Pitcairn Institute of Veterinary Homeopathy

Professional Master Course in

Veterinary Homeopathy

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Workbook

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Homework discussion & test.

- ☐ Module 1 Homework discussion.
- ☐ Examination on last session material and homework reading.

General Discussion of material to date.

- ☐ General discussion of principles and topics since last session.

The Chronic Diseases

A. Hahnemann's experience with the use of remedies based on the original insight that a similar remedy will initiate cure.

- ☐ Recurrence of illness after apparent success.
- ☐ Gradual realization that the "root" of the problem had not been addressed with prior treatment.

B. Discovery of psora — 12 years of clinical research with chronic disease patients.

- ☐ Chronic disease is distinctly different than other types of problems in that, despite a multiplicity of manifestations, there is only one primary condition to which all of these symptoms belong. This he called psora.
- ☐ Psora manifests in its primary form as skin disease — intense and terrible itching that is irresistible.
- ☐ Psora is the most common chronic disease condition encountered and it is responsible for over 90% of the cases of chronic illness we see in practice.
- ☐ The symptoms of psora are for the most part hidden (latent) so it is difficult to see the full extent of the disease in any one patient.

What are the miasms & their expressions?

A. The Chronic Diseases by Samuel Hahnemann, p. 35:

- ☐ Miasms are not physical entities but exist as energetic influences.
- ☐ The chronic miasms are "disease parasites" which seize the life force, penetrate it and hold on until death.

B. We see primarily the results of psora combined with one or more miasms.

- ☐ Presence of the sycotic miasm tends towards immune problems and tumors (growths, excrescences, etc.).
- ☐ The syphilitic miasm results in severe degenerative disease with more destruction of tissue, especially the bones.
- ☐ All three miasms are probably present in cancer.

C. Other miasms suggested by Hahnemann or used by other practitioners.

- ☐ Infectious disease miasms.
- ☐ Drug miasms.
- ☐ Vaccine miasms (Rabies especially).
- ☐ Chronic miasms (Tubercular, Cancer).

The characteristics of Psora.

- ☐ There will be occasional episodes of an "acute" manifestation that will appear as a sudden event or crisis but which actually has its roots in the chronic condition.
- ☐ Relationship of psora with "acute" episodes — these can be attempts of the life force to eliminate the chronic disease, or to diminish its influence.
- ☐ The remedy needed for the psoric

condition is usually not the same as that required for the acute exacerbations. The right strategy is to recognize that the patient is affected by a chronic disease condition, e.g. by psora, and to have a long-term strategy for treating the patient.

- ☐ The remedy needed for chronic disease treatment may be found by seeing the whole pattern of chronic illness from the beginning, e.g., in the life history.
- ☐ We ignore the factor of time – collecting all the symptoms for use in analysis. We consider all the health problems that have existed over the life of the animal to be the same disease, e.g., psora.

Psora in its various manifestations.

A. Psora in its beginning stage and as inherited — that is, latent, not fully manifest.

- ☐ Usual symptoms in human beings.
- ☐ Factors that move psora from latent to active.

B. The 5 stages of psora.

C. Psora as it appears in its early (latent) stages in cats & dogs.

D. Summary of the psoric condition.

The venereal miasms – Sycosis & Syphilis.

Venereal transmission in human beings. The primary expression of sycosis is the disease gonorrhea, of the syphilitic miasm the disease syphilis.

- ☐ As with psora, the miasm is much larger than the associated primary clinical diseases.
- ☐ These venereal diseases have developed in people over many generations. Now, much of the miasmatic influence is hidden, appearing as a multitude of chronic and incurable (with conventional medicine) disease.
- ☐ The miasms of sycosis and syphilis can usually only be established on a psoric base, e.g., psora must precede exposure and establish *susceptibility*.
- ☐ These venereal miasms have passed to domesticated animals through human-sexual contact and through use of biological products taken from one species and put in another (vaccines, serums and other biological products).

Manifestations of the 3 chronic miasms – compared (table summary)

- ☐ Psora = itching skin eruptions or lesions.
- ☐ Sycosis = arthritis, tumors, cancer, allergies, immune-mediated disease, fungal diseases, criminality.
- ☐ Syphilis = bone disease, ulcers, serious and progressive destruction of tissue.

Vaccine inducement of Sycosis.

- ☐ Frequent use of vaccines is the most consistent way that the sycotic miasm is established in domestic animals. The resultant disease, "vaccinosis", is a variant of sycosis causing the same sort of changes in the body.
- ☐ Once established by vaccination, sycosis can be passed from one generation to the next. The next generation picks up the miasm at the stage it was at the time of conception. It is developed from there and passed to the following generation in the same way — unless, of course, it is cured.
- ☐ In the process of creating a vaccine, the virus is modified artificially to slip by the usual defenses of the recipient. It causes a "subclinical" (though widely dispersed) infection, yet this infection is designed to not strongly activate a response by

the life force. In this way, the chronic vaccine disease is more easily established.

- ☐ The virus or microorganisms present in the vaccine may be eliminated from the body (if not taking up residence permanently in the cells or genome), but the *life force* of the virus remains and complicates the preceding psoric condition.

Treatment of chronic disease.

A. The anti-psoric remedies of Hahnemann.

- ☐ The table of remedies suitable for treatment of psora as determined by Hahnemann during his 12 years of investigating the clinical condition.
- ☐ Classifying the "chronic" remedies as to frequency of use.

B. No one remedy covers all — often a series of remedies needed.

- ☐ It does not always happen that one remedy is sufficient for treatment of a chronic disease. More than one can be required, in proper order.
- ☐ However, with time and as there is progress, the disease picture will become more clear and one final antipsoric can be used over and over again until cure is achieved.

C. There may be treatment needed for sycosis (esp. as the variant vaccinosis) & syphilis miasms at some point in the case.

- ☐ The remedies suitable for treatment of sycosis miasm conditions.
- ☐ Chief remedies for treatment of the syphilitic miasm conditions.
- ☐ See Chart: Prescribing for Chronic Disease (Making Rx Section).

D. Most of the "chronic" prescriptions will have to be for psora when dealing with chronic disease. From The Chronic Diseases by Samuel Hahnemann, pp. 118-119:

- ☐ "First of all the great truth is established that all chronic ailments, all great, and the greatest, long continuing diseases (excepting the few venereal ones) spring from psora alone and only find their thorough cure in the cure of psora.
- ☐ "They are, consequently, to be healed mostly only by antipsoric remedies, i.e., by those remedies which in their provings as to their pure action on the healthy human body manifest most of the symptoms which are most frequently perceived in latent as well as in developed psora.
- ☐ "The homeopathic physician, therefore, in curing a chronic (non-venereal) disease, and in all and every symptom, ailment and disorder arising in this disease, no matter what seductive name these may have in common life or in pathology, will usually and especially look to the use of an antipsoric medicine selected according to strictly homeopathic rules, in order to surely attain his end."
- ☐ If non-antipsoric remedies are used in an attempt to cure *chronic* diseases, there will be palliation, suppression or (at best) *return of psora to its latent state*. This is not cure and the disease will return in time.
  - — Loss of guiding symptoms when this is done.
  - — When dealing with this situation, it is often necessary to have a long period of observation before a prescription can be made.

E. Consider vaccination as an obstacle in difficult cases.

- ☐ The ubiquitous presence of vaccinations in the history (or inherited) often makes the use of "vaccination" as an eliminative rubric a useful and valuable tool (especially the higher grades in the rubric).
- ☐ Do not automatically put this rubric in all analyses. It may be an important factor but may be a "trigger" rather than a lasting influence.

Acute flares of chronic disease conditions.

A. It is typical for the chronically affected patient to periodically have an acute flare-up or crisis. These are futile attempts by the life force to contain the disease or discharge it.

B. During more intense "crisis" episodes consider the remedies that are considered to be "acute" remedies for the antipsoric remedy you are using for constitutional treatment.
From the Chronic Diseases by Samuel Hahnemann, p. 132:

- ☐ "....during the treatment of chronic diseases by antipsoric remedies we often need the other non-antipsoric store of medicines. (This) in cases where epidemic diseases or intermediate diseases arising from (various) causes attack our chronic patients, and so not only temporarily disturb the treatment, but even interrupt it for a longer time."
- ☐ Hahnemann's advice on using non-antipsoric remedies during an acute manifestation (letter to colleague — discussed in class).
- ☐ Knowing the relationship between remedies is very helpful in managing a case. The use of a remedy for an acute problem can suggest the remedy needed for the latent psoric state. See "Relationship between chronic (antipsoric) remedies & their corresponding acutes."

C. Use of the polychrest remedies and their relationship to the anti-miasmatic remedies.

- ☐ The polychrest remedies, defined.
- ☐ "Acute" remedies and their chronic correspondents.
- ☐ The "polychrest antipsorics".
- ☐ Explanation of the use of "acute" remedies and those suitable for treatment of the chronic diseases.

Treatment of (the common pattern of) skin disease from the perspective of the chronic miasms.

A. Most of the skin diseases one sees are primarily psora, but often it is coupled with the other miasms which will complicate the manifestation.

- ☐ A common influence for development of sycotic influence (complicating psora) is vaccinations and use of antibiotics or hormones in past treatments.
- ☐ Many cases, esp. those that start out young, are *inherited chronic disease*.
- ☐ The life force of the parents at the time of conception determine the state (e.g., mistunement) of that of the new life form.
- ☐ Psoric disease is strongly characterized by *itching.* The venereal miasms have little or no itching as part of their manifestation (though they can be present in a case of prominent itching).

B. One useful concept is to think of the complex patient's state as existing of "layers."

- ☐ On top is the disease resulting from vaccination or biological medications and underneath the psoric miasm which was there at the start. As treatment is done, the top layer becomes less important and the remedies needed will change to those corresponding more to the bottom (psoric) layer.
- ☐ A more complicated situation is when other non-curative treatments have had influence on the patient's state. It can perhaps help to think of 3 layers:
  - — Alteration or suppression from prior treatment on top.
  - — The influence of medications and vaccines.
  - — The psoric miasm at bottom.
- ☐ Often Nux vomica or Pulsatilla is needed for this allopathic drug layer. However, in some cases, Sulphur will be the most appropriate right at the beginning.

C. Treatment of developed skin disease in dogs (not the young ones with short period of illness) takes 1–2 years, usually at least one.

The Treatment Process — Choosing Potency & Evaluating Response.

- ☐ See Chart: Sequential Prescribing (Making Rx Section).
- ☐ See Chart: Which Potency? (Making Rx Section).

Basic Concepts in Prescribing.

- ☐ Common questions about some of the prescribing principles.
- ☐ Part 1 Taking the Case: The Key to Acquiring the Right History
  - — Chapter 1: Structure & Organization.
  - — Chapter 2: Case Analysis from Symptomatology to Choosing a Prescription.
  - — Key to understand how to categorize and rank symptoms.

Materia Medica discussion.

A. Discussion of materia medica.

B. Classes of remedies.

C. The Polychrest Remedies.

D. Some remedies suitable for the treatment of chronic disease.

C. Introduction to the chronic remedies.

Case Study Presentations:

- ☐ Medicine by Olfaction
- ☐ Eddie and the Magic Mushroom
- ☐ Miki, the Yellow Cat
- ☐ Miko's Chronic Diarrhea
- ☐ Moose, the Wobbly Dog

Homework for Module 2.

Hahnemann's Discovery Of Chronic Disease

The Success of Homeopathy[1]

The homeopathic healing art, as taught in my own writings and in those of my pupils, when faithfully followed, has hitherto shown its natural superiority over any allopathic treatment in a very decided and striking manner; and this not only in those diseases which suddenly attack men (the acute diseases), but also in epidemic diseases and in sporadic fevers.

Venereal diseases also have been radically healed by homeopathy much more surely, with less trouble and without any sequelae; for without disturbing or destroying the local manifestation it heals the internal fundamental disease from within only, through the best specific remedy.

But the number of the other chronic diseases on this great earth has been immeasurably greater, and remains so.

Contrast With Allopathic Treatment

Treatment by allopathic physicians hitherto merely served to increase the distress from this kind of disease.

For this treatment consisted of a whole multitude of nauseous mixtures (compounded by the druggist from violently acting medicines in large doses, of whose separate true effects they were ignorant).

(These were done) together with the use of manifold baths, the sudorific[2] and salivating[3] remedies, the painkilling narcotics, the injections,[4] fomentations,[5] fumigations,[6] the blistering plasters, the exutories[7] and fontanels,[8] but especially the everlasting laxatives, leeches, cuppings and starving treatments, or whatever names may be given to all these medicinal torments, which continually varied like the fashions.

By these means the disease was either aggravated and the vital force, (in) spite of so-called tonics used at intervals, was more and more diminished.

Or, if any striking change was produced by them, instead of the former sufferings, *there appeared a worse state—nameless diseases caused by medicine, far worse and more incurable than the original natural one*—while the physician consoled the patient with the words: "The former sickness I have been fortunate enough to remove; it is a great pity that a "new" disease has appeared, but I hope to be as successful in removing this latter as in the former."

And so, *while the same disease assumed various forms, and while new diseases were being added by the use of improper, injurious medicines,* the sufferings of the patient were continually aggravated until his pitiable lamentations were hushed forever with his dying breath, and the relatives were soothed with the comforting pretense: "Everything imaginable had been used and applied in the case of the deceased."

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1 This material is taken from Hahnemann's major work, *The Chronic Diseases*, the first part which is often called the "theoretical section" and which precedes the major part of the books consisting of detailed materia medica of the antipsoric remedies.

2 A medicine which causes sweating (similar to "diaphoretic" though this latter is less intense perspiration).

3 Refers to the effect of using mercury to cause extraordinary salivation.

4 To put fluid into a body cavity or under the skin with a syringe.

5 Applying warm or hot cloths to part of the body—can be just water or an herbal infusion or decoction.

6 Production of a gas that fills a room or is exposed to part of the body. Example substances are sulfuric acid, cinnamon, benzoin.

7 A small ulcer produced by cutting or use of caustic chemicals and kept open and draining to maintain a discharge.

8 Creating an opening in the skin from which discharges will exit.

What Homeopathy Has Thus Far Accomplished

It is not so with homeopathy, the great gift of God!

Even in these other kinds of chronic diseases, its disciples, by following the teaching presented in my former writings and my former oral lectures, accomplished far more than all the aforementioned methods of curing (i.e., *when they found the patient not too much run down and spoiled by allopathic treatment*, as was unfortunately too often the case where the patient had any money to spend).

Using the more natural treatment, homeopathic physicians have frequently been able in a short time to remove the chronic disease which they had before them, after examining it according to all the symptoms perceptible to the senses. The means of cure were the most suitable among the homeopathic remedies, used in their smallest doses which had been so far proved as to their pure, true effects. And all this was done without robbing the patient of his fluids and strength, as is done by the allopathy of the common physicians; so that the patient, fully healed, could again enjoy gladsome days. These cures indeed have far excelled all that allopathists had ever—in rare cases—been able to effect by a lucky grab into their medicine chests.

Some Problems Unique to Chronic Disease

The complaints yielded for the most part to very small doses of that remedy which had proved its ability to produce the same series of morbid symptoms in the healthy body. If the disease was not altogether too inveterate and had not been too much, and in too great a degree, mismanaged by allopathy, it often yielded for a considerable time, so that (the patient) had good reason to deem himself fortunate even for that much help, and, indeed, often proclaimed thankfulness. A patient thus treated might and often did consider himself in pretty good health, when he fairly judged of his present improved state and compared it with his far more painful condition before homeopathy had afforded him its help.[9]

Seemingly Minor Factors Can Trigger the Return of Symptoms

Even some gross errors of diet, taking cold, the appearance of weather especially rough, wet and cold or stormy, or even the approach of autumn, if ever so mild, *but more yet, winter and a wintry spring*, and then some violent exertion of the body or mind, *but particularly some shock to the health caused by some severe external injury, or a very sad event that bowed down the soul.*

Repeated fright, great grief, sorrow and continuous vexation, often caused in a weakened body the reappearance of one or more of the ailments which seemed to have been already overcome; and *this new condition was often (accompanied) by some quite new concomitants,* which if not more threatening than the former ones which had been removed homeopathically were often just as troublesome and now more obstinate. This would be specially the case whenever the seemingly cured diseases had for its foundation a Psora which had been more fully developed.

When such a relapse would take place the homeopathic physician would give the remedy

9 Of this kind were the cures of diseases caused by a Psora not yet fully developed, which had been treated by my followers with remedies which did not belong to the number of those which, later, proved to be the chief anti-Psoric remedies; because these remedies were not yet known. They had been merely treated with such medicines as homeopathically best covered and temporarily removed the then apparent moderate symptoms, thus causing a kind of cure which brought the manifest Psora into a latent condition and thus appear as real health to every observer who did not examine accurately; and this state often lasted for many years. But with chronic diseases caused by a Psora already fully developed, the medicines which were then known never sufficed for a complete cure, any more than these same medicines suffice at the present time.

most fitting among the medicines then known, as if directed against a new disease, and this would again be attended by pretty good success, which for the time would again bring the patient into a better state.

In the former case, however, in which merely the troubles which seemed to have been removed were renewed, *the remedy which had been serviceable the first time would prove less useful, and when repeated again it would help still less.* Then perhaps, even under the operation of the homeopathic remedy which seemed best adapted, and even where the mode of living had been quite correct, *new symptoms of disease would be added which could be removed only inadequately and imperfectly*. Yes, these new symptoms were at times *not at all improved, especially when some of the obstacles above mentioned hindered the recovery*.

Some joyous occurrence, or an external condition of circumstances improved by fortune, a pleasant journey, a favorable season or a dry, uniform temperature, might occasionally produce a remarkable pause of shorter or longer duration in the disease of the patient, during which the Homeopath might consider him as fairly recovered—and the patient himself, if he good-naturedly overlooked some passable moderate ailments, might consider himself as healthy.

Still, such a favorable pause would never be of long duration, and the return and repeated returns of the complaints in the end left even the best selected homeopathic remedies then known, and given in the most appropriate doses, *the less effective the oftener they were repeated*. They served at last hardly even as weak palliatives.

Appearance of new symptoms

But usually, after repeated attempts to conquer the disease *which appeared in a form always somewhat changed*, residual complaints appeared which the homeopathic medicines hitherto proved, though not few, had to leave uneradicated, yes, often undiminished.

Thus there ever followed varying complaints ever more troublesome, and as time proceeded, more threatening, and this even while the mode of living was correct and with punctual observance of directions. The chronic disease could, despite all efforts, be but little delayed in its progress by the homeopathic physician and grew worse from year to year.

This was, and remained, the quicker or slower process in such treatments in all non-venereal, severe chronic diseases, even when these were treated in exact accordance with the homeopathic art as hitherto known. *Their beginning was promising, the continuation less favorable, the outcome hopeless.*

(However) The Principles of Homeopathy Are Still True

Nevertheless this teaching was founded upon the steadfast pillar of truth and will (remain so). The attestation of its excellence, yes, even of its infallibility (so far as this can be predicted of human affairs), it has laid before the eyes of the world, facts.

Homeopathy alone taught first of all how to heal the well defined idiopathic diseases, the old, smooth scarlet fever of Sydenham, the more recent purples,[10] whooping cough, croup,[11] sycosis[12], and autumnal dysenteries, by means of the specifically aiding homeopathic remedies. Even acute pleurisy, and typhous contagious epidemics must now allow themselves to be speedily turned into health by a few small doses of rightly-selected homeopathic medicine.

10 Purpura haemorrhagica; *A Dictionary of Medical Science*, Robley Dunglison, M.D. LL.D., Henry C. Lea, Philadelphia, PA: 1874.

11 Condition characterized by a long, protracted, loud and convulsive cough, followed at times by crowing respiration and dyspnea so great as to threaten suffocation.

12 Refers to a tumor in the shape of a fig, or an ulcerated growth, or a horny excrescence about the eyelids.

Why is Treatment of Chronic Disease So Difficult?

Why then this less favorable, this unfavorable, result of the continued treatment of the non-venereal chronic disease even by homeopathy? What was the reason of the thousands of unsuccessful endeavors to heal the other diseases of a chronic nature so that lasting health might result?

Might this be caused, perhaps, by the still too small number of Homeopathic remedial means that have so far been proved as to their pure action? The followers of homeopathy have hitherto thus consoled themselves; but the excuse, or so-called consolation, never satisfied the founder of homeopathy—particularly because *even the new additions of proved valuable medicines, increasing from year to year, have not advanced the healing of chronic (non-venereal) diseases by a single step*, while acute diseases (unless these, at their commencement, threaten unavoidable death) are not only passably removed, by means of a correct application of homeopathic remedies, but with the assistance of the never-resting, preservative vital force in our organism, find a speedy and complete cure.

What is the obstacle?

Why, then, cannot this vital force, efficiently affected through homeopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the homeopathic remedies which best cover their present symptoms? (This is especially puzzling) while this same force which is created for the restoration of our organism is nevertheless so indefatigably and successfully active in completing the recovery even in severe acute diseases? What is there to prevent this?

The answer to this question, which is so natural, inevitably led me to the discovery of the nature of these chronic diseases.

Hahnemann's Work To Discover The Nature Of Chronic Disease

To find out then the reason why all the medicines known to homeopathy failed to bring a real cure in the above-mentioned diseases, and to gain an insight more nearly correct and, if possible, quite correct, into the true nature of the thousands of chronic diseases which still remain uncured—despite the incontestable truth of the Homeopathic Law of Cure—this very serious task has occupied me since the years 1816 and 1817, night and day.[13] (By good fortune it was permitted to me) within this space of time to gradually solve this sublime problem through unremitting, though indefatigable[14] inquiry, faithful observation and the most accurate experiments made for the welfare of humanity.

It was a continually repeated fact that the non-venereal chronic diseases, after being time and again removed homeopathically by the remedies fully proved up to the present time, *always returned in a more or less varied form and with new symptoms, or reappeared annually with an increase of complaints*.

The first clue

This fact gave me the first clue that the homeopathic physician with such a chronic (non-venereal) case (yes, in *all* cases of non-venereal chronic disease), has not only to combat the disease presented before his eyes—and must not view and treat it as if it were a well-defined disease, to be speedily and permanently destroyed and healed by ordinary homeopathic remedies—but that *he has always to encounter only some separate fragment of a more deep-seated original disease.*

13 A period of about 12 years.

14 Persisting tirelessly.

Chronic disease is larger than the individual case would suggest

The great extent of this disease is shown in the new symptoms appearing from time to time. *So the homeopathic physician must not hope to permanently heal the separate manifestations of this kind in the presumption that they are well-defined, separately existing diseases which can be healed permanently and completely.*

He, therefore, *must first find out as far as possible the whole extent of all the accidents and symptoms belonging to the unknown primitive malady* before he can hope to discover one or more medicines which may homeopathically cover the whole of the original disease by means of its peculiar symptoms.

Recognizing the full extent of the chronic disease will finally allow cure of the patient

By this method he may then be able victoriously to heal and wipe out the malady in its whole extent, consequently also its separate members, that is all the fragments of a disease appearing in so many various forms.

That the original malady sought for must be also of a miasmatic,[15] chronic, nature clearly appeared to me from this (observed) circumstance— that after (the disease condition) has *once advanced and developed to a certain degree it can never be removed by the strength of any robust constitution*, it can never be overcome by the most wholesome diet and order of life, nor will it die out of itself. Rather it is ever more aggravated, from year to year, through a transition into other and more serious symptoms,[16] even till the end of man's life. (This is) like every other chronic, miasmatic sickness, e.g., the venereal bubo[17] which has not been healed from within by mercury, its specific remedy, but has passed over into venereal disease.

This latter (venereal disease), also, never passes away of itself, but even with the most robust bodily constitution, increases every year and unfolds evermore into new and worse symptoms, and this, also, to the end of man's life.

Hahnemann's Discovery of the Major Chronic Miasm Being a Skin Disease

I had come thus far in my investigations and observations with such non-venereal patients, when I discovered, even in the beginning, that the obstacle to the cure of many cases (which seemed delusively like specific, well-defined diseases, and yet could not be cured in a homeopathic manner with the then proved medicines) *seemed very often to lie in a former eruption of itch*, which was not infrequently confessed. The beginning of all the subsequent sufferings usually dated from that time.

So also with similar chronic patients who did not confess such an infection, or, what was probably more frequent, who had, from inattention, not perceived it or could not remember it. After a careful inquiry it usually turned out that little traces of it (small pustules of itch, herpes, etc.) had showed themselves with them from time to time, even if but rarely, as an indubitable sign of a former infection of this kind.

These circumstances, in connection with the fact that innumerable observations of physicians, and (also) my own experience, had shown that *an eruption of itch suppressed by faulty practice or one which had disappeared from the skin through other means* was evidently followed, in persons

15 Miasm is from a Greek word meaning "pollution." Hahnemann is using it to mean that something has contaminated the vital force of the patient and is therefore different in nature than a cause like an injury or the usual kind of infectious agent.

16 Not infrequently Phthisis (tuberculosis) passes over into insanity; dried-up ulcers into dropsy or apoplexy; intermittent fever into asthma; affections of the abdomen into pains in the joints or paralysis; pains in the limbs into hemorrhage, etc., and it was not difficult to discover that the later diseases must also have their foundation in the original malady and can only be a part of a far greater whole.

17 Bubos are enlarged swellings, usually lymphatic glands appearing in the groins or axiallae as aspects of certain diseases. This was a common symptom of the Plague.

otherwise healthy, by the same or similar symptoms.[18] These circumstances, I repeat, could leave no doubt in my mind as to the internal foe which I had to combat in my medical treatment of such cases.[19]

The Nature Of Psora & The Discovery of the Antipsoric Remedies

Gradually I discovered more effective means[20] against this original malady that caused so many complaints—against this malady which may be called by the general name of Psora (against the internal itch disease *with or without its attendant eruption on the skin*).

Experience With the Antipsoric Remedies Revealed the Nature of Psora

It then became manifest to me, through the aid afforded when using these medicines in similar chronic diseases, in which the patient was unable to show a like cause, *that also these cases in which the patient remembered no infection of this kind were of necessity caused by a Psora* with which he had been infected. Perhaps (this happened) even in his cradle, or in some other way that had escaped his memory.

This often received corroboration on a more careful inquiry with the parents or relatives (of the same age).

Most painstaking observations as to the aid afforded by the antipsoric remedies, which were added in the first of these eleven years, *have taught me ever more how frequently not only the moderate, but also the more severe and the most severe, chronic diseases are of this origin.*

This observation taught me that not only most of the many cutaneous eruptions, which have received separate names, but also almost all adventitious[21] formations from the common wart on the finger up to the largest sarcomatous tumor, from the malformations of the fingernails up to the swellings of the bones and the curvature of the spine, and many other softenings and deformities of the bones, both at early and at a more advanced age, are caused by the Psora.

A listing of common expressions of the psoric condition

So, also, frequent epistaxis, the accumulation of blood in the veins of the rectum and the anus, discharges of blood from the same (blind or flowing piles[22]), hemoptysis, hematemesis, hematuria, and deficient as well as too frequent menstrual discharges, nightsweats of several years' duration, parchment-like dryness of the skin, diarrhea of many years' standing, as well as permanent constipation and difficult evacuation of the bowels, long-continued erratic pains,[23] convulsions occurring repeatedly for a number of years[24], chronic ulcers and inflammations, sarcomatous[25] enlargements and tumors, emaciation, excessive sensitiveness[26] as well as deficien-

18 My interpretation of this is that Hahnemann observed that there was a "group" pattern of symptoms typical of this "itch" disease. Though most, if not all, started as some kind of skin eruption subsequent manifestation of the condition he recognized as following also a typical pattern of symptoms which he will soon describe. These symptoms were often of minor concern and seen in what were usually considered to be healthy persons — RP.

19 That it was some sort of skin disease that by its nature was chronic.

20 That is, the group of remedies he calls the "antipsorics."

21 Accidental, occurring by chance. He is referring to the common perspective that these conditions he is listing are often seen as occurring on their own due to bad luck or, we would say today, poor genetics.

22 We would say hemorrhoids.

23 Erratic as to time or occurrence or by part of the body affected.

24 As in epilepsy.

25 Tumors of this time are typically "fleshy" in texture. Early classification of tumors was by this type of characteristic so that those from connective tissue tended to be hard, other types would be like granulation tissue, bleeding, or even be very irregular looking like a fungus–which they called "fungus" as a description.

26 As in over-sensitivity of the senses to ordinary substances. Many human beings will be affected by perfumes for example.

cies in the senses of seeing, hearing, smelling, tasting and feeling;[27] excessive as well as extinguished sexual desire,[28] diseases of the mind and of the soul, from imbecility up to ecstasy,[29] from melancholy[30] up to raging insanity; swoons and vertigo; the so-called diseases of the heart; abdominal complaints and all that is comprehended under hysteria[31] and hypochondria[32]—in short, *thousands of tedious ailments of humanity called by pathology with various names, are with few exceptions, true descendants of this many-formed Psora alone.*

Hahnemann's Conclusions About the Shared Identity of Psora and Leprosy

I was thus instructed by my continued observations, comparisons and experiments in the last years that the ailments and infirmities of body and soul,[33] which, in their manifest complaints differ so radically, and which, with different patients, appear so very unlike (if they do not belong to the two venereal diseases, Syphilis and Sycosis) are but partial manifestations of the ancient (conditions) of leprosy and itch; i.e., merely descendants of one and the same vast original malady. The almost innumerable, which form but one whole, *are to be regarded and to be medicinally treated as the parts of one and the same disease* in the same way as in a great epidemic of typhus fever.

Finding the Genus Epidemicus[34]

Thus, in the year 1813, one patient would be prostrated with *only a few symptoms* of this plague, a second patient showed *only a few, but different ailments*, while a third, fourth, etc., would complain of *still other ailments* belonging to this epidemic disease, while *they were, nevertheless, all sick with one and the same pestilential fever, and the entire and complete image of the typhus fever reigning at the time could only be obtained by gathering together the symptoms of all*, or at least of many of these patients.

Then the one or two remedies[35] found to be homeopathic healed the whole epidemic, and therefore *showed themselves specifically helpful with every patient, though the one might be suffering from symptoms differing from those of others, and almost all seemed to be suffering from different diseases.*

Finding the remedies needed for psora requires the same approach as finding the genus epidemicus

Just so, only upon a far larger scale, it is with the Psora, this fundamental disease of so many chronic maladies, each of which seems to be essentially different from the others. But *it really is not, as may readily be seen from the agreement of several symptoms common to them which appear as the disease runs its course, and also from their being healed through the same remedy.*

Chronic Disease, If Uncured, Persists Through Life

All chronic diseases of mankind, even those left to themselves, not aggravated by a perverted treatment,[36] show such a constancy and persever-

27 The variety of sense losses known today, including need for a hearing aid, for glasses, etc.

28 They would have loved Viagra.

29 Alternating states, what we would call "bi-polar."

30 We would say "depression".

31 Similar to "panic attacks."

32 Hypochondria was a recognized disorder in which a person worried excessively about health. In many patients it was associated with an uncomfortable sensation under the ribs, thus the word used for it.

33 That is, affecting both the physical form and the psyche.

34 He is referring to the method called "genus epidemicus" in which, during an epidemic, symptoms from several patients are grouped together to find the one or few remedies needed by all patients affected by the epidemic.

35 In the typhus of 1813 Bryonia and Rhus toxicodendron were the specific remedies for all the patients.

36 A treatment that is not curative, but just makes

ance, that as soon as they have developed and have not been thoroughly healed by the medical art, they ever more increase with the years. During the whole of man's lifetime they cannot be diminished by the strength belonging even to the most robust constitution.

Still less can they be overcome and extinguished. Thus they never pass away of themselves, but increase and are aggravated even till death. They must therefore all have for their origin and foundation constant chronic miasms, whereby their parasitical existence in the human organism is enabled to continually rise and grow.[37]

Three Recognized Miasms

In Europe and also on other continents so far as known according to all investigations, only three chronic miasms are found. The diseases caused by them manifest themselves through local symptoms, from which most, if not all, the chronic diseases originate.

First is *Syphilis*, which I have also called the venereal chancre disease. Then *Sycosis*, or fig-wart disease. Finally the chronic disease which lies at the foundation of the eruption of itch, the *Psora*, which I shall treat of first *as the most important*.

History & Nature of Psora

Psora is that most ancient, most universal, most destructive, and yet (least understood) chronic miasmatic disease which for many thousands of years has disfigured and tortured mankind, and which during the last centuries has become the mother of all the thousands of incredibly various chronic diseases, by which the whole civilized human race on the inhabited globe is being more and more afflicted.

Psora is the oldest miasmatic chronic disease known to us. It is just as tedious as syphilis and sycosis, and therefore not to be extinguished before the last breath of the longest human life, unless it is thoroughly cured, since not even the most robust constitution is able to destroy and extinguish it by its own proper strength. Psora, or the *Itch disease*, is beside this *the oldest and most hydra–headed of all the chronic miasmatic diseases.*

In the many thousands of years during which it may have afflicted mankind—for the most ancient history of the most ancient people does not reach to its origin—it has so much increased in the extent of its pathological manifestations (an extent which may to some degree be explained by its increased development during such an inconceivable number of years in so many millions of organisms through which it has passed) that *its secondary symptoms are hardly to be numbered*.

If we except those diseases which have been created by a perverse medical practice or by deleterious labors in quicksilver, lead, arsenic, etc., which appear in the common pathology under a hundred proper names as supposedly separate and well-defined diseases (and also those springing from syphilis and the still rarer ones springing from sycosis), all the remaining natural chronic diseases, whether with names or without them, find in Psora their real origin, *their only source*.

Psora As It Appeared In Earlier Times

The oldest monuments of history which we possess show the Psora even then in great development. Moses[38] 3400 years ago pointed

symptoms go away through palliation or suppression.

37 This is Hahnemann's idea of how this condition exists though he gives no further explanation of its origin or nature.

38 In Leviticus not only in the thirteenth chapter, but also (chap. 21, verse 20) where he speaks of the bodily defects which must not be found in a priest who is to offer, malignant itch is designated by the word garab, which the Alexandrian translators (in the Septuagint) translated with Psora agria, but the Vulgate with scabies jugis. The talmudic interpreter, Jonathan, explained it as dry itch spread over the body; while the expression, yalephed, is used by Moses for lichen, tetter, herpes. The commentators in (what is called the) English Bible also agree with this definition, Calmet, among others saying: "Leprosy is similar to an inveterate itch with violent itching." The ancients also men-

out several varieties. At that time and later on among the Israelites the disease seems to have mostly kept the external parts of the body for its chief seat.

This was also true of the malady as it prevailed in uncultivated Greece, late in Arabia and, lastly in Europe, during the Middle Ages. The different names which were given by different nations to the more or less malignant varieties of leprosy (the external symptom of Psora), which in many ways deformed the external parts of the body, do not concern us and do not affect the matter, since the nature of this miasmatic itching eruption always remained essentially the same.

Sanitation and nutrition improved the psoric manifestation to some extent

The occidental Psora, which, during the Middle Ages, had raged in Europe for several centuries under the form of malignant erysipelas (called *St. Anthony's Fire*), reassumed the form of leprosy through the leprosy which was brought back by the returning crusaders in the thirteenth century. And though it thus spread in Europe even more than before (for in the year 1226 there were in France alone 2,000 houses for the reception of lepers), this Psora, which now raged as a dreadful eruption, found at least an external alleviation in the means conducive to cleanliness, which also were brought by the crusaders from the Orient, namely, the (cotton? linen?) shirts before unknown in Europe, and the more frequent use of warm baths.

Through both of those means, as well as through the more exquisite diet and refinement in the mode of living introduced by increased cultivation, the external horrors of the Psora within the space of several centuries were at last so far moderated that, at the end of the fifteenth century, it appeared only in the form of the common eruption of itch, just at the time when the other miasmatic chronic disease, syphilis, began (in 1493) to raise its dreadful head.[39]

With time, Psora became more easily suppressed

Thus this eruption, *externally reduced in cultivated countries to a common itch*, could be much more easily removed from the skin through various means, so that with the medicinal external treatment since introduced, especially in the middle and higher classes, through baths, washes and ointments of sulphur and lead, and by preparations of copper, zinc and mercury, *the external manifestations of Psora on the skin were often so quickly suppressed*, and are so now, that in most cases, either of children or of grown persons, the history of itch infection may remain undiscovered.[40]

tion the peculiar, characteristic voluptuous itching which attended itch then as now, while after the scratching a painful burning follows; among others Plato, who calls itch glykypikron, while Cicero marks the Dulcedo of scabies.

39 Many think that Syphilis was brought back by Columbus from the New World and raged through Europe as a new disease.

40 The external eruption of itch may not only be driven away by the faulty practices of physicians and quacks, but unfortunately **it not infrequently of its own accord withdraws from the skin**.
Syphilis and sycosis both have an advantage over the itch disease in this, that the chancre (or bubo) in the one and the fig-wart in the other never leave the external parts until they have been either mischievously destroyed through external repressive remedies or have been in a rational manner removed through the simultaneous internal cure of the whole disease.
The venereal disease cannot, therefore, break out so long as the chancre is not artificially destroyed by external applications, nor can the secondary ailments of sycosis break out so long as the fig-wart has not been destroyed by faulty practice; for **these local symptoms, which act as substitutes for the internal disease, remain standing even until the end of man's life, and prevent the breaking out of the internal disease**.
It is, therefore, just as easy to heal with specific internal medicines, which need only to be continued until these local symptoms (chancre and fig-wart), which are in their nature unchangeable except through artificial external application, are thoroughly healed. Then we may be quite certain that we have thoroughly cured the internal disease, i.e., syphilis and sycosis.

But the state of mankind was not improved thereby; in many respects it grew far worse. For, although in ancient times the eruption of Psora appearing as leprosy was very troublesome to those suffering from it, owing to the lancinating[41] pains in and the violent itching all around the tumors and scabs, the rest of the body enjoyed a fair share of general health.

This good feature Psora has lost in the present more and more mitigated nature of its chief symptom, which has changed from leprosy to itch in the last three centuries. The eruption of itch by no means remains as persistently in its place on the skin as the chancre and fig-wart.
Even if the eruption of itch has not (as is nearly always the case) been driven away from the skin through the faulty practices of physicians and quacks by means of desiccating washes, sulphur ointments, drastic purgatives or cupping, it frequently disappears, as we say, of itself, i.e., through causes which are not noticed.
It often disappears through some unlucky physical or psychical occurrence, through a violent fright, through continual vexations, deeply-affecting grief, through catching a severe cold, or through a cold temperature, through cold, lukewarm and warm river baths or mineral baths, by a fever arising from any cause, or through a different acute disease, through persistent diarrhea, sometimes also perhaps through a peculiar want of activity in the skin, and the results in such a case are just as mischievous as if the eruption had been driven away externally by the irrational practice of a physician.

The secondary ailments of the internal Psora and any one of the innumerable chronic diseases flowing from this origin will then break out sooner or later.
But let no one think that the Psora, which has been thus mitigated in its local symptom, its cutaneous eruption, differs materially from ancient leprosy. Even leprosy, when not inveterate, could in ancient times not seldom be driven from the skin by cold baths or by repeated dipping in a river and through warm mineral baths, but also then the evil effects resulting were as little regarded as the more modern physicians regard the acute diseases and the insidious maladies which do not fail to develop sooner or later from the indwelling Psora when an eruption of the present itch disease has disappeared of itself or has been violently driven away.

41 A type of pain that is "shooting" or like a sharp instrument penetrating the flesh. A typical pain in cancer.

The external manifestation kept Psora from developing internally.

This was owing to the obstinately persistent eruption on the skin, *which served as a substitute for the internal Psora*. And what is of more importance, the horrible and disgusting appearance of the lepers made such a terrible impression on healthy people that they dreaded even their approach, so that the seclusion of most of these patients, and their separation in leper hospitals, kept them apart from other human society and infection from them was thus limited and comparatively rare.

In consequence of the very much milder form of the Psora during the fourteenth and fifteenth centuries, when it appeared as itch, the few pustules appearing after infection made but little show and could easily be concealed. Nevertheless *they were scratched continually because of their unbearable itching*, and thus the fluid was diffused around, and the psoric miasma was communicated more certainly and more easily to many other persons the more it was concealed; for *the things rendered unclean by the psoric fluid infected the persons who unwittingly touched them*, and thus contaminated far more persons than the lepers, who, on account of their horrible appearance, were carefully avoided.

Psora has become wide-spread and the chief chronic disease

Psora has thus become *the most infectious and most general of all the chronic miasmas*. For the miasm has usually been communicated to others before the one from whom it emanates has asked for or received any external repressive remedy against his itching eruption, and without confessing that he had an eruption of itch, often even without knowing it himself. (This has happened) without even the physician's or surgeon's knowing the exact nature of the eruption, which has been (suppressed by local skin treatments).

It may well be conceived that the poorer and lower classes, who allow the itch to spread on

their skin for a long time, until they become an abomination to all around them, and are compelled to use something to remove it, must have in the meanwhile infected many.

Mankind, therefore, is worse off from the change in the external form of the Psora—from leprosy down to the eruption of itch—not only because this is less visible and more secret and therefore more frequently infectious, but also especially because the Psora, now mitigated externally into a mere itch and on that account more generally spread, nevertheless still retains unchanged in its original dreadful nature.

