (fer'rum fos-for'i-cum)  
Fluoricum Acidum (flu-or'i-cum as'i-dum)  
Gambogia (gam-bo'gi-a)  
Gelsemium (gel-se'mi-um)  
Glonoine (glon'o-ine)  
Gnaphalium (na-phal'i-um)  
Graphites (graf-i'tees)  
Gratiola (grash'e-o-la)  
Guaiacum (gwa'ya-cum)  
Hamamelis (ham-a-me'lis)  
Helleborous (hel'le-bo-rus)  
Helonias (he-lo'ni-as)  
Hepar Sulphur (he'par sul'fur)  
Hydrastis (hy-dras'tis)  
Hydrocotyle (hi-dro-ko'ti-le)  
Hyoscamus (hi-os-si'a-mus)  
Hypericum (hi-per'i-cum)  
Ignatia (ig-na'sha)  
Iodium (i-o'di-um)  
Ipecacuanha (ip-e-cac-u-an'ha)  
Iris Versicolor (i'ris ver'si-kul-er)  
Jaborandi (jab-or-an'di)  
Kali Bichromicum (ka'li bi-chro'mi-cum)  
Kali Bromatum (ka'li bro-ma'tum)  
Kali Carbonicum (ka'li car-bon'i-cum)  
Kali Chloratum (ka'li chlo-ra'tum)  
Kali Iodatum (ka'li i-o-dat'um)  
Kali Nitricum (ka'li ni'tri-cum)  
Kalmia (kal'mia)  
Kreosotum (kre-o-so'tum)  
Lachesis (lak'e-sis)  
Lachnanthes (lak-nanth'es)  
Lactic Acid (lak'tic as'id)  
Lactuca Virosa (lak-tu'ca vi-ro'sa)  
Laurocerasus (lau-ro-cer'a-sus)  
Ledum (le'dum)  
Leptandra (lep-tan'dra)  
Lilium Tigrinum (lil'ium ti'gri-num)  
Lithia (lith'i-um)  
Lobelia Inflata (lo-be'li-a in-fla'ta)  
Lycopodium (li-ko-po'de-um)  
Lycopus Virginicus (li'ko-pus vir-gin'icus)  
Magnesia Carbonica (mag-ne'zhe-a car-bon'i-ca)  
Magnesia Muriatica (mag-ne'zhe-a mu-ri-at'i-ca)  
Manganum (man'ga-num)  
Melilotus (mel-i-lo'tus)  
Menyanthes (me-ny-an'thes)  
Mephitis (me-phi'tis)

