

Homework for Module 2

There are four parts to this session's assignment:

1. Mini Case work-up practice.
2. Submission of two cases from your homeopathic work.
3. Materia medica study.
4. Study of material for next session.

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

Homework submission specifications:

- ★ Submit all work in one electronic document.
- ★ Label the electronic file with your name, Module 2 Homework, 2023
- ★ Please label in the header section on every page of your work:
 - Your Name and Module 2 Homework.
- ★ Please clearly label the sections of the five parts to your homework.
- ★ Do not use anything smaller than 11pt font.
- ★ Please in the footer section number your pages.

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

1. December 16, 2023
 - Part 1: Mini Case Work-ups.
2. January 6, 2024
 - Reading Comprehension Exam Due (Reading Comprehension Exam will be available to download as a "take-home" exam 2 weeks in advance).
3. January 18, 2024
 - Remaining homework due – Part 2: Reports on Three of Your Prescriptions & Part 3: Materia Medica Study.

We will discuss the homework material in the associated Intermodular Webinar (the day after the submission due date) on: December 17, 2023 and January 7, 2024. Your homework will be returned to you by email once grading is completed, between the homework due dates and Module 3. 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: Mini Case Work-Ups

These are cases from Dr. Pitcairn's practice. Each case is presented as it was presented to him. Read it over and answer the questions or do the assignment given for each one. Please type your answers and label it like this:

Case 1: Gotta Pee!

Question 1: Your answers here.

Question 2: Your answers here.

Question 3: Etc.

Case 1: Gotta pee!

A cat with an attack of cystitis has the symptoms of frequent urging to urinate, blood in the urine, and desire to sit on cool tile floor or bathtub. The only relief is when she is held in the arms of the client.

- a. What are the guiding symptoms? (There are two.)
- b. Is this an acute or a chronic case at root?
- c. What prescription do you suggest on the basis of these symptoms?

Case 2: Parvo extremis.

A dog with parvovirus infection has frequent, bloody, cadaveric stools with extreme weakness. There is desire for very cold water, water with ice cubes, which is taken in small quantities and frequently. Even in his weakened state our patient is restless, shifting positions or moving the legs.

- a. What are the guiding symptoms?
- b. Is this an acute or a chronic case at root?
- c. Suggest a prescription (one remedy only).

Case 3: Trouble with mouth & ears.

A cat with severe inflammation of the mouth is our next patient. The gums are red and swollen, protruding up around the teeth, with excessive thick offensive-smelling saliva. The cat is thirsty and sensitive to both heat and cold.

On examination of the ears, one ear is found to contain an ugly, rough, irregular and protruding growth down in the canal. Both ears are sensitive to examination and are filled with excess wax.

- a. What are the guiding symptoms in this case?
- b. Is this an acute or a chronic case?
- c. What prescription would you make (one remedy only).

Case 4: Post-vaccine illness (vaccinosis).

Dog ill since its last yearly vaccinations. The coat is oily and the hair is matted with clumps. Client complains of the poor coat quality, with hair that grows in very slowly, is very dull, and is shed at inappropriate times. The skin is covered with white dandruff.

Two large growths, like rough warts, have formed on one of the eyelids.

There is chronic diarrhea and when the stool is passed there is a sputtering sound as the liquid stool mixed with gas is discharged.

- a. What are the guiding symptoms? (Some of these will be found more readily in the materia medica rather than the repertory.)
- b. Make your prescription (yes, one remedy only).

Case 5: Why you shouldn't walk single file.

Rebecca took her four dogs with her on a walk through her country property. As they pass through a gate entering a field, our patient, Satori, is first through the gate. However as she goes through she is slammed into by the other three dogs following close behind. Satori gives out a loud scream and falls to the side. On rising she has trouble walking, as if in great pain, holding her tail down apparently unwilling or unable to raise it.

- What is the central feature of the case?
- What rubric most applicable?
- What remedy to use?

Case 6: Look where you step!