Now, after being more easily repressed, the disease grows all the more unperceived within, and so, in the last three centuries, after the destruction of its chief symptom (the external skin eruption) it plays the sad role of causing innumerable secondary symptoms, i.e., *it originates a legion of chronic diseases*, the source of which physicians neither surmise nor unravel, and which, therefore, they can no more cure than they could cure the original disease when accompanied by its cutaneous eruption. (Rather) these chronic diseases, as daily experience shows, were necessarily aggravated by the multitude of their faulty remedies.

So great a flood of numberless nervous troubles, painful ailments, spasms, ulcers (cancers), adventitious formations, dyscrasias, paralyses, consumptions and cripplings of soul, mind and body were never seen in ancient times when the Psora mostly confined itself to its dreadful cutaneous symptom, leprosy. Only during the last few centuries has mankind been flooded with these infirmities, owing to the causes just mentioned.

It was thus that Psora became the most universal mother of chronic diseases.

With Each Generation, Psora Becomes More Complex

The Psora, which is now so easily and so rashly robbed of its ameliorating cutaneous symptom, the eruption of itch, which acts vicariously for the internal disease, has been producing within the last three hundred years more and more secondary symptoms.

(There are) so many that at least seven-eighths of all the chronic maladies spring from it as their only source, while the remaining eighth springs from syphilis and sycosis, or from a complication of two of these three miasmatic chronic diseases, or (which is rare) from a complication of all three of them.

Even syphilis, which on account of its easy curability yields to the smallest dose of the best preparation of Mercury, and sycosis, which on account of the slight difficulty in its cure through a few doses of Thuja and Nitric acid in alternation, only pass into a tedious malady difficult to cure when they are complicated with Psora.

Thus Psora is among all diseases the one which is most misapprehended, and, therefore, has been medically treated in the worst and most injurious manner.

The extent that suppression of psora has increased disease

It is incredible to what an extent modern physicians of the common school have sinned against the welfare of humanity, since, with scarcely an exception, teachers of medicine and the more prominent modern physicians and medical writers have laid down the rule and taught it as an infallible theorem that: "*Every eruption of itch is merely a local ailment of the skin, in which ailment the remaining organism takes no part at all*, so that it may and must be driven away from the skin at any time and without any scruple, through local applications...."

Psora, As It Appears in Its Latent Form

Many hundred observations have gradually acquainted me with the signs, by which the internally slumbering, (until now) latent Psora may be recognized even in those cases where it has not yet manifested itself in any startling disease, *so that I am able to root out and to thoroughly cure this malady with its roots, more easily before the internal psora has risen to a manifest (chronic) disease*, and has developed to such a fearful height that the dangerous conditions make the cure difficult and in some cases impossible.

There are many signs of the psora which is gradually increasing within, but is as yet slumbering, and has not yet come to the full outbreak of manifest disease. But *no one person has all these symptoms; the one has more of them, the other a smaller number; the one has at present only one of them, but in the course of time he will also have others*. He may be free from some, according to the peculiar disposition of his body or according to the external circumstances of different persons.

Symptoms of Latent Psora

- Mostly with children—frequent discharge of ascarides and other worms; (unbearable) itching caused by the worms in the rectum.
- The abdomen often distended.
- Now insatiable hunger, then again want of appetite.
- Paleness of the face and relaxation of the muscles.
- Frequent inflammations of the eyes.
- Swellings of the cervical glands (scrofula).
- Perspiration on the head, in the evening after going to sleep.
- Epistaxis with girls and youths (more rarely with older persons), often very severe.
- Usually cold hands or perspiration on the palms, (burning in the palms.)
- Cold, dry, or ill-smelling sweaty feet, (burning in the soles of the feet).
- The arms or hands, the legs or feet, feel numb by a slight cause.
- Frequent cramps in the calves (the muscles of the arms and hands.)
- Painless subsultus[1] of various portions of the muscles here and there on the body.
- Frequent or tedious dry or fluent coryza or catarrh, or impossibility of catching a cold even from the most severe exposure, even while otherwise having continually ailments of this kind.
- Long continued obstruction of one or both nostrils.
- Ulcerated nostrils (sore nose).
- Disagreeable sensation of dryness in the nose.
- Frequent inflammation of the throat, frequent hoarseness.
- Short tussiculation[2] in the morning.
- Frequent attacks of dyspnea.
- Predisposition to catching cold (either in the whole body or only in the head, the throat, the breast, the abdomen, the feet; e.g., in a draft, (usually when these parts are inclined to perspiration), and many other, sometimes long continuing ailments arising from this.
- Predisposition to strains, even from carrying or lifting a slight weight, often caused even by stretching upward and reaching out the arms for objects which are hung high (so also many complaints resulting from a moderate stretching of the muscles—headache, nausea, prostration, tensive pain in the muscles of the neck and back, etc.).
- Frequent one-sided headache or toothache, even from moderate emotional disturbances.
- Frequent flushes of heat and redness of the face, often with anxiety.
- Frequent falling out of hair of the head, dryness of the same, many scales upon the scalp.

1 Twitching of the muscles, so that the tendons are seen to "jump." Seen as an expression of brain inflammation in severe infections or fevers.

2 A slight cough.

- Predisposition to erysipelas[3] now and then.
- Amenorrhoea, irregularities in the menses, too copious, too scanty, too early (too late), of too long duration, too watery, connected with various bodily ailments.
- Twitching of the limbs on going to sleep.
- Weariness early on awaking; unrefreshing sleep.
- Perspiration in the morning in bed.
- Perspiration breaks out too easily during the daytime, even with little movement (or inability to bring out perspiration).
- White, or at least very pale tongue; still more frequently cracked tongue.
- Much phlegm in the throat.
- Bad smell from the mouth, frequently or almost constantly, esp. early in the morning and during the menses, and perceived either as insipid,[4] as slightly sour, or as if from a stomach out of order, or as moldy, also as putrid.
- Sour taste in the mouth.
- Nausea, in the morning.
- Sensation of emptiness in the stomach.
- Repugnance[5] to cooked, warm food, especially to meat (principally with children).
- Repugnance to milk.
- At night or in the morning, dryness in the mouth.
- Cutting pains in the abdomen, frequently or daily (especially with children), more frequently in the morning.
- Hard stools, delaying usually more than a day, clotted, often covered with mucus (or nearly always soft stools, like diarrhoea).
- Venous knots on the anus; passage of blood with the stools.
- Passing of mucus from the anus, with or without feces.
- Itching on the anus.
- Dark urine.
- Swollen, enlarged veins on the legs (swollen veins, varices).
- Chilblains[6] and pains as from chilblains, even outside of the severe cold of winter; even in summer.
- Pains as of corns, without any external pinching of the shoes.
- Disposition to crack, strain or wrench one joint or another.
- Cracking of one or more joints on moving.
- Drawing, tensive pains in the neck, the back, the limbs, especially, also, in the teeth (in damp, stormy weather, in northwest and northeast winds, after cold, overlifting, disagreeable emotions, etc.).
- Renewal of pains and complaints while at rest, and disappearance of the same while in motion.
- Most of the ailments come on at night, and are increased with a low barometer, with north and northeast winds, in winter and towards spring.
- Uneasy, frightful, or at least too vivid, dreams.
- Unhealthy skin; every little lesion passes into sores; cracked skin of the hands and of the lower lips.
- Frequent boils, frequent felons.[7]
- Dry skin on the limbs; on the arms, the thighs, and also at times on the cheeks.
- Here or there a rough, scaling spot on the skin, which causes at times a voluptuous[8] itching and, after the rubbing, a burning sensation.
- Here or there at times a single insufferably pleasant, but unbearably itching vesicle, at its point sometimes filled with pus, and causing a burning sensation after rubbing, on a finger, on the wrist or in some other place.

3 Erysipelas is a superficial inflammation of the skin, with general fever, tension, and swelling of that part. The surface will be smooth, red, perhaps shiny as if oiled.

4 Having no definable taste.

5 Intense disgust; loathing.

6 An erythematous inflammation of the feet & hands, brought on by exposure to cold. (Erythematous is like a localized erysipelas, characterized by redness of the tissues.)

7 Also called *paronychia*, refers to an inflammation and enlargement of the tissue of the nail, the pulp or matrix. Sometimes used to refer to inflammation of fingers or hand as well (my italics, RP).

8 Pleasurable to scratch the itching area.

The Experience of Having These Latent Symptoms

When conditions are favorable

Suffering from (some, or several, of these ailments occurring at various times, even frequently) a person will still consider himself as healthy, and is supposed to be so by others.

He may also lead a quite (bearable) life in such a state, and without much hindrance, attend to his business as long as he is young or still in his vigorous years. [This continues] so long as he does not suffer any particular mishap from without, has a satisfactory income, does not live in vexation[9] or grief, does not overexert himself, but especially if he is of quite a cheerful equable, patient, contented, disposition. With such persons the psora (internal itch malady), which may be recognized by a (perceptive person) by means of a few or by more of the above symptoms, may slumber on for many years within, without causing any continuing chronic disease.

But still, even in such favorable external relations, *as soon as these persons advance in age*, even moderate causes (a slight vexation, or a cold, *or an error in diet*, etc.), may produce a violent attack of (however only a brief) disease.

(For example,) a violent attack of colic, inflammation of the chest or the throat, erysipelas, fever and the like, and the violence of these attacks seems to be out of proportion of its moderate cause. This is most likely to happen in fall or winter, but often also by preference in springtime.[10]

When conditions are not favorable

[This can also happen] where a person, whether a child or an adult, who has the psora slumbering within him, shows much semblance of health but happens upon the *opposite* of the favorable conditions of life (described above), that is, when his health and whole organism have been very much weakened and shaken. [Immediate causes can be, for example,] a prevalent epidemic fever or an infectious acute disease, smallpox, measles, whooping cough, scarlet fever, purple rash, etc, or through an external severe lesion, a shock, a fall, a wound, a considerable burn, the breaking of an arm or a leg, a hard labor, the confinement due to a disease (usually helped on by the incorrect and weakening Allopathic treatment), confinement at a sedentary occupation in a gloomy, close room, thus weakening the vital force.[11]

(Also) the sad losses of beloved relatives bending down the soul with grief, or daily vexation and annoyance which embitter the life, deterioration of the food or an entire want of what is necessary and indispensable—exposure and inferior food beating down man's courage and strength—then the psora, which has (until now) slumbered, awakes and shows itself in heightened and augmented symptoms.

In its transition to the formation of severe maladies; one or another of the nameless (psoric) chronic diseases breaks out and *most of all through weakening and exhausting improper-treatment by allopathic physicians*, they are aggravated from time to time without intermission often to a fearful height (unless external circumstances favorable for the patient are introduced which cause a moderation in the process of the malady).

Psora continues to develop

But even if favorable external conditions should again check the rapid development of a disease that has broken out, true health can not be lastingly restored by any of the modes of treatment hitherto known, and the customary allopathic treatments, with their aggressive, inappropriate remedies only hasten death, the end of all those maladies which the physician cannot heal.

9 The state of being annoyed, frustrated, or worried.

10 Psora often is activated at a change of seasons.

11 The factor here is that something disturbs the balance and in attempting to compensate, the latent chronic disease is activated.

When once, under the above-mentioned unfavorable outward surroundings, the transition of the psora from its slumbering and bound condition to its awakening and outbreak has taken place, and the patient leaves himself to the injurious activity of the usual allopathic physician, in such a case, *the external circumstances of the patient and his situation with respect to his surroundings may have changed ever so favorably*, but the aggravation of the disease nevertheless proceeds under such hands without any escape.

The awakening of the internal psora which has hitherto slumbered and been latent, and, as it were, kept bound by a good bodily constitution and favorable external circumstances, as well as its breaking out into more serious ailments and maladies, *is announced by the increase of the symptoms given above as indicating the slumbering psora*, and also by a numberless multitude of various other signs and complaints. These are varied according to the difference in the bodily constitution of a man, his hereditary disposition, the various errors in his education and habits, his manner of living and diet, his employments, his turn of mind, his morality, etc.

Then when the itch-malady develops into a manifest secondary disease there appear the following symptoms, which I have derived and observed altogether from accounts of diseases which I myself have treated successfully and which confessedly originated from the contagion of itch, and were mixed neither with syphilis nor sycosis.

Note: There follows from here several pages of symptoms that Hahnemann observed as belonging to Psora (starting on page 52 of Hahnemann's The Chronic Diseases). They are conditions we would recognize today but dispersed under different names and considered separate conditions.

Psora (Wasting Syndrome) & Its Manifestation

Psora can exist in 5 phases:

- Primary manifestation — skin disease, terrible itching or itching eruptions. Can sometimes be small areas of involvement with milder itch.
- Latent psora — from inheritance, or after the initial primary manifestation, or after palliative or suppressive treatment. Symptoms are mild, common, often not noticed.
- Active psora — skin symptoms are a noticeable problem, persistent, progressive, recurrent. Skin includes the outer covering of the body (in general), the ears, eyelids and conjunctiva, hair, orifices of the body.
- Secondary psora — Focus of the disease has moved to the interior of the body with involvement of tissues and organs other than the skin.
  - ✳ The condition becomes more complicated.
  - ✳ There is more interference with and loss of function (like digestion for example).
  - ✳ The senses are especially affected — sight, hearing, sensation.
- Developed psora — Secondary psora has become advanced with development of pathology, loss of organ function or organ failure. Several parts of the body have been affected, history of repeated treatment, evidence of deterioration.

How it looks in dogs and cats – common manifestations of latent miasms.

CATS

- □ Thirst (healthy cat does not drink).
- □ Gum inflammations; red line along gums; diffusely red gums.
- □ Tooth decay; cervical lesions; root decay; abscesses.
- □ Skin not healthy — slightly itchy; dandruff or flakiness.
- □ Coat not looking good — rough coat, or dry or lusterless; change in coat color to lighter color or "reddish" or "brownish" cast.
- □ Bladder trouble — urination too frequent; spraying urine; straining; inappropriate urination.
- □ Bowel function disturbed — soft stools, occasional diarrhea, esp. from change of food; constipation tendency.
- □ Appetite problems; "finicky," wants to eat little and often; malnutrition.
- □ Low level conjunctivitis, a little too red inside lids; watery discharges; mucous accumulation in corners, especially reddish (almost bloody looking at times) discharge in the inner canthi.
- □ Change in color of iris.
- □ Discomfort after eating; vomiting tendency (eating too fast, or different foods); gastritis.
- □ Ears irritated, itching; dark or oily or waxy discharge seen inside ear canals.
- □ "Wasting" tendency; towards thinness or even emaciation (marasmus).
- □ Coughing, asthmatic tendency (though not full display of asthma).
- □ Dark discharge around the base of the nails.
- □ Mental/emotional disorders.
- □ Fears — of people, noise, movement.
- □ Aggression — unfriendly, attacking other cats, dogs, people.
- □ Hatred; jealousy — hates other cats, quarrelsome.

DOGS

- □ Poor development; uneven, small body; irregular or small teeth.
- □ Hair does not grow in well; thin, poor color; loss of undercoat; dry lusterless hair.
- □ Doggy odor; skin odor; oiliness of the coat.

- ☐ Itchiness (mild) without evident lesions. Tendency for base of tail to be first affected area, or the feet.
- ☐ Licking front feet excessively, licking them for long periods, esp. in evenings.
- ☐ Ears have oily dark brown discharge. Oily, itchy, warm to touch.
- ☐ Conjunctiva too pink, mucous in corners of eyes; rubbing eyes on furniture or bushes.
- ☐ Stiffness, restricted movement of rear legs on running; difficulty rising from the floor; joint pains.
- ☐ Hip dysplasia and associated symptoms.
- ☐ Nose too dry on surface, cracked; loss of pigment; watery discharge drips out (esp. when eating).
- ☐ Tendency to diarrhea; happens with change of foods; occasional mucous or blood in the stools.
- ☐ Offensive flatus.
- ☐ Nails not healthy — distorted, brittle, crumble, fall off.
- ☐ Eruption between toes; fistulae (often thought to be foreign body but is not).
- ☐ Anal gland problems — leak, don't empty, get inflamed.
- ☐ Craving for manure, dirt, rocks, sticks.
- ☐ Excessive, esp. ravenous, appetite; overweight as a result, if food is not restricted.
- ☐ Scoots bottom on floor or ground.
- ☐ Mental symptoms.
- ☐ Fears — of noise, storms, people, crowds, wind, to be alone.
- ☐ Suspicion, of people at door, of other animals.
- ☐ Unfriendliness.
- ☐ Tendency to bite or act aggressive; to hunt other animals (cats esp., but also poultry, sheep, ducks, chickens).
- ☐ Destructiveness (of surroundings, esp. clothing, blankets).
- ☐ Mentally slow, difficult learning or remembering.
- ☐ Nervous hyperactivity.

The Wasting Syndrome (Psoric Miasm) —Summary

Psora is the beginning of all *persistent* illness (the primary disorder responsible).

Psora is a disordered state of the life force which expresses itself in a *tremendous variety* of chronic illnesses.

It is the foundation of all other sickness. Without psora the other two chronic venereal diseases and excessive susceptibility to the acute diseases could not be as developed as they are today.

It is very common for psoric conditions to have skin eruptions & itchiness at times (if not constantly).

During treatment of this condition, there will usually be some skin manifestation during the curative treatment (reversal of historical development).

It progresses from simple states (simple eruption) to the very highest degree of complexity — esp. if it is complicated by use of allopathic treatment over a span of several generations. "The miasms that are at the present day upon the human race are complicated a thousandfold by allopathic treatment." — Samuel Hahnemann.

The continued suppressive methods used to rid the body of *visible* or *surface* conditions has caused it (over many generations) to root itself deeper, to become more internal and subtle.

The most severe forms of psora are those resulting in advanced pathology and organ failure or those manifesting as emotional/mental disease.

The most difficult forms of psora to treat are those that are suppressed.

It is very characteristic that the patient *wastes away*, e.g., loses weight and becomes emaciated. This can occur even with a very good, even excessive, appetite.

Manifestations of the Three Forms of Chronic Disease (Miasms)

Wasting Syndrome (Psora)	***Hyperplasia Syndrome (Sycosis)***	***Degenerative Syndrome (Syphilis)***
Primary Manifestation: Psora is the major cause of chronic disease in humans and animals. It needs to be present for the other miasms to become established. Its primary manifestation is as an itching eruption of the skin, often with the presence of small vesicles that are quickly rubbed away.	Primary Manifestation: Urethral inflammation with discharge (or even absence of discharge in recent times). Non-specific urethritis and venereal diseases of all types (e.g., Trichomoniasis, AIDS). Affections of the reproductive organs, including prostatitis, orchitis, etc.	Primary Manifestation: Eruptions on the genitals, like chancres, but general tendency to move inward and attack other parts of the body. Also, predilection for urinary tract affections, as with sycosis.
Developed Primary Manifestation: Eruptions on the body, esp. vesicular E. and E. between the fingers. Itching eruptions, from mild to severe, of all types — usually worse from warmth.	Developed Primary Manifestation: Mucopurulent discharges and catarrhs. Catarrhs of any mucous membrane but esp. chronic lachrymation & nasal discharges, sinusitis, obstructions of the nasal passages.	Developed Primary Manifestation: Ulcers in the throat, and general tendency to *persistent ulceration* elsewhere. There is more degeneration as a result of this miasm and tissues begin to atrophy and break down.
Method of Transmission: Acquired by direct contact or from a fomite, or by inheritance. Accelerated by drug use, vaccination or emotional stress.	Method of Transmission: Acquired by *venereal* transmission, vaccination, drug use, or inheritance.	Method of Transmission: Acquired by *venereal* transmission, vaccinations, drug use, or inheritance.
Effect on the Young: Infants have poor vitality and die easily or early — can't nurse, can't assimilate food. Malassimilation, marasmus, uneven growth, poor conformation. Chronic diseases appearing even in young individuals a few months old.	Effect on the Young: Infants have growth or assimilation problems in the first year. Do not grow properly or do not thrive. Poor appetite, particular cravings.	Effect on the Young: Conjunctivitis, eye inflammation, iritis. Mucous patches (irritation) & inflammatory areas in the throat, e.g. sore throat.

Wasting Syndrome (Psora)	***Hyperplasia Syndrome (Sycosis)***	***Degenerative Syndrome (Syphilis)***
Secondary Manifestations: Most affected are blood vessels, liver, under the surface of the skin with tendency to abscesses and boils, the skin itself, and functions of the senses (vision, hearing, etc.). Disturbances of function, without pathology being present. With time, all parts of the body and all tissues can be affected. Psora includes all of the major chronic disease conditions, including, for example, such things as epilepsy, insanity, cancers, tumors, ulcers, and catarrhs. **Primary Remedy:** Sulphur.	Secondary Manifestations: Poor reaction, lack of repair, lack of recovery. Problems affecting the ovaries, uterus, and female reproductive organs in general. Sterility. Miscarriages. Gradually increasing anemia. Inflammation and deterioration of the interior organs (lungs, liver, kidneys). Esp. chronic deterioration of the kidneys, cystitis. Severe and progressive rheumatic affections and arthritis, esp. of the knee joint. *Looseness of joints* (hip dysplasia). Contraction of tendons, resultant soreness of the muscles and then infiltration & hardness with pain. Deformity of the limbs. Sore feet. Thickening or hardening of tissue, a *general tendency to pre-cancerous & cancerous formations* — tumors, warts, polyps, cysts, etc. Esp. tumors around the genitals (e.g., vaginal warts). Strong tendency to respiratory problems and becoming thin or looking old. Middle ear infections. Digestive problems, lienteric stools, sensitivity to foods, diarrhea tendency. *Susceptibility to wet weather, getting wet, dampness.* *Increased susceptibility to fungus infections.* *Immune problems* of all sorts—lupus, pemphigus, auto-immune diseases, inflammatory bowel, hyperthyroidism, etc. **Primary Remedy:** Thuja.	Secondary Manifestations: The periosteum, bones, and the brain are primary sites affected — formation of multiple tubercular masses (not a true abscess) or of ulcers. Affects primarily the soft tissues and the bones, tissues of the mouth and teeth. Falling out of the hair. **Primary Remedy:** Mercurius.

Hahnemann's Instructions on Treatment of Chronic Disease

On The Use of Antipsoric and Non-Antipsoric Remedies:

"I was very sorry for you when I first heard from Dr. Rummel the sad account of the illness of your wife, and I now rejoice with you that it has yielded so happily and quickly to the true healing art.[1]

"This was an example of the, by no means rare, explosions and sudden outbursts of the internal psora. *These are always quite sudden illnesses*, the cause of which—a chill, a fright, a vexation, etc., is often very insignificant. *They only come singly*. Therefore *I consider all maladies that occur epidemically and sporadically as belonging to this class*.

"Those single outbursts of the internal latent psora, which I have not sufficiently described in my book, after their speedy defervescence[2] or rapid cure by proper means, *allow the previously latent psora to return to its latent state*—as we often see in the case of poor people that a sudden inflammatory swelling in some part, a sore throat, an ophthalmia, an erysipelas, or other acute febrile disease (pleurisy, etc.), comes on in a threatening manner. If it does not kill the patient, it often subsides by the help of nature (frequently by the formation of an abscess), and then *the stream returns to its bed; i.e., the psora again becomes latent, but with an increased disposition to repeat these or similar explosions*.

"But among the well-to-do classes, who immediately resort to the allopathic physician, *such sudden illness generally goes on to the full development of the psora*, and to a palpable progressive chronic disease.

"It ought not to cause astonishment that *for such very acute outbursts of latent psora the antipsoric remedies are not suitable*, therefore, that Sulphur (or even Graphites, which is such an excellent homeopathic remedy for erysipelas of the face) was not suitable in the face-erysipelas fever of your wife.

"These remedies are appropriate for the slow, radical cure of the primal cause of the face-erysipelas. *Now the non-antipsoric remedies (like Rhus tox. in your case), which correspond to the present transient morbid picture, are the appropriate medicines*. They can quickly quell the existing acute explosion, so that the condition calms down again into latent psora, *to which these remedies have little or no affinity*.

"*To remove the tendency* to such outbursts (dangerous sore throat, pneumonia, ophthalmia, typhus fever, erysipelas, etc.), that is, to effect a radical cure of the psora, *requires the slow specific action of the antipsoric remedies* — in the case of your wife among other medicines, also Graphites, as you must give Sulphur soon again."

1 Thomas Lindsley Bradford, M.D.; A Letter to Stapf, dated Feb. 23, 1828 as reproduced in *The Life and Letters of Dr. Samuel Hahnemann*, pp. 184-185.

2 To stop boiling, cool off.

Remedies For Treatment Of Chronic Disease

(The Anti-Miasmatic Remedies[1])

Most Frequently Used Remedies

Arsenicum album (white arsenic)
Baryta carbonicum (barium)
Calcarea carbonica (lime)
Causticum (potassium hydroxide)
Graphites (amorphous carbon)
Hepar sulphuris calcareum (calcium sulphide)
Lycopodium clavatum (staghorn club moss)
Mercurius vivus (quicksilver)
Natrum muriaticum (common salt)
Phosphorus (the element)
Silica terra (quartz)
Sulphur (the element, brimstone)
Thuya occidentalis (arbor vitae)

Less Used Remedies

Agaricus muscarius (amanita mushroom)
Alumina (pure clay)
Aurum metallicum (the element gold)
Bovista (puffball mushroom)
Carbo animalis (animal charcoal)
Carbo vegetabilis (vegetable charcoal)
Conium maculatum (poison hemlock)
Iodium (iodine)
Kali carbonicum (potassium carbonate)
Mezereum (daphne shrub)
Natrum carbonicum (soda)
Nitricum acidum (the acid)
Sepia (cuttlefish ink)
Zincum (the element, zinc)

Infrequently Used Remedies

Ammonium carbonicum (carbonic acid)
Ammonium muriaticum (ammonium chloride)
Anacardium orientale (marking nut tree)
Antimonium crudum (black sulphide of antimony)
Aurum muriaticum (chloride of gold)
Borax veneta (hydrated sodium borate)
Clematis erecta (clematis flower)
Colocynthis (bitter apple)
Cuprum (copper, the metal)
Digitalis purpurea (foxglove)
Dulcamara (bittersweet nightshade)
Euphorbium officinarum (cactus-like plant resin)
Guaiacum (lignum vitae tree)
Magnesia carbonica (magnesium carbonate)
Magnesia muriatica (magnesium chloride)
Manganum (manganese)
Muriatic acidum (hydrochloric acid)
Nitrum (kali nitricum, saltpeter)
Petroleum (crude oil, natural state)
Phosphoricum acidum (phosphoric acid)
Platina (platinum)
Rhododendrum (rhododendrum shrub)
Sarsaparilla (the plant)
Stannum (white tin)
Strontium carbonicum (strontium, carbonate form)
Sulphuricum acidum (the acid)

1 These remedies are the antipsoric remedies in Hahnemann's Chronic Diseases with the addition of four remedies from Boenninghausen. Also included are Mercurius for the Syphilitic Miasm and Thuja for the Sycosis Miasm as listed also in the Chronic Diseases.

The Hyperplasia Syndrome (Sycosis)

The Sycosis miasm, related to the venereal disease of gonorrhea, has an affinity to a number of remedies. The chief one, the one most often used, is Thuya. Second in importance are the other remedies that are in bold type.

There are some cases in which this miasm is most active as it is especially stimulated and enhanced by vaccination and the use of antibiotics or biological products. You may find that one of these remedies will be essential in making progress in your chronic case.

The primary remedies for treatment of this miasm when it is active are noted in the following rubric from the Boger-Boenninghausen Repertory:

Sycosis: apis, *arg*., *arg-n*., **Ars**., *calc*., caust., *dulc*., fl-ac., **Graph**., **Kali-s**., **Med**., **Nat-s**., **Nit-ac**., sel., *sep*., **Sil., Staph**., **THUJ**.

Thuya & Silica are the chief remedies that are the most similar to this condition. Unless other indications are present, these two remedies should be considered carefully for cases in which the Sycotic miasm is active.

The Degenerative Syndrome (Syphilis)

In the same way there are remedies that correspond to the third miasm, Syphilis. This miasm was recognized by Hahnemann to be distinct from the others that he found and is characterized by its *destructiveness and tendency towards degeneration of the tissues and organs, especially ulceration.*

The primary remedies for treatment of this miasm when it is active are noted in the following rubric from the Boger-Boenninghausen Repertory:

Syphilis: am-c., *aur*., carb-an., cinnb., iod., kali-ar., **Kali-i**., **Kali-s**., **MERC**., **Nit-ac**., phyt., *sars*., **Sil**., **Syph**., thuj.

Mercurius (Mercurius, Merc. vivus, or Merc. sol.) is the chief remedy and most representative. When in doubt as to which of the anti-syphilitics to use it is the remedy to choose.

Syphilinum is a nosode made from the urethral discharge from a human being. It seems to have limited application to animals as best I can tell. I have not had a case that has responded noticeably to it.

There is an overlap with some remedies — for example with Kali-s, Nit-ac, Silicea and Thuya — in that *the same remedy is found suitable for both venereal miasms*. This represents the broad coverage that these remedies have with their similarity to both manifestations of disease.

Relationship Between the Polychrest Remedies and the Anti-Miasmatics

The Polychrest Remedies (generally "acute" remedies)

There are remedies recognized as *very frequently useful* in the treatment of both acute and chronic disease (those aspects of the case when there are acute flare-ups or increase of symptoms that deviate from the usual pattern).

This is because these medicines, more than others, *have similarity to the most common expressions of illness*. For example, Aconitum and Belladonna both have similarity to very common and frequent expressions of inflammation. This, of course, does not mean that only these two remedies are applicable to inflammation. For example, here is the rubric from Boger-Boenninghausen that gives us the most indicated remedies for intense inflammation:

> Generalities; Inflammation; acute, intense: ACON., ARS., BELL., canth., hell., VERAT., Verat-v.

Still, in practice these two remedies will commonly be indicated and successful *when inflammation is a prominent aspect of the patient.* So, it is not that other remedies cannot be indicated, rather that *the odds are* than Acon. or Bell. will be the ones needed.

The "Polychrest Antipsorics"

The remedies known to be polychrests include some *that are also antipsorics* and it is simply the empirical observation that these same remedies can also be needed during the acute expression of some disease conditions.

Notice in the rubric above that Arsenicum, an antipsoric remedy, is also one that that has intense inflammation and, indeed, may be quite suitable for an acute situation.

A generalization I might suggest, in using these antipsoric remedies in acute situations, is that when an antipsoric remedy is needed for the acute phase of chronic disease, *a different antipsoric will be required for further treatment* of the latent stage of psora. I am not certain this is always the case, but it is my clinical impression at this point in my experience.

The Most Used Polychrest Remedies

The remedies that are polychrests include, *especially*: Aconitum, Arnica, Arsenicum, Belladonna, Bryonia, Calcarea, Chamomilla, China, Ferrum phos., Gelsemium, Hepar sulph., Ignatia, Ipecac, Lachesis, Mercurius, Nux vomica, Phosphorus, Pulsatilla, Rhus toxicodendron, Sulphur, Veratrum album & Veratrum viride.

Another way to see what are the major remedies for acute disease conditions is to examine the rubrics for such. An example is to look at the one for influenza:

> Generalities; Influenza: Acon., arn., Ars., bapt., bell., bry., camph., Caust., chel., chin., cimic., EUP-PER., gels., ip., MERC., NUX-V., phos., phyt., puls., Rhus-t., sabad., sang., sil., spig., squil., stict., verat-v.

Here we see Eupatorium perfoliatum in high grade, so it is another remedy that certainly should be considered for the common symptoms of feverishness, aching, chills, etc.

In my experience with patients that have chronic disease, the most commonly needed polychrest remedies to be used for the "acute" phase of those conditions are:

- ❑ Aconitum
- ❑ Belladonna
- ❑ Mercurius

- ❑ Nux vomica
- ❑ Pulsatilla

Relation of Polychrest Remedies to Anti-miasmatic Remedies

It is helpful to think of chronic cases having two layers or aspects. The top level, *level 1*, is the manifestation of active symptoms — what Hahnemann referred to as "explosions and sudden outburst of the internal psora."

The bottom level, *level 2*, is the place of latent psora, sometimes referred to as "the stream returning to its bed." The relationship looks like this:

Level 1 = Active Psora, flare-ups and intensification of the underlying chronic disease.

Level 2 = Latent Psora, there are symptoms but less intense, less inflammation.

The relationship of remedies to use in treatment of chronic disease is like this (using this same model):

Level 1 = Active Psora = Polychrest remedies.

Level 2 = Latent Psora = Anti-miasmatic remedies.

So, in practice, we treat the flare-ups of chronic disease with the polychrest remedies (primarily, with some exceptions in less common clinical situations) until the active symptoms subside. Then, after a period of time for a healing response and for further observation (from a day or so to several months), the anti-miasmatic remedy is used (assuming indications for a remedy can be seen).

A difference in prescribing needs to be recognized for the two levels, as the acute phase of illness may need repetition of remedies if the condition is very intense or if there is a fever present. In the great majority of my cases I use a single dose of 30c but occasionally the use of up to 3 doses is appropriate.

Repetition

If a remedy is needed in repetition, in almost all cases, there will be an observable response within 3 doses, most often after 2 doses. A lack of response within this schedule indicates the unsuitability of the medicine and a new prescription should be determined.

The chronic phase does not respond well to any repetition of remedies. What is most advantageous and successful is the single dose, either of "C" potencies or of the LM potencies.

Potency in relation to type of illness

Another factor is the possible difference in potency for treating the acute phase vs. chronic one. Though one may use the same potency in both situations, for example 30c of each remedy, sometimes a higher potency is of more use in acute treatment.

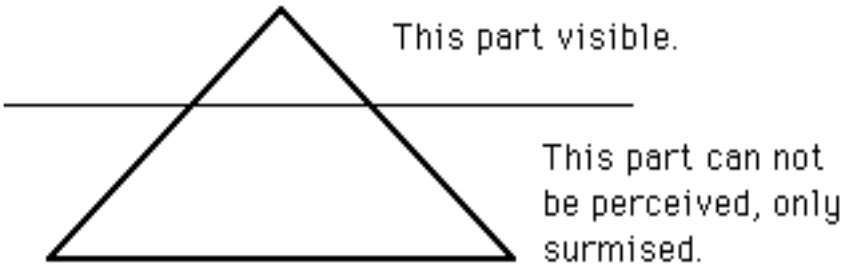
Level 1 = Active Psora = Repeat remedies up to 3 times if necessary (30c to 10M range).

Level 2 = Latent Psora = Single doses. Potency to be used depending on patient factors (from 6x to 10M).

Some Basic Questions on Prescribing

1. Why is the *similimum* needed for a curative reaction?

What is observable of the patient is the outer aspect of the disease process. The change at the level of the life force is more extensive and profound than just this picture displays. There is also involvement below the level of observation involving processes that are too subtle for our perception—even with present technology.



The Full Extent of Disease in the Patient

Many remedies will have an outer match. *Few or only one also matches in depth*. This match at depth is necessary for the curative reaction to occur. It is not that the match in depth is necessary for change to occur or even change that looks to be improvement. However, *for a curative process to begin,* that is ongoing and more significant in every way, this depth must be matched by the remedy.

Hahnemann's teaching of the need for the antipsoric in chronic disease, coupled with our understanding of the need for the similimum brings us to this conclusion — though several remedies may seem to "fit" the outer picture of disease in a particular patient, we refrain from using those that are known to be unable to cure psora—*in favor of an antipsoric that may not even seem to fit quite as well*.

2. When are the acute (non-antipsoric) remedies needed?

During acute illness—infectious disease, injury, severe emotional shock (grief, fear).

During acute exacerbation of chronic disease, what Hahnemann called "explosions of psora." To be followed later by an antipsoric, when psora is once again latent.

To start a chronic case in which the symptoms are not definitive or the case is unclear from the results of prior treatments.

3. When are anti-vaccine remedies needed?

When the history indicates that illness started after vaccination.

When progress in a case ceases and it appears that there is an obstacle to further progress. We can make an assumption that vaccines could be a factor.

When symptoms matching one of the major anti-vaccine remedies (esp. Thuya, Mezereum, Silicea) appear in the patient, e.g., left-sided symptoms with excessive growth of tissue (Thuya).

4. Is only one remedy needed in a case?

In treating acute illness (an indisposition that is temporary), often only one remedy is required. In treatment of chronic disease, more than one remedy is usually needed because of the extent and development of the chronic disease state which exceeds the reach of any one remedy. There will be times when a *non-antipsoric* is re-

quired and then continued use of the antipsoric remedy after that.

There will be cases where the complementary relationship of remedies can be used to advantage. Usually there is "one remedy" at the bottom of the whole thing, that will finish the case and was probably what the patient needed when younger. *In my experience this final remedy is always one of Hahnemann's original antipsoric remedies*.

5. Why not use palliative remedies in a case to at least relieve symptoms?

When a remedy is palliative, it corresponds to the outer layer (or outer part) of the disease, not to the root. Though it will relieve symptoms, sometimes dramatically, it cannot initiate a curative reaction.[1] The long term effect of palliative treatment is the *removal of guiding and characteristic symptoms* which leave the patient uncured and incapable of being cured because those details which would guide the practitioner are no longer present.

In addition to this, *psora can become latent* though still existing, yet slowly doing damage. It can appear to the patient and practitioner that curative progress has been made. This erroneous assumption (that these remedies were curative) leads to continued inappropriate treatment when psora is again active.

Here is a simple example: Mrs. Jones found that if she gives her dog with hip dysplasia a supplement made from a certain type of algae that his stiffness and slowness was noticeably improved. As long as the supplement is continued the improvement persists. Once, she forgets to reorder and her dog reverts to his original condition. She starts the supplement again and again he improves. This confirms the value of the supplement to Mrs. Jones and she vows never to allow it to lapse again. She eventually becomes a network distributor for the product and uses her dog as an example of the value of this particular supplement for arthritis. After a few years of apparent improvement, her dog becomes much worse and actually loses the use of his back legs. Her veterinarian makes a diagnosis of "degenerative myelopathy."

What has happened here is that Mrs. Jones found an effective palliative substance for her dog's condition. While he was being palliated (the continuation of the algae a necessary condition) the underlying psoric condition is diminished on the surface level (e.g., level of observation) while psora at the "root" level continues to develop and gradually extends the pathological development. Finally, the palliation is not sufficient and the true extent of the chronic disease becomes fully evident.

6. Is it possible for similar remedies to give the false appearance of cure?

Yes. Through use of partially similar remedies, psora can return to a semblance of cure, the return of psora to a more latent state—still present and not diminished—but in a quiet condition in which symptoms are less evident. This state can last for months, perhaps years under favorable circumstance but ending when there is the

1 *Organon of the Medical Art*, Samuel Hahnemann, edited and annotated by Wenda O'Reilly, PhD. Published by Birdcage Books, 1996. P. 111: "In the first moment of the impingement of the palliative, the life force feels nothing unpleasant from either the disease symptom or from the opposed medicinal symptom since both appear to have been mutually lifted and, as it were, dynamically neutralized one another in the feeling of the life principle. For example, the stupefying energy of opium neutralizes pain. In the first minutes, the life force feels healthy and is sensible of neither the stupor of the opium nor the pain of the disease. However, the opposite medicinal symptom cannot (as in the homeopathic procedure) occupy the place in the organism (in the feeling of the life principle) held by the present disease mistunement as a similar, stronger artificial disease. It cannot (like a homeopathic medicine) affect the life principle with a very similar artificial disease so as to step into the place of the natural disease mistunement. Therefore, the palliative medicine must leave the disease mistunement uneradicated, since the medicine is entirely a deviation, through opposition, from the disease mistunement."

appropriate trigger. During this time, psora develops and makes greater inroads. *When it once again becomes more active, the patient's condition is more severe than before.*

7. Why not use two remedies at one time?

In complex or confused cases, there may be two or more remedies which each cover part of the symptom picture. If combined together, they appear to cover all the symptoms. For example, one remedy may match skin symptoms, another appetite issues. Putting them together would seem to cover "everything." *However to initiate a curative reaction, the remedy must also be similar to the deeper, non-visible aspect of the disease.* A superficial match will not initiate this deeper response but will only be palliative.

In addition, one remedy may antidote or interfere with another being used so that even if by chance the similimum were included, another remedy will block the curative reaction.

8. Why not repeat the higher (200 and above) potencies?

The answer to this lies with understanding the distinction between the initial action and the after-action or counteraction.

When a medicine is used, it "alters the tuning of the life force" for a period of time. The *response to this by the life force* is either directly opposed to this alteration (if such a response is possible) or is an attempt to reestablish a normal condition.[2]The response of the healthy body is usually not perceived (to these small doses). The initial effect may be seen with sufficient attention but the response is just adequate to reestablish normality and is not observable beyond this normalization.

In the sick patient the after-action is more noticeable as this response (with homeopathic treatment) includes a process of healing that the body goes through. Thus, the initial effect is brief, *the after-effect is prolonged and progressive*.

If a remedy which is homeopathic is used too often, the initial effect predominates and the counteraction is not allowed to proceed. Eventually the life force stops reacting, seeming to become insensitive or perhaps exhausted in its efforts.

The proper practice is to:

1. Establish the initial effect,
2. Then allow the counteraction,
3. Evaluate counteraction—determine if curative.
4. Repeat when the counteraction has ended.

In this way, a case can be managed over several months, *keeping the patient in a response state* (e.g., a condition of counteraction) until a cure is established. Another aspect to this issue is the *mutability of the patient's condition*. It would be easy and simple if only one remedy is required throughout treatment. However, this is unlikely. We must be attentive to the indications that the patient's state has become reorganized[3] and now calls for a different remedy. Frequent dosing prevents this observation from being properly assessed.