Mercurius (mer-cu're-us)	Rumex (ru'mex)
Mercurius Corrosivus (mer-cu're-us cor-ro'si-vus)	Ruta (ru'ta)
Mercurius Iodatus Flavus (mer-cu're-us i-o-dat'us fla'vus)	Sabadilla (sab-a-dil'la)
Mercurius Iodatus Ruber (mer-cu're-us i-o-dat'us ru'ber)	Sabina (sa-bi'na)
Mezereum (me-ze're-um)	Sambucus (sam-bu'cus)
Millefolium (mil-le-fo'li-um)	Sanguinaria (san-gwi-na'ri-a)
Muriaticum Acidum (mu-ri-at'i-cum as'idum)	Sarsaparilla (sar-sa-pa-ril'la)
Myrica Cerifera (me-ri'ka ce-rif'e-ra)	Secale Cornutum (se-ka'le cor-nut'um)
Naja (na'ya)	Selenium (se-le'ni-um)
Natrum Arsenicatum (na'trum ar-sen-i-ca'tum)	Senecio Aureus (se-ne'she-o aw're-us)
Natrum Carbonicum (na'trum car-bon'i-cum)	Senega (sen'e-ga)
Natrum Muriaticum (na'trum mu-ri-at'i-cum)	Sepia (se'pe-a)
Natrum Sulphuricum (na'trum sulfur'i-cum)	Silicea (si-li'cia)
Nitricum Acidum (ni'tricum as'i-dum)	Spigelia (spi-ge'lia)
Nuphar Lutium (nu'far lu'te-um)	Spongia (spun'ge-a)
Nux Moschata (nux mos-ka'ta)	Squilla (squil'la)
Nux Vomica (nux vom'i-ca)	Stannum (stan'num)
Oenanthe Croacata (o-nan'the cro-ka'ta)	Staphisagria (staf-i-sa'gri-a)
Oenothera (o-no-the'ra)	Sticta Pulmonaria (stic'ta pul-mo-na'ri-a)
Oleander (o-le-an'der)	Stillingia Sylvatica (stil-lin'ge-a syl-vat'i-ca)
Opium (o'pe-um)	Stramonium (stra-mo'ne-um)
Origanum (o-rig'a-num)	Sulphur (sul'fur)
Osmium (os'mi-um)	Sulphuricum Acidum (sul-fu'ri-cum as'i-dum)
Oxalicum Acidum (ox-al'i-cum as'i-dum)	Tabacum (ta-bak'um)
Pareira Brava (pa-ra'ra bra'va)	Taraxacum (ta-rax'a-cum)
Paris Quadrifolia (par'is quad-re-fo'lia)	Tarentula (ta-ren'tu-la)
Petroleum (pe-tro'le-um)	Tellurium (tel-lu're-um)
Petroselinum (pet'ro-se-li'num)	Terebinthina (ter-e-bin'the-na)
Phosphoricum Acidum (fos-for'i-cum as'i-dum)	Teucrium (tu'cri-um)
Phosphorus (fos'for-us)	Theridion (the-rid'i-on)
Physostigma (fi-zo-stig'ma)	Thuja (thu'ya)
Phytolacca (fi-to-lak'ka)	Trillium (tril'li-um)
Picricum Acidum (pic'ri-cum as'i-dum)	Uranium Nitricum (u-ra'ne-um ni'tri-cum)
Platinum (plat'e-num)	Urtica Urens (ur-ti'ka u'rens)
Plumbum (plum'bum)	Ustilago (us-ti-la'go)
Podophyllum (pod-o-fil'lum)	Valeriana (va-le-re-a'na)
Ptelea Trifoliata (te'le-a tri-fo-li-a'ta)	Veratrum Album (ve-ra'trum al'bum)
Pulsatilla (pul-sa-til'la)	Veratrum Viride (ve-ra'trum ver'e-de)
Ranunculus (ra-nun'ku-lus)	Verbascum (ver-bas'cum)
Rheum (re'um)	Viburnum Opulus (vi-bur'num o'pu-lis)
Rhododendron (ro-do-den'dron)	Viola Tricolor (vi'o-la tri'col-or)
Rhus Toxicodendron (rus tox-ico-den'dron)	Xanthoxylum (zan-thok'si-lum)
Robina (ro-bi'na)	Zincum (zink'kum)
	Zingiber (zin'je-ber)