Tarnation, a prize-winning jumping horse, stepped on a nail with a front foot. The nail punctured his foot which resulted in permanent lameness in spite of conventional allopathic treatment. Two years later, Dr. Pitcairn was asked to prescribe for him. There were no symptoms of illness other than this lameness that was present at all times and prevented jumping though didn't prevent light riding. An x-ray of the foot was requested and did not show any pathology, the bone apparently normal and not infected. There was no discharge, just sensitivity to pressure.

This rubric was used:

Skin; Wounds; punctured, stabbed: Carb-v., cic., con., hep., HYPER., lach., Led., NIT-AC., plb., sil., sulph.

- How can we decide which one to use?

Case 7: How to deal with an "Ouchie."

Miles, a mule living in Montana, was severely injured on a fence—a large piece of flesh was torn from the knee area. Because of the contin-

ued movement and the very large size of the hole it was not possible to have any suturing done.

Conventional treatment was done for 2 weeks without any improvement and the wound continued to be open and was discharging some pus. It was treated successfully with one dose of remedy.

- How would you look this up?
- What rubrics would be most useful?
- What remedy would you use?

Case 8: A Case Of Bleeding Gums.

[This is a chronic case & demonstrates the patient working through a series of remedies until the similimum is found. An emphasis in this exercise is the evaluation of the cat's response to treatment along the way.]

A 7 month old cat had a rare gum disease with *constant oozing of very dark blood from the gums* and subsequent life threatening anemia. Gums are white, a red line at the margins. Back teeth discolored; breath offensive.

He is a neutered male, *very small for his age*. Negative for FeLV and FIV. Normal temperature; soft systolic murmur. Hematocrit 33 (11/98); coagulation profile normal.

Rx was **Sulphur 10M**, given 12/17/98.

Did very well until 2/22/99 with no symptoms apparent. Gums no longer inflamed or red. *Just recently started bleeding again*, dark red blood oozing out between the teeth, clotting there and forming pools on the bedding.

Rx **Sulphur 10M**, given 2/23/99. (38 days between Rx)

Next report 4/22/99: Crashed yesterday with a hematocrit of 8. Received blood transfusion. After the transfusion there were still some continuing spots of blood and little clots on the gums and he developed a slightly running nose but no sneezing. Eats well. Has not shown any

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growth since the cat first adopted. Weight 6 lbs; beautiful coat, gums.

After last remedy (Sulphur 10M) was seemingly OK. Had a couple of small episodes that resolved without treatment. Prior to the collapse, there were a few small spots of blood seen.

Rx **Calcarea carbonica 10M**, given 4/27/99. (2 months between remedies).

4/29: He has noticeably become “larger,” as if grown more. Hematocrit is “88% normal.” Line of clotted blood is diminishing.

5/10: Improved but bleeding continues at a low level. No other symptoms.

Rx **Phosphorus 200c**, given 5/10/99. (14 days.)

5/21: Another crisis with hematocrit of 8 and transfusion given. We tried Sulphur again, using it more than once. This was basically done because of not knowing what else to do. Some improvement but not resolved. A new remedy was selected.

Rx **Mercurius 30c**, given 6/8/99. (29 days.) Gradual improvement but not completely resolved.

9/21: Report is that he is gaining some weight but no further growth in body size. He has been reasonably stable but *once again has developed dark clotted line of blood at gums, worse on upper right side.*

Further study was done and a new remedy, not used before, was selected for this cat and given as a single dose in 10M potency. *Once this was used he became rapidly free of the bleeding problem, did not require further transfusions, and grew into a normal size cat.*

Follow-up was for one year at which point he was adopted to another family.

Questions

- Can you suggest any support for using Sulphur as the first Rx?
- There seemed to be a positive response from

Sulphur 10M given the first time. Yet when repeated, it became apparent that this cat was not really cured. In hindsight, and based on what we have studied in class so far, what information do we have that Sulphur was not the solution to the case?

- On 5/10 Dr. Pitcairn changed remedies from Calcarea to Phosphorus. From the details of the case why would he do that? (It is acknowledged that you may have been more clever about it and not done this yourself.)
- Even though several remedies were given, some of which appeared to result in some improvement, at least for a while, the gum bleeding kept returning. In terms of evaluating the life force function what does this continued return of the same symptoms indicate to you?