2 *Organon of the Medical Art,* Samuel Hahnemann, edited and annotated by Wenda O'Reilly, PhD. Published by Birdcage Books, 1996. P. 107: "Each life-impinging potence, each medicine, alters the tuning of the life force more or less and arouses a certain alteration of a person's condition for a longer or shorter time. This is termed the initial action. While the initial action is a product of both the medicinal energy and the life force, it belongs more to the impinging potence (of the medicine). Our life force strives to oppose this impinging action with its own energy. This back-action belongs to our sustentive power of life and is an automatic function of it, called the after-action or counteraction."

3 During the counteraction, the relationship between patient and disease may change. It is as if the curative reaction changes the dynamic—the disease is diminished or displaced and the way the life force is handling it adapts accordingly. The result is a new remedy image finally appearing. In practice this is seen as a period of changes in symptoms and in the patient's general state that may last 2, 3 or 4 weeks, finally "settling down" into a recognizable and stable image.

9. What are "small remedies" and how are they to be used?

Small remedies are those that have not been fully proven, so that we do not know their full application or they are remedies which have been proven but exhibit only a few characteristic or even common symptoms — that is, they do not have broad action. They are applicable in only a limited way in the treatment of chronic disease.

In some advanced cases that have had considerable allopathic treatment, the original psoric condition may become distorted into a form in which certain symptoms or even one symptom may be all that is left in the case. Here, the small remedy that has this same emphasis can be useful in getting movement. With a favorable response, a reversion back to a more typical psoric picture may occur. Then a more appropriate antipsoric can be used.

These kinds of cases are rare. I may resort to this perhaps once or twice a year. To routinely use small remedies to treat cases leads to palliation and loss of characteristic symptoms without cure, usually returning psora to a latent state—at best.

10. How useful is clinical work in developing one's "picture" of a remedy?

Be careful in drawing conclusions from work with patients. *The problem is that symptoms of sickness are mixed with the response to remedy*. Learn the remedies from provings, rather than from clinical cases which can be misleading.

§ 107 of the Organon.

> If, in order to (determine the effect of medicines), medicines are only to be given to sick persons (even though they be administered singly and alone), then little or nothing definite is seen of their pure actions, as those peculiar alterations of the health to be expected from the medicine are mixed up with the symptoms of the present natural disease and can seldom be distinctly observed.

§ 108 of the Organon

> There is, therefore, no other possible way in which the peculiar effects of medicines on the health of individuals can be accurately ascertained - there is no sure, no more natural way of accomplishing this object, than to administer the medicines experimentally, in moderate doses, to healthy persons, in order to ascertain what changes, symptoms and signs of their influence each individually produces on the health of the body and of the mind; that is to say, what disease elements they are able and tend to produce, since, as has been demonstrated (§§ 24-27), all the curative power of medicines lies in this power they possess of changing the state of man's health, and is revealed by observation of the latter.

11. How are we to use behavior & personality in prescribing?

Do not base the prescription on *normal personality*. The personality (or breed characteristics) can be normal as opposed to pathology, so prescribe on *changes due to illness*, not on what is natural to the patient. The idea is to base the prescription on symptoms, not on anything that is "natural" to that individual.

§ 210 of the Organon

> Of psoric origin are almost all those diseases that I have above termed one-sided, which appear to be more difficult to cure in consequence of this one-sidedness, all their other morbid symptoms disappearing, as it were, before the single, great, prominent symptom. Of this character are what are termed mental diseases. They do not, however, constitute a class of disease sharply separated from all others, since in all other so-called corporeal diseases the condition of the disposition and

mind is always altered;[4] and in all cases of disease we are called on to cure the state of the patient's disposition is to be particularly noted, along with the totality of the symptoms, if we would trace an accurate picture of the disease, in order to be able therefrom to treat it homeopathically with success.

§ 211 of the Organon

This holds good to such an extent, that the state of the disposition of the patient often chiefly determines the selection[5] of the homœopathic remedy, as being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.

§ 213 of the Organon

We shall, therefore, never be able to cure conformably to nature - that is to say, homeopathically - if we do not, in every case of disease, even in such as are acute, observe, along with the other symptoms, those relating to the changes in the state of the mind and disposition, and if we do not select, for the patient's relief, from among the medicines a disease-force which, in addition to the similarity of its other symptoms to those of the disease, is also capable of producing a similar state of the disposition and mind.[6]

Often it can be determined that personality has changed since illness started. This is a valuable guide. The change is not always "negative" — the animal can become unusually affectionate or friendly and this can be a guiding symptom, an expression of the mistunement.

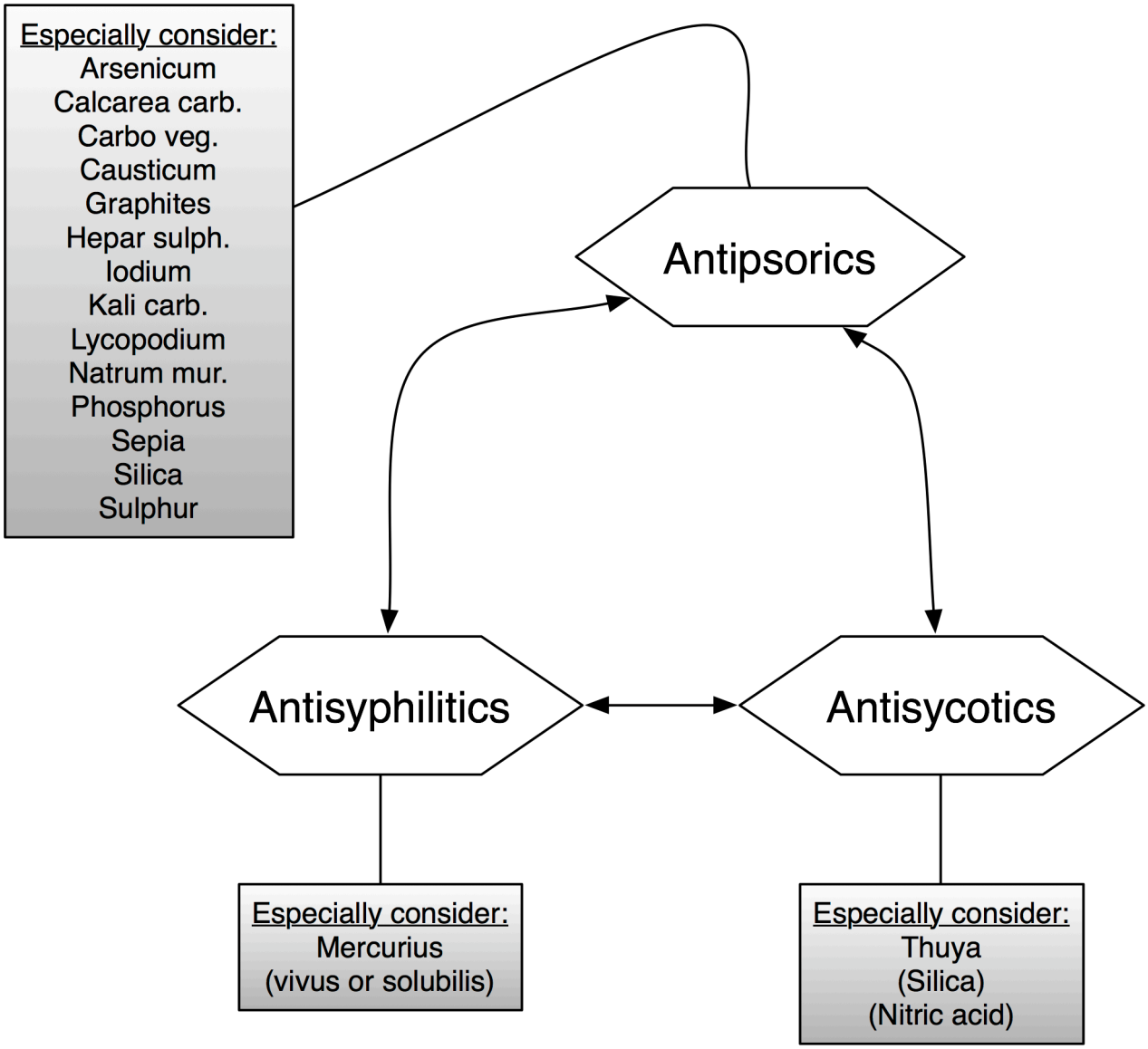
4 How often, for instance, do we not meet with a mild, soft disposition in patients who have for years been afflicted with the most painful diseases, so that the physician feels constrained to esteem and compassionate the sufferer! But if he subdue the disease and restore the patient to health - as is frequently done in homeopathic practice - he is often astonished and horrified at the frightful alteration in his disposition. He often witnesses the occurrence of ingratitude, cruelty, refined malice and propensities most disgraceful and degrading to humanity, which were precisely the qualities possessed by the patient before he grew ill.

Those who were patient when well often become obstinate, violent, hasty, or even intolerant and capricious, or impatient or desponding when ill; those formerly chaste and modest often frequently become lascivious and shameless. A clear-headed person not infrequently becomes obtuse of intellect, while one ordinarily weak-minded becomes more prudent and thoughtful; and a man slow to make up his mind sometimes acquires great presence of mind and quickness of resolve, etc.

5 My emphasis (RP).

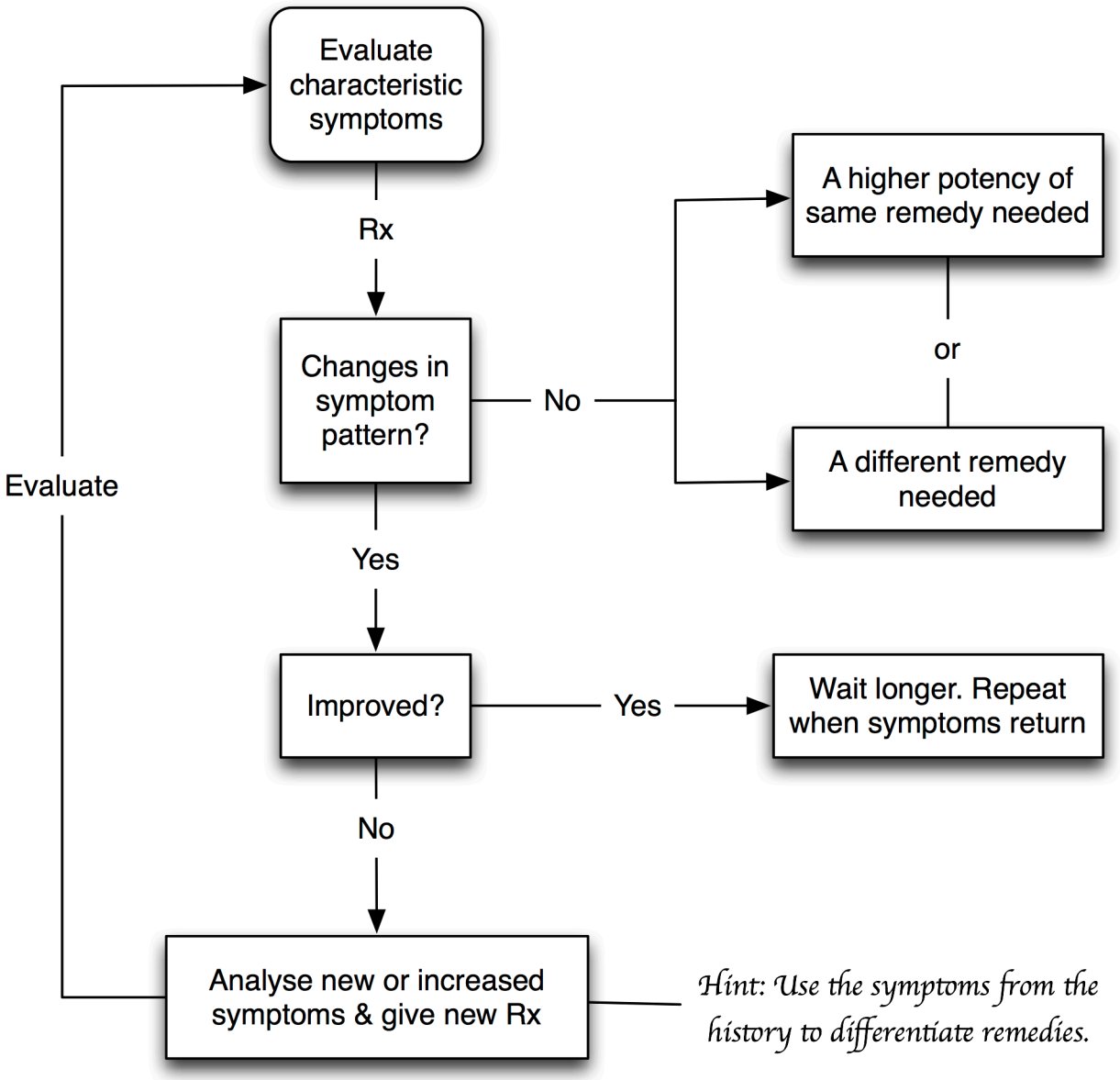
6 My emphasis again. I interpret this as Hahnemann indicating that we are to use a medicine that will have changed the mental/emotional condition in the same way that the disease condition has.

Prescribing For Chronic Disease

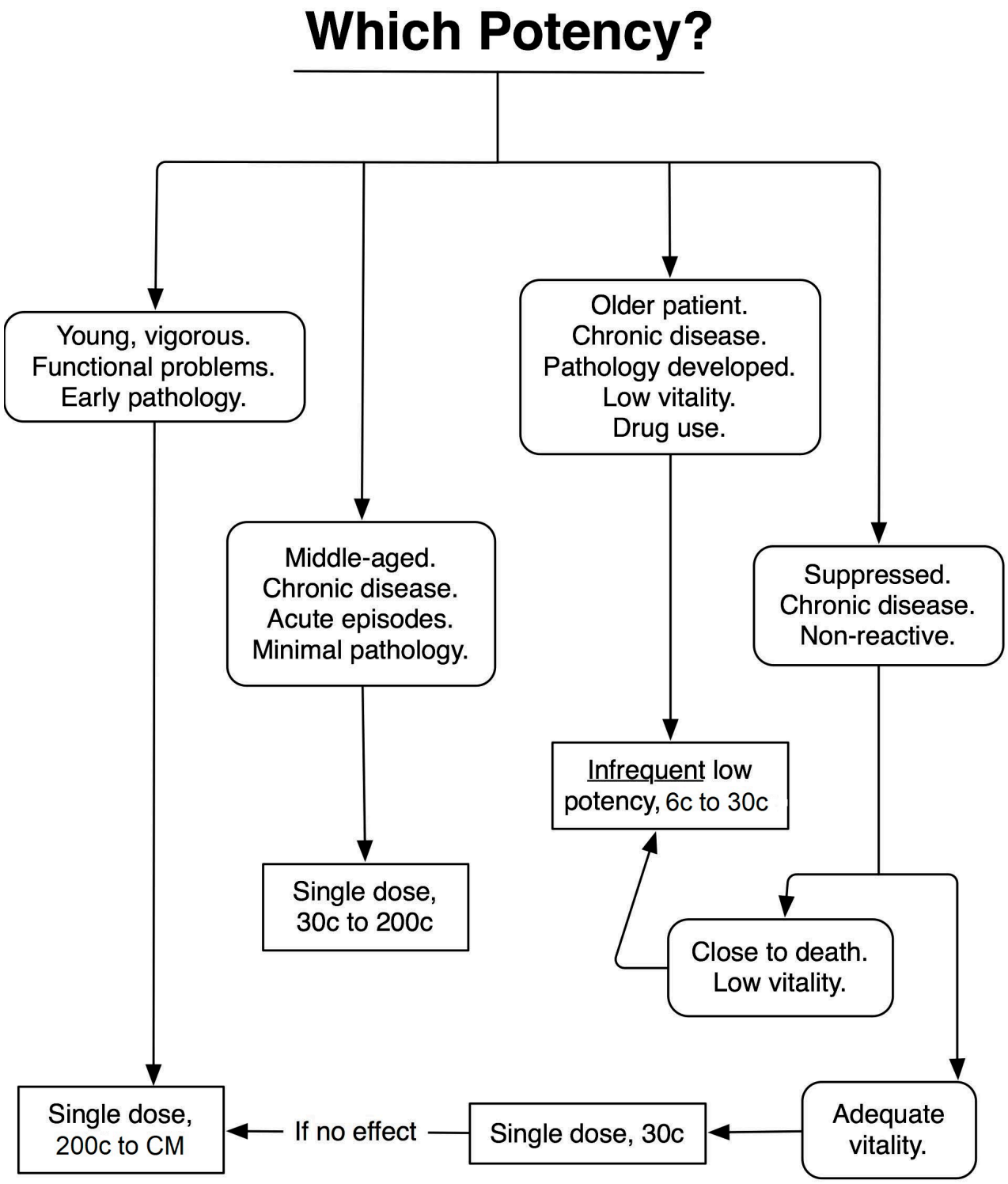


Treat what is uppermost, what is most active. Move from miasm to miasm as indicated by the condition of the patient. Often, in cases complicated by more than one miasm, the ones first needed to be addressed are the ones other than psora.

Sequential Prescribing



This flow chart demonstrates the method of "working" a case by starting with the best prescription possible and carefully interpreting the changes or response that follow. It is a step-wise procedure, each Rx evaluated and decision made (as indicated in this chart) as to what the next step will be. This method applies to both acute and chronic conditions, though in the latter, it is a more prolonged process and often more difficult to make interpretations, especially in previously palliated or suppressed cases.



This chart gives general guidance as to selecting a remedy potency for a particular case. Keep in mind that the accurate guide is the response of the patient. You choose what you think is best but the response (or lack of) will confirm or negate that choice and you adjust further treatment accordingly.

Relationship Between Chronic Remedies & Their Complements

CHRONIC (ANTI-MIASMATICS)	ACUTE or APSORIC COMPLEMENTARY R'S	ANTI-MIASMATIC COMPLEMENTARY R'S
Arsenicum album	Aesc., *All-s*., Ant-t., Anthr., Ars.-i., Calc-p., Chin., Colch., Echin., Hydr., Ip., Kali-bi., Kreos., Lach., *Nat-s*., Puls., *Pyrog*., Rhus-t., Sec., Tarent-c., Verat.	*Carb-v*., Dig., Iod., Kali-c., Lyc., *PHOS*., Sil., Sulph., *Thuj*.
Baryta carbonica	Ant-t., Calc-f., Calc-p., *Dulc*., Nux-v.	Ars., Caust., Graph., Merc., Sil., Sulph., Thuj.
Calcarea carbonica	*BELL*., Cham., Nat-s., Nux-v., Puls., *Rhus-t*.	Bar-c., Cupr., Dulc., Graph., Hep., Kali-c., LYC., Mag-c., Nit-ac., Nat-m., Sars., Sil., Sulph., Thuj.
Causticum	Ant-t., Cocc., Colch., Lach., Merc-c., *Petros*., Seneg., Staph.	*CARB-V*., *Coloc*., Graph., Guai., Nat-m., Sep., Stann.
Graphites	Arg-n., Chel., *Ferr*., Hydr., Puls.	*Ars*., Calc., *Caust*., *HEP*., *LYC*., Sulph., Thuj.
Hepar sulphuris calcareum	Acon., *Calen*., Lach.	Iod., Lyc., Merc., Mez., Sil., Thuj.
Lycopodium clavatum	Anac., Bell., Berb., Bry., Calc-f., CHEL., Chin., Fl-ac., Hydr., Ign., Ip., Iris., Kali-i., *LACH*., Led., NUX-V., *Puls*., Rhus-t.	Ars., Calc., Carb-v., Caust., Coloc., Con., Hep., *Iod*., Kali-c., Mag-m., Nat-m., Phos., Sars., Sep., Sil., Sulph., Thuj.
Mercurius (vivus or solubilis)	*Bad*., Bell., Chin., Hydr., Kali-i., Phyt., Puls.	Aur., Bar-c., Hep., Iod., Lyc., Mez., Nit-ac., Sep., Sil., Sulph., Thuj.
Natrum muriaticum	Abrot., *APIS*., Arg-n., Ars-i., Bry., Caps., Chin., Cimic., Equis., Ferr., Hell., *IGN*., Puls.	Ars., Iod., Kali-c., Lyc., Mag-m., Merc., Phos., *Sep*., Sil., Sulph., Thuj.

CHRONIC (ANTI-MIASMATICS)	ACUTE or APSORIC COMPLEMENTARY R'S	ANTI-MIASMATIC COMPLEMENTARY R'S
Phosphorus	*All-c.*, Arn., Bry., Calc-p., Chel., China., Fl-ac., Hydr., Ign., Ip., Kali-bi., Kali-p., Lach., NUX-V., Puls., Rumx., Sang., Spig.	Am-c., *ARS.*, Calc., *Carb-v.*, Con., Cupr., Dig., Kali-c., Lyc., Mez., Nat-m., Ph-ac., Sep., Sulph., Thuj.
Sepia	Aloe., Calc-f., Chim., GELS., Ham., Hydr., Ign., Lil-t., *NUX-V.*, Puls., Rhus-t., *Sabad.*	Alum., Calc., Graph., Kali-c., Lyc., Nat-c., *Nat-m.*, Nit-ac., PHOS., Plat., Sil., Sulph., Thuj.
Silica terra	Calc-f., Caps., Cham., Cina., *Fl-ac.*, Hecla., Kali-p., Kali-br., *PULS.*, *Sanic.*, Staph.	Alum., Ars., Aur., *Calc.*, Hep., Iod., Lyc., Nat-m., Phos., Seneg., Sulph., *THUJ.*
Sulphur	*ACON.*, Aesc., All-c., *Aloe.*, Arg-n., Arn., *Bad.*, Bell., Berb., Bry., Cina., Glon., Ign., Iris., Lach., Mag-s., Nat-s., *NUX-V.*, Pod., *Psor.*, Puls., Rhus-t., Sang.	Am-c., Anac., Ant-c., *Ars.*, Aur., Bor., CALC., Carb-v., Caust., Iod., Lyc., Merc., Phos., Sep., Sil.
Thuja occidentalis	Berb., Hydr., Kali-br., Lach., Med., *Nat-s.*, Petros., Puls., Rhus-t., Sabal., *Sabin.*, Sel., Staph.	*Ars.*, Caust., Dulc., Iod., Merc., Nat-m., Nit-ac., Sars., Sep., *SIL.*, Sulph.

Sources: *Relationship of Remedies with Duration of Action*, by R. Gibson Miller (in italic); *Encyclopedia of Remedy Relationships in Homeopathy*, edited by Abdur Rehman, Karl F. Haug Verlag, Heidelberg, 1997 (plain font). Please note that the remedies in all caps indicate a closer relationship, in terms of similarity, to the remedy we are considering.

Suggestions For Use Of These Relationships

The table has three columns with these relationships:

- Column 1 = One of the more commonly used remedies for treating chronic disease states.
- Column 2 = Remedies complementary to the remedy in the first column. These are ones not similar enough to chronic disease to be final remedies in treatment. They are most useful in supplementary treatment — for acute episodes in the chronic case or for starting a case that has been confused by other treatments.
- Column 3 = These are remedies also complementary to the remedy in the first column but they are also in the same class of being anti-miasmatics. They most often are used to follow the use of the first anti-miasmatic remedy.

Acute Prescribing

Hahnemann first gave us advice in treating chronic cases by suggesting the use of the apsoric remedies during intense or acute episodes rather than starting with the deeper antipsoric remedies. The remedies of this sort are listed in the second column and are ones considered complementary to the remedy listed on the far left column. Complementary remedies can work well together, for example the acute remedy being smoothly followed by an antipsoric or anti-miasmatic.

One way to use this relationship is when you are treating a chronic case, and have used one of the remedies in the first column, and then have an acute flare-up of symptoms that are somewhat changed from what you were treating before. You can then look at this second group to see if a remedy from this listing would fit the details of that flare-up. It may be appropriate to move to that acute remedy until things have calmed down and you can return to use of the anti-miasmatic remedy.

Another use is the reverse. You want to start a chronic case with one of the apsoric remedies. Your analysis of the case, when you began treatment of it, may have suggested one of the remedies in the first column so you could use that hint to look at the associated complementary remedies in the second column and pick of those to start the case with. Sometimes the successful use of the apsoric remedy from the second column can give you more confidence that you had identified a suitable anti-miasmatic remedy for this animal. For example, you find that use of Belladonna is very helpful in an intense episode which can confirm your thought that this is a case that would be well treated by Calcarea.

These relationships of remedies have been worked out over the last 2 centuries of homeopathic clinical work. They are not absolutely fixed relations but have been worked out from clinical experience. On study of some of these remedies you will sometimes find that the complementary use is for a particular or limited condition, so that should be understood. The source book, listed above, gives further detail about the more specific clinical conditions for these complementary remedies.

Use of Complementary Remedies During Chronic Disease Treatment

The remedies in the third, far right, column are also complementary but are in the anti-miasmatic classification. They are most often ones that will be complementary to the column 1 remedies that have been used with observable progress. In other words, you have started the case with the remedy in the first column, made what appears to be curative progress, but then the case stalls. Even with continued use of the first remedy or raising potency, there is no more action. In such a situation, study of the complementary anti-miasmatic remedies can suggest a suitable remedy to move to. This is because the complementary remedies are similar in their action, in a sense they overlap, and one can pick up where the other leaves off.

Realize that these listings are suggestions that can be useful in clinical work, but the primary consideration is always that the remedy fits the patient and that the response is curative.

Taking the Case: Keys to Case Taking, Case Analysis, and Symptomatology

By Sarah Stieg, DVM, MRCVS, Contributions by Andrea Tasi, VMD

Introduction: Case taking is a learned skill, but in its mastery becomes an art form.

A case intake allows us to find the homeopathic story of the patient. Like a journalist, it is our job to tease out the story and leave no stone unturned. It is the first step towards finding cure and is the foundation of our case work-up and prescriptions. During the intake process homeopathic practitioners learn to be medical detectives, gathering all the clues to complete the symptom picture and find the defining characteristic symptoms of the patient.

Chapter 1: Structure and Organization

Structure is the key

Our job as the homeopathic practitioner is to manage the information flow coming from the client over the set time period allotted for the appointment. Having a structure to your case intake implements efficiency, ensures no holes are left in the history, and can be a reminder to keep the client on track. As a new homeopath, it is strongly recommended that you create a physical system (most importantly an intake form) to create a skeleton of the patient's story. This physical intake structure will implement organization to filter the cloud of information being gathered, and is key to fall back upon while developing this new mental framework.

An intake system includes:

- Setting – Consult room, home visits, farm/yard.
- Intake form – Tailored to your practice, record system, etc.
- Previous Medical Records – Review before, during, or after?
- Routine – When to do a PE? Lameness exam?
- Scheduling – Length of appointment time? All in one appointment or splitting into two appointments, utilizing a phone consult for gathering the history separate from PE?
- Clinical Case Work-up – When? How long to spend? Turn-around time?

Settings

Settings vary from practice to practice, but ultimately must provide a comfortable atmosphere for the patient and the client for the length of the appointment. This can include comfortable chairs in the appointment room; bed and water bowl for dogs/cats (which helps the practitioner observe the patient and gather information); and ensuring an indoor/sheltered space for the history taking, e.g. house, tack/feed room for farm calls. If there is not going to be a sheltered area (some farm calls), it may be best to complete the intake history as a phone consult (before or after the PE). Essentially you need to create an environment conducive to gaining the maximum amount of information for YOU and your client.

Intake Form and Medical History

Medical history from all prior veterinary practices should be obtained prior to initial consultation. This is required by some countries veterinary practice laws and is essential for gathering a

complete symptom picture for the patient. Frequently clients will forget early veterinary visits, or sometimes even forget significant problems if they are not part of the current symptom picture the client is concerned about. Ideally, prior records are reviewed in preparation for initial consultation and can help note questions to ask the client. These records will be used to create a medical timeline of the patient's care, either before the initial exam or as part of the clinical case work-up time.

Intake forms for chronic case prescribing are imperative for the new homeopathic practitioner to follow a system in gathering a case. Intake forms are as personal as a medical record style, thus it is important to create a system that works in your practice (paper vs. computer, storage/filing). The client will rarely provide a complete symptom picture of the patient, thus careful questioning is needed to acquire all the relevant information. An intake form ensures a complete examination of the patient's history by creating reminders of all the important aspects to cover during an intake and provides a systematic way of recording the information. Please see the *Guide Notes to Taking a Chronic Case* and Dr. Stieg's Homeopathic Intake forms (small animal and equine) under the Case Study Section for examples.

As discussed in acute case prescribing, keeping a problem list and homeopathic assessment as part of the medical records is essential in systematic prescribing and case management, as well as transferring cases between veterinary homeopaths. Problem lists ensure that symptoms are accounted for and investigated at every exam, as well as facilitate communication with veterinary colleagues. Recording a homeopathic assessment should include: methodology (acute/chronic, vitality, miasms involved, seat of illness/organ affinity, etc.), homeopathic symptom list, repertorization, and differential discussion (e.g. what am I thinking?); case follow-ups should include a remedy response interpretation.

Intake Routine

Just like learning how to do a proper PE – *following the same system every time ensures a complete intake.* Routine will vary from large to small animal and generally it is advised to perform physical and lameness exams post clinical history. Why? Information gleaned from a detailed homeopathic history often will hone your PE to follow up on historic problems in addition to the presenting complaints. It is strongly recommended to include a feed room check for ALL large animals and to ask small animal clients to show you (or bring to the clinic) all supplements and medication the patient is on (or has been on). Clients frequently do not report supplements and medications (including homeopathic remedies) that a patient is currently taking.

Schedule – How much time is needed for an intake?

Taking a good clinical history will vary from case to case depending on the complexity. All practices vary regarding their appointment schedules, and when learning to take a homeopathic case it is important that the practice implements the necessary time needed in an appointment to ensure your success. For general purposes, the average chronic case with a new client (including physical and lameness exams, discussion of diet, etc.) will take 1.5-2.5 hours depending on the complexity of the case. Uncomplicated chronic cases may only take 45-60 minutes to complete. This is precisely why successful homeopathic practitioners charge by an hourly rate for their consultation time.

What happens when a case presents itself to you that is not scheduled as a full homeopathic intake? Get creative! In busy practice settings, you can always take a brief case outline, conduct the necessary PE, lameness exam, laboratory testing, etc.; and then schedule a follow-up (exam or phone consult) for finishing the case intake when time allows or when further information from diagnos-

tics has been gathered. Staging a full homeopathic intake into two appointments can allow for busy practice schedules to continue flowing and essential information to be gathered in a timely and profitable manner. Another approach to complement the above is to start the case with an acute remedy if appropriate (to gather more information through the patient's response and ease their current degree of pain/condition) and schedule a follow-up appointment to evaluate the patient's response and to complete the intake.

Clinical Homeopathic Case Work-up

Setting up a system will help reduce the pressure of taking on a new modality both in your practice and home life.

When? Clinic vs. outside of clinic; creating time during your work day vs. time at home each have their benefits and draw backs. Review what location and time constraints will bring you the most success.

How long? It is essential to set a time limit to avoid unproductive mental circling! All new homeopaths spend hours working up a new case; however, it is commonly found that after the first hour the thought process is repetitive. Create a system, allowing up to 1 hour as a new homeopath to work-up your case. Over time, work towards the goal of reducing this case analysis time to no more than 30 minutes. Why? Case work-up time needs to be both productive and profitable.

Turn-around time? How much time are you going to allow between your case intake and posting out the patient's prescription? While this will be case dependent, set a general rule for your practice so that you and your staff are clear when communicating to clients (such as within 2-3 days, by the end of the week, or after the weekend). This allows for flexibility within your busy practice schedule but again keeps you from dragging out a case unproductively.

Chapter 2: Homeopathic Case Analysis, from Symptomatology to Choosing a Prescription

Medical Timeline

If not completed prior to your appointment when reviewing the records, a medical timeline must be completed as part of your clinical case work-up. This involves creating a simple easy to reference timeline in chronological order, listing briefly the date, condition/symptoms present and the treatment given. This is helpful to find patterns, etiologies, and miasmatic development. Here's a brief example of three entries of a patient's timeline:

a. 2016 Jun 16 – VACCINATION DHPPi+L2
b. 2017 Feb 18 – Vomiting bile for 3 days
    — TXT: Metacam, Cerenia
c. 2017 Jun 16 – VACCINATION L2, otitis in right ear (no txt), tartar +

Methodology:

Establishing clear methodology behind your analysis is the first step to prescribing. Identifying the methodology of the case will focus your thought process and help you see your patient clearly. Before you begin, you must first acknowledge if the case is well taken. If there are pieces of the puzzle missing, are they correctable? Are the any obstacles to cure, e.g. diet, level of performance, and can they be corrected?

A chronic case will usually present in one of the following stages, which are as follows: (*Note – chronic cases can present with a combination of these stages with one layer uppermost or most prominent.)*

1) Acute Flare-up
2) Continued Chronic Pattern
    a. Functional
    b. Structural / Pathology
    c. End stage

Identifying what stage the chronic disease patient is presenting to you will help determine the potential for cure vs. palliation. Identifying the patient's ability for cure is essential. It is important to note, that often the best palliative remedy is a remedy prescribed in a curative manner in a patient of advanced pathology.

The patient's vitality (0-10 Highest, or low/medium/high) can then be assessed in light of the stage of disease, age, etc. This should be followed by miasmatic classification as an aid to view the level of mistunement and guide remedy selection.

Evaluation of the patient's condition/symptoms is next in this process to identify the seat of the problem and organ affinity. What part of the individual is most affected by the disease? Is it mental/emotional and/or physical? If physical, what regions of the body or organ systems are predominately affected? Are the physical changes functional vs. structural, i.e. what is the level of physical pathology present? This can be clarified further by noting the following if they are present – causation, never-well-since, and/or keynote symptoms, which will further aid symptom selection for analysis and remedy differential study.

Once your methodology has been outlined you are ready to progress to identifying the totality of symptoms in the case.

Case Analysis: Establishing the Guiding Symptoms of a Case

In prescribing on a chronic case, the totality of the individual must be assessed. This differs from acute prescribing in that the totality of the patient must contain both the present and the historical symptom picture of that individual. You need to identify the significant symptoms and the symptom trends over the patient's lifetime – looking for patterns of the disease process. Modifiers and modalities to both the overall disease picture as well as the individual symptoms need to be gathered, and the response to any treatments and manipulations must be ascertained. In this manner, you will be able to see the true "totality of symptoms" of your patient.

Hahnemann defines the totality of symptoms in Aphorism 7 of the Organon as the "*outwardly reflected image of the inner wesen of the disease, that is, the suffering of the life force*." In simplistic terms, the totality of symptoms is the clear picture of the disease and therefore of the corresponding remedy.

Hahnemann addresses the one-sidedness (called symptomatic treatment) of the allopathic model in footnote 7b of Aphorism 7 – "*A single symptom of disease is no more the disease itself than a single foot is the man himself.*" Therefore, to truly cure the diseased life-force, the totality of symptoms must be prescribed upon to completely rid the life-force of the disease influence and transform it into health.

To be guided to the single correct prescription, Hahnemann urges the practitioner to note the most prominent, striking, singular, uncommon, and peculiar (characteristic) symptoms of the

patient. This collection of symptoms creates a unique fingerprint of the disturbed vital force of the individual, and so the corresponding remedy.

How is this completed in practice?

✓ **Step 1:** Make a list of all possible symptoms from historical to current.

✓ **Step 2:** Organize the hierarchy with most prominent physicals, modalities, concomitants, changes in behavior, and causation (if present) on top of your complete symptom list. It is a useful exercise to initially record every possible symptom of the patient, and to then reorganize in order of importance. To determine the degree of symptom value, it is imperative for the homeopathic practitioner to understand the following:

- **Symptoms of the disease:** Classified as "pathognomonic", these are the symptoms which help us to arrive at a pathological (organ-based) diagnosis. In a homeopathic context these symptoms have less of a therapeutic value as they describe generic disease pathology and not the patient's individual disease picture.
- **Symptoms of the patient:** Non-pathognomonic, these are the true symptoms of the disease of the patient and have a higher value for determining the prescription. These symptoms can also be described as the peculiarities of a patient diagnosed with condition X that differ from other patients with condition X. Boericke addresses this topic in the Compend on the Principles of Homeopathy by the following:

  > — *By this individualization, then, we eliminate the general symptoms common to similar pathological conditions, and present to view the individual patient as the pathological process affects him (as the individual).*

Understanding Symptom Typology:

Comprehension of symptom terminology is vital to understanding how to classify and rank the patient's symptoms in order of importance. All symptoms are either:

A. **General** = Pertains to the patient as a whole, e.g. "I am... symptoms", such as I am thirsty, I am weak, etc. Note – not all general symptoms are to be found in the general section, for they will also include:

— Mental symptoms, as they reflect the inner-self of the patient.

— Thirst; Appetite.

— Menses symptoms; Sexual behaviors.

— Sleep symptoms; Dream symptoms.

— Food; as well as other Desires and Aversions.

— Tendency of symptoms to occur on one side, e.g. right or left sided, *note* – there should be at least three separate "sided" symptoms to use these rubrics.

B. **Particular** = Symptom that affects a single part or organ; includes discharges (vomit, stool, urine, nasal discharge, etc.).

General and Particular symptoms can be further subdivided into:

a. **Characteristic** = a distinctive, unusual, or peculiar symptom; one which is found in a few patients and in the provings of a few remedies. Characteristic symptoms express the true individuality of the case and therefore are the most important guides in symptom selection. These can be strange symptoms of themselves (e.g. warm food is immediately vomited) or in opposition to what one would normally expect in that condition (e.g. wanting the cold air / to be outside when feverish).

b. **Common** = a symptom which is found in many patients, many ailments, and in the provings of many remedies; e.g. lethargy, pain, etc. Common symptoms are of little value in prescribing (e.g. increased thirst in CKD – on the other hand if the CKD patient had a decreased thirst that would be a notable symptom).

— Note: A common symptom can become characteristic by the degree of its intensity, e.g. motion aggravates is a common symptom of painful parts but when it is found in such an aggravated degree that the slightest movement aggravates the painful part it becomes highly characteristic.

c. **Modalities** can be classified as either General or Particular symptoms.

d. **Concomitants** can contain a common symptom that become characteristic when it is associated with another or occurs in a group, e.g. vomiting on coughing, fever with thirstlessness.

Symptoms are then re-organized and ranked according to the following hierarchy *(Boericke's Compend on the Principles of Homeopathy, pp44-45):*

1. ***Striking, strange, rare, and peculiar (characteristic) symptoms.***
2. ***Changes in mental and emotional states*** – Caution must be used in our animal patients for misinterpretation and anthropomorphism.
3. ***First and oldest symptoms*** – These are the first unadulterated indications of a departure of health and have a very high value in the early stages of disease particularly those prior to any treatment. In the process of cure these symptoms will reappear in the reverse order of their development. If the cure is progressing favorably no further remedy should be administered.
4. ***Etiological factors (causation)*** – Provide great aid in narrowing remedy selection, e.g. seizures that began post vaccination, IF CLEARLY PRESENT WITHOUT SPECULATION. If unsure, then work the case with and without this symptom.
5. ***Late symptoms*** – More recent symptoms are the uppermost layer (peeling the layers of the onion analogy) or most recent expression of the disease of the mistuned life-force and therefore must be covered by the remedy. The most recent symptoms should be the first to resolve on the curative path.
6. ***Functional symptoms*** – Are of much less value (e.g. pathognomonic symptoms of the disease vs. the patient, for example, PU/PD as a result of the chronic changes of CKD is a functional symptom of the disease process) than symptoms that occur in other parts of the body during the function of that organ. Symptoms that affect the general organism are of more value than those functionally related to the organ affected, e.g. weakness after stool.

✓ **Step 3:** Review your organized and ranked symptom list and ask yourself...

- ❑ Is this a symptom that defines the condition? Or is this symptom a product of the condition?
- ❑ Is this symptom normal for that species?
- ❑ Could the client or I be making any assumptions? And if so,
  - — What are we assuming?
  - — What would this symptom(s) look like without the assumption?
- ❑ Can I "hang my hat" on this symptom? (If not, perform an analysis with and without it.)

Translating Symptoms into Rubrics

Initially it can be beneficial to learn one repertory and learn it well (e.g. Kent or Boger-Boenninghausen) as you are undertaking a new language. Look at all the different ways to phrase a symptom and then look through the repertory.

If you can't find a symptom, try rephrasing – e.g. if you can't find vomiting on coughing under the cough chapter in Kent, rephrase the symptom in reverse – Stomach, vomiting – coughing, on. Use the cross-reference section, if present. Don't be afraid to read a whole repertory chapter, this is a great way to explore your options for symptom phraseology.

It is very common for new homeopaths to gravitate toward pathological or conventional diagnosis rubrics; however these will often mislead your case. Focus on the symptoms of the pathology that your individual patient is showing.

Selecting Rubrics for Analysis

A homeopathic analysis is a tool to determine a group of possible remedies indicated for the patient's unique symptom picture. This group of corresponding remedies brought forth from an analysis must be obtained through careful symptom and rubric selection.

To determine what rubrics to select for analysis, the rubrics should represent the most prominent symptoms of the case. Review your ranked symptom list and search for symptoms that most prominently define the individuality of the patient's condition – these symptoms include: Strange, rare and peculiar ("SRP"); Persistent, recurrent, intense, general; Etiology/Causation; Disturbed function; Region/organ system most affected, etc.