# Index to the Boenninghausen Repertory

<b>Characteristics of remedies.....</b>	<b>1</b>	<b>Eructation.....</b>	<b>490</b>
<b>Duration of action.....</b>	<b>185</b>	<i>Aggravation.....</i>	<i>493</i>
<b>Mind.....</b>	<b>191</b>	<b>Waterbrash &amp; Heartburn.....</b>	<b>495</b>
<i>Aggravation.....</i>	<i>223</i>	<i>Aggravation.....</i>	<i>497</i>
<i>Amelioration.....</i>	<i>224</i>	<b>Hiccough.....</b>	<b>498</b>
<i>Cross references.....</i>	<i>230</i>	<b>Nausea &amp; Vomiting.....</b>	<b>500</b>
<b>Sensorium.....</b>	<b>236</b>	<i>Aggravation.....</i>	<i>506</i>
<b>Vertigo.....</b>	<b>239</b>	<b>Stomach.....</b>	<b>514</b>
<b>Head</b>		<b>Epigastrium.....</b>	<b>522</b>
<i>Internal.....</i>	<i>250</i>	<i>Aggravation.....</i>	<i>526</i>
<i>Aggravation.....</i>	<i>281</i>	<b>Hypochondria.....</b>	<b>533</b>
<i>External.....</i>	<i>297</i>	<b>Abdomen.....</b>	<b>543</b>
<i>Aggravation.....</i>	<i>307</i>	<i>Aggravation.....</i>	<i>560</i>
<i>Eyes.....</i>	<i>309</i>	<i>External.....</i>	<i>569</i>
<i>Eyelids.....</i>	<i>322</i>	<b>Inguinal &amp; pubic region.....</b>	<b>572</b>
<i>Canthi.....</i>	<i>330</i>	<i>Mons Pubis.....</i>	<i>575</i>
<b>Vision.....</b>	<b>338</b>	<b>Flatulence.....</b>	<b>579</b>
<i>Aggravation.....</i>	<i>334</i>	<i>Aggravation.....</i>	<i>580</i>
<b>Ears.....</b>	<b>348</b>	<b>Stool.....</b>	<b>582</b>
<i>Hearing.....</i>	<i>358</i>	<i>Concomitants before stool.....</i>	<i>593</i>
<i>Aggravation.....</i>	<i>362</i>	<i>Concomitants during stool.....</i>	<i>595</i>
<b>Nose.....</b>	<b>365</b>	<i>Concomitants after stool.....</i>	<i>599</i>
<i>Smell.....</i>	<i>379</i>	<i>Aggravation &amp; amelioration.....</i>	<i>603</i>
<i>Aggravation.....</i>	<i>381</i>	<b>Anus &amp; Rectum.....</b>	<b>609</b>
<b>Coryza.....</b>	<b>382</b>	<i>Conditions.....</i>	<i>615</i>
<i>Aggravation.....</i>	<i>386</i>	<b>Perineum.....</b>	<b>617</b>
<b>Face.....</b>	<b>390</b>	<b>Prostate.....</b>	<b>619</b>
<i>Aggravation.....</i>	<i>414</i>	<b>Urine.....</b>	<b>619</b>
<i>Lips.....</i>	<i>404</i>	<i>Sediment.....</i>	<i>623</i>
<i>Lower jaw.....</i>	<i>410</i>	<b>Micturition (urination).....</b>	<b>625</b>
<b>Teeth.....</b>	<b>416</b>	<i>During urination.....</i>	<i>631</i>
<b>Gums.....</b>	<b>429</b>	<i>At close of urination.....</i>	<i>633</i>
<i>Aggravation.....</i>	<i>433</i>	<i>After urination.....</i>	<i>633</i>
<b>Mouth.....</b>	<b>441</b>	<i>Conditions of urination.....</i>	<i>635</i>
<i>Palate.....</i>	<i>445</i>	<b>Urinary organs, general</b>	
<i>Throat.....</i>	<i>448</i>	<i>Kidneys.....</i>	<i>637</i>
<i>Saliva.....</i>	<i>458</i>	<i>Ureters.....</i>	<i>639</i>
<i>Tongue.....</i>	<i>462</i>	<i>Bladder.....</i>	<i>639</i>
<i>Aggravation.....</i>	<i>469</i>	<i>Urethra.....</i>	<i>641</i>
<b>Appetite.....</b>	<b>472</b>	<i>Meatus.....</i>	<i>644</i>
<b>Thirst.....</b>	<b>480</b>	<i>Conditions.....</i>	<i>644</i>
<b>Taste.....</b>	<b>482</b>	<b>Genitalia.....</b>	<b>645</b>
<i>Aggravation.....</i>	<i>489</i>	<i>Male organs, general.....</i>	<i>646</i>