To Do

- At the point of the last remedy being given, and with all the information gained up to that point, work up an analysis. Use no more than 3 rubrics in the analysis (though you can do more than one analysis and submit them all).
- Suggest a remedy — see if you can find the remedy that resolved the case.

Case 9: A Case of Localized Hair Loss.

Patient: a four month old Doberman puppy. Female.

9/14/92 Client has repeatedly vaccinated this puppy for measles, distemper, and parvo and then given **Thuja 30C** and **Sulphur 30C** (at the same time) after each vaccination.

Now she has developed a hairless patch, size of a quarter, on the left front leg that looks very much like demodex. However, repeated skin scrapings are negative. Weazel, the puppy, will occasionally chew on it but it is not especially pruritic.

She is growing well but “softer” than other puppies. Drinks a lot of water.

Rx Thuja 10M.

Questions

- Why this remedy again? Why use it when client has already given it two or three times?
- Can you think of a reason why it may not have been sufficient when used by the client before?

11/3/92 Marked rapid amelioration after Thuja.

11/16/92 Has developed a soft, mucous stool. No spots observed on skin, but nibbles here and there on ribs. Strains after a bowel movement.

Rx Sulphur 1M (potency that was available to her).

Question

- What are the indications in this case for now this remedy? Give at least two.

1/1/93 No further problems since last Rx.

Case 10: A Case of Excessive Drinking and Urinating.

Patient: A 12 year old domestic short hair cat. Male, neutered.

2/26/91 Client fearing diabetes — cat urinating and drinking a lot. Also, had a problem in the past of phosphate crystals in urine. Has a tendency to form crystals and *has been on low ash diet for years.*

Once again, first time in six years, is having crystals with symptoms of straining and passing mucous in the urine.

Rx B complex, 5 mg/d (replacing water-soluble vitamins); Vit. C, 250 mg/d; Pitcairn Kidney Diet

Directions. Have urinalysis and blood analysis (to evaluate the possibility of diabetes or kidney failure).

3/4/91 Urinating small amounts. Better on

broth and information from book.

Blood Analysis: glucose 117 (70-150); BUN 30 (20-30); creatinine 1.6 (0.8-1.8); Cl (lo); cholesterol (hi); *globulin* 4.5 (3-4.2); total protein 7.3 (5.5-7.8); WBC 14.6 (5.5-19.5); *segs* 89 (35-75); *lymphs* 5 (20-55), absolute number also below normal; eosinophils 3 (2-12); monos 3 (1-4), band cells 0.

Rx Cantharis 30C.

Vit. C, 250 mg BID; Vit A/D (10,000 A/400 D), SID x 3 d, then once a week; raw meat recipes.

3/13/91 “No effect from last Rx.” Worse in mornings with urinary symptoms. Intent about getting affection. Wants to be held. More playful. Will sleep partly under covers. Drinks water, but not as frequent as before. *Drinks more when symptoms aggravated.*

Rx Sulphur 30C.

Questions

- Dr. Pitcairn: “I actually made this foolish prescription of Cantharis in this case—to no effect.” Why do you think that it did not at least do something? (Read the symptoms of Cantharis to see why I might have given it.)
- This case has many common symptoms and very little to indicate a remedy with any certainty. Sulphur is a very commonly needed chronic remedy and such cases sometimes will have few characteristics. However, there is one symptom that suggests Sulphur. What is it? (You will find it most easily in the materia medica rather than the repertory.)

3/27/91 Better. Slow response, but gradually “seemed fine,” for 4–5 d. Less water drinking. Recently, however, a gradual return of symptoms. Wants more affection and wants to curl on her at night. Good temperament.

Rx Sulphur 200C, once.

Questions

- How do you interpret this response to Sulphur 30C (curative, palliative,

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suppressive)? Give details from the case to support your answer.

- d. Why do you think Sulphur again? What was the thought behind it?
- e. Why a higher potency?