It is strongly suggested to make multiple analyses for every case. Try to keep them focused and use the fewest rubrics indicated to summarize the case. On average a chronic analysis ideally contains 5-7 rubrics, however there will always be exceptions. A very common mistake of new homeopaths is creating an analysis with well over 8-10 rubrics, which will then dilute the impact of the rubrics summarizing the most prominent symptoms of the case.

Additionally, be careful not to use multiple rubrics that over emphasize one symptom or aspect of a symptom. This will overly bias your analysis. Try to find the most descriptive and accurate rubric to define your symptom. If there is not a rubric present to fully or accurately define a symptom, then use the most general but accurate rubric available, or leave this symptom out of the analysis (and then look for it in the materica medica study of the top remedy differentials). This will aid to not bias the analysis and thus miss the correct prescription.

Do examine different rubric selections and how this affects (or biases) your repertorization. This is a tool that you can use to also test different phraseology, assumptions, theories, causations, etc.

And when in doubt – do "phone a friend" or use the student forum, we are here to offer you support throughout this learning process.

Creating a Remedy Differential List to Study

Once your repertorization of the case is complete, compare the top differential remedies in the materia medica. Use your favorite materia medica when narrowing down your top choices, and then it is advisable to reference more than one materia medica when deciding between your top differentials.

Important key points to remember in creating your differential list:

- ☑ Remedy must contain the seat of illness.
  - — Boger's Synoptic Key Materia Medica Section provides an excellent concise reference for checking remedy organ affinities.
- ☑ If a clear etiology/causation (or never-well-since) symptom is present, this must be present in the prescription.
- ☑ Does the miasmatic character of the chosen remedy match the prominent miasmatic state of the patient?
- ☑ And remember – all of your patient's guiding symptoms must be in the remedy, but not all of the remedy symptoms will be in your patient.

When making your final decisions, clarify and record a clear hypothesis to define why you choose remedy A and potency X. By making this thought process clear, you are taking intellectual responsibility for your decision. Reflection on your hypothesis when viewing the patient's remedy response will immensely guide your learning process and accelerate your development as a homeopathic practitioner.

Case Follow-up

Follow-up and reporting time scales vary with the type of condition (and urgency) of the patient. Good homeopathic practice requires a higher amount of communication with the client, as key response information will occur during the first few days to few weeks of the prescription. This is important not to be missed.

Offer your clients a simple explanation of what to expect during the first week – you are looking for the patient to feel better in themselves (increased well-being), and the client may notice a brief flare in one of their symptoms. Give an example of this potential flare in the context of the patient's symptoms. Client expectation management is imperative – this prevents them from panicking on observation a counteraction response and rushing the animal into an ER, and instead they usually react in excitement as this is what you predicted would happen and means the remedy is working.

I explain this to clients in the following manner, which is written on my remedy instruction sheet that I give to my clients with every prescription: I expect to see a response within the first 10-14 days from the patient. Often about 2-5 days after giving a remedy, one of the symptoms may become slightly worse (this is the body reacting to the remedy). Then you will see a gradual gentle improvement and eventual resolution of their symptoms. If you observe this counter-action to the remedy, this is a very good sign – so please don't be alarmed. Just make a note of what you observed for your reporting and please contact me immediately if you have any concerns.

Depending on the condition, an email, text, or phone report within a few days to one week is a good general recommendation. If the chronic condition is stable, generally ask the client to report weekly and follow-up within four to six weeks. However, the patient's condition may warrant a phone consult or recheck exam within a shorter time period (two to three weeks). Use your medical knowledge and client management skills to determine what is best for your patient to practice good medicine. And remember – some clients feel reassured through the act of having a consultation (or having your "eyes" on the patient for a PE), so even if you are not changing a prescription until you have a full time period to properly evaluate the remedy response, some clients will be better managed with frequent rechecks.

It is important to note that in most chronic conditions it is imperative to give the vital force enough time to respond to a deep acting anti-miasmatic remedy. Therefore, unless your case is drastically worsening (in this case contact a mentor for help), you must give the patient enough time to fully respond in order to properly interpret the symptom trend pattern of the case.

We wish you the best of luck and happy prescribing!

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1. Farrington, Harvey. *Homeopathy & Homeopathic Prescribing: A Study Course for the Graduate Physician.* B. Jain Publishers Ltd. 2012: Lesson Four and Lesson Five Part One, pp13-22.
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Farrington's Symptom Typology

Excepts from Homeopathy & Homeopathic Prescribing:
A Study Course for Graduate Physician, by Harvey Farrington, M.D.

Course In Homeopathic Prescribing, Lesson Four: Symptoms[1]

1. To the homeopathic prescriber, disease is disharmony resulting from a derangement of the dynamis or the vital energy which maintains normal physiological function. Disease is a condition and not an entity, and its manifestations are those of abnormal physiology called symptoms. The production of symptoms is always in accord with natural physical laws and every sign and symptom is expressive of some internal deviation from normal physiology. They are nature's warnings of trouble within, and may be studied, classified and interpreted in the same way as the processes of normal physiology. Whether due to chronic miasm, to infection by some specific bacterium, to trauma, or to other morbific influence, they constitute a language which the trained homeopathic observer may read and interpret in terms of indications for homeopathic remedies. He makes his diagnosis in the usual way, but gives it its proper place in the process of selecting the remedy.

2. Although fully cognizant of the kind of disease he is to treat, and of the signs and symptoms which are knows as pathognomonic, the homeopathic prescriber also takes into account the symptoms arising from the peculiarities of the patient. No two individuals are exactly alike mentally or physically or as to manner, disposition, speech, action or physical make-up. Each gets sick in his own way.

3. Instead of confining his study to the general phenomena which gives the condition a name, and seeking some medicine which has acted favorably in similar cases (as quinine in malaria, salvarsan or potassium iodide in syphilis, or salicylates in arthritis), the homeopathic prescriber individualizes each case. That is to say, he heeds the words of Pottenger who wrote, "Let us remember that here is a patient who has a disease as well as a disease which has the patient." He takes cognizance of every sign and symptom whether mental, physical, toxic or pathological, and arrives at a comprehensive totality of symptoms as a basis for the selection of a remedy which corresponds to the patient as well as to the disease.

4. As shown in Lesson One, symptoms and signs result from deranged dynamis even before or without pathological tissue changes.

5. All symptoms and conditions are not of equal importance in homeopathic prescribing. The choice cannot be made in a mechanical way, or by mere symptom matching. Indeed, the majority of cases present symptoms which are irrelevant or of no special value in finding the similimum, which can be determined with accuracy only by those symptoms called "characteristic".

6. The classification and evaluation of symptoms are the most important branches of our study. All symptoms are either (a) GENERAL or (b) PARTICULAR. A GENERAL symptom is one that effects the patient as a whole. A PARTICULAR symptom is one that effects a single part or organ. General and Particular symptoms are again divided into (1) CHARACTERISTIC, and (2) COMMON symptoms.

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1 Farrington, Harvey. Homeopathy & Homeopathic Prescribing: A Study Course for the Graduate Physician. B. Jain Publishers Ltd. 2012: Lesson Four, pp13-17.

(1) A CHARACTERISTIC symptom is one that is peculiar, unusual and therefore distinctive; one which is found in few patients and in the provings of but few remedies. In other words, characteristic symptoms express the individuality of the case and therefore are the most important guides in the selection of remedies.

(2) A COMMON symptom is one which is found in many patients and many ailments and is produced in the provings of many remedies.

A symptom of any class is graded according to its relative value in remedy selection. These grades are indicated by different kinds of type.

7. A symptom may be more characteristic of one remedy or group of remedies, less so of others and least of still others. Although there may be many degrees of comparative value, for practical purposes three grades are observed in the lessons which follow, indicated by three kinds of type. CAPITALS for the first or highest grade, italics for second, and plain type for third.

8. The above classification may be illustrated graphically by the following schema:

			(GRADE ONE
		(Characteristic	(<u>Grade Two</u>
		(	(grade three
	(General	(	
	(	(	(GRADE ONE
	(	(Common	(<u>Grade Two</u>
	(		(grade three
	(		
Symptoms	(		
	(		(GRADE ONE
	(	(Characteristic	(<u>Grade Two</u>
	(	(	(grade three
	(Particular	(	
		(	(GRADE ONE
		(Common	(<u>Grade Two</u>
			(grade three

9. Characteristic symptoms are those that are peculiar, unusual, and distinctive, and are found in few patients, and produced in the provings of few medicines. These characteristics are the guides to the differentiation of remedies. For example: Bloody mucus and painful tenesmus are common symptoms of dysentery. However, when we find in addition, the peculiar characteristic symptoms, "every drink of cold water causes chill and is followed by a hurried stool," Capsicum is the indicated remedy in the individual case. Again, if the patient with dysentery is "routed out of bed at 5am and the stool is preceded by rectal fullness and heaviness and colic, and every attempt to pass flatus is accompanied by a spurt of feces," Aloe is the indicated remedy.

10. Common symptoms are those that are found in many patients, in many ailments, and are produced by the provings of many remedies. For example: pain, fever, chills, sweat, cough, flatulence, lameness, congestion, swelling and many others.

11. Spasmodic asthma in nearly all cases is worse from lying down. If, however, the asthmatic is "relieved by lying down" we have an unusual and peculiar symptom, highly characteristic of Psorinum. If the asthmatic patient "finds relief only in the knee-chest position," unusual and peculiar, we have a strong characteristic symptom of Medorrhinum.

12. The common symptoms of measles are dry cough, coryza, sore eyes, fever and rash. These symptoms, common in all cases of measles, are of little value in choosing a remedy for an individual case. But when a patient exhibits the combination of characteristic symptoms, "violent throbbing headache and great sensitivity to light, noise and jar," Belladonna is clearly indicated because these symptoms are characteristic of that remedy. If a case of measles refuses or is slow to erupt, Bryonia may be indicated, if in addition the characteristic symptom of this remedy "worse from slightest motion," is present.

13. Other homeopathic remedies might be called for by their characteristic symptoms appearing in individual cases of measles.

14. Fever, chill, emaciation are common generals. "Aggravation from music" or "during thunderstorm"; "amelioration in wet weather", "ropy discharges from mucous membranes," are examples of general characteristics because they are strange, out of the ordinary, and lead to a small group or remedies.

15. All sensations or symptoms that the patient predicates of himself, or in the relating of which he uses the first personal pronoun, are general symptom, as "I am weak," "I am thirsty", "I am sleepy".

16. Mental symptoms are to be classes as generals because they reflect the inner self and individuality of the patient. Hahnemann in his earliest writings points out the importance of mental symptoms and insists that they must take precedence over all others in remedy selection.

17. Mental symptoms are both characteristic and common. Irritability, sadness, fear are common to many diseases, many patients, and also many remedies. But "aversion to company," (Natrum muriaticum, Nux vomica and Anacardium), "loss of affection for wife or children" (Sepia); "restlessness only while at work" (Graphites); "weeps when relating symptoms" (Pulsatilla); are typical examples of mental characteristics.

18. Experience has shown that emotional symptoms, or those arising from the will, are more valuable in remedy selection than those distinctly intellectual. Thus: "loathing of life" and "impulse to commit suicide" (Aurum); "fear of dogs" (Belladonna); "insatiable desire to travel" (Calcarea phosphorica); "obstinacy" (Calcarea carb.) all of which are emotional in character and will mean more in selecting a remedy than: "errors in speaking" (Lycopodium and Natrum mur.); "inability to recall proper names" (Lycopodium and Sulphur); "forgets what he has just read" (Lachesis); "forgets what he was about to say" (Baryta carb.). Delusions, halucinations, illusions, delirium, amnesia are intellectual symptoms.

19. The same characteristic symptom appearing in different parts of the body and in various ailments is classified as a general. Illustration: "stitching pains" (Bryonia, Spigelia); "burning pains" (Arsenicum album, Carbo veg., Sulphur); "stiffness relieved by continued motion" (Rhus tox.); "coldness of affected parts" (Ledum, Rhus tox.); "sweat on uncovered parts" (Ledum, Rhus tox.); "sweat on uncovered parts only" (Thuja).

20. Alternations of definite ailments belong to the general class. Illustrations: "headache in winter, diarrhea in summer" (Aloe); "weeping alternating with laughter" (Ignatia); "alternation of constipation and diarrhea" (Sulphur, Aluminum, Nux vomica).

21. A tendency for complaint to occur on one side is a general, as right sided complaints (Belladonna, Lycopodium, Apis); left sided (Lachesis, Mercurius bin., Phosphorus).

22. Periodicity is a general classification, as in "headache occurring every seven days" (Sulphur); "on alternate days" (Natrum mur., Chininum sulph.); "complaints recurring on same day annually" (Vipera); "neuralgia at the same hour every day" (Cedron, Kali bich.).

23. Modalities (conditions of aggravation and amelioration) may be classes either as general or particulars, depending upon whether they affect the patient as a whole or only certain parts of the body. Among these are cold, heat, conditions of weather, motion, rest, position, pressure, touch, eating, drinking, certain foods and others.

24. Particulars need but little comment. Headache, sneezing, coated tongue, injected conjunctive, photophobia, swelling of a single joint, are illustrative of particular common symptoms; while "sensation of coldness in larynx" (Cistus can., Bromine); "dilated pupils days before an epileptic attach" (Argentum nit.); "sensation of band about the head" (Carbolic acid, Carbo veg., Gelsemium, Sulphur); are particular characteristics of the highest order.

25. A common symptom may become highly characteristic when it is constantly associated with another or occurs in a group, or in unusual combinations as "fever with thirstlessness" (Apis, Pulsatilla); "coldness with numbness of heels" (Sepia); "emaciation of the upper parts of the body, the lower parts being distended" (Lycopodium); "diarrhea with overpowering sleepiness" (Nux moschata); "copious sweat with copious urine" (Acetic acid.). These are termed "concomitants" and are often of great use in determining the remedy.

26. A striking example of this relation of symptoms is found in the group "frontal headache, nausea, vomiting and high fever." Singly these symptoms are among the most ordinary and common, but collectively they constitute a group which is highly characteristic and points to but one remedy, namely, Veratrum viride.

27. A common symptom may be raised into the characteristic class by reason of its intensity. Thus burning pains, common to many diseases and many remedies, occur more often and are more violent in cases needing Arsenicum alb., Carbo veg. and Sulphur. That motion aggravates sore and painful parts is quite to be expected; but when it is found in such an aggravated degree that the slightest movement of a food or a hand intensifies a remote condition such as a headache, it becomes highly characteristic and indicates but one remedy, Bryonia.

28. Most sick people, those of a nervous type especially, are intolerant of noise. Therefore, aggravation from noise is of comparatively little value as in indication. But when noise causes vertigo (unusual and peculiar), Theridion is the only known remedy; if noise is felt as a shock in some special part such as the teeth, it is a characteristic indication for Calcarea carb.

29. Dreams mean little unless they assume some peculiar form or the subject dreamed of is in itself peculiar. Thus the patient requiring Calcarea sil. constantly dreams of dead relatives; the one which maybe helped by Rhus tox. dreams of hard labor or some strenuous exertion; by Hepar sulph., of fire; by Digitalis, Sulphur and Thuja, of falling from a height.

30. The classification of symptoms may be further illustrated by the following diagrams:

General Symptoms	Characteristic	A. Mental	1. Emotional (of the will)	1. Fear
				2. Anger, etc.
				3. Sexual
				4. Desires and aversions relating to food, etc.
			2. Intellectual	1. Memory
				2. Thought
				3. Comprehension
				4. Illusions
				5. Hallucinations
				6. Dreams
		B. Physical	1. Sensations	
			2. Pains	
			3. Peculiar pathology or tissue changes	
			4. Motions, Gestures, discharges, sweat, etc.	
			5. Modalities	
	Common	A. Mental	1. Emotional	
			2. Intellectual	
		B. Physical	1. Sensations	
			2. Pains	
			3. Common pathology	
			4. Discharges, etc.	
			5. Modalities	

Particular Symptoms	Characteristic	1. Sensations
		2. Pains
		3. Pathology
		4. Discharges
		5. Modalities
	Common	1. Sensations
		2. Pains
		3. Pathology
		4. Discharges
		5. Modalities

31. From all the symptoms, then, certain outstanding characteristics are employed as guides to the selection of the remedy homeopathic to the ailment and patient.

32. Having learned what signs and symptoms to look for and how to classify them and give them their proper place and evaluation in the symptom picture, we are now ready to take up the subject of the examination of the patient in the following lesson.

Course In Homeopathic Prescribing, Lesson Five - Part One: Essentials in Case Taking[2]

1. The homeopathic physician is one who adds the art of homeopathic prescribing to his knowledge of medicine in general; but a homeopathic prescription cannot be made by following the usual methods of case-taking of the ordinary physician.

2. The indications leading to the similimum are rarely found among the pathognomonic symptoms. Guiding or characteristic symptoms may be brought out during the usual history taking and physical examination if this prime objective is borne in mind. Therefore, it is preferable to elicit, record and classify the patient's symptom picture before physical examination and diagnosis are attempted. Not only will this procedure obviate the natural tendency toward giving too much weight to pathology and end products of disease, but it will often assist materially in giving a diagnosis.

3. In acute cases or in those suffering from some trivial ailment such as a coryza or common cold, after determining the nature of the ailment, making sure that it is not an acute manifestation of some underlying chronic malady, a few well-directed questions may suffice to reveal the proper curative remedy.

4. Much depends on the skill and thoroughness of the clinician, especially in the complicated or chronic case.

5. A noted Homeopath once said, "A case well taken is half-cured." Without characteristic symptoms, a record covering several pages may be worthless, even to a master homeopathic prescriber.

6. Experience has shown that it is best to allow the patient to tell his story in his own words, without suggestions or interruption except to keep him on the subject. Direct questions or any which may be answered "yes" or "no" should not be asked. A lawyer in cross examining a witness leads him into making false statements by the mere form of his questions. The same holds true of a physician examining a patient.

7. In the case of an infant, or one who is unconscious, allow attendants or relatives to describe the patient's actions, or any symptoms which they may have observed. Keeness of observation is an asset. Every least detail of the patient's actions; how he walks, the color if eyes, skin and hair, expression of the face, the tone of the voice and the method of expression; blemishes, eruptions, warts, formation of the fingernails, imperfections of the teeth, swellings, the character of stool, leucorrhea and perspiration may yield characteristic symptoms of his individual remedy. Write down each symptom in a line by itself, leaving space where amplification may seem necessary.

8. Unaided by questioning, the patient seldom gives the full symptom picture. In fact, important deciding symptoms in the case are often forgotten or not mentioned because they seem foolish, trivial, or inconsequential. When the narrative is concluded, review each statement, amplifying or correcting until you are satisfied that the records is as complete as possible.

9. Inquire as to habits of eating, drinking, sleeping, position in sleep, medicines previously taken, sicknesses that have occurred during the patient's lifetime, and obtain a chronological sequence

2 Farrington, Harvey. Homeopathy & Homeopathic Prescribing: A Study Course for the Graduate Physician. B. Jain Publishers Ltd. 2012: Lesson Five Part One, pp19-22.

whether of previous attacks or the present illness. Particular attention should be paid to mental states, sexual functions, the effects of grief, shock, traumatism, unrequited love, marital infidelity, fright, or insult. It is imperative to secure information regarding the distinct character and location of pain and sensation and conditions which aggravate or ameliorate.

10. Part of or all symptoms may be due to such drugs as morphine, calomel, cascara, quinine, camphor, aspirin, veronal, the habitual use of snuff, tea, or coffee. These should be discontinued, and if their effects are still evident, antidoted before a true picture of the natural disease can be obtained. A case complicated with drug symptoms obviously is much harder to cure.

11. It goes without saying that medicine cannot be expected to correct mechanical conditions. Therefore, the physician should look for removable causes, such as chronic appendix, foci of infection, hernia, hemorrhoids, malformations of the bones of the nose, an unerupted wisdom tooth, enteroptosis, marked uterine prolapse, broken arches, floating cartilage in the knee, foreign bodies, fractures, and so forth.

12. Neurasthenics, or patients of a nervous type, are apt to exaggerate. Do not reject their statements of strange or grotesque symptoms or consider them due merely to "nerves", for some of these symptoms may be found in the pathogenesis of remedies suitable in this type of case. The careful observer will not be led astray by the undue emphasis of certain symptoms. In these cases especially, direct questions will spoil the record.

13. The timid or over-modest patient, and the one who has something to conceal are among the hardest to deal with.

14. Above all, avoid a premature conclusion as to what the remedy may be, for this is liable to lead to questions favoring a remedy which may be entirely foreign to the case.

15. The case which presents much pathology is apt to be lacking peculiar or characteristic symptoms, as for instance, advanced Bright's disease, cancer, arthritis deformans, and the like. Here the guiding indications may be found in the history.

16. Where the disease has been suppressed by crude medication, a known homeopathic antidote in potentized form or a remedy prescribed on the symptoms present will probably reinstate the original symptom picture and sometimes cure. Another remedy or series of remedies may be required to complete the cure.

17. For illustration: A lady, thirty-seven years old, was afflicted with spasmodic asthma. Her history showed that some time previously she had had eczema on the hands and fingers with dep cracks, a sticky exudate and some bleeding. Graphites given over a period of several weeks stopped the asthma and brought back the eczema, which finally yielded to Psorinum. Not only were asthma and eczema completely cured, but the patient's health was greatly improved.

18. All symptoms, signs and case findings in a patient may become indicators or guides to the selection of the homeopathic remedy. Yet among all the symptoms complained of by the patient, elicited by the physician's questioning, observed in his examinations and obtained from laboratory and other findings, there will be certain symptoms more important and more valuable than others in remedy selection.

19. Remedies through their provings have given us similar symptoms, signs and findings, and the above paragraph will also apply.

20. Hence homeopathic prescribing is, in reality, the fitting of a remedy's prime indications to the symptoms of the patient under consideration. It would seem very clear that the symptoms most characteristic of an ailment and correspondingly characteristic of a remedy are of greatest importance in remedy selection.

21. The important symptoms in a given case are chosen from a complete recording of all the symptoms available, the classification of these symptoms as to whether or not they are characteristic or common, or general or particular; and further subclassification according to evaluation or importance in remedy selection. For instance, it has been established that mental symptoms (incorporating sexual, emotional, will and memory) are highly valued general characteristics.

22. After going through the record of a case, note those symptoms which are characteristic. Select the prominent general characteristic; first the mental, then the strong physical; and add to these the particular characteristics. The aggregate of these will point to the group of remedies to be studied. If one remedy stands out above all the rest the prescription is easily made. If more than one, comparison should be made by a study of some good text book of materia medica. If then the choice is uncertain, again go over the patient's record to see if there be any further symptoms which may help to differentiate. This may be found in the pathology, in the general type or temperament of the patient, or it may be found in the history-physical. Symptoms which appeared years before, such as peculiar headache, nausea following coitus, an early morning diarrhea, may furnish the desired information.

23. If well taken, the record will contain at least a few characteristics. But when poorly taken or in cases not well rounded, that is, in those presenting few or no characteristic or peculiar symptoms, common symptoms may be utilized in determining the remedy. Here, especially, a good repertory proves invaluable.

24. Illustration: A chronic case with many symptoms presented with only two which were truly characteristic, viz.: 1. "faint empty feeling in stomach at 11am", and 2. "burning of the soles of the feet". These are characteristic indications for Natrum carb, Phosphorus and Sulphur. The patient complained of "weariness in the morning on rising," "tendency to take cold", and had a "general unwashed appearance". Although more or less common generals, these symptoms taken together with the two characteristics above noted point conclusively to Sulphur.

25. The diagnosis is at times of assistance. More than a century of clinical experience has demonstrated that measles, pneumonia, whooping cough, tonsilitis, diabetes, tuberculosis, and other diseases are covered by certain groups of remedies. But these groups may not include the remedy demanded by some typical or unusual individual case. The habit of prescribing a remedy chiefly because it is "good" for a certain disease has been one of the principal hindrances to successful prescribing.

26. In recording symptoms for use in accurate prescribing, location, sensations, modalities, concomitants are essential. 1. The location of a symptom, as a rule, is readily determined and suggest a certain group of remedies. 2. A sensation, such as "burning", "numbness", "heaviness", or "pulsating" as a rule suggests another group of remedies, some of which will be in the group suggested by the location. 3. Modalities, such as "motion", "heat", "cold", "pressure", "time of occurrence", or "position" still further reduce the number of remedies to be considered. 4. The importance of concomitants must not be overlooked for they may become the deciding factor in choosing the

remedy for a difficult case. Illustrations of concomitants were cited in Lesson Four, paragraphs 26 and 27. A symptom which might be very common to a certain ailment, when found in connection with another ailment may become of great characteristic value. For instance, thirstlessness is rather a common symptom. Fever is also a common symptom. But when we have thirstlessness accompanying fever, which usually produces intense thirst, we have a highly characteristic and important symptom.

27. Take headache as an example. This is a "common particular" symptom. Many patients and many ailments present headache, and headache is a symptom common to many remedies. Its study under the schema or formula suggested might be as follows:

1. Location: occipital, "common particular".
2. Sensation: pressive as if a plug were being driven into the skull is a "characteristic particular" occurring in few complaints and found under few remedies.
3. Modalities: the patient is worse and he headache is worse in the presence of other people, a "characteristic general" symptom. The patient feels better and the headache is relieved in the open air, a "common general".
4. Concomitants: with the headache there is vertigo, a "common general". Black spots floating before the eyes, a "common particular". There is fear of a crowd, "characteristic general", and anxiety, a "common general".

28. We have, as the result of the use of our formula, selected, recorded and classified the principal symptoms presented by the patient. If these symptoms are all found under the proving of some one remedy, the prescription is already made. If, however, the symptoms encompass several remedies, a choice must be made. The case is checked, other symptoms are elicited, the physical examination is made, the history of the onset and cause of the complaint is studied, and laboratory and examinations are employed to determine underlying and predisposing causative factors.

29. If, for example, the symptoms elicited under the schema prominently suggest two remedies, these remedies each may be studied in the Materia Medica and the one most suited to the patient and the complaint quite safely selected.

30. There are other methods of remedy selection, including the exhaustive use of the Repertory in chronic cases and those presenting a complexity of symptoms. In some cases the majority of symptoms will be inconsequential and useless. Hence the advisability of the prescriber's learning to recognize the importance and value of symptoms as they are recorded, regardless of the method of remedy selection employed.

31. Later in the Course these other methods will be presented. Throughout the study of homeopathic prescribing it is highly desirable to bear in mind that not only is homeopathic prescribing an art, but that the practice of medicine is an art as well. The true physician calls upon his intuitive artistry as well as upon his knowledge of mechanics, mathematics, the sciences and the different branches of learning essential to his profession.

32. In fully 80% of the average complaints you will find it quite easy to make an accurate, effective prescription. As you progress in study and experience this percentage will be increased, and the amount of time and study required for arriving at the similimum will be proportionately decreased.

Remedy Classes

Introduction

There are many hundreds of remedies that have been studied or described in homeopathic materia medica. Guidance from Hahnemann and experience over the last 200 years has shown that the remedies fall generally into 3 classes. These are animal, vegetable, and mineral.

Animal Remedies

These remedies are most often derived from venoms or toxins naturally produced by some animals. Examples are rattlesnake venom, spider poisons, even bee venom. These are numerically the largest class of animal remedies.

Another group are remedies derived from milk. The most prominent examples are from cow's milk, which includes whole milk (Lac vaccinum), skimmed milk (Lac defloratum), and milk curds (Lac vaccinum coagulatum). Also important are dog's milk (Lac caninum), and cat's milk (Lac felinum). Human milk (Lac humanum) is described but has not been used much in homeopathy.

Dog's milk (Lac caninum) has special application to affections of the throat, esp. severe inflammation like will happen with infections.

Cat's milk (Lac felinum) has prominent eye symptoms and also the strange "desire to eat paper."

There are a few unusual remedies that have been made from animal tissue or discharges. Examples are Adrenalin (capillary hemorrhage) from the adrenal gland, Castor equi (for thickened skin, cracked and ulcerated nipples) made from the "rudimentary thumb-nail of the horse," Castoreum (treatment of hysteria) from the beaver, Homarus (stomach pain, digestive disorders) from the "digestive fluid of the live lobster, Saururus (cystitis with strangury) from "lizard's tail," Pulmo vulpis (persistent shortness of breath causing a paroxysm of asthma on the slightest motion) from "wolf lung."

Nosodes

Lastly, there are those remedies derived from the products of disease, discharges of pus, of skin eruptions, infected blood, diarrhea, etc. These are called nosodes and have application to treatment and prevention of (usually) infectious diseases. Examples are Variolinum made from the fluid contained in a smallpox pustule, Vaccininum from the fluid generated in the lesion produced by smallpox vaccine, Morbillinum from the blood of a person suffering from measles, Diphtherinum from the membranes in the throat of a person suffering from diphtheria. There are many others besides these.

As veterinarians we will be especially interested in nosodes for animal diseases. These include Distemperinum, Parvovinum, Lyssin (from the saliva of a rabid dog), remedies made for upper respiratory disease, for kennel cough, etc.

Application of Animal Remedies

Animal remedies are often used for acute prescribing — during infectious disease conditions (from virus or bacteria), toxic conditions (subsequent to infections or from introduction of toxins or poisons into the body). Some remedies, like Lachesis, are useful for treatment of suppression and therefore used as intercurrent remedies during chronic treatment. These remedies can be applicable to treatment of chronic disease but often other remedies, the minerals, are needed to finish a case.

Plant Remedies

This is a large group ranging from fern spores (Lycopodium) to flower buds (Calendula). Many of the sources are from roots or fruits and *the most important are toxic plants* — like

Aconitum (Monkshood), Nux vomica (Poison Nut) or Rhus toxicodendron (Poison ivy). Many of the plants important in homeopathy are medicinal herbs that have been used for centuries. Some were standard medicines of Hahnemann's time, like Belladonna (Deadly Nightshade) and Aconitum.

The careful study of homeopathic provings have elucidated the specific effects of these herbal medicines that are part of the herbal practitioner's materia medica. Examples are Chamomilla (German chamomile) that is used to soothe the nerves (as part of herbal formulas) and in homeopathic provings was found to do just the opposite — create a state of excessive sensitivity of the nervous system and over-sensitivity to pain *in those that were affected by the substance*.

This is because herbal treatment is based on the initial action of herbs (like allopathic drugs) and homeopathic use is focused on the counteraction, the response of the life force. This is not an absolute difference because some skillful herbal practitioners have learned to use herbs in a way to elicit reactions in the same way.

Application of Plant Remedies

For the most part plant remedies are used for acute prescribing or as intercurrent remedies during chronic treatment. Some of the most important (and extremely useful) medicines in homeopathic practice are Aconitum, Belladonna, Bryonia, Calendula, Chamomilla, Ledum, Nux vomica, Pulsatilla, and Rhus toxicodendron. These remedies will come up again and again because of the similarity of their symptoms to the most common ways in which the symptoms of acute illness or injury manifest. Because of this broad coverage, they are often called polychrest remedies, meaning "wide coverage."

There are just a few plant remedies that are also antipsoric medicines which makes them applicable to the treatment of chronic disease. These are Agaricus muscarius (Poison toad stool), Clematis erecta (Virgin's Bower, a member of the buttercup family which causes severe skin eruptions), Colocynthis (Bitter cucumber, which causes severe diarrhea), Conium maculatum (Poison hemlock, the substance used to kill Socrates and causes ascending paralysis culminating in death), Digitalis purpurea (Foxglove, a heart poison), Dulcamara (Woody nightshade), Euphorbium officinarum (Gum euphorbium), Guaiacum (Resin of the lignum vitae tree), Lycopodium (the fluid in the spores of club moss; one of the important remedies in the treatment of chronic disease), Mezereum (Spurge olive; an important remedy also for treatment of the Sycotic miasm), Sarsaparilla (Wild licorice, an important remedy in herbal medicine and a medicine of Hahnemann's time known as a "blood purifier"). Thuya occidentalis (Arbor vitae) though not an antipsoric is considered the chief anti-sycotic remedy, so also comes in as very important. It is used for the effects of vaccination or any introduction of foreign material into the body.

Mineral Remedies

These medicines are derived from the earth directly or by purification. Examples are Alumina (aluminum oxide), Borax veneta (borate of sodium), Cuprum metallicum (copper), Argentum metallicum (silver), Aurum metallicum (gold), or Sulphur (element of the same name).

Another source of mineral medicines is from some sort of processing of original material. This is the case for Carbo vegetabilis (the charcoal made from beech wood), Hepar Sulph Calcareum (made from intense heating of Calcarea carbonica and Sulphur together and then subsequent distillation of the compound) and Kali carbonicum (derived from the residual ash of burnt plant material).

A third source of mineral medicines is from animal products. The best example of this is Calcarea carbonica (from the inner part of the oyster shell). Another example is Calcarea renalis (from a kidney stone).

The mineral remedies are of utmost importance in homeopathy because, *more than any other class, they are the source of the antipsoric remedies*. They have a reputation of acting slowly and "deeply," what Kent refers to as a "searching action."

This means that a mineral remedy can correspond to the depths of psora in its action and stimulate very significant changes in the patient. These include the most significant remedies of the materia medica—Calcarea carbonica, Natrum muriaticum, Silicea and Sulphur as examples.

Application of the Mineral Remedies

Primarily the treatment of chronic disease. Occasionally mineral remedies are needed during acute illness, for example using Arsenicum during food poisoning or Phosphorus during acute dysentery. Generally, one wants to retain these for the period of treatment between acute episodes.

The Polychrest Remedies

Introduction

The remedies which have come to be called polychrests are the most important ones we will be using in our practices. The term "polychrest" has the meaning that it is a medicine that has been shown, when taken by a healthy individual, to produce many symptoms that are commonly seen in practice.

The easiest way to understand this is to consider how they came to be known in this way. Hahnemann first came up with the idea that medicines may act to restore health because they produce very similar symptoms the patient already has. In a sense, they took the place of the natural disease and freed the patient from that prior influence. You can understand that, as Hahnemann experimented with this idea, that he would start studying and testing the substances commonly used as medicines at that time. It is these he first investigated. As time went on, and other doctors became interested in his work, the field of interest was enlarged and more substances were considered. The collection of proven substances gradually increased.

Hahnemann set up the method, the first time in medicine, of testing substances in *healthy* volunteers and in this way avoided the confusion of already existing symptoms being mixed into the action of these substances being tested. It was important that only what the test substance could cause be recorded for later use.

The word he used at that time was "prüfung", the German word for "test." He considered that he was testing substances. When his writings were translated into English, the word for "testing" was rendered as "proving." Hahnemann did not present it as a proof in the sense that scientific proof is referred to today and this sometimes leads to confusion. Nonetheless, we use the word "proving" because of its traditional use.

The next step would be to test these substances in actual clinical settings. Symptoms of a plant, like Belladonna, that was being used in medicine had been redefined by testing it in the healthy. Would matching the new symptoms observed with those seen in a sick patient confirm the reliability of his initial idea? There were questions in this clinical application that had to be answered, questions like:

- What symptoms have to be matched?
- Are some symptoms more significant than others?
- Is there a difference in significance between mental and physical symptoms?
- What of symptoms that were there early on but no longer being seen?

There were many practical things that were worked out in these early years. The correctness of the method of similarity was confirmed by this clinical work and the confirmation of some of the proving symptoms gave emphasis to the information developing as a materia medica.

The Polychrest Idea

As this practical use of medicines proceeded over the years, and more and more substances tested and tried out, a pattern emerged. Practitioners found that there *were some medicines that seemed quite often indicated* and that were also quite effective in their use. One can see that these would be

medicines with rather common symptom expression — such as the sort often seen with head colds or flu or arthritis. Over the last 200 years, these medicines most frequently used and confirmed in their effectiveness were recognized. They were given the name "polychrests."

Over the history of homeopathy, many homeopathic practitioners, have presented such remedies in their writings. Though the list of remedies they come up with are not necessarily identical they are very close, with a high degree of agreement between them. These slight differences likely come from the type of practice they had and thus what sort of symptom patterns were their experience.

In a practical way, these polychrest remedies are the ones to be first studied and also to be studied in the most detail. They are the ones you will be using the most often.

The list I am giving here is from the clinical experience of Gottlieb Heinrich Georg Jahr, a doctor who lived from 1800 to 1875. His medical career was in homeopathy and also writing about his experiences. He produced over 250 works, not all about homeopathy, but many very important works that are still useful today. One of the most remarkable is *Therapeutic Guide: the Most Important Results of More Than Forty Years' Practice*, published in 1869.

The one referred to here, for a listing of polychrests, is Jahr's *New Manual (or Symptomen-Codex)* translated by Charles Julius Hempel, MD and published in 1848.

Polychrest Remedies Ranked by Order of Importance *(Note Anti-miasmatics are underlined)*

MEDICINES OF MOST FREQUENT USE

First Rank: Acon., Bell., Bry., Merc., NUX-V., PULS.
Second Rank: Arn., Ars., Cham., Lach., Rhus-t., Sulph.
Third Rank: Calc., Chin., Ipec., Verat.

SEMI-POLYCHRESTS

First Rank: Lyc., Phos., Sep., Sil.
Second Rank: Carb-v., Dulc., Hep., Hyos.
Third Rank: Caust., Cocc., Ferr., Graph., Ign., Nit-ac., Op., Petr., Staph.
Fourth Rank: Aur., Bar-c., Cann-s., Canth., Coloc., Con., Ph-ac., Spig., Stram.
Fifth Rank: Ant-c., Ant-t., Cic., Coff., Kali-c., Mag., Mag-m., Plat., Stann.
Sixth Rank: Dig., Dros., Iod., Led., Nat-c., Nat-m., Nux-m., Thuj., Zinc.

MEDICINES USED LESS FREQUENTLY

First Rank: Am-caust., Bar-m., Calc-p., Calc-caust., Camph., Chel., Croc., Cycl., Eup-per., Fl-ac., Grat., Kali-n., Laur., Samb., Sec., Seneg., Tarax.

Second Rank: Arg., Arg-n., Lam., Maga-s. Meny., Meph., Nat-s., Par., Ran-b., Ran-s., Stront-c., Tab., Teucr., Viol-o., Viol-t.

Third Rank: Berb., Bruc., Cinnb., Cist., Coral., Cor-r., Daph., Gamb., Gent-c., Gran., Ind., Merc-c., Nicc., Ol-an., Phel., Sang., Sel.

Fourth Rank: Aeth., Calad., Cast., Croto-t., Eug., Euon., Ferr-ma., Haem., Hyper., Kali-chl., Lact., Paeon., Rat., Symph., Ter., Ther., Tong.

Jahr has one more group, about size of this last one, of remedies "not yet been much used." I will not bother to copy them, but they are ones you will occasionally run across in study of the literature.

The Contemporary Situation For The Polychrest Remedies

The use and view of polychrest remedies has changed in more recent times. As we have described above, the elucidation of these remedies was a tremendous gift of many, many practitioners sharing their decades of clinical experience with us, often lifetimes of work. So this is a real treasure. However the attitude about this has changed in the last couple of decades.

Before I get into the details of that let us look at the variations of homeopathy that have been embraced in today's homeopathic world as the attitude towards polychrests is part of this larger picture.

Introduction of Variations

Starting about thirty years or so with some teachers from other countries putting on presentations in the US, there was a renewal of interest in homeopathy among some health practitioners. From this stimulus a number of people, that had studied with them, came forward to teach their "new" method of doing the work and these new methods were modification of the principles that Hahnemann had established. There has been attempts to modify homeopathy from the very beginning so this is not new but the forms of different practices today are what I am describing in what follows.

For example, Hahnemann made it very clear that the basis of homeopathic work, the foundation, was *a scientific and ethical commitment* to how substances were to be used as medicines. He tells us in his writings that treatment of patients is to be *only* with the use of substances already carefully studied as to their action on healthy individuals. There was to be no supposition or guess work as to what the action might be. Only actual testing was reliable.

This attitude of Hahnemann was unusual for the time. We recognize this today as a scientific view, that information is reliable when carefully tested and shown to be repeatable when studied more than once. It is still unusual in medicine as conventional medicine of today does not study the action of medicinal substances in healthy people but rather tests them in animals or in people already ill.

Using Unproven Medicines

In spite of the importance Hahnemann gave to this foundational principle of careful testing of substances, a major deviation has come from a number of teachers. Here is a partial listing of these deviations in current use:

- Use of remedies that have not had provings (testings) in healthy individuals. These will be chemicals or materials that are thought to be the cause of the illness and they are made into remedies and used for treatment.
- Prescribing for patients by determining their match to chemicals in the periodic chart of the elements (again using chemicals as remedies that have not had proving).
- Using remedies made from vaccines (again without provings — method of isopathy. The isopathic method was first introduced over 200 years ago by Wilhelm Lux a veterinarian. Hahnemann rejected it, insisting the remedies used should be based on a match to the patient's symptoms, not the presumed cause).
- Grouping remedies together as having the same symptom pattern based on their botanical or animal relationships. Plants of same genus assumed to have same effects generally; insects of a genus assumed to

have similar effects, etc. This is often called the "Doctrine of Signatures." Hahnemann wrote specifically against this idea saying the Doctrine of Signatures was an inaccurate concept and that only provings were to be relied on. Nonetheless it has become very established in homeopathy of today.

- □ Doing provings of remedies by holding it in the hands and meditating on it. That is, not actually taking the medicine but basing the proving on the thoughts coming in through meditation.
- □ So-called "dream" provings of determining the action of remedies by putting the remedy under your pillow while you sleep and then noting the dreams that occur.