<i>Penis</i> .....	648	<i>Sacrum &amp; coccyx</i> .....	797
<i>Glans</i> .....	649	<i>Spinal column &amp; vert</i> .....	799
<i>Prepuce</i> .....	651	<i>Aggravation</i> .....	801
<i>Spermatic cord</i> .....	652	<i>Amelioration</i> .....	804
<i>Testes</i> .....	653	<b>Extremities</b>	
<i>Scrotum</i> .....	655	<i>Upper</i> .....	805
<i>Female organs</i> .....	656	<i>Aggravation</i> .....	838
<i>Birthing</i> .....	658	<i>Lower</i> .....	842
<i>Labor</i> .....	661	<i>Aggravation</i> .....	875
<i>Pregnancy</i> .....	662	<b>Sensations &amp; complaints</b> .....	<b>881</b>
<i>Conditions</i> .....	665	<b>Glands</b> .....	<b>937</b>
<b>Sexual impulse</b> .....	<b>669</b>	<b>Bones</b> .....	<b>940</b>
<i>Concomitants of coition</i> .....	673	<b>Skin &amp; exterior body</b> .....	<b>944</b>
<b>Menstruation</b> .....	<b>675</b>	<b>Sleep</b> .....	<b>980</b>
<i>Concomitants before menses</i> .....	678	<i>Positions, during</i> .....	991
<i>Concomitants start of menses</i> .....	681	<i>Waking</i> .....	991
<i>Concomitants during menses</i> .....	682	<b>Dreams</b> .....	<b>997</b>
<i>Concomitants after menses</i> .....	686	<b>Fever, pathological types</b> .....	<b>1002</b>
<b>Leucorrhœa</b> .....	<b>687</b>	<b>Blood</b> .....	<b>1005</b>
<i>Concomitants to leucorrhœa</i> .....	689	<b>Circulation</b> .....	<b>1006</b>
<b>Respiration</b> .....	<b>690</b>	<i>Palpitation</i> .....	1010
<i>Impeded by</i> .....	695	<i>Heart beat</i> .....	1013
<i>Aggravation</i> .....	699	<i>Pulse</i> .....	1014
<b>Cough</b> .....	<b>705</b>	<i>Aggravation</i> .....	1017
<i>Excited or Aggravation by</i> .....	709	<b>Chill</b> .....	<b>1020</b>
<i>Amelioration</i> .....	719	<i>Aggravation</i> .....	1033
<i>Concomitants</i> .....	720	<i>Concomitants</i> .....	1036
<i>Expectoration</i> .....	731	<b>Heat &amp; fever, in general</b> .....	<b>1047</b>
<i>Expectoration, odor of</i> .....	733	<i>Partial heat</i> .....	1049
<b>Larynx &amp; Trachea</b> .....	<b>734</b>	<i>Time</i> .....	1059
<b>Voice &amp; Speech</b> .....	<b>738</b>	<i>Aggravation</i> .....	1060
<b>Neck &amp; external throat</b> .....	<b>743</b>	<i>Concomitants</i> .....	1063
<i>Nape</i> .....	748	<b>Sweat</b> .....	<b>1076</b>
<i>Aggravation</i> .....	751	<i>Partial sweat</i> .....	1079
<b>Chest</b>		<i>Aggravation</i> .....	1084
<i>Internal</i> .....	753	<i>Concomitants</i> .....	1088
<i>External</i> .....	764	<b>Fevers, compound</b> .....	<b>1099</b>
<i>Axillae</i> .....	767	<i>Beginning with chill</i> .....	1099
<i>Mammae</i> .....	769	<i>Beginning with shivering</i> .....	1101
<i>Nipples</i> .....	771	<i>Beginning with heat</i> .....	1101
<i>Heart &amp; region of</i> .....	772	<i>Beginning with sweat</i> .....	1102
<i>Aggravation</i> .....	778	<b>Times of occurrence</b> .....	<b>1103</b>
<i>Amelioration</i> .....	783	<b>Aggravation &amp; amelioration</b> .....	<b>1105</b>
<b>Back</b>		<b>Concordances</b> .....	<b>1154</b>
<i>Scapular region</i> .....	784	<b>Word index</b> .....	<b>1233</b>
<i>Back proper, dorsal</i> .....	788		
<i>Lumbar, small of back</i> .....	793		

# Ancillary Treatments

There are times when you will want to give some relief to patients as they work through symptoms. Many treatments, including some natural ones, can suppress symptoms; these should be avoided if at all possible. Here are a few treatments that are relatively benign and should not interfere with remedies in most cases. Always be aware, however, that changing a symptom may make it difficult to assess the response to a homeopathic remedy, so use these modestly and only when truly necessary to relieve suffering.