4/10/91 After remedy given, there were “little bouts of drinking” for a morning. Now seems fine and no excessive drinking. Likes warmth. Not a strong appetite.

Question

- f. What is the significance of the paroxysm of drinking? (Assume it is from giving the remedy.)

4/23/91 Sits in litter box straining without result. Urine contains some mucous and blood. Trouble with both stool and urine. He is otherwise OK. Has a greater desire for affection. Wants to sleep on her face. Occasionally drinking water.

Rx Thuja 30C.

Questions

- g. Why do you think another remedy was given instead of waiting longer or instead of using Sulphur again? (Think of the issue of similarity of remedy to patient’s condition.)

December 1993 (not quite a 2 year follow-up)

“Its always with great pleasure that I can write and let you know Cyrus is still doing fine. He’s approaching 15 and still has frequent playful moments. He continues to be on a natural food diet but I have modified it slightly in relation to (another person’s) recommendations. In addition, I still add supplements and provide bottled water. Thanks for everything in my endeavor to attain and regain health for my critters.”



Part 2: Your Cases

For this part of the exercise, you are to prepare and submit *two cases*. They can be either one acute (or acute flare-up of chronic disease) and one chronic case; or two chronic cases. If submitting an acute case, it must be cured if a “true” acute or resolved if an acute flare-up of chronic disease. For chronic cases submitted, since the duration of case follow-up is too short to be finished cases, they simply must be moving in a curative direction at the time of submission.

Write up each case according to the *Guide Notes in Case Taking: Taking the Chronic Case* (Case Study section, pg 79-80). Record the animal’s name and complete signalment (species, age, sex, etc.) at the start of your case. Please follow the guide notes format so that we can clearly see your thought process in both your initial prescription and your follow-ups. Points to include:

- Describe the presenting condition and chief complaint.
- Summarize the available history.
- For you chronic case(s) submission, make a medical timeline (see Miko's Chronic Diarrhea, pg 85 in *Case Study Section* for an example).
- Make a totality symptom list. Select out the symptoms that are useful in understanding the case, especially those symptoms that can guide you to a remedy (guiding symptoms). Note which are most characteristic, and identify modalities and concomitants if present.
- For your guiding symptoms, match that symptom with a corresponding rubric from a repertory (see example below). *Do not skip this and just submit a printout of a computer analysis.*

<u>Symptoms</u>	<u>Rubrics</u>
Itching skin	Skin, eruptions, itching
Diarrhea from fatty foods	Rectum, diarrhea, from fat
Excessive thirst	Stomach, thirst, excessive
Bed-wetting	Bladder, urination, involuntary, night

Here is a sample of how to do it:

- Prepare your analyses. Try to use just a few rubrics, 3 to 7 are ideal depending on the nature of the case (acute vs. chronic, case complexity, etc., see page 67 of *Taking the Case: Keys to Case Taking, Case Analysis, and Symptomatology* for further explanation). Please submit more than one analyses of the case, ideally 2-3 analyses in total.
- Select your prescribed remedy.
- Tell us why you chose this one remedy out of the other ones for consideration. Compare with at least 3 other remedies. For example, “Remedy 'A' did not have the chilliness; remedy 'B' was a good fit except for having the opposite modality of relief from touch. I chose prescription 'X' because it fit the general presentation of the case and had these characteristic symptoms corroborated in the materia medica,” (and here you list them).
- Have *at least three follow-up evaluations*. They do not all necessarily have to be office visits, e.g., could be by phone, but you need to evaluate the condition of the animal adequately. You do this by:
 - a. On the left side of the page, list the guiding symptoms that you used in the first workup.
 - b. On the right side of the page, list the condition at the follow-up, e.g., same, worse or better.
- Have this listing evaluation for each follow-up, *including even those symptoms that are improved or gone*. That way we can track the progress.

Part 3: Materia Medica Study

Read these remedies in the materia medica:

Arsenicum album

Calcarea carbonica

Hepar sulphuris calcareum

Lycopodium

Mercurius vivus (or sol.)