Prescribing Without Similarity

As well as not adhering to the requirement for using proven medicines another major deviation has been in how remedies are to be decided upon for the patient.

- □ As mentioned above, using the presumed "genus characteristics" of plants or animals as a match to the person's (or animal's) personality. If one likes to garden, loves flowers, he or she will need a plant remedy in treatment.
- □ Determining the appropriate remedy the patient needs by the structure of their face.
- □ Choosing a remedy based on muscle testing or use of a pendulum instead of basing it in the details of the symptom pattern.

Differing Expectations of Treatment Outcome

This has inevitably led to different interpretation of the patient's responses to treatment, so that:

- □ Palliation is seen as cure; suppression considered a favorable response.
- □ Remedies, in high potency, are used by repeating them daily for weeks or months. The idea of counter-action is ignored and primary effect emphasized as the desired result.
- □ More than one remedy used at the same time, again in an attempt to minimize symptoms.

The Change of View of Polychrests

These various alterations in the method of homeopathy resulted in practitioners that were not very successful with their prescriptions. At some point, a new idea was proposed that took hold and has become very much a part of contemporary homeopathy. This idea is that the reason for lack of prescribing success was that they were *relying too much on the polychrest remedies.* Instead of seeing these remedies as having the value we have discussed, and gathering a true understanding of how to prescribe based upon the principles and science of homeopathy, they were put aside. The emphasis shifted to what were called "small remedies." Small remedies were ones that had not been much used before or were "newly proven" often using the methods described above. You will encounter practitioners, therefore, that rarely use the polychrest remedies because of this idea.

This was even incorporated into the homeopathic software by putting in functions that would filter out the major polychrest remedies in an analysis so the practitioner would not be distracted by their similarity in the analysis results.

In Conclusion

What has been presented here is how the two centuries of homeopathic work has elucidated the remedies of most frequent usefulness. We are suggesting to you that they will be the most useful remedies available to you. These are the remedies to first study and to study in the most detail.

In this course you are being trained in the method of Hahnemann without modification of the basic principles. From knowing this you will understand why some of the other methods and prescriptions you will hear about from outside this course are not discussed here. Remedies like those made from vaccines (so-called "tautodes"), or the Bach nosodes, or those from isopathic sources are not recommended to you. We take this position from experience. As Hahnemann tells us in aphorism "The physician's highest and *only* calling is to make the sick healthy, to cure, as it is called."

Introduction to the Chronic Remedies

THE CARBON REMEDIES

Graphites

This remedy, a most significant one in homeopathy — on a par with Sulphur and Calcarea carbonica — is most representative of the element carbon, the most important element in life forms. It is suitable for treatment of psora with some overlap into the other miasms on occasion.

Clinical Indications:

Emaciated, restless, little or no appetite; chronic diarrhea, stools brown liquid or black slime containing undigested food and having an extremely fetid odor.

Compare to: China also is to be considered for diarrhea with this type of stool, especially if there is extreme weakness as a result of the continued loss of fluid.

Skin eruptions with itching, strong body odor, Eruptions have an offensive smell, history of anal gland trouble.

Ears red inside, raw with sound of fluid inside (obj.) or discharge of dark brown, almost black, oily substance. Ear discharges have a strong, offensive odor.

Obesity, excessive appetite; weight excessive even though food intake limited.

Weakness of limbs, especially the rear legs, lack of strength, wobbles, splayed, can't jump. W. can affect all the limbs as a kind of paralysis.

Compare to: Conium is another remedy that has a similar appearance. However, it is rarely deep enough in effect to be curative in these chronic cases.

Eruption moist with formation of scabs, if picked off is gummy underneath and may remove hair as well. Has an offensive odor.

Nails thick, cracked or distorted, turning to the side or rough and corrugated.

Nostrils cracked at their edges, can be deep cracks with rawness or bleeding; can be associated with loss of pigment.

Excitability, rough play or aggressive behavior, overly suspicious and hypervigilant, dominating behavior.

Compare to: Should be compared to Calcarea carbonica as to temperament.

Eruption on and around the eyelids with hair loss, "raccoon look".

Compare to: Sulphur, in which the margins of the eyelids are very red, in fact all of the orifices of the body are very red. Graphites has more moistness of the lesion and tendency to scales and crusts.

Constipation, chronic, with lack of urging, bowel movements days apart and when stool passed is large and knotty, sometimes with threads of mucus or passage of mucus after the stool.

Anal problems, anal gland suppuration, fistulae.

Cysts, lipomas; induration and development of tumors, even malignant; osteosarcoma.

Compare to: Petroleum is another excellent remedy for the appearance of cysts and fluid-filled tumors.

Carbo vegetabilis

A carbon remedy made from burning birch[1]

1 Hahnemann did his provings with birch. Some of the other provings were made from red beech. Hahnemann "assures us that well-prepared char-

wood with limited oxygen. This process produces charcoal and the lack of oxygen keeps the carbon from burning off as carbon dioxide. It is a deep acting remedy, an antipsoric, but needed for more advanced and serious progression of disease or as an acute remedy in serious illness, shock or poisonings.

Clinical Indications:

Life almost gone, exhaustion, collapse from serious illness or after an ordeal like surgery. Death imminent (Ars., Mur-ac.).

Almost dead, body cold (esp. of rear legs), lies motionless as if dead, breath cold, pulse intermittent and thready.

Tissues bluish, cyanotic — craves air (fan or draft).

Hemorrhages (nose, stomach, gums, bowels, bladder or any mucous surface) with extraordinarily pale mucous membranes (Chin.). Blood oozes from spongy weak tissues and does not clot.

Flatulence (accumulation of gas) in the stomach (Lyc.) — also abdomen but mostly stomach.

Hoarseness, which is severe and worse in damp air, esp. in the evening.

Compare to: Causticum which has the same symptom, but in the morning instead.

Any condition (heart, respiratory) where the patient is desperate for air and wants to be outside, by open window, in the draft of a fan.

Cachectic patients whose recuperative ability has become weakened, esp. if the condition dates back to a prior illness, even from years ago.

A wasting away without much reaction.

Emaciation and withering of the affected parts.

Long lasting effect of a strain (Rhus-t., Calc.).

Gums break down, become spongy, bleed easily from touch, retract from the teeth, painfully sore on chewing.

Stomach weak, food which is very plain still disagrees, esp. fat foods (Puls.).

Carbo animalis

A remedy similar to Carbo veg but made from burning animal tissue until just the charcoal is left. Usually oxhide is used and a small piece burned in the presence of air but stopped before the burning process is complete. One is left with the charcoal and some organic matter from animal sources.

Clinical Indications:

Great weakness, lack of energy, prostrated.

Swelling of glands with indurations or suppurations which tend to become ichorous (watery, blood-tinged) and later scirrhus (a hard, dense cancerous growth usually arising from connective tissue).

Swelling, esp. at axillae, inguinal or mammary regions.

Old suppurating bluish colored offensive lymph nodes swellings (Lach., Tarent.).

Menorrhagia (abnormally heavy or extended menstrual flow) with subsequent weakness.

Mammary tumors which occur in hard nodules (e.g. hard lumps which can be palpated).

Copper colored eruptions on the skin.

Easily sprained from lifting (e.g., from using muscles against gravity, rising up with a weight) with great weakness and debility afterwards.

Accumulated effects from eating food that is not fresh or is partially decayed (as in commercial or processed foods, esp. if not very fresh when consumed).

Sepia

This remedy is obtained from the ink sac of the cuttlefish and has a long history in medicine

coal acts in the same manner, irrespective of the kind of wood used." Ref: Hering's *Guiding Symptoms*, Carbo vegetabilis introduction.

used by the ancient Greeks and in various ways since. It is primarily a carbon substance secreted by the animal and used as a protective screen when threatened. Its application is especially to reproductive problems.

Clinical Indications:

Uterine or rectal prolapse.

Ulceration and congestion of the cervix or cervical opening.

Flashes of heat with perspiration and faintness (Sulph.).

Alternation of hot front feet and rear feet.

Leucorrhea of offensive discharge which can be slimy, bloody, or thick and yellow. Profuse after urinating.

Urine very offensive (as in putrid, disgusting), can't stand to have it in the room.

Urinary incontinence during the first sleep.

Male ejaculate is thin and watery and the genital organs are flaccid.

Sadness, becomes indifferent to her usual occupations — even those she loves best.

Rejects newborn or children, refuses to nurse them.

Pains in the head cause it to jerk.

Drooping eyelids (Caust., Gels).

Chronic catarrh of the nose (Graph., Kali-bi.)

Vomiting in pregnancy, the thought or smell of food sickens her.

Constipation, very obstinate (Graph.), manual removal necessary, esp. in children.

Oozing of moisture from the anus.

Compare to: Carbo animalis which has sticky, odorless moisture and a sore anus. Antimonium crudum has constant secretion of a yellowish-white mucus.

Very weak, even slight exertion fatigues, faints easily from extremes of heat or cold, after getting wet, from riding in a car, or similar slight causes.

Itching skin eruptions (Sulph.).

THE CALCIUM REMEDIES

Calcarea carbonica

Calcium is the second substance of quantity in animal bodies and is the basis for firmness and hardness as well as the skeletal framework. There are several calcium salts important in prescribing and each has a slightly different action. By far the most significant is calcium carbonate, e.g., calcarea carbonica. It is obtained traditionally from the middle part of the cleaned and prepared oyster shell.

Clinical Indications:

Inclined to be overweight, obesity.

Compare to: Graphites which usually has associated skin symptoms either at present or in the history (suppressed?).

Skin pale or white (chalky). Can be seen in hairless areas or around eyes or at ears.

Torpid, sluggish, slow in movements.

Compare to: Sulphur which is the opposite — quick, wiry, nervous, active.

Malnutrition, which can be due to chronic disease, with imperfect or slow development characterized by slow development of bones with enlarged lymph nodes or curvature of the bones (long bones and spine esp.) or deformed limbs or bones too soft that do not mature. This condition occurs because of uneven development where one part of the bone is normal and the area next to it is not. This is all coupled with an abundance of soft tissue — too much.

Tendency to formation of polyps (nose, ear, bladder, uterus).

Cold feet or legs. Coldness of single parts, but also general coldness (cistus, heloderma).

Partial sweats, coupled with cold extremities.

Sour smell of the whole body (not offensive like Sulphur or other remedies).

Abdomen distended and hard; mesentery hard or swollen, even with the rest of the body emaciated.

Diarrhea in the afternoon (Sulphur in the morning). Patient generally > when constipated.

Skin cold, soft flabby. Can be too elastic.

Shortness of breath on walking, esp. on ascending — like a hill or stairs.

Diminishing appetite with progressive emaciation.

Sprained joints do not recover normal strength. Tendency to be re-injured.

Calcarea phosphorica

Very similar to calcarea carbonica but with the element of phosphorus added into the mix. It changes the effect of the remedy in this way:

Clinical Indications:

Slow development of the bones, but in thin patients.

Diarrhea is frequent and the stool is green and "spluttering" due to the presence of gas (and there is much of this).

Rheumatism, < spring and fall, esp. when the air is cold, esp. from melting snows.

Fractured bones do not heal (Symph.).

Calcarea sulphurica

Another calcium salt, now with sulphur added. Action very similar to Hepar sulph calcareum.

Clinical Indications:

Where there is profuse suppuration.

Problems of connective tissue, esp. abscesses located there.

After inflammation has existed for a while without resolution and there is now a discharge that is lumpy or bloody.

Tumors that are cystic.

Calcarea hypophosphorosa

Differs in that there are two calcium atoms for 1 phosphorus atom (2:1) instead of the ratio of 3:2 seen in Calcarea phosphorica.

Clinical Indications:

Large swellings with formation of pus, esp. involving bones so that they are eroded and eaten away with the continued suppurative process.

Osteosarcoma (Calc., Phos.).

Heart extremely weak, almost non-functional (Crataegus).

Total loss of all desire to move or to make any muscular exertion, with inability to do so.

Calcarea fluorica

Calcium combined with fluorine, which modifies calcarea in the direction of:

Clinical Indications:

Indurated swellings that are stony hard. Occurs in glands, fasciae or ligaments.

Calcification around bones or joints.

Bony growths in carpal or tarsal joints.

SULPHUR (The Chief Antipsoric)

Sulphur

This is the element Sulphur, the chief remedy of the materia medica for the treatment of psoric conditions. More than any other remedy it produces the range of symptoms seen in this miasm. It frequently is needed in both acute and chronic diseases for its ability to rouse reactive power and to bring symptoms to the surface of the body.

Clinical Indications:

When carefully selected remedies fail to act favorably.

Local congestions and inflammations which lead to boils, swellings or felons. Congestion to abdomen, head, chest (with difficult breathing). Wants access to fresh air.

Orifices of the body are red — as if too much blood is there. Lips very red, as are ears, eyelids, anus and urethra.

To absorb effusions after the inflammatory process has passed, for example, joint enlargements, exudations into serous sacs, pleural or peritoneal fluids (Bry., Kali-m.).

Emphasis on skin symptoms — eruption, esp. itching. Voluptuous itching.

Poor conformation, stooped. Standing is the most uncomfortable position.

Dirty, filthy patient with skin disease.

Aversion to bathing.

Discharges are excoriating and reddening of the tissues over which they pass. D. from every outlet.

Offensive body odor, not > by bathing.

Complaints are continually relapsing.

Weak faint spells during the day.

Diarrhea after midnight or early morning which forces the patient to get up to have a bowel movement. This condition of persistent diarrhea esp. follows suppression of a skin condition.

Hunger most marked at 11am.

Top of the head feels hot to touch while the feet are cold.

Eddie and the Magic Mushroom

By Sarah Stieg, DVM, MRCVS

Presenting Scenario

It's another wet November in North Yorkshire, England. Our stalwart veterinary surgeon was finishing her long clinic day, only an hour and a half after closing (which was good for a typical Friday), and starts to look forward to a possible – dare she say it – rare Friday night off. The treatment room phone then rings, suddenly breaking the fleeting moment of relief, with receptionist informing that an emergency had just arrived. Alas, it was not to be!

Case Synopsis

Eddie at 8 weeks of age.

On Friday evening, November 19, 2010, Eddie a 5.5-month-old male yellow Labrador Retriever (show-line) presented on an out-of-hours emergency visit for acute diarrhea, vomiting, and mania, post mushroom ingestion.

Earlier that day, the client came home from work over lunch time to let Eddie out in the fenced back garden to play. She saw him eat an unknown mushroom or toad stool growing in the garden and tried to immediately extract it from his mouth. The client thought she was able to remove it all without any of the mushroom being ingested. Eddie was put back in his crate, and the client went back to work for the afternoon.

Upon arriving home at the end of the work day – the client found diarrhea and vomit in his crate. Eddie was manically hyperactive, running around uncontrollably with a wild look in his face. He had more diarrhea upon being taken outside. The client then rushed him straight into the clinic fearing a progressing toxicity reaction.

Physical Exam

Upon physical exam, the patient was manically hyperactive and restless throughout the entire exam and case work-up. He displayed abnormal behaviors: barking directly at the walls; acting as if he was "seeing" or reacting to things that were not there; then throwing himself up to my shoulders for attention with abnormal voracity. He maintained joviality and continually tried to incite play in between displaying these abnormal behaviors, suggesting possible hallucinations. Both eyes had dilated pupils and red conjunctiva. All other physical exam findings were WNL's and there was no further vomiting or diarrhea.

Further History

The client confirmed that there were no illicit or "recreational" pharmaceuticals (or cannabinoids) in the home. The only medication in the home were antidepressants, which were kept upstairs in the bathroom cabinet out of reach and away from the dogs. Eddie was always in a crate when the client was not home and was only walked on lead. No other items could be scavenged inside or outside the

home, aside from what was observed in the garden today. The client was a very meticulous and responsible person, thus the information provided could be trusted. Eddie had been a very healthy dog since adoption at 8 weeks of age. The only medications previously given were: "routine" deworming (by the breeder and client), and Sulphur 1M for minor waxy ears that presented several days after initial puppy vaccination.

Assessment & Homeopathic Work-up

Problem List/Diagnosis: Acute Mushroom Toxicity

Homeopathic Methodology:

- ✳ Is this case well taken? Yes
- ✳ Obstacles to cure? No significant obstacles, assumption of mushroom toxicity, could be a possible unknown toxin.
- ✳ Acute/Acute Flare-up of Chronic Disease/Chronic – ACUTE
- ✳ Cure/Palliation – CURE
- ✳ Vitality (0-10 Highest) – HIGH
- ✳ Seat of Illness / Organ Affinity – GI, MIND
- ✳ Causation – Mushroom ingestion, unknown variety
- ✳ Keynotes – Manic, jovial behavior with possible delusions/hallucinations

Homeopathic Symptom List: (hierarchical order)

- — Causation: Mushroom toxicosis
- — Manic, jovial behavior with possible delusions/hallucinations
- — Dilated pupils
- — Diarrhea
- — Vomiting
- — Red/inflamed conjunctiva

Symptom List	Corresponding Rubrics *
Causation: Mushroom toxicosis	GENERALS - INTOXICATION, after (28, K) Food - FOOD, poisoning - mushrooms, poisoning from (11, M)
Manic, jovial behavior with possible delusions/ hallucinations	MIND - DELIRIUM (138, K) MIND - DELIRIUM - gay (8, K)
Dilated pupils	EYE - PUPILS - dilated (108, K)
Diarrhea	RECTUM - DIARRHOEA (214, K)
Vomiting	STOMACH - VOMITING (117, K)
Red/inflamed conjunctiva	EYE - REDNESS, (162, K) EYE - INFLAMMATION - conjunctiva (59, K)

**(number of remedies in the rubric, K= Kent's Repertory, M = Murphy's Repertory.)*

Homeopathic Rubric Discussion and Repertorization

Rubric selection for analysis in this case focused on the most accurate and characteristic symptoms of the patient. The physical particulars and generals of the case are fairly straight forward to correlate into rubrics. However the mental/behavioral changes are not as clear to assess, especially for the new homeopath. To represent the mental disturbance of the patient, delirium would be the most fitting rubric. Let's examine its definitions and comparative words to explore why.

Delirium

Merriam-Webster Dictionary defines delirium, as "1: an acute mental disturbance characterized by confused thinking and disrupted attention usually accompanied by disordered speech and hallucinations. 2: frenzied excitement." Sault's *A Modern Guide and Index to the Mental Rubrics of Kent's Repertory*, defines "Delirium: A state in which the ideas of a person are wild, irregular and unconnected. Delirium is usually dependent on some disease such as a fever and so distinguished from mania or madness." Hitch's 1940 *Bailliére's Nurses Complete Medical Dictionary* defines delirium as "Mental excitement. A common condition in high fever. It is marked by irregular expenditure of nervous energy, incoherent talk, and delusions."

Madness & Mania

Sault defines madness as "unsoundness of mind; derangement of intellect... delirium, mania and frenzy denote excited states of the disease." Yasgur defines mania as a "mental disorder characterized by great psychomotor activity, excitement, a rapid passing of ideas, exaltation, and inability to focus attention." This definition sounds like it could fit our patient, however on further source exploration it becomes clear that mania is associated with a derangement or unsoundness of the mind, mental disorder, etc., with associations to madness and insanity, rather than an acute state that tends to be reversible such as delirium. Dunglison's 1873 *A Dictionary of Medical Science*, defines mania most clearly "With some it means insanity. Disorder of the intellect, in which there is erroneous judgement or hallucination, which impels to acts of fury...One so affected is said to be ra'ving mad, stark mad..." And finally, mania in Hitch's 1940 *Bailliére's Nurses Complete Medical Dictionary* is defined as "Mental disorder characterized by exaltation and acceleration of all mental processes, often culminating in violence."

It can be confusing when further delving into more modern psychiatry terminology to research these definitions, as complex mental disorders can are described including both symptoms of delirium and mania. For the purposes of this homeopathic discussion, these historical definitions are most applicable.

Delusions

Our final comparison is of delusions, which Sault defines as a "misleading of the mind; false belief; error. An Illusion is some idea or image presented to the bodily of mental vision which does not exist in reality. A delusion is a false judgement, usually affecting the real concerns of life. It is, in other words an erroneous view of something which exists but has by no means the qualities attributed to it." In this case while delusions seemed likely or possible, using the rubric delusions would be speculation or conjecture in our animal patients.

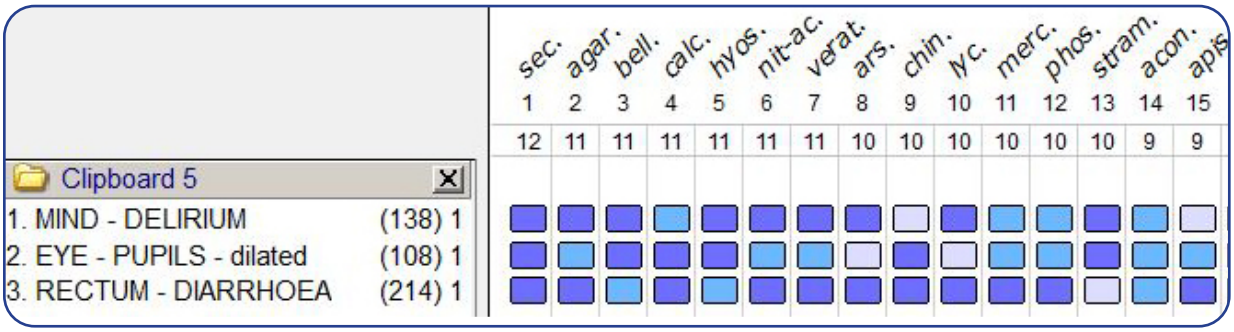
Homeopathic Repertorization

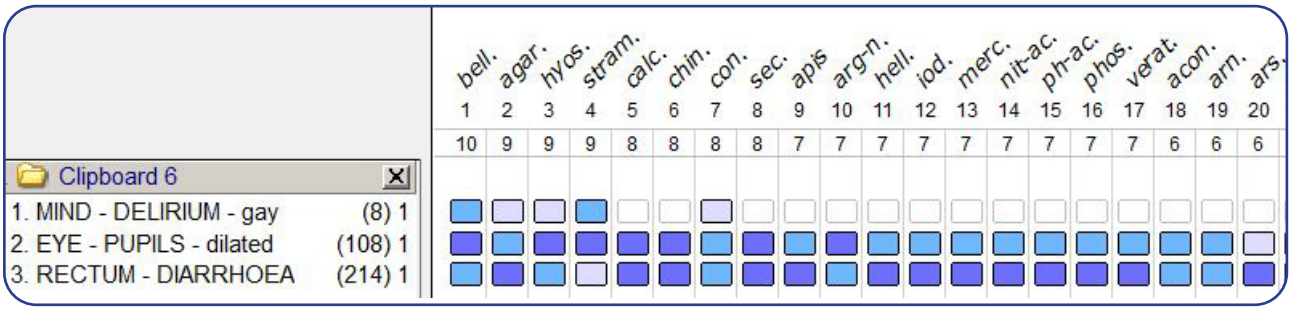
The following analyses were performed utilizing the Kent repertory, beginning with a totality of symptoms, then refining to a smaller analysis varying the delirium rubric (delirium general vs.

delirium-gay), as well as a refined analysis adding in the Intoxication rubric from Kent and comparing to the Mushroom toxicosis rubric from Murphy's *Homeopathic Clinical Repertory*.

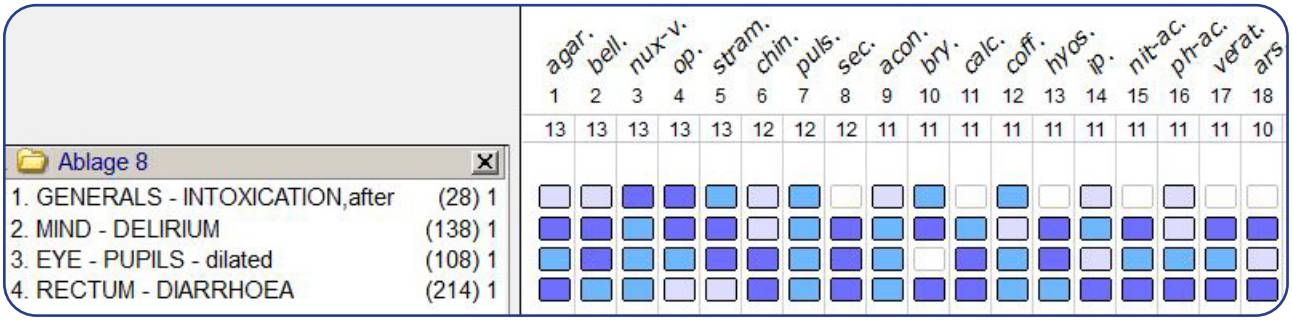
It is worthy to note in the more refined analyses, the symptom of the red eyes/inflamed conjunctiva was considered a common symptom for a stressed or hyperactive dog, thus not particularly useful in a repertorization. The vomiting was also dropped in the more refined analyses as it was not as prominent as the diarrhea, i.e. it occurred once, and is a common symptom for intoxication, if it was more pronounced or persisting then would have been considered more significant.

Refined Homeopathic Analyses using Kent's Repertory: Delirium vs. Gay Delirium

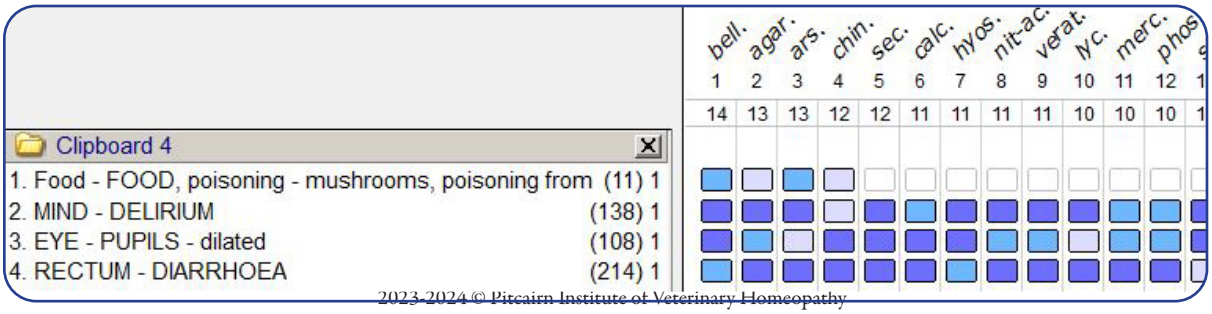




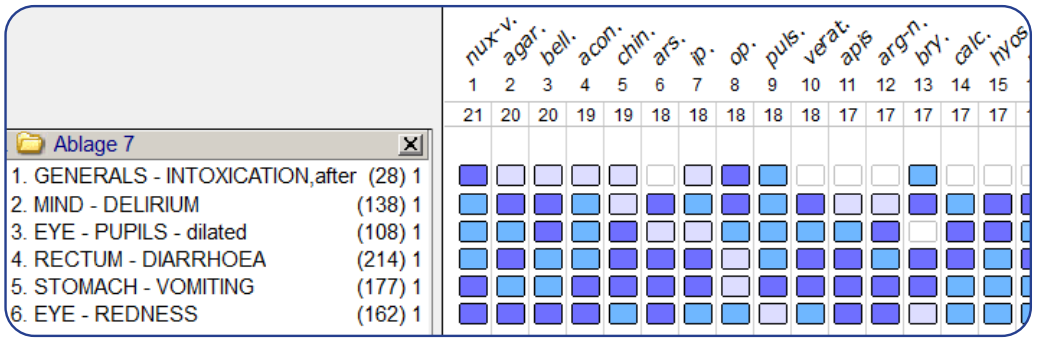
Refined Homeopathic Analysis using Kent's Repertory Adding in Causation:



Refined Homeopathic Analysis using Kent's Repertory Adding in Causation (Murphy's):



Totality of Symptoms Homeopathic Analysis using Kent's Repertory:



Homeopathic Discussion/Differentials

On a cursory overview the top remedies, Agaricus muscarius (Agar.), Arsenicum album (Ars.), Belladonna (Bell.), China officinalis (Chin.), and Nux vomica (Nux-v.), all appear to be excellent options.

Let us begin to narrow our choices! Ars., Chin., and Nux-v. are all noted for food poisonings. China, however, is distinctly noted for delirium from loss of body fluids, e.g. dehydration, which is not the case here (i.e. not the cause of Eddie's delirium). Ars. and Nux-v. both correspond to the toxicity, diarrhea from toxicity, dilated pupils, and do reflect delirium in their symptom pictures. However, neither has the focus in the gay, jovial delirium and emphasis on the intensity of energy of Eddie's symptoms. With the primary seat of Eddie's toxicity symptoms on the mental level (the derangement of the mind) with only minor gastric disturbance, Bell. and Agar., with their predilection for mental symptoms with toxicity, are consistently much more strongly weighted than Ars. or Nux-v., especially considering the jovial or gay delirium on comparison in the refined analyses. Thus Bell. and Agar. quickly become the top two differentials, with Ars. and Nux-v. waiting in the wings as third/fourth choice prescriptions.

Further materia medica investigation quickly highlights that both Bell and Agar have a large volume of symptoms regarding delirium and mania, and equally cover the dilated pupils and gastric disturbance. So how do we choose?

Belladonna's delirium, on first read, seems to be predominantly marked by fear and rage in most materia medicas, e.g. wild delirium; furious rages; delirium with quick movements, restlessness; delirium seeing frightful images, horrible images, fear of imaginary things, wanting to run away, etc. However, in Hering's *Guiding Symptoms of Our Materia Medica* one can find symptoms of gaiety in Belladonna: Merry craziness; while laughing or singing; loud laughter, wild abandon, singing, whistling, lascivious conversation; foolish, ludicrous antics and gestures; they touch everything within their reach; foolishly laughing, excessive sensibility; they behave like drunken people.

Agaricus is marked for jovial delirium in Hering's *Guiding Symptoms of Our Materia Medica*: Ecstasy, fancies excited, makes verses; talks incoherently, passes from subject to subject; silly merriness; great loquacity, merry, incoherent talk; sings, talks, but does not answer questions; strength augmented; laughs at his attempts to stand and walk.

In Murphy's *Nature's Materia Medica*, Agaricus is noted for delirium characterized by singing, shouting and muttering, rhymes and prophesies; increased cheerfulness, courage, loquacity, exalted fancy; hilarious; embraces and kisses hands; fearlessness; great mental excitement and incoherent

talking; immoderate gaiety; physical strength is increased, can lift heavy loads; full of ecstasy.

While there are some symptoms of raging and violent delirium, the predominant delirium of Agaricus is of gaiety. Agaricus is noted in many parts of the world for its hallucinogenic properties, and is even made into an intoxicating drink by various cultures. Since the defining feature of Eddie's delirium was a jovial, playful mania without any signs of fear or rage, Agaricus was selected as the primary differential remedy.

A single dose of **Agar 200c** was administered, dry by mouth; response to be reassessed in 15 minutes. The patient was monitored in the clinic, with the client staying with him in the exam room (as it was the end of the clinic day), while he was observed for a period of time to determine if he could be safely discharged home.

Follow-up &Monitoring

Within 5-15 minutes post remedy administration, the Eddie began to settle and was able to finally sit next to the client. His pupils returned to normal size, and the mania/barking ceased. The patient then took a nap, occasionally waking up to check on his surroundings before dozing off again.

Approximately one hour after the initial dose of Agar 200c, Eddie woke up and began to display mildly excitable behavior again and started barking at the wall. A second dose of **Agar 200c** was administered, dry by mouth.

The patient settled again and returned to his normal self. He was able to be discharged home shortly thereafter, and was sent home with Agar 200c, to have on hand. No further doses were needed, as the client reported there was no further vomiting or diarrhea and no re-occurrence of manic behavior that night and the weekend.

Over that weekend, the client scoured her yard and removed all the mushrooms!

Case Summary

Eddie's case of mushroom toxicity highlights an important remedy in homeopathic veterinary medicine. Agaricus is a "lesser used" anti-miasmatic remedy (see *Making a Prescription Section, Remedies for the Treatment of Chronic Disease*) which, like many polychrests, can be useful in both acute and chronic disease. Agaricus has a strong affinity for neurological symptoms (twitching, spasms, sensations, pain, paralysis, epilepsy) and is also a developmental remedy noted for slow mental development. Eddie's case demonstrates some of the mild neurological affects of Agaricus, often desired by cultures who used the mushroom for its toxic properties.

An important point to address in this case is the potential query of isopathy. If homeopathically prepared Agar is administered to treat the toxicity symptoms which developed from the ingestion of

Agaricus muscarius, then that treatment would be classified as isopathy – which is giving the same rather than a similar medicine. As reviewed previously (*Case Study Section, Insect Stings: A Buzzzzy Day!),* Hahnemann discusses isopathy highlighting that it is not as powerful as treating with similar medicines and can be unpredictable. 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.

In Eddie's case example, the classification of the mushroom was unknown. The client gave a brief "mushroom-like" description of the fungi, noting no unusual colors or shape. While Agaricus muscarius is found in the UK, it prefers woodlands and its season tends to be August to November. This case presented toward the end of the Agaricus muscarius season and the patient lived in a developed area around Leeds (a major industrial city in West Yorkshire, England) thus making consumption of this exact taxonomy of Agaricus unlikely. With no further information, the homeopathic veterinarian must then simply prescribe purely on the symptoms displayed and choose the most fitting remedy for the patient, evaluate the response, then re-dose or change prescription as the patient's symptoms indicate.

The final learning point is regarding matching the potency to the patient's vital force. Eddie was a very young, vital animal, who was exhibiting quite sudden and intense symptoms. He could have easily handled a higher potency such as a 1M or 10M, and if a higher potency was selected most likely the case would have resolved in one dose.

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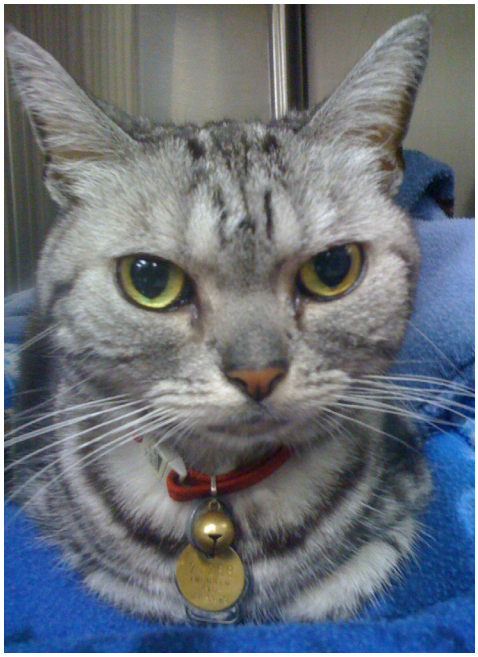
6. Hering, Constantine. *Hering's Guiding Symptoms of Our Materia Medica.* B. Jain Publishers (P) LTD. New Delhi, India; 2003.
7. Murphy R. *Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies.* Blackburg, VA: Lotus Health Institute; 2006.

Miki the Yellow Cat

By Carolyn J. Benson, DVM

Presenting Scenario



Miki is a 15.5-year-old SF DSH silver tabby who presented to me on November 21, 2015, after receiving multiple allopathic treatments following a diagnosis of severe 'triaditis' two weeks earlier.

The client was becoming increasingly concerned: Miki was still not eating on her own or seeming herself, and had relapsed with vomiting symptoms the day prior after seeming to accept her syringe feedings until that time. The client reported that these more recent vomiting episodes seemed different than her usual ones, and described them as 'violent', i.e. he observed Miki to have deeper, more intense, and prolonged whole-body heaving during each episode, sometimes accompanied by vocalization, and she seemed particularly fatigued afterwards.

General History

Miki had originally arrived to Canada from Japan with her owners in 2006, and received all of her core vaccines leading to export. Since that time, her Rabies vaccine (Imrab-3) was updated on November 7, 2009, and again on April 28, 2012, along with annual examinations.

On May 19, 2015, she presented to my colleague for diarrhea ('pudding consistency') of four days' duration, and a chronic history of intermittent vomiting was noted, along with significant weight loss since her previous visit (down 1.3 lbs.). A complete bloodwork panel was performed, and the findings were unremarkable. She was treated with an injection of Cerenia and sent with 10 days of Metronidazole.

These gastrointestinal symptoms 'resolved', and on June 18, 2015, she returned to the clinic for an update of her Rabies vaccine (Imrab-3).

On November 7, 2015, she re-presented with symptoms of anorexia of 72 hours duration, lethargy, and the client's observation that 'she looks yellow'. Physical examination revealed further weight loss (down almost another 1 lb.), dull demeanour, MM's severely icteric, and a mass palpable in the left cranial abdomen. Complete bloodwork was repeated, and revealed a mild non-responsive anemia, moderate lymphopenia, severe elevation in liver parameters, pancreatitis, and associated electrolyte imbalances (see copy of results to follow). The clients declined hospitalization and further diagnostic testing or referral, and elected for supportive out-patient treatment. Miki was given SQ fluids and sent with Cerenia, Mirtazapine, and Ursodiol. The clients were also instructed to syringe feed Hill's A/D in small amounts QID if she would tolerate this.

Initial Laboratory Report: Nov. 7, 2015

LABORATORY REPORT

IDEXX LABORATORIES

1345 Denison Street
Markham, Ontario L3R 5V2
Tel: (416) 798-4988
Toll-free: (800) 667-3411
Fax: (905) 475-7309

Visit No:	**V27466204**
Lab No:	**7243103**
File #:	18F012473792
Submission Date:	2015-11-07 14:56:39
Completed Date:	2015-11-08 03:46:13

Clinic:	18F CHARTWELL VETERINARY CLINIC			**Fax:** 416-291-8857	**Phone:** 416-291-236
Clinician:	BENSON, DR.			**Fax:**	**Phone:**
Patient:	MIKI 17917	**Species:**	Feline	**Breed:**	DSH
Sex:	Spayed Female	**Age:**	15 years		

BIOCHEMISTRY

Test	Results		Reference	Units	Lab
Glucose	6.1		4.0 - 9.7	mmol/L	TOR
Urea (BUN)	5.8		5.7 - 13.2	mmol/L	TOR
Creatinine	119		80 - 221	umol/L	TOR
SDMA	8		0 - 14	ug/dL	TOR
Phosphorus	1.2		0.9 - 2.0	mmol/L	TOR
Calcium	2.50		2.20 - 2.70	mmol/L	TOR
Sodium	**144**	↓	**147 - 157**	**mmol/L**	TOR
Potassium	**3.5**	↓	**3.7 - 5.2**	**mmol/L**	TOR
Na/K Ratio	41		29 - 42		TOR
Chloride	**104**	↓	**114 - 126**	**mmol/L**	TOR
Bicarbonate	**24**	↑	**12 - 22**	**mmol/L**	TOR
Anion Gap	20		12 - 25		TOR
Total Protein	**62**	↓	**63 - 88**	**g/L**	TOR
Albumin	32		26 - 39	g/L	TOR
Globulin	30		30 - 59	g/L	TOR
A/G Ratio	1.1		0.5 - 1.2		TOR
ALT	**397**	↑	**27 - 158**	**IU/L**	TOR
AST	**288**	↑	**16 - 67**	**IU/L**	TOR
ALP	**305**	↑	**12 - 59**	**IU/L**	TOR
GGT	**8**	↑	**0 - 6**	**IU/L**	TOR
T. Bili (Total)	**479.6**	↑	**0 - 5.13**	**umol/L**	TOR
D. Bil (Conj.)	**343.3**	↑	**0 - 3.42**	**umol/L**	TOR
Cholesterol	7.3		2.4 - 7.9	mmol/L	TOR
CK	**1164**	↑	**64 - 440**	**IU/L**	TOR
Hemolysis	+		-		TOR
Icterus	++++		-		TOR
Lipemia	Normal		-		TOR

HEMATOLOGY

Test	Results		Reference	Units	Lab
WBC	8.9		3.9 - 19.0	x10E9/L	TOR
RBC	**6.4**	↓	**7.1 - 11.5**	**x10E12/**	TOR
Hemoglobin	**101**	↓	**103 - 162**	**g/L**	TOR
Hematocrit	**0.27**	↓	**0.29 - 0.45**	**L/L**	TOR
MCV	42.7		39 - 56	fl	TOR
MCH	15.9		12.6 - 16.5	pg	TOR
MCHC	371		285 - 378	g/L	TOR
RDW	21.7		10 - 26	%CV	TOR
Platelets	205		155 - 641	x10E9/L	TOR
% Reticulocyte	0.1		-	%	TOR
Reticulocyte	6.4		3 - 50	x10E3/ul	TOR

Degree of bone marrow response (10E3/uL):
Normal if non-anemic < 50
Inadequate if anemic < 50
Mild 50 - 75
Moderate 75 - 175
Marked > 175

Differential:	%	abs.			
Neutrophils	85.8	7.6		2.6 - 15.2	x10E9/L
Lymphocytes	**5.7**	**0.5**	↓	**0.9 - 5.9**	**x10E9/L**
Monocytes	5.5	0.5		0.0 - 0.5	x10E9/L
Eosinophils	3.0	0.3		0.0 - 2.2	x10E9/L
Basophils	0.0	0.0		0.0 - 0.1	x10E9/L

Morphology:

WBC MORPHOLOGY	
Lymphopenia	Moderate
RBC MORPHOLOGY	
Anemia	Mild
Polychromasia	Rare
PLT MORPHOLOGY	
Normal	
PLT ASSESSMENT	
Platelet Count Adequate	

SPECIAL CHEMISTRY

Spec fPL-Feline	**43.6**	↑	**0 - 3.5**	**ug/L**	TOR

Interpretation:

>5.3 ug/L: Serum Spec fPL concentration is consistent with pancreatitis. Consider investigating for risk factors and concurrent diseases (e.g., IBD, hepatitis, diabetes mellitus). Periodic monitoring of Spec fPL may help assess response to therapy.