## SKIN

### Itchy Skin

#### *Oatmeal Application*

1. Soak a bag/strainer/stocking filled with oatmeal in hot water (near boiling) for a few minutes. Pour off liquid, let cool to lukewarm and apply liquid to irritated skin with a sponge.
2. Earthbath Oatmeal & Aloe shampoo and conditioner (Coconut oil-based surfactants).
3. Aveeno Soothing Bath Treatment. This is a colloidal oatmeal bath soak that can be used according to the package directions for dogs with itchy skin or feet. Make with warm or cool water, whichever ameliorates the particular patient more.

#### *Shampoos, Conditioner, Spritzes, etc.*

1. Earthbath range (Coconut oil-based surfactants) - shampoo, conditioner, spritzes, wipes, etc.
2. In UK: Hedgewitch Essentials Shampoos and Body Washes (Coconut oil-based surfactants, medical grade gentle essential oils).

#### *Aloe Vera*

Aloe Vera (gel or application from the plant) can be applied to areas of inflamed, raw, or irritated skin.

#### *Almond, Coconut, Olive Oils*

These can be very soothing to irritated skin. Apply directly without diluting and massage in.

#### *Green Tea (Camelia sinensis)*

Make a strong cup of tea using 2 tea bags to one cup of water; steep 10 mins and allow to cool. Use the liquid as a compress on hot spots or other skin eruptions. (Black tea is exactly the same plant as green tea, just the leaves fermented after picking — much the same action.)

#### *Slippery Elm Powder*

Add 1 rounded teaspoon to 1 cup of cold water in a small cook pot and mix well. Bring the mixture to a boil, stirring constantly, then turn heat down and simmer for another 2-3 minutes, stirring frequently, until the mixture has thickened slightly. This can be used as a poultice for itchy skin or on skin eruptions.

## Skin Wounds

#### *Calendula or Echinacea Solutions*

Make up a saline solution by adding 1/2 teaspoon sea salt to 1 cup water. Add 10 drops of Calendula or Echinacea tincture (or extract). Refer to materia medica for each to find specific indications. These stimulate rapid healing and can be used instead of Betadine solution or antibiotics. Do not use Calendula for deep punctures as it may cause the wound to granulate in too quickly preventing drainage to continue.

### ***Goldenseal Solution***

Add 10 drops of Goldenseal tincture to 1 cup of saline. Useful for puncture wounds; has antibiotic properties.

### ***Calendula Solution***

Add 10 drops of Calendula tincture to 1 cup of water or saline and use to irrigate wounds or in wet to dry bandages.

### ***Wound gel***

**Aloe vera** is highly recommended (gel or application from the plant) and completely compatible with homeopathic treatment.

There are also excellent wound gels made by Boiron that are readily available:

1. **Calendula wound gel** - promotes healthy granulation tissue and accelerates wound closure with reduced scar tissue.
2. **Arnica wound gel** - for very painful wounds.

## **Bed Sores**

### ***Hypericum Oil***

Apply full strength oil directly to sores twice daily. Can be bandaged over to keep the oil on the sore.

## **Burns, Electrocution, Heating Pads, Stoves, etc.**

### ***Stinging Nettle Application***

Add 1/2 teaspoon of *Urtica urens* (stinging nettle) tincture (alcoholic extract) to 1 cup of water (or preferably saline). Saturate gauze or fabric and place over the burn. Keep it wet with the solution for several hours. Will prevent many burns from developing if not too severe.

### ***Calendula Solution***

Add 1/2 teaspoon of Calendula tincture to 2 cups of saline or water.

## **Radiation Burns**

### ***Cantharis Solution***

Add 1/2 teaspoon of *Cantharis* (Spanish fly) tincture to 2 cups warm saline. Soak or compress the burned area twice a day for 10 minutes. If *Cantharis* is not available, you can try *Urtica urens* tincture, used the same way (see instructions above).