Natrum muriaticum

Phosphorus

Silica

Sulphur

The remedies in italic are ones suitable for the treatment of chronic disease (and sometimes acute infectious illness or flare-ups of chronic disease). The ones in plain font (Lach, Ign.) are not considered to be in this group though they may be appropriate intercurrents in some cases.

For each remedy studied, enter 5 *characteristic symptoms* that you can see recognizing in animal cases. Pick some things that have been seen before in practice or that you can imagine seeing in a clinical situation.

Many of these remedies, the ones in italics, are known anti-psoric remedies, therefore highly important in chronic disease cases. *The information you will read in the materia medica will be a mixture of both “acute” symptoms and those more suitable for the treatment of psora in the latent stage or after a more intense flare-up has been dealt with.* Keep this in mind as you go through your study.

Part 4: Study Material

Study this material. *There will be a reading comprehension test to complete before the next session on the required reading.* If 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 note of anything you will want to discuss in more detail at the next meeting. These are all foundational principles.

1. *This handout, Outline Section pages 9–13.*
2. *This handout, Theory & Principles Section, pages 21–40.*
3. *This handout, Making A Prescription Section, pages 45–78.*
4. *This handout, Materia Medica Section, pages 9–21.*
5. *This handout, Case Study Section, pages 63–107.*
6. *This handout, Business Forms Section, pages 17–26.*
7. *Kent’s Lectures On Homeopathic Philosophy.*

Begin with reading Kent’s Lectures on the Chronic Diseases:

- **Lecture XVIII** Chronic Diseases — Psora (pages 148–158).
- **Lecture XIX** Chronic Diseases — Psora (continued) (pages 159–170).

- **Lecture XX** Chronic Diseases — Syphilis (pages 171–177).
- **Lecture XXI** Chronic Diseases — Sycosis (pages 178–192).

Then to follow read the following in Kent's Lectures on Homeopathic Philosophy on the Examination of the patient:

- **Lecture XXIII** The Examination Of The Patient (pages 201–208).
- **Lecture XXIV** The Examination Of The Patient, continued (pages 209–216).
- **Lecture XXV** The Examination Of The Patient, continued (pages 217–222).
- **Lecture XXVI** The Examination Of The Patient, continued (pages 223–228).

Finish with reading on the Value of Symptoms in Kent's Lectures on Homeopathic Philosophy:

- **Lecture XXXII** The Value of Symptoms (pages 261-267).

8. *A Compend Of The Principles Of Homeopathy*, by W. M. Boericke, MD.

- **Chapter V** Interpretation of Drug Pathogenesis (pages 30–35).
- **Chapter VI** Drug Relationship (pages 36–38).
- **Chapter VII** The Application of Homeopathy (pages 39–49).

9. *The Principles and Art of Cure by Homeopathy*, by Herbert A. Roberts, MD.

- **Chapter 8** Taking the Case (pages 66–73).
- **Chapter 9** Analysis of the Case (pages 74–82).
- **Chapter 11** The Chief Compliant and the Auxiliary Symptoms in their Relation to the Case (pages 88– 94).

10. *The Genius of Homeopathy Lectures and Essays on Homeopathic Philosophy with Word Index, 2nd Ed.*, by Stuart Close.

- **Chapter IX** Cure and Recovery (151-167).
- **Chapter XI** Symptomatology (183-206).
- **Chapter XII** Examination of the Patient (207-225)

Optional Further Reading

If able to obtained a copy (out of print) – *Homeopathy & Homeopathic Prescribing: A Study Course for the Graduate Physician*, by Harvey Farrington, MD.

- **Lesson Two** Homeopathic Fundamentals (pages 5–8).
- **Lesson Three** Homeopathic Concepts of Disease (pages 9–12).
- **Lesson Four** Symptoms (pages 13–17) – *In Module 2 handout.*
- **Lesson Five–Part 1** Essentials of Case Taking (pages 19–22) – *In Module 2 handout.*
- **Lesson Five–Part 2** The Art of Prescribing (pages 23–25).



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