ENDOCRINOLOGY

T4	15.6	10.0 - 60.0	nmol/L	TOR

At her follow-up visit one week later, on November 14th, it was noted that she had not vomited since her last visit, however had not passed stool for over a week. She was drinking small amounts on her own, but still not showing any interest in eating independently. She was, though, tolerating syringe feeding by the client.

Physical examination findings were similar to the previous visit, and SQ fluids were repeated, and she was given a Microlax enema. The client once again declined referral including ultrasound due to her grave prognosis with suspect intestinal neoplasia, electing to continue supportive care as Miki would tolerate, and planned to schedule euthanasia if/when she worsens.

Consultation and Examination Findings on November 21, 2015

One week later, Miki returned and was found to be in emaciated body condition, mildly dehydrated, and, not surprisingly, still severely icteric. Her TPR was WNL's. The distinct nodular swelling was still palpable in her L cranial abdomen. She was also observed to be very irritable during handling, which was very unusual for her, as she was usually very friendly, even during clinic visits.

On further investigation, in addition to the new symptoms of violent vomiting, the client reported that since she'd become unwell, Miki was choosing to be off on her own, unlike her usual 'social' self, and was noticeably seeking warm places to lie (such as on top of the heat vent). The client also reported that Miki has a long-standing history of intermittent vomiting (usually food 'if she eats too quickly', sometimes bile or white foam), as well as 'dry and hard' stools, alternating with episodes of diarrhea, despite a consistent diet of Friskies Salmon Pate. Miki was not a particularly thirsty cat, even during the relapses of her GI symptoms.

On this day, Miki was scheduled with me because I was the only clinician available for appointments, not as a specific consult for homeopathic treatment. As such, the client was not familiar with homeopathy, however was very open to considering this for Miki when offered as my method of care, especially given her worsening since the recent allopathic treatment.

Assessment

Miki was clearly in grave condition, showing advanced gastrointestinal, hepatobiliary, and pancreatic disease, and a persistent abdominal mass suspected to be neoplastic in origin. Due to this state of crisis, she required immediate medical intervention.

Homeopathic Work-up:

Methodology

1. Is this case well taken? Yes.
2. Obstacles to cure? Previous and current allopathic drug use, previous vaccination, poor quality diet, possibly age of patient, extent of pathological changes present.
3. Acute/Acute Flare-up of Chronic Disease/Chronic – Acute flare-up of Chronic Disease.
4. Cure/Palliation – Cure.
5. Vitality – Low.
6. Miasm – Psora.
7. Seat of Illness/Organ Affinities – Digestive organs (stomach, bowels, liver, pancreas), functional and pathological changes present; mind (behavior change).
8. Causation – Recent suppression (palliation at best) of vomiting symptoms, as well as similar suppression in May of the same year, plus latest vaccination in June?
9. Never well since – Vaccination? Previous suppression of diarrhea symptoms?
10. Keynote(s) – Violent vomiting.

Homeopathic Symptom List:

1. Yellow mucous membranes / Skin jaundiced.
2. Violent vomiting.
3. Irritability, wanting to be on own.
4. Heat-seeking.
5. Alternating diarrhea and constipation, presently constipated.
6. Wanting appetite.
7. Emaciation.
8. Abdominal mass.
9. Possible: Vaccination and/or Suppression AGG.

Homeopathic Analyses:

Homeopathic Analysis using Boger-Boenninghausen's Repertory:

	Nux-v.	Ars.	Sulph.	Lach.	Phos.	Bell.	Ferr.	Merc.	Lyc.	Cupr.	Iod.	Puls.	Rhus-t.	Bry.	Verat.	Graph.	Plb.	Petr.
Analysis	100	65	57	53	47	47	45	45	43	40	40	40	38	37	37	36	36	34
Mind; Irritable (121)	4	3	4	2	3	3	3	3	3	1	2	2	1	4	2	3		2
Generalities; Emaciation; thinness (18)	2		1		2		1		1									1
Skin; Color; yellow, jaundice (70)	4	2	4	4	2	3	3	4	4	1	2	2	2	4	2	1	3	1
Nausea and vomiting; Vomiting; violent (16)	4	4		4		3		1		4	2	1			4		2	
Stool; Diarrhoea; alternating with constipation (35)	3	2	1	3	4		3	1	1	1	1	2	3	3		3	2	
Generalities; AMEL.; Warmth; of stove (36)	3	4	2			1							3			1		1

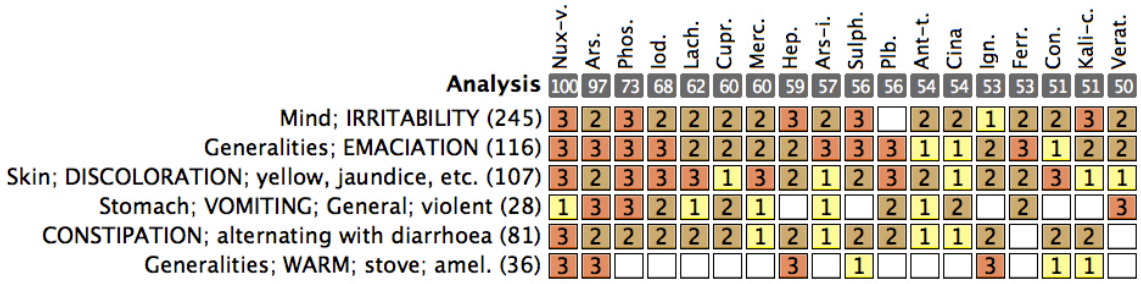
Homeopathic Analysis using same repertory, replacing with more general rubrics:

	Nux-v.	Lyc.	Sulph.	Bry.	Merc.	Ars.	Cham.	Chin.	Ferr.	Lach.	Sep.	Caust.	Ign.	Nat-m.	Phos.	Puls.	Ambr.	Con.
Analysis	100	97	97	94	94	91	91	91	89	89	89	86	86	86	86	86	83	83
Mind; Irritable (121)	4	3	4	4	3	3	4	2	3	2	3	3	2	3	3	2	1	2
Generalities; Emaciation; atrophy in general (70)	4	4	4	3	3	4	3	4	3	3	2	3	3	4	3	3	3	2
Skin; Color; yellow, jaundice (70)	4	4	4	4	4	2	3	4	3	4	4	2	3	1	2	2	3	4
Stomach; Nausea and vomiting; Vomiting (97)	4	4	3	3	4	4	3	3	3	3	3	3	3	3	3	4	3	2

Refined Homeopathic Analysis using Boger-Boenninghausen's Repertory:

	Nux-v.	Lach.	Ars.	Bell.	Verat.	Merc.	Cupr.	Acon.	Bry.	Iod.	Sulph.	Cham.	Lyc.	Sep.
Analysis	100	86	77	75	75	70	67	64	63	63	59	57	51	51
Mind; Irritable (121)	4	2	3	3	2	3	1	4	4	2	4	4	3	3
Skin; Color; yellow, jaundice (70)	4	4	2	3	2	4	1	4	4	2	4	3	4	4
Nausea and vomiting; Vomiting; violent (16)	4	4	4	3	4	1	4			2				

Homeopathic Analysis using Kent's Repertory:



	Nux-v.	Ars.	Phos.	Iod.	Lach.	Cupr.	Merc.	Hep.	Ars-i.	Sulph.	Plb.	Ant-t.	Cina	Ign.	Ferr.	Con.	Kali-c.	Verat.
Analysis	100	97	73	68	62	60	60	59	57	56	56	54	54	53	53	51	51	50
Mind; IRRITABILITY (245)	3	2	3	2	2	2	2	3	2	3		2	2	1	2	2	3	2
Generalities; EMACIATION (116)	3	3	3	3	2	2	2	2	3	3	3	1	1	2	3	1	2	2
Skin; DISCOLORATION; yellow, jaundice, etc. (107)	3	2	3	3	3	1	3	2	1	2	3	2	1	2	2	3	1	1
Stomach; VOMITING; General; violent (28)	1	3	3	2	1	2	1		1		2	1	2		2			3
CONSTIPATION; alternating with diarrhoea (81)	3	2	2	2	2	2	1	2	1	2	2	1	1	2		2	2	
Generalities; WARM; stove; amel. (36)	3	3						3		1				3		1	1	

Case Assessment

We see from Miki's history that she typically manifested her mistunement through the gastrointestinal tract, with more subtle symptoms through her lifetime until her more recent serious ones that progressed following allopathic treatment. Miki's present symptom of violent vomiting was a particularly striking one and was interpreted as an acute flare-up of her underlying chronic dis-ease, suspected to be triggered by this most recent palliation. Initial homeopathic treatment for her was directed towards resolving this acute disturbance, with the intention of addressing her underlying miasmatic disturbance following this, as Hahnemann teaches in Aphorisms 221, 222, 223, when describing the **mental and emotional** acute flare-ups of psora.[1]

Aphorisms 221, 222, & 223

> An insanity or frenzy that suddenly breaks out as an acute disease from the patient's usually quiet state... almost without exception springs from internal psora that, as it were, flares up like a flame. Such a case cannot be treated straight away, in its acute onset, with antipsoric medicines. Rather, it must first be treated with medicines selected from the other class of proven remedies (i.e., the apsorics). These should be given in highly potentized, subtle homeopathic doses in order to dispatch the acute flare-up to such an extent that the psora returns for the present to its previous, almost latent state, whereupon the patient appears to recover.
>
> However, a patient who recovers from an acute mental and emotional disease by means of apsoric medicines should never be regarded as cured. On the contrary, once the acute outbreak has passed, the patient should be given, as soon as possible, a continued anti-psoric (and possibly antisyphilitic) treatment in order to entirely free him from the chronic miasm, from the psora, which is now latent again, but which is very liable to re-erupt in the form of attacks of the previous mental and emotional disease...
>
> ... if the antipsoric (and possibly antisyphilitic) treatment is not given, then we can almost assuredly expect a new, more prolonged and bigger attack, from a much slighter occasion than with the first appearance of the insanity.

Remedy Differential

As we see from the analyses, of the several remedies to consider for Miki, most belong to the specific group that corresponds to the frequently seen signs of illness, called the ***polychrests***.

According to the Oxford Dictionary, the word polychrest is derived from 19th century Greek origin, where 'polu' means many and 'khraosos' means use. [2]

Yasgur's Homeopathic Dictionary defines a polychrest as 'a remedy whose provings and clinical

applications show that it has many widespread uses, covering a wide variety of mental, emotional and physical symptomatology.' [3]

Allen describes a polychrest as 'a remedy which affects all or nearly all of the tissues of the body, has a wide variation in symptoms, and its curative power reaches deep into the anatomy... is equally useful in acute and chronic disorders, but in chronic work may prove curative or ameliorative when all other methods fail.' [3]

For Miki, the remedies specifically considered and reviewed were Nux vomica, Arsenicum album, Phosphorus, Mercurius solubilis, and Sulphur. After careful study of each, Nux vomica was selected based on its affinity for the digestive organs and nerves, symptoms of irritability and irascibility when unwell, chilliness, jaundice, violent vomiting, as well as her longer-standing history of alternating constipation and diarrhea.[4, 5, 6] Allen also notes of Nux vomica, "One of the best remedies with which to commence treatment of cases that have been drugged by mixtures, bitters, vegetable pills, nostrums or quack remedies, especially aromatic or 'hot medicines,' but only if symptoms correspond." [7] A 30CH potency was chosen based on her vitality, age, and suspected degree of pathology.

Prescription and Response

A single dose of **Nux vomica 30CH** was given that same day, November 21, 2015. The client was asked to update us in the next 24 hours with his observations in response.

November 25, 2015. In-person report:

- Client dropped by clinic and reported that since the homeopathic dose on November 21, 2015, Miki has started to eat well on her own, and has had fewer episodes of vomiting; she is "quite bright, purring, and wanting to be with us again."
- **Interpretation:** Curative direction. Miki is showing clear improvements on the emotional and physical levels in response to the homeopathic remedy, as evidenced by her return to eating on her own, decrease in volition frequency, and engaging more with clients.
- **PLAN:** Monitor, no further doses needed at this time. Client to update again within the week, sooner if improvement ceases or if has any other concerns.

December 8, 2015. Excerpt from email report from client:

- *Greetings! Miki really seems to be doing exceptionally well. She has a voracious appetite compared to anything we've experienced lately, and even seems to be putting weight back on (she was clearly very bony near her back near her rear legs over the past weeks). Both urination and bowel movements are regular. I still do detect a very slight tinge of yellow in her ears, however, it may just be my eyes playing tricks on me. We have not administered any additional fluids nor medications other than one fluid administration on the Wednesday after she was last seen at the clinic and the one dose of homeopathic/naturopathic medication. Thanks again for your caring and concern.*
- **PLAN:** Continue to monitor all symptoms closely, update again within the week, sooner if improvement ceases or if has any other concerns.

January 8, 2016. Excerpt from exam findings of clinic owner, when patient was boarding at the clinic:

- Unable to palpate any abnormalities in cranial abdomen any more, mm pink, no icterus.

- Follow-up bloodwork on this day revealed all values returned to WNL's except for subtly elevated total bilirubin (see below).
- **PLAN:** At discharge from boarding, the same recommendations were given to the client as previously, to continue to monitor all of Miki's symptoms closely and notify the clinic with any change in symptom picture, however subtle.

Laboratory Report: January 8, 2016

LABORATORY REPORT

IDEXX LABORATORIES
Denison Street
Markham, Ontario L3R 5V2
Tel: (416) 798-4988
Toll-free: (800) 667-3411
Fax: (905) 475-7309

Visit No:	**V27607333**
Lab No:	**7322225**
File #:	F71012704344
Submission Date:	2016-01-08 05:08:05
Completed Date:	2016-01-08 07:00:37

Clinic:	F71 Benson, Dr. Carolyn			**Fax:** 905-985-9386 **Phone:**	905-985-0
Clinician:	BENSON, DR.			**Fax:** **Phone:**	
Patient:	BENSON-SEKAWA, MIKI	**Species:**	Feline	**Breed:**	DSH
Sex:	Spayed Female	**Age:**	16 years		

BIOCHEMISTRY

Test	Results		Reference	Units	Lab
Glucose	**2.4**	↓	**4.0 - 9.7**	**mmol/L**	TOR
Urea (BUN)	8.8		5.7 - 13.2	mmol/L	TOR
Creatinine	108		80 - 221	umol/L	TOR
SDMA	11		0 - 14	ug/dL	TOR
Phosphorus	1.5		0.9 - 2.0	mmol/L	TOR
Calcium	2.40		2.20 - 2.70	mmol/L	TOR
Sodium	152		147 - 157	mmol/L	TOR
Potassium	4.4		3.7 - 5.2	mmol/L	TOR
Na/K Ratio	35		29 - 42		TOR
Chloride	119		114 - 126	mmol/L	TOR
Total Protein	66		63 - 88	g/L	TOR
Albumin	33		26 - 39	g/L	TOR
Globulin	33		30 - 59	g/L	TOR
A/G Ratio	1.0		0.5 - 1.2		TOR
ALT	45		27 - 158	IU/L	TOR
AST	27		16 - 67	IU/L	TOR
ALP	59		12 - 59	IU/L	TOR
T. Bili (Total)	**5.6**	↑	**0 - 5.13**	**umol/L**	TOR
D. Bil (Conj.)	1.3		0 - 3.42	umol/L	TOR
Cholesterol	4.6		2.4 - 7.9	mmol/L	TOR
Amylase	1798		623 - 2239	IU/L	TOR
Lipase	74		11 - 242	IU/L	TOR
CK	112		64 - 440	IU/L	TOR
Hemolysis	Normal		-		TOR
Icterus	Normal		-		TOR
Lipemia	Normal		-		TOR

ENDOCRINOLOGY

T4	22.4	10.0 - 60.0	nmol/L	TOR

Prescription Evaluation

Continued curative response. Miki's response so far shows a consistent and gradual restoration of health, including an overall increase in well-being, coincident with significant improvements in her physical symptoms.

Next Update on July 30, 2017

We did not hear from Miki's people in response to several update requests sent after her last stay at the clinic, until they reached out to request that she board again with us while they were to be away on holiday at the end of July of the following year. During her visit then, she appeared to be in ideal body condition, with no signs of icterus nor abnormalities on abdominal palpation. The clients continued to decline further care, and did not wish to pursue any further treatments with her at that time.

Final Update on May 17, 2018

Miki re-presented to my colleague on April 28, 2018, by then 18+ years of age, with symptoms of some vomiting after eating and gradually declining appetite through the previous few weeks, along with wheezing and more laboured breathing, and some hiding at times. Physical examination revealed mm's pink, weight loss, mild wheezing and increased respiratory effort, and a palpable abdominal mass near the region of the liver. Radiographs revealed suspect metastatic lung lesions. As mentioned early in this case presentation, Miki's people had not specifically sought out homeopathic treatment for her initially, and she was not referred back to me during this time. I would have loved to have had the opportunity to care for her once again then, and for the possibility of another response to a remedy, however was not to be. Following allopathic medical management with Cerenia and Mirtazapine, Miki passed away at home on this day, several weeks afterwards.

Case Summary

Miki's case highlights the importance of the polychrests, and more specifically, Nux vomica, "frequently the first remedy, indicated after much dosing, establishing a sort of equilibrium of forces, and counteracting chronic effects." [6] We also find here the importance of and success with prescribing using individualistic symptoms as our focus, and not relying on more common pathological rubrics (the suspected abdominal mass, in this case). Another learning point was that, in hindsight, Miki's vitality was likely more accurately evaluated as medium vs. low, given her rapid response to just a single dose of a well-chosen remedy and her long duration of a curative response to this. Yet another wonderful reminder that a patient is never too old to respond curatively to a homeopathic medicine, even after considerable allopathic treatment.

And as we often experience in practice, clients don't pursue further care once the acute flare-up has been quieted, due to a lack of understanding of health and chronic disease. This lack of client continuity can be an additional obstacle to cure, and in Miki's case, we did not move to constitutional prescribing for her as a result. Despite this, she continued apparently well for almost two-and-a-half years to follow her last homeopathic dose, until showing a return of symptoms similar to her initial presentation, suggesting that she had returned to a state of latent psora until then, to follow her significant improvements with a dose of an apsoric remedy. Perhaps there may have been a change in environment for Miki, or perhaps solely her advance in age, that triggered her decline. And as per Hahnemann, "the aggravation of the disease (with the use of allopathic medicines) proceeds under such hands without any escape."

Miki's case further highlights for us the typical pattern of manifestation of underlying chronic disease, with a temporary quieting of symptoms, and the need to follow acute treatment with an anti-miasmatic homeopathic prescription, as though a patient may appear to be moving in a curative direction, they are not yet truly cured.

Aphorism 80

Immeasurably more widespread, and consequently far more important than the two preceding (syphilis and sycosis), is the chronic miasm of psora... This psora is the true underlying cause and creator of almost all the multitudinous, indeed, innumerable disease forms that are not due to syphilis and sycosis.[a]

a. It took me twelve years of research to find the source of this incredible number of chronic diseases, to investigate and confirm this great truth hidden from all my predecessors and contemporaries, and to discover the principal (antipsoric) remedies that are usually able to deal with this thousand-headed monster in its widely varying forms and manifestations.

My discoveries on the subject have been set forth in my book Chronic Diseases...

Before acquiring this knowledge I could teach my students to treat these chronic diseases only as so many different individual diseases and to use those remedies whose effects on the healthy had until then been proved. Thus in each case of chronic disease my disciples treated the group of symptoms appearing at the time as a disease itself. They often relieved it to such a degree that sick humanity could rightly rejoice over the wealth of remedies already available to the new therapy.

But how much more reason do they have to rejoice now that they are so much nearer to the desired goal, now that I have published, with special instructions on their preparation and use, homoeopathic remedies, discovered subsequently, which are far more specific for the chronic complaints stemming from psora. The true physician can now choose from among these remedies the ones whose medicinal symptoms most homoeopathically match the chronic disease to be cured and which thus almost without exception bring about perfect cures.

References

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2. Polychrest [Def. 1]. *Oxford Dictionary of English, 3rd ed.* Stevenson, Angus (ed.). Oxford University Press: 2015. Retrieved November 2, 2017 from: https://en.oxforddictionaries.com/definition/us/polychrest
3. Yasgur, J. *Yasgur's Homeopathic Dictionary and Holistic Health Reference, 4th ed.* Greenville, PA: Van Hoy Publishers, 1998: 191.
4. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students.* B. Jain Publishers Ltd. 2002: 199-201.
5. Lippe, A. *Key Notes Red Line Symptoms of the Materia Medica.* B. Jain Publishers (P) Ltd. New Delhi, India. 1998: 33.
6. Vermeulen, Frans. *Concordant Materia Medica.* Emryss bv Publishers. 1997: 1217.
7. Allen, H.C. *Allen's Key Notes and Characteristics with Comparisons of some of the Leading Remedies of the Materia Medica.* B. Jain Publishers Ltd. 1997: 210.

Taking the Chronic Case

STEP 1: [Subjective]

A. Current Complaint(s):
- Complete description, including modalities, timeline, progression, etc.
- Associated current medical treatment. Has the owner already medicated the patient today?

B. Historical Complaints / Past Med Hx:
- ALL the symptoms the patient has had over their lifetime. Complete description, including modalities, timeline, progression, etc.
  - If treated, response to treatment?
- Up to date on routine care? Vaccinations, Farrier trim cycle, Worming/fecal testing, etc.
- Ask about any surgeries, e.g. Spay/Neuter, etc.
- Ask a head to toe review - anything ever happen with the eyes/ears/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/Season/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.
- How P is with people? Other animals?
- Fears / Particular Likes / Dislikes
- Any Sexual behavior?

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? Can they be corrected?
3) Methodology:
   a. Acute Flare-up of Chronic Disease/Chronic Disease
   b. Cure/Palliation
   c. Vitality (0-10 Highest, or low/medium/high)
   d. Miasm
   e. Seat of Illness/Organ Affinity
   f. Causation
   g. Never well since
   h. Keynotes
4) Homeopathic Symptom List: *(Inclusive / complete list)*
   - Unusual, Characteristic or Peculiar (SRP) Symptoms
   - 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 (Ear cleaning, Nutritional support, PT, etc.)
- Phone/Email Report, F/u appointment: *Dependent on condition, may vary from a few days to 3-6 weeks. If unsure, err on the side of caution and assess at a longer interval in a chronic case.*

Follow-up Evaluation

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

- Did you have any trouble giving the remedy? How did you give the remedy?
- What happened after the remedy was administered?
- Enquire about Vitality / Wellness: Wellbeing, Appetite, Energy, Normal Behaviors?
- Review Current/Active Symptom List: Same, Modified, Worse, Better? (can also have the client score symptoms on scale 0–10; 0 = no symptom, 10 = worst experience by patient)
- Any development of 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: *Dependent on condition, may vary from a few days to 3-6 weeks. If unsure, err on the side of caution and assess at a longer interval in a chronic case.*

Review of Cure, Palliation, & Suppression:

	Cure	Palliation	Suppression
Increased Well-Being	+	+ / -	- (can worsen)
Aggravation	+ / -	+ / -	-
Counteraction	+	+ / -	-
Symptoms	Gentle amelioration over time	Disappear quickly (return relatively unchanged) some persist	Disappear completely, some persist
ROS*	+	-	-
New Symptoms	+ / -	+	+
New Deeper Disease	-	+ / -	+
Over Time	Reduction of illness, Improved overall health	Generalized deterioration, New "disease" presents	Crisis of health (more severe deeper Dz) Following period of "good health"
Length Between RX's	Increase	Decrease or no response	Variable - symptoms become latent
Note: Partial Remedies can appear curative, but over time become palliative.			

Sarah Stieg DVM MRCVS

**Return of old symptoms.*

A Case Demonstrating Giving Medicine By Olfaction

by A. Voegeli

This patient, a 43 year old male, came to my office in 1953. He was referred to my assistant at the time, Dr. Vuillémin, who examined him.[1]

The patient presented *a severe case of sciatica* which had been torturing him for 6 months. He needed daily injections with powerful analgesics, among them morphine, which brought him very little relief and, of course, did not cure him.

Since my assistant obviously did not know what to do with the man, he consulted me, explained the situation to me in a few words and stated that the case was so desperate that he believed it to be beyond the reach of homeopathic treatment. Consequently, he too suggested to give morphine.

Since I did not necessarily agree with him, I asked him to bring the patient before me. The latter displayed great distress. Leaning against my desk, *he stood like a question mark his sunken face was grayish-white and he was moaning continuously. His countenance expressed extreme despair.*

I invited him to sit down or to lie on my examining table, but he hastily refused, saying that *he could not lie down, sit, or walk. The least painful position was the one in which he was standing before me, half-bent.* In addition, he was completely exhausted, since he had practically not closed an eye in the last 6 months.

I asked about the type of pain. *"Burning, tingling, as if someone were shooting hot sand on his right thigh." From what direction did the sand come, from outside in or vice-versa? "Surprisingly, from inside" he managed to respond while moaning continuously.*

Did he have spots with diminished sensations? "Yes", on his left thigh he had spots the size of a five mark coin that were all but insensitive to touch, except for an occasional slight tingling (paraesthesia).

That was all I could get out of him, but I had found the lead. There is only one remedy that has this burning tingling in the extremities with numb spots on the opposite side, also coldness in the entire body, especially in hands and feet, but aggravation from warm room or warm bed.

Choice Of Remedy Based On Symptoms

The remedy picture further presents the general hypersensitivity with mental irritability. Therefore, I chose **Carbolicum acidum**. But since I was not absolutely certain, I wanted to give the mildest dose possible so as not to do prejudice to the next remedy, in case this first one did not help. I considered olfaction to be best suited for this purpose. Hahnemann also recommended it during chronic treatment, so as not to interrupt the chronic treatment completely in situations in which an intervening acute illness made the use of an intercurrent remedy necessary.

Consequently, I took two pellets moistened with the 30C potency of Carbolicum acidum, put them into a small test tube, asked the patient to exhale thoroughly and put the tube with the pellets under his left nostril, instructing him to take a deep breath.

The same procedure was repeated with the right nostril, and once more on both sides. I had barely begun the repetition, when the patient's tortured countenance brightened and he exclaimed: "Is this a dream, or am I awake: my pain is gone!"

1 Additional Comments Regarding the Olfaction of Hahnemann's Potencies, Classic Homeopathic Quarterly 5 (1992).

I replied: "Everything is all right, then; you may go home now." But the patient hesitated: "But my remedy", he exclaimed, "1 need my remedy, to continue the treatment."

"No, said I, you don't need it any more now. The treatment is finished. But if the pain comes back, even only the slightest tingling, you call me and I will send you what you need to continue."

I did not hear from him for three weeks, when he called me to say that he was beginning to feel a very slight tingling at the formerly painful thigh. I sent him one dose (2 pellets) of Carbolicum acidum 200 to take by mouth. Since then, I have seen the patient a few more times in my practice for other complaints, but his sciatica never returned.

Miko's Chronic Diarrhea

By Sarah Stieg, DVM, MRCVS

Signalment & Presenting Complaint

Miko, approximately an 8-year-old (rescue) SF Akita-cross, presented for initial examination on August 28, 2013, for evaluation of an acute exacerbation of her previously diagnosed Malabsorption Disorder/Dietary Sensitivity.

General History

Miko was adopted in August 2007 as a rescue. She was found wandering the streets (reportedly running loose for a long time) and was sheltered at a veterinary surgery for four weeks until adopted. The client noted that she became "very poorly" with diarrhea within a few weeks of adoption.

The client remarked that Miko was also diagnosed with endometritis within the first few months after adoption. The vets weren't sure if she was pregnant or having a phantom pregnancy, but appreciated "fluid in her womb" on ultrasound (Uterus 9.9mm dilated) and gave the diagnostic label of endometritis. She was treated by a standard OVH surgery and recovered well with no complications.

Miko has been vaccinated every year as per recommendation of her vets, with her initial booster series starting immediately post adoption. She has had no reactions that the client is aware. Miko's vaccination card indicates that she was vaccinated with initial DHPPi+L2 booster, then L2+Pi rotating with DHPPi+L2.

The client noted that her only other problem outside of her chronic digestive complaints was a severe cut to her pad in January 2009 that "took several months to heal" according to the client (medical records later showed <4 weeks to heal). Client thinks it was the nature of the injury as "pad was in several pieces."

Primary Condition: Malabsorption Disorder

Miko has exhibited episodic diarrhea and vomiting since she was initially adopted. Several severe episodes happened in the fall and at first were thought to be Seasonal Canine Illness as the episodes seem to happen every September/October. Miko was treated with antibiotics and changed to a bland diet (kibble). Over time the episodes became frequent and progressed to yellow diarrhea and/or jelly-like, bloody stools. There could be vomiting, but not always, and she usually was lethargic.

The client couldn't recall how frequent the episodes occurred in the first four years of ownership and recommended to check her vet records. However she noted those recorded in Miko's medical records would only be the severe episodes, as the client would only take her to the vets if her diarrhea was persisting for more than a few days.

In September 2012, Miko was diagnosed with a "malabsorption disorder." A full blood screen, PLi, TLI, Folate, and Cobalamin test indicated that she was B-vitamin deficient [Folate 6.1 ug/L (6.5-15), Cobalamin 216 ug/L (240-590)] and that there was no evidence of TLI insufficiency. The blood allergy Sensitest™ reported that she was allergic to: beef, cows' milk, potato, corn, rice, barley, and soybeans. She was treated with Metronidazole, B12 injection therapy (initially weekly, then monthly, and now ongoing bi-monthly injections), and prescribed daily Lypex™ pancreatic digestive enzyme capsules.

Due to her carbohydrate sensitivity, Miko was placed on a home-cooked diet. The client researched diets on the internet and fed the following cooked ingredients: Lamb's heart, varied vegetables, and quinoa. She was not feeding any multivitamin or bones. This combination of treatment seemed to really help per client and her digestive tract appeared to settle in about a month.

She flared-up again in November 2012, when the client forgot to give her Lypex™ for a day and her stool flared "with a vengeance." She was treated with Baytril™ (enrofloxacin) and returned to daily Lypex™ capsules.

Over the last nine months, Miko has had a fairly regular frequency of one to two stools per day in normal segments. Her stools are not dry, but not wet or mushy. However, if she eats anything outside of her home-cooked diet (e.g. neighbor tends to throw things over the fence), she will usually have one or two bad stools – jelly-like film on the stool, undigested food present, and there is offensive smell to stool. There is no gas and never any change in appetite. She can vomit on occasion, with the vomitus containing bile and seems to occur when she is really hungry. It is normal for her stool to contain undigested quinoa in it and her stool color is dark (client thinks this is the heart meat).

Current Symptoms August 28, 2013

1) Malabsorption Disorder

Neighbor has recently fed a piece of beef to Miko over the fence and some processed dog treats containing carbohydrates. Client also notes that she applied Advocate™ (imidacloprid and moxidectin) three weeks ago. Last B12 injection was one week prior to before today's initial consult.

In the last twenty-four hours, Miko has started with an episode of colitis. Began yesterday morning with a splattering stool found in kitchen. Afternoon stool was firmer but not normal. But again this morning, another splattering stool was found in the kitchen. Her stools are:

- Bloody (red) stool, with mucus, very soft, offensive odor
- Frequency increased, 3-4 (rather than 1-2) stools – with urgent stool at night/early morning

There is no change in appetite with this episode. The client also notes a recent weight loss over the last few months: prior to this episode she weighed 25.5kg, but should be closer to 28kg.

2) Itchy Skin

Miko's coat always molts frequently and profusely, but it has been worse recently. The client notes that her coat has also been dull since malabsorption disorder was diagnosed.

While Miko has always been a bit itchy, she never has any eruptions, scabs, or bald patches. The client has always applied a topical spot-on flea preventative. In April 2008, she was treated for pruritus with prednisolone. Miko start really itching again this July. This was mentioned to her vet on 19 August 2013 (8 days prior to diarrhea starting) on a standard health check for her Lypex™ refill and Miko was given Depo-Medrone™ (repository methylprednisolone) injection. Client saw no effect on her scratching.

Medical Timeline

Creating a medical timeline of conditions and treatments is a very useful tool to map out the progression and development of disease. It is highly recommended to perform for every case of chronic disease to ensure that the homeopathic practitioner is acquiring an accurate view of the progression/deterioration of health.

In Miko's case, the medical history was unavailable at the time of the exam due to the previous practice delaying sending the notes. While a timeline can be started during a consultation, a patient's previous medical records need to be reviewed with a fine-tooth comb outside of the consultation, as generally clients cannot remember everything about their animal's medical history. In clinical practice, this should be performed prior to the initial consultation or as part of the homeopathic clinical work-up.

Miko's Medical Timeline:

- ❑ 2007 Aug 21: Vaccinated DHPPi+L2
- ❑ 2007 Aug 28: Diarrhea, Vomiting, Inappetence (7 days post-vaccination), Txt: Noroclav™ (amoxicillin with clavulanic acid)
- ❑ 2007 Sept 04: Vaccinated Lepto 2
- ❑ 2007 Sept 14: Endometritis (10 days post-vaccination), Txt: OVH on 18/09/07 and Noroclav™
- ❑ 2008 Apr 09: Itching, Txt: oral prednisolone
- ❑ 2008 Sept 22: Vaccinated L2+Pi
- ❑ 2008 Oct 01: Yellow Diarrhea & Vomiting (9 days post-vaccination), Txt: Metronidazole, Peridale, Prednisone
- ❑ 2009 Jan 28: Cut pad, Txt: SX repair, Depocillin inj,, Antirobe inj., Methadone Inj; followed with
- ❑ 2009 Jan 30 - Feb 23: Rechecks and bandaged pad, signed off healed on Feb 23rd. Txt: Codeine, Antirobe, then Ceporex. Also sent home with Advocate™.
- ❑ 2009 Sept 22: Vaccinated DHPPi+L2 *****
- ❑ 2010 Oct 22: Vaccinated L2+Pi *****
- ❑ 2011 Sept 02: Vaccinated L2+Pi
- ❑ 2011 Sept 12: Yellow Diarrhea & Vomiting (10 days post-vaccination), Txt: Noroclav™, Dexadreson™ (dexamethasone sodium phosphate)
- ❑ 2012 Aug 30: Advocate™ application
- ❑ 2012 Sept 13: Diarrhea (Blood streaked, mucus) – DX: Malabsorption Disorder, Txt: Metronidazole, B12 inj., Lypex™, and home-cooked diet.
- ❑ 2012 Oct 17: Vaccinated DHPPi+L2 (Still under above treatment)
- ❑ 2012 Nov 26: Diarrhea – off Lypex™ for 1 day and "flared with a vengeance", Txt: Baytril™ and re-starting Lypex™
- ❑ 2013 Jul 12: Advocate™
- ❑ 2013 Aug 19: Itching, Txt: Depo-medrone
- ❑ 2013 Aug 27: Bloody, mucus, diarrhea (8 days post Depo-medrone inj.)

***** *Note* – Patient only attended vet if diarrhea lasted more than 2-3 days, so it is possible that patient reacted to 2009 and 2010 vaccines but was not recorded in medical history.

Additional Information

Temperature Preference: In general, Miko has a strong temperature preference for always seeking cold places (e.g. likes the draft in the door or the linoleum). This preference does not change when she is under the weather.

Time of Day: [Stool] Night and first thing in the morning. Better during day/evening.

Thirst: Always thirsty in general, big drinker. Drinks frequently, but not whole bowlful, about five to six great big laps.

Appetite / Eating Behavior / Cravings: Typically a greedy eater, will eat anything, will scavenge. Never goes off her food.

Temperament – ill vs. well:

- When unwell, Miko can be quiet and less playful, but otherwise just herself. However if painful, then she is withdrawn.
- In health, Miko is generally a very confident dog, always friendly and has never snapped.
- Affectionate at home, but when outside likes to keep an eye on things and is not bothered about fuss. She is generally aloof with other people when out, but good with strangers (occasionally can be funny with tall men). Miko is generally very good with other dogs, very playful, and is the dominant dog in the home and with strange dogs.
- Note: When adopted had "separation anxiety" – would eat the sofa, and pull out music records, scratch and chew things up. Doesn't do anything like that anymore. Settled in well and learned how to be in a home and has been great for 4-5 years.

Physical Exam

Miko's physical exam on August 28, 2013 was fairly unremarkable. The only abnormal findings appreciated were that she was underweight/conditioned with a BCS 3.5/9 and her coat was dull, dry, and excessively molting/falling out.

Assessment

Miko's current findings and previous diagnosis supported an ongoing Malabsorption disorder; Ddx: IBD, dietary sensitivity. She also has a history of itching and poor coat quality; Ddx: secondary effects of Malabsorption disorder, allergies.

Homeopathic Work-up/Methodology

It must first be acknowledged that case has been taken as well possible given the lack of history prior to 2007. This absence of history is common problem among rescue animals and horses. It is important to acknowledge that prescribing without a complete history may prove to be an obstacle to cure, but is not always the case. Another potential obstacle to cure that can be rectified is Miko's current diet deficiencies, which need to be addressed for long-term nutritional balance. A final possible obstacle to obtain full cure is the potential suppression of the OVH surgery that was used to resolve the endometritis episode.

The nature of Miko's chronic illness is episodic, she currently can maintain normal stools if she adheres to a strict diet. As Miko is currently presenting at the beginning of one of her "episodes", she would be classified today to be in an acute flare-up of chronic disease. The ultimate goal of her treatment is to not only resolve the acute flare-up but to cure the primary miasmatic disturbance. Thus, she needs acute treatment today and once stabilized needs a deeper anti-miasamatic prescription.

Miko's vitality was scored at a 5 (0-10 Highest) or a medium level. This was based on her age, level of illness currently residing in functional changes (possible early pathological changes), and sensitivity to vaccinations and allopathic therapy. While her gastrointestinal symptoms were easily palliated

with allopathic medication, they were not suppressed as Miko continued to present with the same symptoms. Due to the lack of prior history, it is hard to know how much the surgical suppression of the endometritis affected her case. It's possible that this made her GI symptoms more sensitive, severe, and frequent; but we cannot know for certain.

The level of health disturbance is primarily of the psoric miasm, but sycosis is additionally possible in this case. Itching and the lack of ability to regulate/maintain balance in the GI tract point to psora, while the particular type of involvement of reproductive tract supports sycosis.

The seat of illness is in the gastrointestinal tract, and the organ affinities include the skin and uterus as well. As stated previously, the patient's level of illness is currently residing in functional changes (possible early pathological changes). Causation is not definitive, this could simply be a case of inherited chronic disease, but vaccinosis is also possible given the association of malabsorption episodes and vaccination. Miko is noted to have never been fully well since adoption.

Homeopathic Symptom List

The following homeopathic symptom list is a full totality list of all the known symptoms Miko has had during her lifetime since adoption:

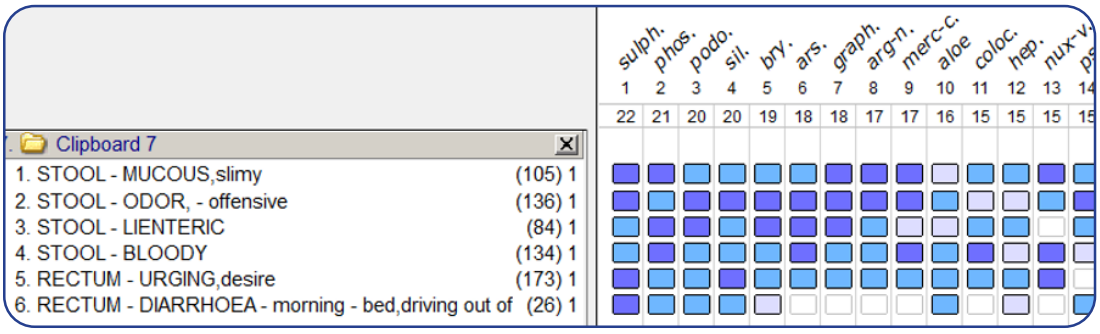
1. Stool
    - Jelly, mucus covering stool
    - Undigested food – lienteric stool
    - Bloody, blood-streaked
    - Diarrhea – worse night / early MORNING, first thing in the morning; Urging desire
    - Yellow (HX)
2. Itching
3. Hair falling out (excessive molting)
4. Poor coat quality, dull
5. Vomiting, occasional, bile, worse when hungry
6. Weight loss
7. Big drinker
8. Seeks cold, drafts (when well and unwell)
9. Vaccination / suppressions AGG.?
10. HX: Endometritis – Rubrics? Can use organ specific rubric for: uterus (Boger-Boenninghausen), and possibly uterus dropsy but this really refers to hydrometra thus not 100% correct.

Case Approach

Miko has an episodic pattern to her illness and is currently in an acute flare-up of chronic disease. To completely address her case, two separate analyses will be performed – first with her current symptoms of the acute flare-up alone, and second with her totality of symptoms. In this manner, an acute-chronic remedy relationship will be identified and confirmed. Her case will start with acute treatment with an apsoric remedy to gently stabilize the flare-up of psora and then be followed with a deeper acting anti-miasmatic remedy.