## **EYES**

### **Washing Eyes (Inflamed, Infected, or Injured)**

#### ***Saline Solution***

Stir 1/4 tsp of sea salt into 1 cup of pure water (ideally without chlorine and filtered). Alternatively, you can boil filtered water and take 1 cup of the boiled water and add the 1/4 tsp of salt, stir. The hot water will help the salt dissolve more easily and make a “sterile” solution. This saline solution can be stored in the fridge for up to 3-4 days. Before use, decant the amount you need, and allow to come to room temperature before use.

#### ***Green Tea Saline Solution***

This solution is advocated for the polyphenols in the green tea, and is excellent for inflamed or infected eyes.

Take 1 cup of boiled filtered water, add 1/4 tsp of sea salt, stir to dissolve. Then place one bag of organic green tea into the boiled water and allow to steep for 10 minutes (as if you were making yourself a cup of tea). Remove the tea bag after 10 minutes, and now you have a “sterile” green tea saline mixture. This saline solution can be stored in the fridge for up to 3-4 days. Before use, decant the amount you need, and allow to come to room temperature before use.

***Chamomile Tea Saline Solution***

Follow the same instructions as above, but use an organic chamomile tea bag instead. Very useful for inflamed eyes, “allergic” type inflammation.

***Soothing Compress***

Can use a soothing organic chamomile tea bag compress. Briefly soak the tea bag in hot water to activate, then allow to cool to lukewarm and apply as a compress to sore eyelids.

**Agglutinated Eyes*****Euphrasia Solution***

Add 5-10 drops Euphrasia tincture to 1 cup of saline. Use externally (eyelids closed) to clean the eyes. If made in saline will not irritate the eyes. Note you can also buy pre-prepared Euphrasia eye drops by Weleda or A.Vogel.

Cod liver oil or Almond oil drops put into the conjunctival sac can be helpful for these eyes too as it makes the eyes easier to clean.

**Conjunctivitis**

Can use the Euphrasia solution described above.

**Corneal Ulcers*****Cod Liver Oil (natural source, usually from Norwegian cod)***

This oil is very protective and provides excellent local nutrients, including vitamin A. Put 1-2 drops directly into the affected eye twice daily. It helps to warm the oil slightly (makes it easier to handle).

***Almond Oil***

This can also be used directly in the affected eye as above. It's a thinner oil, easier to handle. Very healing and protective to the eye tissues.

***Euphrasia Solution***

See Agglutinated Eyes section, you can

also buy pre-prepared Euphrasia eye drops by A.Vogel which contains hyaluronic acid which is highly recommended for ocular injuries by ophthalmologists. A.Vogel makes two types: Eye Drops & Eye Drops Extra Moisturizing.

**Dry Eye*****Calendula Solution***

A dilute Calendula solution can be used in place of artificial tears. Because tinctures have an alcohol base, it must be used in a very dilute form for this application. Use only 2 drops of tincture to 1 cup of saline.

***Cod Liver Oil***

This can also be used as a substitute for artificial tears. Creates a film on the cornea and acts as an emollient. Also the vitamin A is very healing to eye tissues.

**EARS****Raw Ears*****Calendula***

Most commonly used for raw tender ears. If the discharge is watery, smelly, and thin, flush and massage the ear canal once or twice a day with a solution of 1 cup of pure water (distilled, spring, or filtered), 1 teaspoon of a tincture or glycerin extract of marigold flower buds (*Calendula officinalis*), and 1/4 teaspoon sea salt.

***Aloe Vera***

Aloe vera can be used for ears that are painful, sensitive, and raw-looking inside but have little discharge. Treat in the same way as above, but use fresh juice or a liquid gel preparation made from leaves of the aloe vera plant.

***Sweet Almond Oil (Almond Oil)***

Almond oil can be used to soften and dissolve dark, waxy, oily ear discharge. Flush and massage the ear canal with sweet almond oil (*Prunus*



*amygdalus*), which is also soothing and healing to the skin. If the ear is painful as well, alternate with aloe treatment on different days (oil and water don't blend well).

## Waxy Discharge

### *Almond or Olive Oil*

Many ears that are inflamed are secreting excessive wax so either of these light oils will more readily dissolve this wax better than a watery solution. In extremely sensitive animals, can consider coconut or jojoba oil.