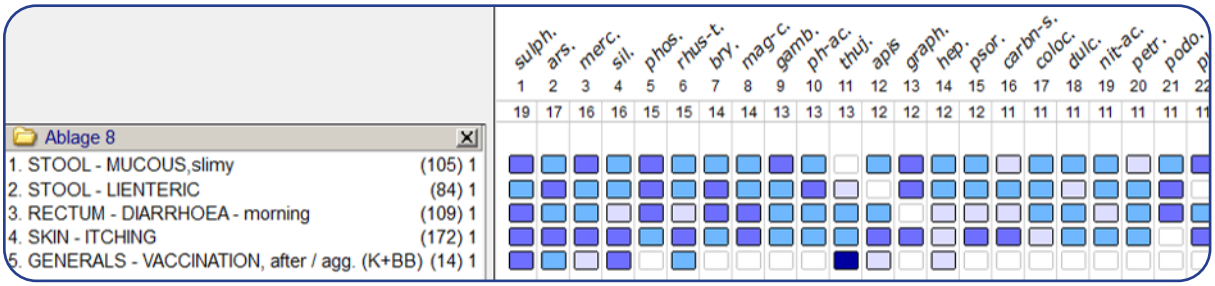
Homeopathic Repertorisation

Acute Flare-up: Kent

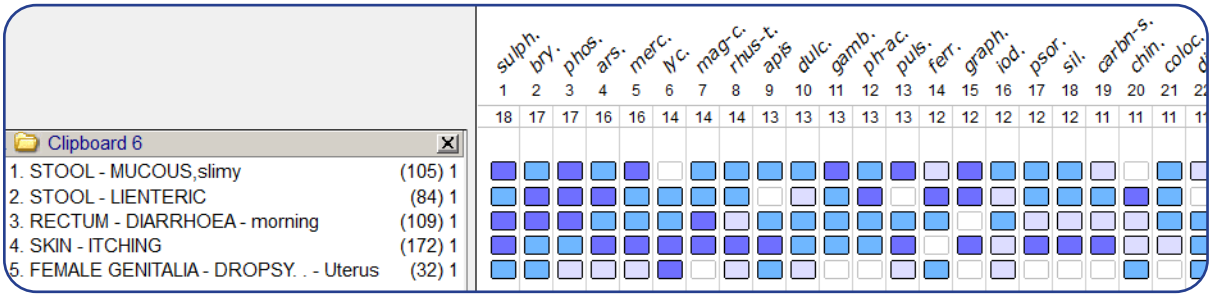


Totality of Symptoms: Kent

Utilizing the possible etiology Vaccination agg., combined rubric from both Kent & Boger-Boenninghausen:

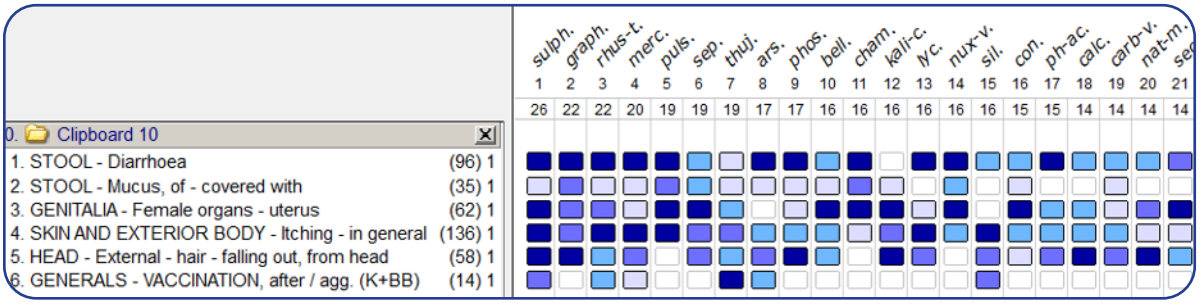


Comparing to this analysis removing possible etiology, to include a rubric to represent the uterine complaint:

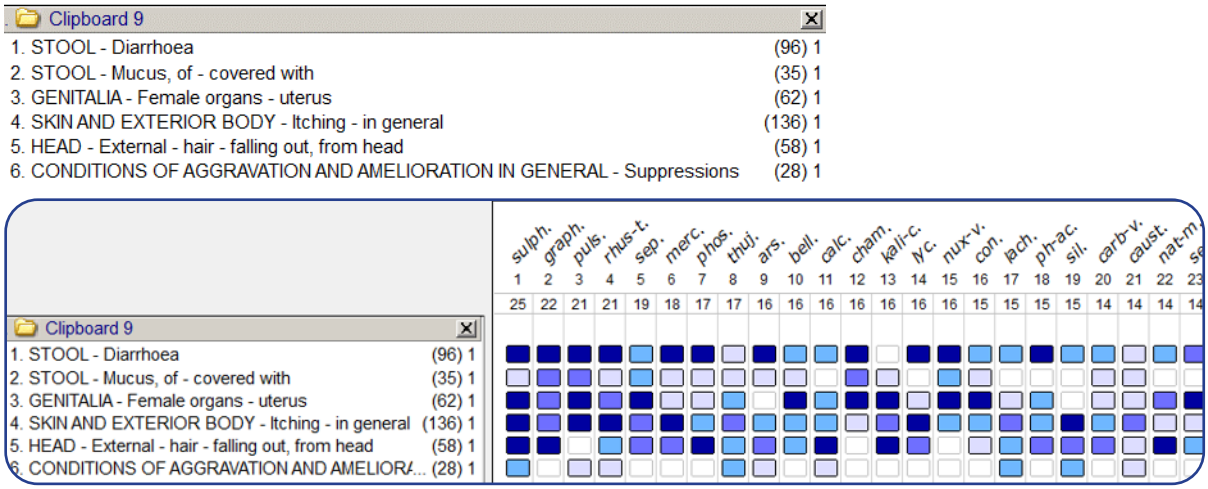


Totality of Symptoms: Boger C. Boenninghausen

Both of the following analyses utilize the location rubric for Uterus to represent the uterine complaint, which is an advantage of the Boger-Boenninghausen Repertory in our animal patients where the exact condition may not be found. This first analysis includes the possible etiology of Vaccination agg., a combined rubric from both Kent and Boger-Boenninghausen:



This second analysis examines another possible etiological factor Suppressions agg.:



Note the vomiting was not included in any of the totality analyses, as this was such an infrequent symptom in the case and there were other more characteristic rubrics that could be included.

Homeopathic Discussion /Differentials

Evaluating the Totality of Symptoms:

- There is a consistent, strong association of vaccination and suppressive treatment to a diarrhea flare-up within 7-10 days. While this cannot be proven to be 100% causative, the association is strong enough to weigh heavily in the selection of the initial prescription.
- Both Sulphur and Thuja occidentalis each have a strong relationship to vaccinosis. Thuja is more strongly indicated for yellow stool, but Sulphur has a stronger grading for uterine complaints.[1, 2]
- Mercurius solublis should also be considered as a differential, given its affinity to Miko's key complaints and organ affinity. However, our patient is primarily of psoric dysfunction and Merc-s has a stronger affinity to the syphilitic miasm with a tendency to more destructive symptoms.[1, 2] Miko's case is not advancing, her symptoms keep presenting at the same level and are moderate in the spectrum of chronic diarrhea cases. This assessment places Merc-s lower on the differential list at this time, but should be kept in mind for the future depending on the patient's response and progression to treatment.
- Miko in general prefers cool places/temperatures, is a confident/dominant dog (no persisting fears, anxieties, or abnormal behavior), and a big drinker. Thuja patients tend to be worse from cold while Sulphur patients tend to desire it, and both remedies can show an excessive thirst.
- Given the totality of symptoms and the emphasis on the possible causation, uterine complaints, etc. Sulphur is the first choice remedy to address the chronic state in this patient.

Evaluating the Acute State:

- In examining the symptoms of this acute flare-up only and knowing that Sulphur is the first choice remedy for the deeper miasmatic treatment needed, the analysis can be scanned for acute complements of Sulphur.
- Podophyllum peltatum (Podo) has a complementary relationship to Sulphur, Aloe would be an excellent differential considering the volume of mucus.

- Podo is noted in Hering's: Early morning diarrhea, hurrying the patient out of bed. Evacuations in the morning attended with strong urgings of the bowels, heat and pain in anus...Stools: too frequent, but natural in appearance; frequent, profuse, painless, watery, fetid; yellow; pasty; gushing out; yellow, watery, with meal like sediment.... Dark yellow, mucus; smell like carrion; white slimy, mucus' bloody and green mucus; mucus and blood streaked; changeable... greenish-yellow, slimy, bloody, gelatinous...severe straining much flatus emitted; mucus with spots and streaks of blood; undigested; mucogelatinous stools preceded by griping and colic; coated with shreds of yellow mucus.[1]
- Miko is exhibiting a striking picture of Podo in each acute-flare-up – mucus, slimy-jelly, bloody, diarrhea that is generally painless, lienteric stool, yellow stool, etc. [1, 2]
- Will start with Podo – treating the acute flare-up of chronic disease; to test the patient's response with the view to follow with its complement Sulphur.

Initial Prescription and Treatment Plan

A **single dose of Podo 30c** was prescribed and administered on August 28, 2013. Miko's vitality would have easily stood a 200c, but only a 30c was available to hand. A formulated pre-prepared balanced raw food diet (that contained ground bone) was also recommended to be ordered, using only Lamb for now. However, patient was to be fed a bland diet until this could be obtained. A follow-up phone consult was scheduled in 24 hours. The client was instructed to repeat the remedy after 8-12 hours if any blood persisted or reappeared in the stool. Overall healthcare was discussed, and all topical spot-on flea preventative products and vaccinations were advised to be discontinued.

Summary of Progress Reports:

☎ **29 August 2013:** Overall she is much improved, nothing like yesterday. No further stools after the remedy was given yesterday. Fed scrambled egg last night and Miko was very energetic. This morning stool was solid at the beginning then softer towards the end; blob of jelly on end, with small amount of blood (looked more digested than before). Miko is absolutely fine in herself – gone for a long walk this morning.

The client repeated **Podo 30c** this morning due to the small amount of blood and jelly in the stool. Instructed to give no further remedy today as Miko is much improved, continue with bland diet, and to report in 24 hours. Repeating the Podo this morning was an excellent choice to give the vital force another gentle stimulation with the minor reappearance of blood and she was using a lower potency than the assessed vitality.

☎ **30 August 2013:** Miko is doing really well and has not had any stool since yesterday. She is feeling very well, actually "went bonkers" per normal. Not had to repeat remedy. Instructed to monitor, return to normal diet, and report in 24 hours.

☎ **31 August 2013:** Client reported that Miko is a bit quiet/tired today. When got to field for walk immediately – had diarrhea, soft tan stool, jelly, liquid. No blood. First stool in 48 hours. Client feels that she has definitely improved in general. Advised to **repeat Podo 30c single dose** and report in 48 hours, but to contact sooner if further diarrhea occurred.

☎ **02 September 2013:** Miko is doing much better – normal stool yesterday (very good for her) and almost 100% today, bit soft at the end. Back to defecating once a day. In herself,

she seems back to normal energy/play/etc. New diet to arrive this week. Will post Sulphur 200c to have on hand, begin weaning onto new raw diet and report in one week. The plan was to transition patient onto the new diet first before administering Sulphur in order to not change to treatments factors at the same time which would complicate case interpretation. Client instructed to repeat Podo 30c once if any symptoms return and contact practice.

✓ *Timing the administration of the constitutional (deeper acting/anti-miasmatic/chronic) remedy – when?*

Depends on the severity of the acute paroxysm, the periodicity between flare-ups, pathology involved (e.g. seizures vs. malabsorption). Acute treatment must be continued until the patient has either fully recovered or improved sufficiently to handle a deeper acting prescription.

In Miko's case the lingering small amount of mucus was minor compared to the urgency of her condition when it first began. It was elected to monitor with the level of current improvement as to not have too many variables changing at the same time with the start of the new raw diet.

However, one must not wait too long to follow with the anti-miasmatic remedy, otherwise the patient may relapse in the acute paroxysm as outlined in the *Organon* under Acute Flare-ups of Psora: [3]

- Aphorism 221:

  An insanity or frenzy that suddenly breaks out as an acute disease from the patient's usually quiet state may be occasioned by fright, vexation, drinking alcohol, etc. but it almost without exception springs from internal psora that…flares up like a flame.

  Such a case cannot be treated straight away, in its acute onset, with antipsoric medicines. Rather it must first be treated with medicines (such as aconite, belladonna…) selected from the other class of proven remedies [i.e. the apsorics].

  These should be given in highly poetized, subtle homeopathic doses in order to dispatch the acute flare-up to such an extent that the psora returns to its previous latent state, whereupon the patient appears to recover.

- Aphorism 222:

  However a patient who recovers from an acute [disease]…by means of apsoric medicines should not be regarded as cured.

  On the contrary, once the acute outbreak has passed, the patient should be given, as soon as possible, a continued antipsoric (and possibly antisyphilitic) treatment in order to entirely free him from the chronic miasm, from the psora, which is now latent again, but which is very liable to re-erupt…

  If such treatment is given, there will be no need to fear any similar future attack, as long as the patient faithfully adheres to the regimen [dietary, etc.] prescribed for him.

- Aphorism 223:

  But if the antipsoric (and possibly antisyphilitic) treatment is not given, then we can almost assuredly expect a new, more prolonged and bigger attack, from a much slighter occasion than with the first appearance…

  During this new attack, the psora is wont to develop itself fully and turn into either a periodic or a constant [derangement]…which is then more difficult to cure with antipsorics.

☎ **09 September 2013:** Miko is doing very well overall. She has very high energy and seems back to her normal self, even playing a lot more – e.g. used to always sing to her family and now she has started singing again over last week. Definitely a lot happier in herself and full of life. Her coat is even a bit better.

However, she has had a few jelly stools, e.g. a gloopy coating around the stool towards the end but first part of stool is normal. Mucus looks whitish, milky veins of white through it, but stool is quite solid. This occurred 3 times this past week, starting the first day transition to new food on Wed 4th and Sat. 7th, then again on Sun 8th when had first raw-meaty bone; and the client gave **Podo 30c** *each time on her own accord* instead of contacting the practice as instructed. Stool this morning – was a large firm stool with a jelly coating toward the end. Normally only has this jelly when has diarrhea. Not sure if this is just a remnant of last week's flare-up?

Assessment: Miko has responded well to Podo, beginning with an increase in vitality and then almost 100% resolution of her symptoms. She is significantly improved and maintained that improvement. She has tolerated switch to new raw diet and handled a raw meaty bone. The persistence of the jelly-mucus covering stool and not responding to repeated doses of Podo, indicates it is time to move to an anti-miasmatic remedy.

✓ *The client should have called and discussed repeating the remedy more than once as instructed – for if the patient did not respond to the fourth dose of Podo 30c given on the 4th September, then either a higher potency could have been administered a single time to test how far the patient could improve or it was time to move to a deeper acting remedy. Ultimately, now being able to reflect on the symptom outcome over this past week, the patient was most likely ready for a deeper acting (anti-miasmatic) prescription.*

Prescription: Sulphur 200c – single dose. Follow-up scheduled in one week, client to contact the practice with any concerns in the meantime.

☎ **14 September 2013:** Client phoned as Miko had three loose stools today with quite a bit of white mucus encasing them, and she was not sure what to do. Discussed that this was 5 days post Sulphur and most likely her counteraction to the remedy and was a good sign. Advised to monitor (unless stool symptoms persist) and email report weekly, phone consult follow-up scheduled in 2-3 weeks.

☎ **19 September 2013** (10 days post remedy): After the counteraction on the 14th, the next day Miko had one normal stool, quite hard in small lumps. Her stool continues to be improved, occasional mucus. Her coat is improving but she's scratching slightly more.

☎ **30 September 2013** (3 weeks post Sulphur 200c): In general – much better, she is full of beans – running around barking, and playing. In herself is doing really well. Episodes of mucus or slightly soft ends of stools are waning and seem less and less over the last week. Eating new raw diet well and even eating sweet potato with it as well. Coat is much shinier; noticed by others now, no greasy residue, no longer dull, and molting less. In general itching has subsided, except on days she has had a slightly off stool. Curative response appreciated, and the patient needs more time for the reaction to develop – advised to monitor and follow-up in one month. Monthly B12 Injections refilled (client able to administer).

Follow-up Exam 7.5 weeks post Sulphur 200c, 30 October 2013

Overall – like a different dog per client. Weight back up to 26.1kgs a few weeks ago. Coat looks great – the colors are really rich now. Has the occasional scratch, but generally no longer itchy/WNL's. Overtime her stool just gradually improved, finer and finer amount of mucus, and less and less often. Last observed "jelly" was on 12 October 2013. Her stools are so good the client has stopped keeping a poo diary!

She is now eating: 250g Honey's Lamb Balanced Raw Diet, ½ sweet potato, with Linseed oil BID; Chicken wings 3xs per week and occasional eggs. Physical Exam found her coat to be in good condition and shiny, and her BCS improved 4.5/9.

Assessment & Recommended plan: Curative response appreciated with generalized improved well-being, absorption of food and gaining weight, coat quality, and gradual improvement and resolution of abnormal stools. Instructed the client to monitor and recheck in one month. Also recommended to increase sweet potato (rather than raw food due to cost constraints) as Miko is being underfed for a dog of her weight and metabolic rate.

Summary November 2013 to May 2014

Miko continued to do well and gain weight, now back up to over 27kgs. She has been doing so well, the client elected to only administered one B12 injection on 02 October 2013, and then stopped her monthly injections. *Miko was weaned off of Lypex™ on instruction at the beginning of December 2013 to no ill effect.* Her bowel movements are normal, her coat is glossy, and she is "full of beans." Long term care-plan reviewed, and client reminded to discontinued vaccinations.

Follow-up Annual Exam: 22 August 2014

Miko is now between 28-29kg when last weighed, and the client is very pleased with her weight. Just moved house, and getting more exercise and maintaining weight well. Been sneaking cat food – and not having any stool issues. Before if she picked a tiny scrap up of something else, she would have diarrhea. Just a lot happier overall – speaking more, much more vocal. Stools excellent, no abnormal mucus, defecates on average twice daily. Physical exam findings unremarkable, Miko now has an ideal BCS and excellent coat.

Assessment & Recommended plan: Curative response continued to be appreciated, time to start introducing new proteins outside of lamb to test curative process. Monitor, if any relapse contact immediately. Recommend to continue to email report monthly, and a 6 month PE required.

Summary September 2014 to November 2015

Miko was gradually introduced to pork, turkey, and chicken to her diet by mid September 2014. She continues to be the picture of health per client and now can eat anything she wants. Her Annual Health Check is overdue as patient has been so well the client forgot to book in, and thus is scheduled for December 2015. She has had no further digestive complaints and Miko still looks and feels (BCS, coat, etc.) a picture of health on general visits to the client's home and stable yard.

Follow-up Annual Exam: 14 December 2015

Miko presented 27 months post her original dose of Sulphur 200c. The client reported that she

overall was doing great, producing stools 1-2xs a day, gained weight, has a brilliant appetite (will eat whatever you give her), and is eating all kinds of food now – even actually ate beef mince recently and had no episodes! Over the last two weeks however, little symptoms have been flaring: vomited up some bile about a week ago on Dec. 5th, just once, unable to connect with eating anything; picked her stool up today there was a small amount of mucus, but stool was fine; burped yesterday but not been burping like she used to; and one day of abdominal rumbling recently but there has been no flatulence. The client has also noticed a small amount of eye discharge, just looks wet, started about a month ago, "Just like little tears."

On PE she was found to have a BCS 6/9 and minor epiphora OU.

Assessment: Overall patient has responded in a curative direction with such a long period of continued improvement and the ability to now eat different foods. Minor symptoms re-flaring indicates patient is ready for another dose, will stay with same potency due to lengthy curative reaction after initial dose. Kent notes that one should always stay with the same potency until it is exhausted. This is where education of the minor signs of psora reflaring (eye tearing) is crucial for long term case management.

Plan: Prescribed **Sulphur 200c – single dose**. Hold on introducing beef into the diet during initial remedy reaction time period – after two months of stability, then can re-introduce beef. Email report in one week, follow-up exam in 2-3 months.

Summary December 2015 to January 2017

Miko had loose stool 4 days after her repeat dose of Sulphur 200c on December 18, 2015, this was interpreted to most likely be her counteraction to her remedy as it was followed by continued case improvement. Over the next two months, Miko was reported to be doing really well, no more loose stools, no mucus and that the client felt "She did respond very quickly after her remedy."

A follow-up exam was performed on February 22, 2016 and found Miko to be in good health, stools well formed with no mucus, back to eating beef (Started end of Jan, fed one meal waited a week, then another waited a week, then twice in one week, etc. now mixing in beef to raw order). She had minor amount of low rumbling/gurgling 2 days ago, for a short period, she never does this now, so possible ROS? Client has seen some eye discharge, very tiny, minute clear crusting OU. PE appreciated a BCS 6/9 and no eye discharge. Client instructed to monitor eye discharge, advised an exam again in 2-3 months as she was still overweight.

From March through May, the client was able to get Miko back to an ideal BCS 5/9. The client reports that her coat is "beautiful, looks amazing, soft, smells nice." Stools normal, no mucus. Began feeding her vegetarian days mixed in with her regular diet. PE on May 27, 2016 showed no evidence of eye discharge (no staining, no minor wetness) and she was advised to follow-up in 4-6 months unless any symptoms returned.

Her next physical exam was on October 21, 2016 and again Miko was found to be in excellent heath with no signs of GI complaints, only the slightest hint of evidence of tear (epiphora) staining. Given the extremely high winds of autumnal weather where Miko lived in Keighley, West Yorkshire next to the Pennine moors, we discussed this as potentially an environmental causation vs. a sign of her chronic disease (and thus repeat RX being needed). All being so well, the client elected to monitor, and would report in a month. All continued to be well. Advised a PE in 4-5 months (February/March 2017), as client needed to monitor costs due to being made redundant at work.

Unfortunately, the client and Miko moved out of the practice radius in January 2017, and this case was lost to further follow-up. The client was thrilled with Miko at 12 years of age, her overall treatment, and firmly believes that homeopathy saved Miko's life.

Case Assessment

Can we call Miko's case cured? Without continued follow-up, no case can be called completely or truly cured as Miko's demonstrates. She is definitely moving in a curative direction; we are seeing a resolution of all of her complaints and during the symptom flare in December 2015 all symptoms were much milder than previously observed. Miko will probably need another dose of Sulphur at some point in her lifetime. All we can do is educate our clients on the importance of long term follow-up care, to enable monitoring for signs of chronic disease (however subtle) to maintain the healthiest patient.

Case Summary

Miko is an excellent case demonstrating the progression from treating the acute flare-up of chronic disease to constitutional (chronic disease) treatment. One single dose of the correct remedy stimulated a curative process for a full 2 years and 3 months, and only two doses total were needed to bring Miko to what appears to be a curative state over the past 5 years. Miko has showed signs of true cure in a malabsorption/food allergy patient, in that she can now tolerate different foods and not depend on any digestive enzyme supplements or B12 injections.

It must be cautioned to clients in cases such as Miko's – to not become complacent, for it is imperative to follow-up with annual exams (or biannual or triannual, etc. dependent on the patient's condition or age) to ensure that subtle signs to re-dose are not missed (as noted in December 2015) as they may not reappear in the same manner. Patients should heal according to Hering's Law of Cure and as they progress move to more superficial and older symptoms (such as Miko's "allergy" symptoms, e.g. eye discharge).

Educating clients on the progression towards cure, and prescribing on "lesser" symptoms is of paramount importance to communicate to clients in order to receive the commitment to the curative process. *This is especially of concern in rescue animals or any patient where the previous history is not available, as we might not know what the previous symptoms of that patient were*. Clients should be educated that the sign to re-dose a prescription may be a milder symptom (e.g. itching or eye discharge) and that it vital these symptoms be treated homeopathically, NOT suppressed, if a curative process is going to be continued.

To summarize the manner of the curative process, let's refer to Dr. Stuart Close, from Chapter 9 of his book *The Genius of Homeopathy*:

Manner and Direction of Cure

Cures take place in a definite, orderly manner and direction.

Normal vital processes, cellular, organic, and systemic, begin at the center and proceed outwardly. Figuratively, if not literally life is a centrifugal force, radiating, externalizing, concentrating and organizing spirit into matter – "from above, downward." In the same sense disease is a centripetal force, opposing, obstructing, penetrating toward the center and tending to disorganization.

The progression of all chronic disease is from the surface towards the center; from less important to more important organs – "from below, upward."

Curative medicines reinforce the life force, reverse the morbid process and annihilate the disease. Symptoms disappear from above downward, from within outward and in the reverse order of their appearance.

When a patient with an obscure rheumatic endocarditis, for example, begins to have signs and symptoms of acute arthritis soon after taking a homoeopathic remedy and is relieved of his chest sufferings, we know cure has commenced.

Cure takes place in much less time than natural recovery, without pain, physiological disturbance or danger from the use of the remedy employed and without sequelae. The restoration of health is complete and lasting.

References:

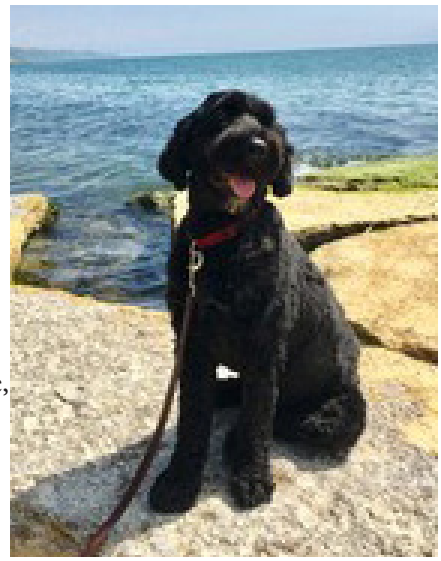
1. Hering, Constantine. *Hering's Guiding Symptoms of Our Materia Medica.* B. Jain Publishers (P) LTD. New Delhi, India; 2003.
2. Murphy R. *Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies.* Blackburg, VA: Lotus Health Institute; 2006.
3. Hahnemann, S. *Organon of the Medical Art, 6th ed.* Brewster-O'Reilly, Wendy (ed.). Birdcage Books, Palo Alto, CA; 1996.
4. Close, Stuart. *The Genius of Homeopathy, Lectures and Essays on Homeopathic Philosophy with Word Index*. B. Jain Publishers Ltd. Second Ed. 2005: Chapter 9 Cure and Recovery, pp 164-165.

— Miko ~ October 2016 —

Moose the Wobbly Dog

By Carolyn J. Benson, DVM

Presenting Scenario



Moose was a 1-year-old MN Portuguese Water Dog who presented to me for euthanasia on May 10, 2017.

According to the client, Moose had seemed completely well until he began to show some intermittent stumbling and difficulty standing four days prior on, May 6, 2017. He had no known history of toxic ingestion or trauma, and no previous neurological deficits leading up to these symptoms.

The client initially took Moose to the local emergency clinic on May 7, 2017, and examination there revealed normal TPR and BCS, hypersalivation, mild ataxia, slight wider-based stance, CN exam WNL's, and no neck or back pain elicited. The client declined diagnostics at that time, however Moose's symptoms steadily progressed, and he was now falling over and having difficulty getting back up, as well as urinating on himself, so she returned to our clinic to see my colleague (allopathic) for re-assessment the following day.

Examination findings on May 8, 2017, were as per the previous day's, with a noticeable worsening of the ataxia. Rule-outs at that time included infectious, toxic, seizure, and thromboembolic event. A complete bloodwork panel was performed, along with a Neurological PCR panel, and Moose was started on Clindamycin pending these results. A referral appointment with a board certified Veterinary Neurologist was also arranged for the following day.

On May 9, 2017, his bloodwork results were reported as mostly unremarkable, including an all-negative Neurological PCR Panel including Toxoplasmosis, Distemper, Cryptococcus, and Neospora.

Neurology Referral Summary on May 9, 2017

A diagnosis of cerebellar dysfunction (cause undetermined) was given, with suspect concurrent involvement of the rostral medulla. Differential diagnoses included encephalitis (infectious or immune-mediated), intracranial neoplasia, and decompensation of a congenital anomaly (ie. cystic structure).

The client was advised that it was expected that "Moose would continue to deteriorate to the point of death or humane euthanasia if left untreated." Serum neospora titres, magnetic resonance imaging of the brain, and cerebrospinal fluid analysis were recommended to identify the underlying cause, however the client declined these. As a result, it was recommended to treat empirically, and Moose was sent with Prednisone, Enrofloxacin, and Cerenia™, and advised to continue the previously prescribed Clindamycin as directed.

Excerpt of Neurological Examination and Assessment from Neurologist Report:

TORONTO VETERINARY EMERGENCY HOSPITAL
24 Hour Emergency & Referral Hospital

21 Rolark Drive
Toronto, Ontario, M1R 3B1
416-247-8387 Fax: 416-287-3642 www.tveh.ca frontdesk@tveh.ca

24 Hour Emergency
Anesthesia
Cardiology
Critical Care
Diagnostic Imaging
Medicine
Neurology
Rehabilitation
Surgery

Neurological Examination:
Mentation: Bright, alert, and responsive.
Cranial Nerve Examination: *Delayed physiological nystagmus in both directions. Positional ventral strabismus OU. Bilateral positional head tilt (alternates between right and left). Otherwise intact.*
Gait Evaluation: *Ambulatory with marked bilateral vestibular ataxia (falls often) and tetraparesis.*
Postural Reactions: *Mild delay in all limbs.*
Spinal Reflexes: Intact.
Spinal Palpation: Pain could not be elicited.
Nociception: Intact in all digits.

ASSESSMENT:
Lesion Localization:
Cerebellum, suspect concurrent involvement of the rostral medulla.

Differential Diagnoses:
Encephalitis (infectious or immune-mediated) > intracranial neoplasia, decompensation of a congenital anomaly (ie cystic structure).

PLAN:
Recommendations:
Moose's neurological examination was consistent with a cerebellar lesion, with likely involvement of the rostral medulla as well. Examination findings and lesion localization were discussed with Mrs . Differential diagnoses were discussed with encephalitis, either infectious or immune-mediated, being considered most likely. Given the differentials and the progressive deterioration, Mrs was advised that I suspected Moose would continue to deteriorate to the point of death or humane euthanasia if left untreated. Serum neospora titres, magnetic resonance imaging (MRI) of the brain, and cerebrospinal fluid (CSF) analysis were recommended to identify the underlying cause. CSF analysis alone was also discussed.

Plan:
Mrs opted to decline further testing. It was recommended to treat empirical, as Moose's current quality of life was poor and further deterioration was expected. It was explained that treatment without a definitive diagnosis was difficult as the appropriate treatment plan and accurate prognosis were not known. It was recommended to treat for infectious disease as well as with low-dose prednisone. The risk of not responding to treatment or continuing to deteriorate was discussed. The below instructions and plan were reviewed with Mrs .

Instructions to Owners

Diagnosis/Symptoms: Cerebellar dysfunction (cause undetermined).

Exercise: Please restrict Moose from situations in which his lack of coordination could lead to trauma such as stairs, jumping on/off furniture, and rough housing. Moose requires sling support to walk and get outside; please use as directed during your appointment today. Please provide soft, supportive bedding.

Consultation and Examination Findings on May 10, 2017

Moose's above-described clinical signs had progressed further, and he was now unable to stand. He was continuing to eat well, had no change in thirst, and was urinating, but had not passed a stool in over 48 hours. The clients and her family were now carrying him outside and supporting him to eliminate. The client had elected to discontinue the Clindamycin therapy and had not yet started any of the other prescribed medications, as she was very hesitant about these.

As a result of his condition, my examination was initially performed in the client's vehicle. On approach, Moose was observed to be lying in lateral recumbency and attempted to rise to greet me, excitedly wagging his tail. General examination was unremarkable except for: HR=80, excess stool palpable in descending colon, mild erythema and dark debris R ear (TM intact); initial neurological

examination revealed slow, pendulum-like motion of his eyes OU (no detectable fast/slow phase), PLR's and menace intact, pupil sizes normal and equal.

Further neurological evaluation was done on the lawn outside the clinic and revealed marked spastic incoordination and ataxia of all 4 limbs, < hind, with a high-stepping gait, especially when moving backwards; inability to stand without assistance; bilateral positional head tilt; a moderate delay in postural reactions all 4 limbs; these symptoms were not evident when at rest. Despite his condition, Moose was bright, alert, and responsive. I discussed his current symptoms with the client and followed with possible therapeutic options, including homeopathic treatment. She was very open to homeopathic care when offered, and I strongly supported her to not proceed with euthanasia without attempting further treatment.

Review of Moose's medical history showed that he was noticeably underweight at his initial visit as a puppy and was being treated presumptively by the breeder at purchase with Tylosin, as well as Fenbendazole and an anti-coccidial medication, due to the discovery of Cryptosporidium, Coccidia, and Giardia in a previous litter. Since that time, he had shown relapsing episodes of diarrhea (sometimes with mucous, often with blood) with occasional vomiting, and multiple fecal samples positive for Giardia cysts, and had been treated with several further courses of Fenbendazole. At the turn of the New Year, I had begun initial homeopathic treatment with Moose for his relapsing symptoms, however, our treatment course was interrupted after the first antimiasmatic prescription in late February when my colleague prescribed a repeat course of Fenbendazole with the new addition of Metronidazole during a relapse in his diarrhea, and no further homeopathic consultation was requested.

Moose was vaccinated for DA2PP by the breeder (date unknown), followed by DAP (Nobivac, 3-year) on July 29, 2016; no Rabies vaccine had been given as yet. He was neutered on January 4, 2017.

Assessment

Moose was now presenting in life-threatening condition. We see from his history that he has shown consistent and relapsing symptoms of chronic dis-ease since purchased through the breeder as a puppy, which have been altered with multiple courses of allopathic medical treatment. As a result, his dis-ease has progressed to this more serious state.

Homeopathic Work-up

Methodology:

1. Is this case well taken? Yes.
2. Obstacles to cure? Extent of dis-ease symptoms; inability to apply the 'sensations as if' category of symptoms with our animal patients; previous modification of diarrhea symptoms since acquired.
3. Acute/Acute flare-up of Chronic Disease/Chronic - Acute flare-up of chronic disease.
4. Cure/Palliation – Cure.
5. Vitality – Low.
6. Miasm – Psora.

7. Seat of Illness/Organ Affinities – Brain/Neurological/Spinal axis (Acute Flare-up of Chronic Disease), Digestive System (Totality), and Ear (Totality).
8. Causation – Unknown, possible vaccination or suppression? Toxin?
9. Never well since – Acquired from breeder, presumptively birth.

Homeopathic Symptom List

Symptom List – Acute flare-up	Symptom List – Chronic
— Ataxia and spastic incoordination, high-stepping all 4 limbs, unable to stand	— Ataxia and spastic incoordination, high-stepping all 4 limbs, unable to stand
— Pendulum-like motion of eyes	— Pendulum-like motion of eyes
— Slow pulse	— Slow pulse
— Ear redness and discharge (right)	— Ear redness and discharge (right)
— Salivation	— Salivation
— Retained stool	— Retained stool
	— Relapsing diarrhea, sometimes with blood and mucous
	— Vaccination or Suppression AGG?

Homeopathic Analyses:

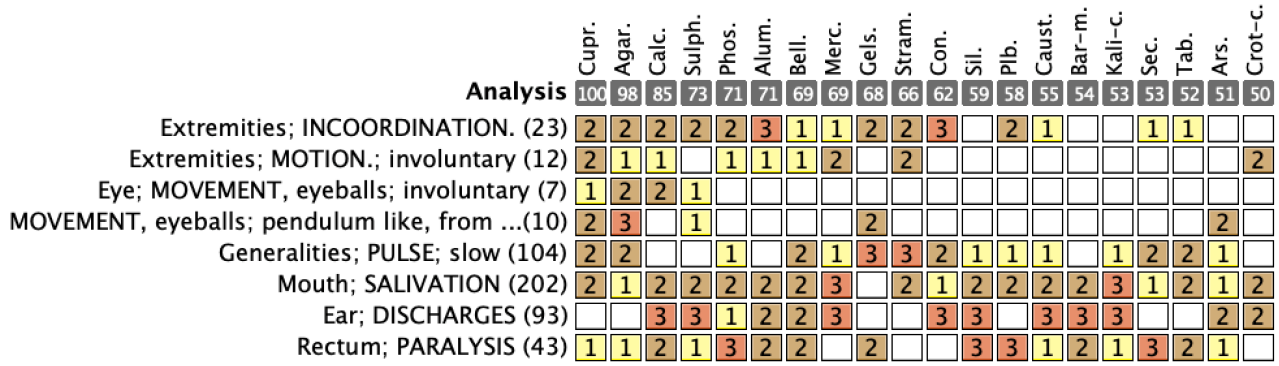
Acute Flare-up: NWVR with Rectum Symptom

	Agar.	Cupr.	Alum.	Nux-v.	Phos.	Bell.	Stram.	Sulph.	Sil.	Calc.	Merc.	Nit-ac.	Chin.	Verat.	Hep.	Plb.	Kali-c.	Hell.	Con.	Canth.
Analysis	100	79	72	72	71	71	71	69	64	63	61	61	59	59	58	58	57	56	55	54
EXTREMITIES, POSTERIOR; Incoordination (27)	2	2	3		2	1	2	2	2	2	1					2			3	
EXTREMITIES, POSTERIOR; Motion; involuntary (10)	1	2	1		1		2			1	2							2		
Stepping backward; high (5)	2					1						1								
EYES; PROPER; Movements; involuntary (9)	2	1		2			1	1		2										1
PROPER; Movements; pendulum like, from side ...(10)	3	2						1												
CIRCULATION; Pulse abnormal; slow (72)	2	4		2	2	3	3		3		3		1	4	1	4	3	4	4	3
MOUTH; SALIVA; Salivation (70)	1		3	1	4	4	3	4	1	3	4	4	4	1	4	2	1	3	1	3
EARS; RIGHT (109)	2	2	3	4	3	4		3	4	3	1	4	2	2	3	3	4	1	2	3
RECTUM; Inactivity (37)			3	4	1		1	1	2			2	4	4	3		3			

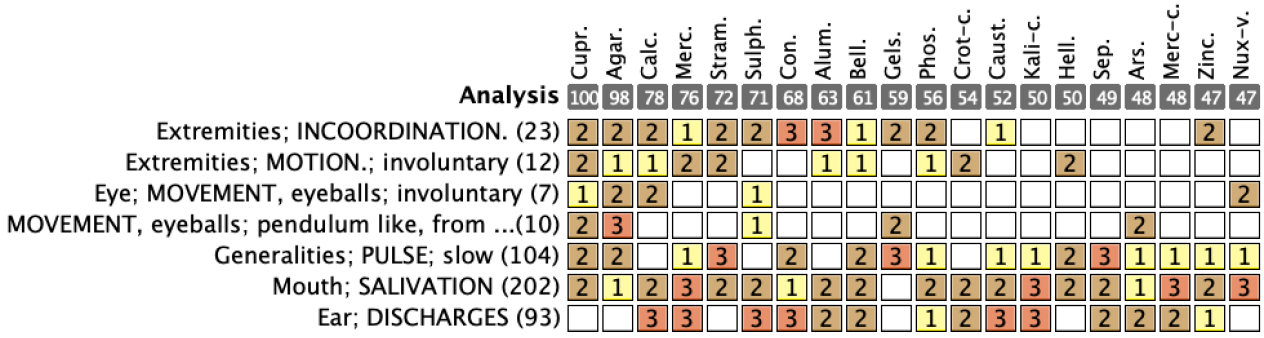
Acute Flare-up: NWVR without Rectum Symptom

	Agar.	Cupr.	Bell.	Phos.	Stram.	Calc.	Sulph.	Merc.	Plb.	Alum.	Hell.	Con.	Canth.	Sil.	Spig.	Nux-v.	Nit-ac.	Cic.	Ant-c.	Hep.
Analysis	100	79	71	65	64	63	62	61	58	57	56	55	54	53	52	50	50	47	42	42
EXTREMITIES, POSTERIOR; Incoordination (27)	2	2	1	2	2	2	2	1	2	3		3		2						
EXTREMITIES, POSTERIOR; Motion; involuntary (10)	1	2		1	2	1		2		1	2									
Stepping backward; high (5)	2		1														1			
EYES; PROPER; Movements; involuntary (9)	2	1			1	2	1						1		3	2				
PROPER; Movements; pendulum like, from side ...(10)	3	2					1											1		
CIRCULATION; Pulse abnormal; slow (72)	2	4	3	2	3			3	4		4	4	3	3	4	2		4	3	1
MOUTH; SALIVA; Salivation (70)	1		4	4	3	3	4	4	2	3	3	1	3	1	1	1	4	1	2	4
EARS; RIGHT (109)	2	2	4	3		3	3	1	3	3	1	2	3	4	1	4	4	2	3	3

Acute Flare-up: Kent with Rectum Symptom

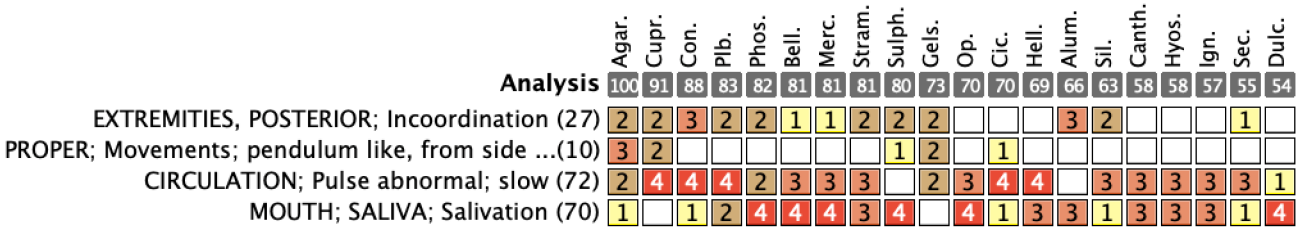


Acute Flare-up: Kent without Rectum Symptom

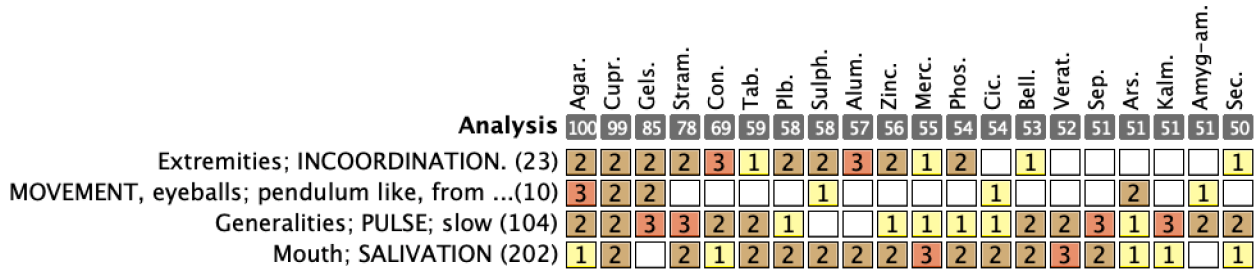


✓ Note that the above repertorizations in NWVR and Kent were adjusted to exclude the rectum symptom in one analysis each, to ensure that the analyses were not being improperly skewed by a singular rubric since the correct interpretation of this symptom (was it paralyzed vs. inactive or?) was not known.