## Watery or Mucopurulent Discharge

### *Green Tea*

Clean ears with saline first, then flush with green tea solution (1-2 bags to a cup of boiling water, steeped 10 minutes). Some dogs are made worse by moisture so don't use it in them. Most are relieved by this treatment.

### *Plain Yogurt*

This makes a bit of a mess, but yogurt is soothing to the mucosa, adds some beneficial bacteria, and lifts discharges easily. If the yogurt is very thick, dilute it with a bit of warm water or whey so it flows easily to access all nooks and crannies. Do not use if the tympanic membrane is no longer intact.

Put it in the canal, fold the pinna over and massage gently; then wipe out the residual with a cotton ball/sheet cotton. For animals with chronic long-standing ear troubles, use cotton "worms." Soak a cotton pad with yogurt (not so much that it drips off the pad) and insert it gently into the canal.

### *Calendula Solution*

Make as above under "Skin Wounds" and use to flush ears.

## GI DISTURBANCES

### Diarrhea

#### *Activated Charcoal*

Activated charcoal is sold in drugstores as a powder or in tablets. This type of charcoal is prepared from plant matter and has the ability to absorb toxins, drugs, poisons, and other irritating material. It is especially useful for treating diarrhoea that was caused by eating spoiled food or toxic substances. Depending on the animal's size use 1/2 to 1 teaspoon of powder or 1 to 3 tablets. If using the powder, mix with a small amount of water and give it by mouth every 3 or 4 hours for a 24 hour period (except during sleep). Because overuse of charcoal could interfere with digestive enzymes, a short course is best.

#### *Slippery Elm Powder*

Add 1 rounded teaspoon of slippery elm powder (buy in bulk rather than capsules) to 1 cup of cold water in a small cookpot and mix well. Then bring the mixture to a boil stirring constantly so it does not burn. Then turn heat down and simmer for another 2-3 minutes, stirring frequently, until the mixture has thickened slightly.

Add 1 tablespoon of honey for each cup made (for dogs only – cats don't like sweets so leave it out). Cool to room temperature, and give every 4-6 hours until symptoms abate.

- Small dogs and cats 1/2-1 teaspoon
- Medium dogs 1-2 tablespoons
- Large dogs 3-4 tablespoons

#### *Ground Flax Seed*

Ground flax seed is a useful source of prebiotic fiber that can be helpful in normalizing stool consistency in feline patients with diarrhea and, at times, constipation. Dose is 1/8-1/2 teaspoon daily, mixed with food or treat (like Churu lickable treats), adding a bit of water as well. Most cats will accept this readily. Ground flax seed is rich in fatty acids and will become rancid



quickly. I suggest a small container (baby food jar size) kept at hand for day to day use, with the stock bag kept in the fridge or freezer to prevent spoilage. NOTE: Cats cannot utilize plant based fatty acids. We are using this for the unique fiber characteristics of flax, NOT as a fatty acid supplement.

## Gastritis

### *Chamomile Tea*

For mild upsets chamomile tea can be given as a supplementary treatment. Pour a cup of boiling water over a tablespoon of the flowers, steep for 15 minutes, strain, and dilute with an equal quantity of water. If the tea isn't accepted, sometimes when the individual has stomach upset a warm drink is unpleasant, while licking/eating something cold is relieving. The tea can be frozen into ice cubes, and the ice cubes can be made available.

## PULMONARY

### **Infectious Canine Tracheobronchitis**

The following three oral preparations are very helpful to soothe tickly coughs and sore throats:

#### *Warm Honey Diluted in Water*

Take a spoonful of honey and add warm water to taste. Offer as needed to soothe a sore throat or aggravated cough.

#### *Chamomile Tea*

Warm or cold. Can add honey as above. Offer as needed to soothe sore throat or aggravated cough.

#### *Calendula Tincture*

Calendula tincture in warm water will help soothe and heal raw, irritated tissue. Clients can syringe into the patient.

## TEETH

### *Coconut Oil*

Based on Ayurvedic oil-pulling practices, organic coconut oil is an excellent tooth cleaning product for canine patients. Instruct clients to use like toothpaste with a species size-appropriate toothbrush. Helps bind to bacteria, improve general gingival health, and canine patients love the taste. Must be used daily to be effective.

### *Herbal Mouthwashes*

Can make herbal mouthwash rinses for a variety of dental health problems. Prepared with filtered or boiled water. You can use either an organic herbal tea bag or a tincture solution of the following herbs:

- Echinacea (*Echinacea angustifolia*) – infected gums.
- Goldenseal (*Hydrastis canadensis*) – antiseptic and helpful for new gum tissue growth.
- Myrrh (*Commiphora myrrha*) – indicated for loose teeth.

Have clients brew the tea bag for 10 minutes in a cup of prepared boiled water; if using a tincture then add 5-10 drops per 1/2 cup (make sure you taste the water if using a tincture to make sure it's not too strong). Then use the solution to flush/wash the teeth and gums, once to twice a day as needed.

### *Vitamin E*

For inflamed, painful gums – buy Vitamin E in capsule form. Use daily, fresh out of the capsule, and apply the Vitamin E directly to the gums with your finger at night. Patients find this treatment very soothing.



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**\* Please note all faculty that have their phone numbers listed are available for urgent case consults. Please be sensitive to the faculty member's time zone \***

## Homework Between Module 1.1–1.2

**H**omework, or “homeowork” as we like to call it, between Module 1.1 and 1.2 emphasizes self-study and reviewing the basic concepts to prepare for Module 1.2 and the active PBL casework during this lecture weekend (August 4-6<sup>th</sup>).

It is vitally important that you build yourself a firm foundation to spring forth into your casework, solidifying accurately the primary theory and principles of homeopathy.

We would suggest the following:

1. Begin with reviewing the lecture handouts for the entire weekend in the Theory and Principles section.
2. When moving to preparing for your casework, review the Making a Prescription, Materia Medica, and Case Study sections.
3. Then focus on familiarizing yourself with the tools of the trade. For every case discussed: Queen, Duncan, Barking Chicken, and Marmite, do the following:
  - Look up each rubric used in your physical (book form) repertory, either Kent or Boger-Boenninghausen depending on the case.
  - Familiarize yourself with where to find each rubric, then read the whole chapter where that rubric is located to gain an understanding of the layout and language.
  - Read the curative remedy prescribed in at least two of your materia medicas. We recommend both an abbreviated materia medica such as Boger’s *Synoptic Key of the Materia Medica*, well as a more in-depth materia medica such as reading Kent’s *Lectures on Homeopathic Materia Medica* or Murphy’s *Nature’s Materia Medica*. Notice how each is worded and displays different amounts of information. Think about the different “feel” you get from reading each source. This is important when you compare and contrast remedies in the future in relation to studying a case – to know how to read and compare the various source materials.
4. For the Case of the Barking Chicken:
  - Please compare and contrast the curative remedy Hepar sulph with Spongia (which was one of the other top differentials).
  - There was a remedy in the Materia Medica Study lecture that shared the keynote symptom of *causation* in this chicken case. Can you find it?
  - How are remedy grades determined in the Boger-Boenninghausen Repertory vs. Kent’s Repertory? (*Hint – Read the Introduction sections.*)
  - We will quiz you in class on your knowledge of the above remedies and material.
5. For the case of Marmite and the Weaning Time Blues, review from your handout and our in-class discussion to why was the rubric Mind; Irritability preferred over the rubric Mind; Violent? (*Hint – Consider what is species normative behavior in this situation, and the accuracy behind describing the behavior being expressed.*)

To maximize your learning potential for Module 1.2, be prepared to practice working-up homeopathic cases from start to finish. You need to understand the terminology, basic concepts and theory, and be familiar with the books (repertory, materia medica) so they are not foreign to you. By doing so – you can focus on the case at hand and develop a system of case work-up, instead of feeling lost in the terminology and resource material. We look forward to seeing you again in Module 1.2!

# 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
- ◆ Ipecacuanha
- ◆ Nux vomica
- ◆ Pulsatilla
- ◆ Rhus toxicodendron
- ◆ Ruta graveolens
- ◆ Veratrum album

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.

*Homework Section*