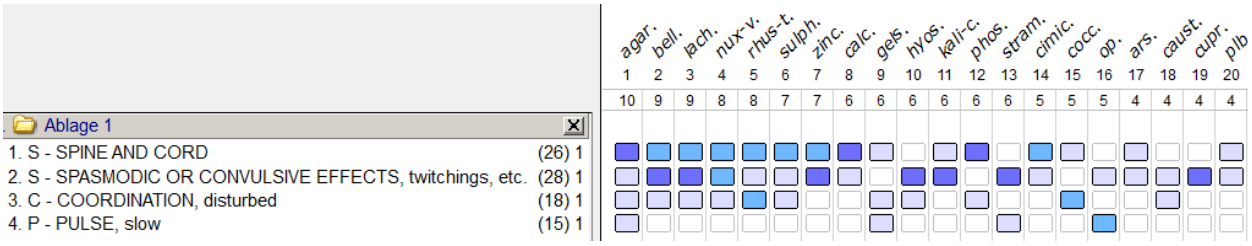
Acute Flare-up: NWVR Refined Analysis



Acute Flare-up: Kent Refined Analysis



Acute Flare-up: Boger's General Analysis



Totality of Symptoms: NWVR

Analysis	Sulph. 100	Phos. 96	Agar. 94	Chin. 92	Merc. 88	Nux-v. 85	Alum. 82	Bell. 81	Cupr. 79	Nit-ac. 76	Puls. 75	Sep. 75	Hep. 72	Verat. 70	Sil. 66	Calc. 66	Kali-c. 65	Canth. 63	Stram. 62	Plb. 58
EXTREMITIES, POSTERIOR; Incoordination (27)	2	2	2		1		3	1	2						2	2			2	2
EXTREMITIES, POSTERIOR; Motion; involuntary (10)		1	1		2		1		2							1			2	
Stepping backward; high (5)			2					1		1		1								
EYES; PROPER; Movements; involuntary (9)	1		2			2			1							2		1	1	
PROPER; Movements; pendulum like, from side ...(10)	1		3						2											
CIRCULATION; Pulse abnormal; slow (72)		2	2	1	3	2		3	4		3	3	1	4	3		3	3	3	4
MOUTH; SALIVA; Salivation (70)	4	4	1	4	4	1	3	4		4	2	1	4	1	1	3	1	3	3	2
EARS; RIGHT (109)	3	3	2	2	1	4	3	4	2	4	3	2	3	2	4	3	4	3		3
RECTUM; Inactivity (37)	1	1		4		4	3			2		2	3	4	2		3		1	
STOOL; Bloody (154)	4	3	1	4	4	4	3	2	2	3	4	3	2	2	2	3	2	3	2	2
STOOL; Mucus, of (125)	4	4	1	4	4	3	1	4	1	2	4	3	3	3	2		2	2		2
STOOL; Soft, too (207)	4	4	1	4	3	1	3	1	1	3	4	4	3	2	1	2	2	1		

Totality of Symptoms: Kent

Analysis	Phos. 100	Sulph. 96	Agar. 96	Cupr. 88	Alum. 86	Calc. 84	Merc. 82	Bell. 76	Ars. 73	Merc-c. 73	Sil. 68	Nux-v. 68	Graph. 67	Puls. 66	Caust. 65	Nit-ac. 64	Caps. 64	Plb. 64	Kali-c. 63	Con. 63
Extremities; INCOORDINATION. (23)	2	2	2	2	3	2	1	1							1			2		3
Extremities; MOTION.; involuntary (12)	1		1	2	1	1	2	1												
Eye; MOVEMENT, eyeballs; involuntary (7)		1	2	1		2						2								
MOVEMENT, eyeballs; pendulum like, from ...(10)		1	3	2					2											
Generalities; PULSE; slow (104)	1		2	2			1	2	1	1	1	1		1	1	1	2	1	1	2
Mouth; SALIVATION (202)	2	2	1	2	2	2	3	2	1	3	2	3	2	2	2	3	2	2	3	1
Ear; DISCHARGES (93)	1	3			2	3	3	2	2	2	3		3	3	3	2	1		3	3
Rectum; PARALYSIS (43)	3	1	1	1	2	2		2	1		3		2	1	1			3	1	
Stool; BLOODY (134)	3	2	1	1	3	2		2	3	3	2	3	2	2	2	2	3	2	2	2
Stool; MUCOUS (105)	3	3	1				3	2	2	3	2	3	3	3	2	2	3	2	2	
Stool; SOFT (203)	3	3	1	1	3	2	3	1	2	2	1	1	2	2	1	3	1		1	1

Case Assessment

We see from Moose's history that he initially manifested his mistunement through the gastrointestinal tract, and that his dis-ease symptoms progressed to these more serious neurological ones, likely triggered by his continued suppression. His present state appears to be an acute flare-up of chronic dis-ease, and initial treatment was directed towards resolving this acute disturbance, with the intention of moving to constitutional prescribing following this crisis resolution.

Remedy Differential

When looking at the analyses using the various Repertories, there are several remedies to consider. In this case, I consulted Boger's Synoptic Key of the Materia Medica, as well as Vermeulen's Materia Medica, to begin to differentiate these. [1, 2]

Agaricus muscarius

* Sphere of action – SPINAL AXIS (OCCIPUT, NERVES, Lumbar region); Peristalsis; Heart; Circulation; Respiration; Chest.
* Jerking, twitching, trembling and itching are strong indications. Various forms of neuralgia and spasmodic affection, and neurotic skin troubles are pictured in the symptomatology of this remedy.
* It corresponds to various forms of cerebral excitement rather than congestion. General paralysis.
* IRREGULAR, UNCERTAIN and EXAGGERATED MOTIONS: patient reaches too far, staggers or steps too high, drops things, etc. Symptoms appear slowly.
* Involuntary movements while awake; cease during sleep; chorea, from simple motions and jerks of single muscles to dancing of whole body; trembling of whole body.
* Twitching of lids and eyeballs. Oscillating eyeballs. Nystagmus; squint.
* Itching and burning (and redness) of ears.

Alumina

* Sphere of action – SPINAL CORD, Lumbar; Abdomen, Left; RECTUM; Lower limbs; Skin.
* A very general condition corresponding to this drug is dryness of mucous membranes and skin, and tendency to paretic muscular states. Sluggish functions, heaviness, numbness, and staggering and the characteristic constipation find an excellent remedy in Alum.
* Affects the CEREBROSPINAL AXIS causing disturbances in co-ordination and paretic effects.
* Trembling, jerking and twitching of limbs. Staggers on walking. Has proven useful in cases simulating locomotor ataxia; lower limbs appear heavy; can scarcely drag them along; staggers when walking; must sit down; evenings.
* Eyelids weak, falling. Upper lids difficult to raise as if powerless.
* Heat and redness of one ear.
* SEVERE CONSTIPATION; MUST ASSIST WITH FINGERS TO REMOVE STOOL.

Belladonna

* Sphere of action – Nerve centres; Brain; Blood-vessels; Capillaries; Mucous membranes (Eyes, Mouth, THROAT); Skin; Organs; Right side.
* Belladonna acts upon every part of the nervous system, producing active congestions, furious excitement, perverted special senses, twitching, convulsions and pain. WILDLY DELIRIOUS. Excited; ferocious; noisy; cries out. VERY RESTLESS.
* Bell. is always associated with hot, red skin, flushed face, glaring eyes, throbbing carotids, excited mental state, hyperaesthesia of all senses, delirium, restless sleep, convulsive movements, dryness of mouth and throat with aversion to water, neuralgic pains that come and go suddenly.
* Bell. stands for violence of attack and suddenness of onset. Spasms are followed by prolonged unconsciousness. Throws body forwards and backwards; chorea.
* Dilated, immovable pupils. Heaviness of lids. Wild look, stunned appearance. Strabismus, due to spasmodic action of muscles, or when resulting from brain affections.
* Otitis media. Otorrhoea.
* Palpitation from least exertion. Rapid but weakened pulse.

Cuprum metallicum

* Sphere of action- NERVES (Cerebro-spinal Axis); Digestive tract; Epigastrium; Abdomen; Muscles; Blood.

* Spasmodic affections, cramps, convulsions, beginning in fingers and toes, violent, contractive and intermitting pain, are some of the more marked expressions of the action of Cupr; and its curative range therefore includes tonic and clonic spasms, convulsions, and epileptic attacks. Jerking, twitching of muscles of limbs. Great weariness of limbs. Knees double up involuntarily when walking, bringing him down. Twitching of lower limbs, drawing them backwards.
* Strabismus. Quick rolling of (reddened) eyeballs (from side to side) behind closed lids; or rotating. Lids spasmodically closed.
* Swelling of external meatus. Itching in ear.
* Constipation alternating with diarrhoea.

Phosphorus

* Sphere of action – CAVITIES (Head; LUNGS; Heart); CIRCULATION (Blood; BLOOD VESSELS; Arteries); MUCOUS MEMBRANES; NERVES (Brain, Cord); Bones, Liver.
* Phosphorus irritates, inflames and degenerates mucous membranes, irritates and inflames serous membranes, inflames spinal cord and nerves, causing paralysis, destroys bone…; disorganizes the blood, causing fatty degeneration of bloodvessels and every tissue and organ of the body and thus gives rise to haemorrhages, and haematogenous jaundice. Suddenness of symptoms, sudden prostration, faints, sweats, shooting pains, etc. Paralytic symptoms.
* Ascending sensory and motor paralysis from ends of fingers and toes. Joints suddenly give way.
* Paresis of externa muscles of eyes. Atrophy of optic nerve.
* Otitis media.
* Pulse rapid, small, and soft. Violent palpitation & anxiety.

Stramonium

* Sphere of action – BRAIN; Circulation; Spinal nerves
* The entire force of this drug seems to be expended on the brain, though the skin and throat show some disturbance. Delirium tremens. Absence of pain and muscular mobility esp. of muscles of expression and of locomotion. Gyratory and graceful motions. Parkinsonism. Tremors; nervous. Chorea, epilepsy; from fright. Hydrophobia.
* Chorea; spasms partial, constantly changing. Trembling, twitching of tendons, staggering gait. Constant restless movements of limbs and of whole body. Slow contracting and stretching of limbs, repeatedly in paroxysms.
* Delirium & desire to escape. Wildly excited; as in night terrors.
* Eyes seem prominent, staring, wide open (with a peculiar intoxicated look); pupils dilated.
* Feeble; pulse irregular. Beating of heart so increased by motion he can't speak for hours; after fright.

After review of each, the remedy that appeared to best fit the totality of Moose's presenting symptom picture was Agaricus muscarius, with the gradual onset of symptoms, the irregular and exaggerated motions that cease when at rest, the high-stepping gait, along with the slow pulse and the unusual pendulum-like motion of the eyes. Given Moose's low vitality and severity of his symptom picture, a single dose of a 30CH potency was chosen.

Prescription and Response

The client was sent home that afternoon (May 10, 2017) with two doses of **Agaricus muscarius 30CH**. She was instructed to give Moose a single dose as soon as they arrived home, and to hold onto the second dose until further instruction. As this was just before lunchtime, I asked the client to update me before the clinic closed at 19:00 (approximately 6 hours post remedy administration), sooner if any signs of worsening or if any new symptoms appear. A Help 'Em Up harness was also recommended to assist with Moose's mobility support in the short term.

May 10, 2017. Phone report @ 19:00:

- Client reports that Moose appears to be brighter and barked several times since his second dose, which he hasn't done since prior to being unwell; client had gone ahead and given the second dose of the **Agaricus muscarius 30CH**, *despite clear instructions to wait.*
- Requested a next update in 12 hours. Reminded client the importance of not administering any further doses now unless directed.

May 11, 2017. Email update next morning:

- Client reports that Moose got up on his own this morning and walked a few steps to her! He has urinated without issue, however still has not passed any stools (3 days now) and didn't want to eat this morning.
- Recommend recheck examination at clinic this afternoon, consider supportive care of a warm-water enema if needed.

May 11, 2017. Recheck at clinic @ 18:30:

- Examination findings unchanged since yesterday *except* for increased amount of formed stool in descending colon, nystagmus less pronounced, and Moose was able to walk several steps unassisted! Digitally removed some stool, then gave warm water enema.
- Instructed client to continue supporting him using the harness, offer small meals through today, and monitor all symptoms closely including observing for next stool passage, and wait further before any further homeopathic doses. Requested update within 24 hours.

May 12, 2017. Email update (excerpt) 48 hours post RX:

- *Good morning...I took Moose out to the backyard with the harness at 6 am. He darted around the bushes and I followed like a crazy woman. Hurray, he peed and pooed, formed and beautiful, glorious poo!! After that I went back to sleep some more and he laid beside my couch and chewed my socks. I will give him all my socks if he survives this crisis. At 7:30, I fed him...I put the food bowl at 1 corner and he got up and walked to the bowl all by himself. He ate it all. I left him, surrounded him with toys. I am at work now, planning to stay for 3 hours before going back to see Moose. Looking for your direction.*
- Instructed client to wait further and update again in next 72 hours, sooner if not continuing to improve, or if any other changes or concerns.

May 15, 2017. Email update (excerpt) 5 days post RX:

- *Life has returned to some normalcy today. Moose slept in his play pen last night. I slept in my own bed :) He can climb stairs, but needs to be lifted to go down. I have increased the walking distance a bit, 5-7 minutes walk. Pooped this morning and peed 2x. I will take another video of his gait again later. Do you need me to bring him to see you at the clinic this week?*
- Recommended client schedule a recheck with me at the clinic in the next 72 hours, notify me sooner if any changes or concerns. Continue to wait on any further homeopathic medication.

May 19, 2017. Recheck at clinic 9 days post RX:

- Client has continued to observe gradual improvement in Moose's ambulatory ability since the last update, and *he is now walking without assistance* including the harness. The client is gradually increasing the length of his walks each day. Eating well, having stools SID-BID, is very happy

and playful again. On examination: HR=98, NAF-abd/thorax, no abnormal eye movements observed, normal physiological nystagmus present, rest of neurological examination also unremarkable, ambulation is normal; R ear has small amount of dark wax remaining, no redness or sensitivity. Very BAR in clinic today!

- Instructed to wait on any further homeopathic medication, continue to monitor all symptoms closely. Request next update in one week, sooner if not improving further or if any other changes observed.

May 31, 2017. Email Update 21 days post RX:

- *Old Moose is all back. He is as lively as ever. Eating well. Poop looks healthy.*
- Client is planning to take him back to doggy daycare starting this week as a trial, since he is 'stir crazy', will make sure the staff monitor him closely and report any concerns. Client also returned medications to referral clinic for refund.
- Request next update in 2-3 weeks, sooner if any questions or changes, however subtle. If patient remains improved, will move to antimiasmatic prescribing at that time.

Prescription Evaluation

Curative. Moose's response so far shows a continued, gradual improvement in his physical symptoms, including his mobility, as well as his overall well-being, including a return of his communication with the client (barking at her) and his playful behaviours (chewing and being 'as lively as ever').

Next Update on October 11, 2017

Moose is continuing to move in a curative direction, with a full return to physical activity including recently participating in a '5K' walk with the client. We moved to constitutional prescribing at the end of June and are presently monitoring the right ear discharge that, although persisting, shows that he is continuing to exteriorize his symptoms, with no relapse of any deeper neurological signs.

Update from October 2017 – Present

Since 2017, Moose has continued to receive homeopathic treatment to resolve his underlying miasmatic mistunement. I have seen him regularly over these past six years, and his most recent in-clinic visit with me was for his annual examination and wellness bloodwork on March 24th of this year (2023), and the client has kept in telemedicine contact with me between visits. Moose has progressively moved in a curative direction. The client has been overjoyed with his care, as he is continuing to do well overall and living the life of a very active, playful, and happy dog. The rest of this case discussion and anti- miasmatic prescribing are beyond the scope of this presentation at this time.

Case Summary

Moose's case is an example of a clear, gentle, and powerful response to homeopathic treatment in a patient that had otherwise been given a grave prognosis through allopathic consultation.

Aphorism 53

> True, gentle cures are exclusively homoeopathic. This method...is incontrovertibly the correct way of achieving the most certain, most rapid, most permanent cure of diseases, because it

> is based on an eternal and infallible law of nature. The pure homoeopathic method of healing is the only correct one, the only one possible to human art; it is the most direct one, just as certainly as there is but one possible straight line between two given points. [4]

This case also reminds us that we do not require a causation or 'diagnosis' in order to successfully prescribe using this medical form, and instead need only the symptoms shown by the patient to guide us in both our remedy choice and our evaluation of the response to treatment.

Aphorism 81b

- ...'Indeed, no more deadly evil has ever stolen into the art of medicine than the imposition of certain general names on diseases as well as the wish to adapt a certain general medicine to them.' Huxham (Op. phys. med., tome I)... [4]
- From all this it is clear that a true physician will not allow these useless and incorrect disease names to influence his therapy. He knows not to judge and treat disease according to the nominal similarity of an individual symptom, but rather according to the totality of the patient's symptoms. He must carefully uncover the patient's sufferings and never jump to conclusions about them on empty hypothesis. [4]
- Nevertheless, if one still believes that now and then it is necessary to use particular disease names in order to communicate to common people quickly when speaking about a patient, one should use them only as collective names. One might say, for example, that a patient has a kind of St. Vitus's dance; a kind of dropsy; a kind of fever; a kind of ague. [4]
- One would never say, however (to end once and for all the confusion of these names), "He has St. Vitus's dance," "He has nerve fever," "He has dropsy," "He has ague," since there simply are not any fixed, unchanging diseases to be known by such names. [4]

Finally, Moose's case also highlights some of the challenges involved with maintaining continuity of care when working as a homeopath within a general allopathic practice and is a reminder of the necessity for clear systems to be in place in such scenarios. We will explore this topic further in our practice management discussions. Despite these initial obstacles, Moose is yet another wonderful reminder that while there is life, there is hope.

References

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3. Hahnemann, S. *Organon of the Medical Art, 6th ed.* Brewster-O'Reilly, W. (ed.) Birdcage Books, Palo Alto, CA; 1996: 96.
4. Kunzli, Jost; Naude, Alain; and Pendleton, Peter. *Organon of Medicine: The First Integral English Translation of the Definitive Sixth Edition of the Original Work on Homoeopathic Medicine.* Cooper Publishing. 1982: 81-83.

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

Homeopathic Remedy Instructions for Constitutional 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. Just tap the envelope to have the pellets fall to the bottom.
3. Cut off one of the top corners with a scissors.
4. Squeeze the envelope open to make a spout.
5. Tap envelope one more time to loosen the pellets.
6. To administer – Flip up (or pull out) one of the patient's lips and pour all pellets onto the gums. The remedy will be absorbed straight through the gums.
7. As long as most of the pellets were received in the mouth of the patient, a satisfactory dose has been given.

Post Remedy:

- I expect to see a response within the first 10-14 days from the patient.
- This response usually is initiated with an increased sense of wellbeing from the patient (perceived by them being more comfortable, feeling brighter, more energetic, or being able to rest/relax, etc.), followed by a gentle gradual improvement of the patient's symptoms.
- Often about 2-5 days post giving a remedy, 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 of their symptoms.
- If you observe this brief symptom worsening (or *counteraction* to the remedy), this can be a good sign – so please don't be alarmed. However, if you have any concerns, please contact 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.
- Please record what day you gave the remedy and make a note of any changes in the patient you observed during this time period.

Progress Reporting:

Please email me 3 and 7 days post giving the remedy and let me know exactly what day it was given and what response or any change (physical, behavioral, or general well-being) in the patient you have observed. I will then provide you with 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:

Date: /23 [00:00]

Subjective: P presented for evaluation of:

A. Current Complaint(s), Txt & Response: O's overall goal for treatment is
1.

B. Current Med:

C. Historical Complaints / Past Med Hx, Txt & Response:
1. Vaccinations/Titer tests:
2. Worming:
3. Spay/neuter:
4. HX of Surgery/Dentistry:
5. HX Injuries:
6. Medical Timeline:
   a.

D. Diet/Food: (Nutrition)
1. Daily Diet:
2. Supplements:

E. Modalities/Concomitants/Misc.: *(since ill/normal)*
- Temperature Preference:
  -
- Weather/Season:
  -

Patient Name Signalment Contact: Phone number

- Time of Day:
  -
- Periodicity:
  -
- Thirst:
  -
- Appetite / Eating Behavior / Cravings (grass eating, soil, etc.) / Vomiting / Burping / Hiccups:
  -
- Stool / Wind / Anal Glands:
  -
- Urine:
  -
- Repro/ Heat cycles / Pregnancy:
  -

F. Temperament/Disposition:

- Changes in temperament since ill?
  -
- General Disposition:
  -
- How P is with owner/family members/strangers? Training?
  -
- How is P with other animals? Other members of same species?
  -
- Fears / Particular Likes / Dislikes?
  -
- Any Sexual behavior?
  -

Objective: **PE:** BAR, MM pink/moist, CRT<1.5s, BCS 5/9, Wt. = kgs

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:

Patient Name Signalment Contact: Phone number

Assessment:

A) Problem List:

1)

B) Homeopathic Work up:

1) Is this case well taken?
2) Obstacles to cure?
3) Methodology:
   - Acute/Acute Flare-up of CD/Chronic -
   - Cure/Palliation -
   - Vitality (0-10 Highest) -
   - Miasm -
   - Seat of Illness/Organ Affinity -
   - Causation -
   - Never well since -
   - Key Words -
4) Homeopathic Symptom List:
   -
5) Homeopathic Repertorisation: *[Repertory(s) Used:]*
6) Homeopathic Discussion/Differentials:
   -

Plan: Medical Plan:

1) RX Remedy:

2) Email Report:

3) F/u appointment:

Patient Name Signalment Contact: Phone number

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Ardmore Farm, Hailstone Moor, Northallerton, DL6 3QS
07865-646129 – drsarahstieg@gmail.com

Client:

Address:
Phone:
Email:
Yard Address:

Patient:

D.O.B.:
Species:
Breed:
Sex:
Colour/Height(hh):
Microchip Number:
Insurance Policy Number:

Date: /23 [00:00]

Subjective: P presented for evaluation of:

A. Current Complaint(s), Txt & Response: O's overall goal for treatment is
1.

B. Current Med:

C. Historical Complaints / Past Med Hx, Txt & Response:
1. Vaccinations:
2. Worming:
3. Farrier/Trim cycle:
   a. Hoof Quality –
   b. HX: Hoof abscesses –
4. Dentistry:
5. HX of Colic:
6. HX Injuries:
7. Medical Timeline:
   a.

D. Exercise (purpose/job) / Turnout:

E. Diet/Food: (Nutrition)
1. Daily Diet:
2. Supplements:

Patient Name Signalment Contact: Phone number

F. Modalities/Concomitants/Misc.: *(since ill/normal)*

- Temperature Preference, regulation/rugs, etc.:
  -
- Weather/Season:
  -
- Time of Day:
  -
- Periodicity:
  -
- Thirst:
  -
- Appetite / Eating Behavior / Cravings:
  -
- Manure / Wind / Stall habits:
  -
- Urine:
  -
- Repro / Heat cycles / Pregnancy:
  -

G. Temperament/Disposition:

- Changes in temperament since ill?
  -
- General Disposition:
  -
- How P is with people (owner vs. strangers)? Training? Stable Manners?
  -
- How is P with other horses, herd dynamics/hierarchy?
  -
- Fears / Particular Likes / Dislikes / Quirks?
  -
- Any Sexual behavior?
  -

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

Patient Name Signalment Contact: Phone number

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) Is this case well taken?
2) Obstacles to cure?
3) Methodology:
   - Acute/Acute Flare-up of CD/Chronic -
   - Cure/Palliation -
   - Vitality (0-10 Highest) -
   - Miasm -
   - Seat of Illness/Organ Affinity -
   - Causation -
   - Never well since -
   - Key Words -
4) Homeopathic Symptom List:
   -
5) Homeopathic Repertorisation: *[Repertory(s) Used:]*
6) Homeopathic Discussion/Differentials:
   -

Plan: Medical Plan:

1) RX Remedy:
2) Email Report:
3) F/u appointment:

SCUGOG
ANIMAL HOSPITAL
"Supporting Animal Health"

Client Acceptance Form

Owner: _____
_____
_____
_____

Animal: _____
_____
_____
_____

Thank you for trusting me with the care of your animal(s).

Homeopathy has been studied and practised for 200 years and has been applied in the successful treatment of the same broad range of medical ailments as those conventionally treated with drugs. As you will discover, the approach to and practice of homeopathic medicine is quite different than that of allopathic (traditional) medicine.

Regardless of the type of medicine applied, however, some diseases cannot be cured, such as those which are too advanced. This is said not to discourage you, but rather to honestly communicate our skills and our limitations. Should you have any questions or concerns at any time during the course of your animal's treatment, please feel comfortable to address them with us.

If what has been presented here is acceptable to you and is, indeed, what you wish for the treatment of your pet, please sign the statement of consent below.

_____

Declaration of Acceptance

I have read and understand the above explanation of the method of treatment to be offered by Dr. Carolyn J. Benson of Scugog Animal Hospital. I agree that this is the treatment path I wish for my pet, and I understand its abilities, limitations, and potential risks. It follows that the signing of this document as owner or agent of the above described animal constitutes acceptance of these risks and releases Dr. Carolyn J. Benson and Scugog Animal Hospital from any liability developing therein.

Name (please print): _____

Signature: _____ Date: _____

Canine Questionnaire for Carolyn J. Benson, D.V.M.

Please comment in as much detail as possible on the following symptoms as they apply, or have applied, to your dog. Feel free to use a separate page(s) if necessary.

a. mental/emotional disorders - fears (of people, noise, storms, to be alone); aggression or unfriendliness (towards people, other dogs); destructiveness; slow to learn; hyperactivity; follows you around the house; sleeps at your head or feet.

b. developmental disorders - “runt” of litter, abnormal conformation, elbow or hip disease, retained testicle(s), other.

c. eye problems - redness; watery or other discharges; itchiness, other.

d. ear problems - itchiness; waxy or other discharges; mites, other.

e. mouth problems - such as red gums; tooth decay, abscesses; eruptions around mouth, lips; bad breath, other.

f. nose problems - watery or other discharges, eruptions, loss of pigment, other.

g. respiratory problems - such as cough, abnormal breathing, “reverse sneeze”, exercise intolerance, other.

h. appetite and/or thirst problems - “cravings” (for dirt, rocks, feces); excessive or poor appetite and/or thirst; discomfort after eating, vomiting tendency (of bile, food, water).

i. urinary trouble - such as urination too frequent, straining, house soiling, incontinence, kidney disease.

j. disturbed bowel function - soft stools, occasional diarrhea, diarrhea from change of food, blood or mucous in stool, tendency to constipation, offensive flatus, other.

k. skin problems - such as itchiness, dandruff or flakiness; increased susceptibility to fleas; oily haircoat; “doggy odour”; thinning of haircoat or excessive shedding; eruptions between toes, other; anal gland problems (“scooting”, infections).

l. nail problems - distorted, brittle, eruptions around nailbeds, other.

m. joint problems - weakness and/or stiffness in limbs after exercise or rest, hip dysplasia, other.

n. temperature preferences – likes to lie near to/over the heater vent or fireplace, prefers the tile floors, etc.

Feline Questionnaire for Carolyn J. Benson, D.V.M.

Please comment in as much detail as possible on the following symptoms as they apply, or have applied, to your cat. Feel free to use a separate page if necessary.

a. mental/emotional disorders - fears (of people, noise, movement); aggression or unfriendliness (towards people, dogs, other cats), hides when strangers visit, other.

b. eye problems - a little too red inside lids, watery or other discharges, change in colour of iris, other.

c. ear problems - itchy, waxy or other discharges, mites, other.

d. mouth problems - such as red line along gums, diffusely red gums, tooth decay, abscesses, odour, other.

e. respiratory problems - such as cough, “asthmatic” tendency, discharges from the nose, other.

f. appetite and/or thirst problems - such as “finicky”, wants to eat little and often, malnutrition or tendency towards thinness or emaciation vs. voracious appetite; discomfort after eating, vomiting tendency (“eats too fast”); thirsty (for large or small amounts).

g. urinary trouble - such as urination too frequent, spraying, straining, inappropriate; kidney disease.

h. disturbed bowel function - such as soft stools, occasional diarrhea, diarrhea from change of food, tendency to constipation, vomiting (of food, water, hairballs), other.

i. skin problems - unhealthy skin (slightly itchy, dandruff or flakiness; fleas); poor haircoat (rough, dry, oily, or lustreless; change in coat colour to lighter colour or “reddish” cast); overgrooming; nail abnormalities (discharge around nailbed), fleas, other.

j. joint problems - such as weakness in limbs, arthritis, other.

k. temperature preferences – likes to lie over the heater vent, near the fireplace, prefers the cool tile floor, etc.

l. other symptoms & observations?

PIVH Student Form: Guidelines

The PIVH Professional Course in Veterinary Homeopathy **Student Forum** is designed to enhance the learning of current students and course graduates retaking the program. Our goal is to create a resource where students may ask questions, clarify principles, and receive guidance in their studies and casework. The forum is designed as a teaching aid to facilitate an active (problem-based) learning process. The mentors will help answer or guide you to answer your questions, and help you problem-solve your own cases for optimal learning.

In order to make this an ideal learning experience for everyone on the forum, we ask that you follow the forum guidelines. These guidelines help your mentors address your need for help most efficiently and expediently. Courtesy and kindness are required of all participants — we are all here to work and learn together.

Please remember mentors are taking time out of their busy practice schedules to graciously provide this volunteer service. Your cooperation and question preparation is greatly appreciated and essential for the mentors to most effectively help you learn.

Forum Focus: The primary function of this forum is to aid your study of classical homeopathy. Content should be kept strictly to topics associated with the study of classical homeopathy. Please keep this in mind.

Course Questions: For any course-specific related questions please contact the program director, Dr. Sarah Stieg directly: info@pivh.org

Forum Topics: The forum is divided into the following categories, which are designed to help focus your queries and forum study:

- Course Announcements
- Theory
- Materia Medica
- Repertory / Rubric Study / Symptom Translation
- Case Help
- Software
- Homework

Posting a Topic: Select the category that fits your question best, then click on the category name (such as 'Theory'). When you click on a category name/title, this will show you all the Topics posted in that category. You then can read and join conversations on specific topics and/or start a new topic discussion.

When starting a New Topic Post – scroll to the bottom of this screen, where you'll see a box to do so. Please title the topic with a succinct title, then simply write your query in the text box below.

You can select a Tick Box at the bottom, to determine if you want to receive replies by email – the text will say: *Notify me of follow-up replies via email*. If you don't want to receive replies by email, then leave this un-ticked, and you will need to log into the forum to see all activity on your post.

You can add images or documents (blood work) if needed. The most common images students tend to upload are screen-shots of their homeopathic analysis. Please be mindful that the current file upload size is 1MB limit. We recommend that you reduce the size of attachments to much less than this, otherwise it will slow-down the website page loading for others to view and respond to your thread.

Search Function: There is a 'search box' at the top right of the forum home page. You can type any word(s) in this box, and it will search the ENTIRE forum for any posts which contain your search words. Use this function to help you find if any students have posted a similar question before, or if you want to see all conversations relating to a specific topic. For example, you could search for a remedy (e.g. 'Arnica'), and look at all the posts related to that specific remedy.

Urgent Cases: Please note this forum is not designed for emergency case work. Please be aware that all the faculty and mentors are working clinicians, thus cannot staff the forum 24/7.

On the faculty contact list you will find all the faculty and mentors with phone numbers provided who are available for you to contact for urgent cases. While you may contact those who have volunteered to be available by phone, if no faculty/mentor is available when you ring (and you need to make a quick decision), select the best fitting remedy of your choice. If you are not getting the response you are looking for and the case is of an urgent nature, then simply follow through with the treatment modality you would have previously used in your practice.

Please then post your case and related questions on the email forum as a learning tool to help prepare you for the next time this type of urgent case presents in your practice.

Brief Guide Notes on Acute Case Posting:

- When posting a new Topic under Case Help, use the following title:
  — "**CASE: Patient Name**" (e.g. CASE: Daisy, or CASE: GI foreign body)
  — Please use the animal's name (**Do Not** include the client's surname for privacy protection). Or you may post a question about a specific clinical condition, e.g. What is the common remedy for a GI Foreign Body in the stomach vs. the intestines?
- When posting an acute case for guidance – please write to us as if you are speaking to another veterinarian in case rounds. Begin with the signalment, presenting complaint, details of current problem, previous treatment, etc. Then provide us with your assessment of the case and your questions. You can present this information as a simple outline or bullet points.
- Please see the **Acute & Chronic Case Format** on the following page, provided as a suggested outline. You do not have to strictly use this outline format, but ALL this information must be covered in an organized succinct summary.
- You can also submit a brief case/remedy question, but please provide us with enough information to give you a thoughtful response.
- The email forum is a learning tool to help you walk through the process of case prescribing when you need assistance. However, the mentors are here to mentor and not work your case up for you. Thus, if a case is submitted with insufficient information, you will be asked to re-submit your case and will not receive any response/advice until the case is resubmitted with the adequate information available.

PIVH Student Forum: Acute & Chronic Case Posting Format

The purpose of using a specific format for posting cases is to facilitate cases being presented in a concise and organized manner. This will aid the mental clarity of the student and increase the efficiency and expediency of the mentor's response. Similar to a case presented in traditional case rounds, the suggested format will give the mentor a complete but BRIEF organized overview of the case.

This sample formatting is a suggestion and can be abbreviated. However, if there is insufficient information provided, you will be asked to resubmit your case with the relevant information before any mentoring advice can be given. Please try to list, number, or "bullet" information, and note that brevity and conciseness are vital to a speedy response. You can also refer to your *Guide Notes in Case Taking: Taking the Acute Case* in the Case Study section in your workbook.

Acute/Acute-Flare-ups of Chronic Disease/Chronic Case Posting Format:

Please title the post – CASE: PATIENT NAME (Note: Do NOT include the client's surname for privacy protection); this is crucial to enabling the mentors to track emails pertaining to a specific case.

Patient information *Name & signalment (age, sex, breed, species)*

Patient Problem *Brief one sentence summary of presenting complaint(s) of patient.*

Current Complaints *List current symptoms with associated modalities, concomitants, and other changes since ill. Please also include current diet (please be specific of content and percentage, i.e. do not just say a "raw diet", how long been on this diet), current supplements, and current list of medications (including flea control, wormers, etc.) and dosages (ideally duration of use).*

Examples:

- *Stiffness, worse after rest, better with movement*
- *Vomiting, within 10-20 minutes of eating*

Brief History / Relevant Historical Complaints *Summarize any relevant history, treatments/ response and underline characteristic symptoms. Please use DATES not ages or time references (such as two weeks ago).*

Example:

- *Date, Condition – TXT medication/herbs/remedies prescribed, patient response?*
- *2017 Mar 21, Previous cystitis episode – TXT: Clavamox, resolved over 4-5 days*

Current Patient Examination Findings (PE, Lameness Exam, Laboratory Data, RAD's, etc.)
Please summarize any relevant findings.

Assessment *In 1-2 lines (or bullet points), please clearly indicate as the clinician what is your assessment or problem list for this case.*

Homeopathic Work up *Answer the following questions to the best of your ability, put N/A if non-applicable.*

a) Is this case well taken?
b) Obstacles to cure (e.g. previous treatment, poor diet, etc.)? Can they be corrected?
c) Acute/Acute Flare-up of Chronic Disease/Chronic Disease:
d) Vitality (0-10 with 10 being highest; or low/medium/high):
e) Miasm (for Acute flare-ups of chronic disease and Chronic disease cases):
f) Seat of Illness/Organ Affinity (functional and/or pathological changes?):
g) Causation:
h) Never well since:
i) Keynotes:

Homeopathic Symptom List *List all useful homeopathic symptoms.*

1. Symptom [e.g. Drinking small amounts often]

Homeopathic Repertorisation *Paste analysis graph here and note repertory used, or if using a hand-analysis please list rubrics & associated repertory used.*

Homeopathic Discussion/Differentials *Top remedy differentials? Which remedy do you think is most appropriate for this patient and why?*

Plan *Clearly indicate you treatment plans in a numbered list.*

1. RX Remedy? Potency? Dose (single dose vs. dosing reassessment time period)?
2. Supportive care needed? (wound cleaning/bandaging, fluid therapy, etc.)
3. Follow-up schedule and method (phone, email, exam)?

Questions for the Group

. . . . . .

Follow-up Case Posting Format: *Continue from previous post, do not start a new topic as this is imperative for mentors to track your case. Exception to this rule – if the discussion changes to a different topic, then start a new topic and "fork" the thread by leaving the original subject line partial intact, e.g. Posology – was CASE: Fifi with cardiomyopathy.*

Patient Information *Name & signalment (age, sex, breed, species)*

Presenting Problem *Brief one sentence summary of presenting complaint(s) of patient.*

Remedy Response List *List of remedies used, potency, and date they were given. This needs to be clearly presented in the beginning of your follow-up to allow mentors to quickly review the case. An accurate remedy response list helps everyone see the patterns of response: how long did the response to the remedy last; interval between doses increasing/decreasing, as well as what remedies were used prior to this follow-up. It's also great training for how to keep clinical records, as having this list at the top of the patient file makes life much easier in a busy practice.*

Symptoms Post Remedy *Date (time if relevant) remedy was given. List remedy, potency, dose.*

1. Improvement or change in vitality/wellness? Please define what the patient is doing for the client to interpret this, e.g. appetite, energy, normal behaviors?
2. Review Current Symptoms – list and identify each as: Same, Modified, Declined/Worse, or Better/Improved/Resolving? Please try to quantify or score the change, but in ways that we can interpret what's happened, e.g. mild, moderate, marked; decreased by fifty percent since presentation; decreased by thirty percent since last remedy, etc..
    — e.g. *Stiffness, worse rest – Improved 50% since last exam on ___*
3. New Symptoms, Modalities, Concomitants?

Homeopathic Assessment *As a clinician, how is your case responding? Is the response: curative, palliative, or suppressive in nature (and why); was there a primary aggravation observed to the remedy?*

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

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

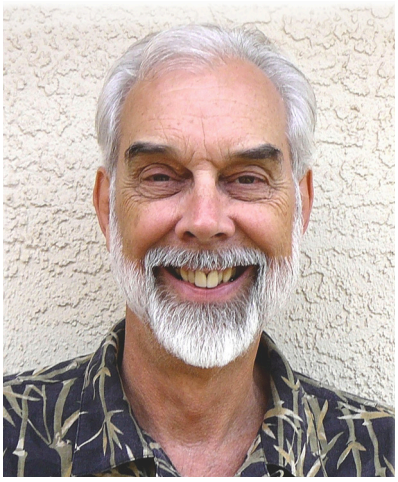
If no new prescription needed, move on to Plan/Questions for the Group:

Plan *Which remedy do you think is most appropriate for this patient? Potency? Dose?*

1. Watch and Wait on Remedy / RX Remedy (Potency? Dose?)
2. Continued Supportive Care?
3. Follow-up schedule and method (phone, email, exam)?

Questions for the Group

Professional Master Course Faculty Photos 2023-2024



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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.

a. What is the central feature of the case?
b. What rubric most applicable?
c. 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.

a. 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 continued 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.

a. How would you look this up?
b. What rubrics would be most useful?
c. 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

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

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

a. Can you suggest any support for using Sulphur as the first Rx?

b. 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?

c. 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.)

d. 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

e. 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).

f. 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 **Thuya 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

a. Why this remedy again? Why use it when client has already given it two or three times?

b. 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

c. 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

a. 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.)

b. 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

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

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.*

Symptoms	**Rubrics**
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 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).