

Module 2 Reading Comprehension Evaluation

Instructions: One answer in the multiple choices is expected unless otherwise specified.

1. In what way does prescribing for chronic miasms seem similar to that for epidemic diseases?

- Remedy has been over-used and should be stopped.
- Palliative, another remedy should be chosen.
- The disease is too strong for the medicine.

2. Which remedies are to be used during an exacerbation or “outburst” of latent psora?

- The polychrest remedies.
- Anti-psoric remedies.
- Remedies for inflammation.
- Those remedies that are not anti-psoric.
- Remedies in highest grade for that symptom.

3. If we were to have a new epidemic, such as avian flu, the best approach for finding the similimum would be:

- Use the rubric “Influenza” in Generalities.
- Group several flu cases together to determine the genus epidemicus.
- Start with the remedy that was effective in the last epidemic.
- Use the nosode “Influenzinum”.
- Make an auto-nosode from the blood of the patient.

4. A patient with an acute illness & fever is given a remedy in 30c potency with good effect. After a few hours the symptoms return. The remedy is used again with improvement. Within 24 hours it is determined that the remedy must be given every 6 hours to maintain improvement. What is your interpretation of the action of the remedy? (*More than one answer applicable.*)

- Curative, remedy should be continued.
- Potency of the medicine should be increased.

5. In the prior case, the remedy is continued in the same potency for 48 hours. After that time, it ceases to have much effect. The repetition is stopped and the same remedy in higher potency is given in single dose. It has no effect. What is your interpretation? (*More than one answer possible.*)

- The remedy was only partially similar.
- The complementary remedy to the one used must now be given.
- A lower potency is more suitable.
- The remedy has been palliative and the case should be evaluated anew.
- The remedy has been overused and is causing a proving.

6. In a challenging and frightening acute condition with these symptoms—fever, hemorrhage, thirst, prostration, dullness, ecchymoses of the skin, and moaning—two remedies are used at the same time in 30c potency (single dose). The patient has what appears to be a response (brief intensification of symptoms) and improvement in that the moaning and hemorrhage stops and the ecchymoses become less intensely red. However, there is still considerable weakness and dullness and the fever is about the same. What is your interpretation? (*More than one answer possible.*)

- One of the remedies was similar enough to stimulate a counter-action and should be used again.
- The two remedies interfered with each other so that the response was moderated and not complete.
- The severity of the condition requires that the appropriate remedy be repeated several times.
- Neither remedy was similar enough and a third remedy should be found.

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7. A patient with chronic disease was given a 200c potency in treatment. After 3 days of no change the remedy was repeated in the same potency. Very soon after that the condition became worse, all symptoms intensified. The condition is not life-threatening but uncomfortable. What is the most skillful action to take in terms of long term results?

- Wait it out for 24 hours.
- Give an antidote to the remedy.
- Give the same remedy in higher potency.
- Repeat the remedy again.
- Give a different remedy based on the original analysis.
- Give an allopathic drug.

8. Kent says (page 152 of his *Lectures On Homeopathic Philosophy, 7th Ed.*) that following Hahnemann's instructions on treating chronic diseases appropriately we will see these changes:

- The latest symptoms are the first to go away.
- The older symptoms will come and go in the reverse order in which they appeared.
- Old symptoms, in the form of eruptions, may come back.

Which of the following statements does Kent say in follow-up to these clinical observations? (*You can mark more than one.*)

- If we get back to a vesicular eruption, then suppression of an eruption was the beginning of the trouble.
- That our treatment has driven the oldest and deepest troubles back to their original manifestation.
- That some patients are so badly off that these changes are never observed during their treatment.
- If an eruption comes out, we should then change remedies and treat it as indicated.

9. Kent says some patients have conditions so advanced that our best treatment is only palliative. What does he say is an indication of this?

- The patient's symptoms are improved but the older symptoms, from history, do not reappear.

- The patient is better for a while but the symptoms keep returning.
- As the remedy is used over time, it ceases having any effect.
- One has to keep changing remedies because the symptoms keep changing.

10. Kent makes a distinction in the simple cases of psora vs. the more complicated forms. What does he say will come on in the simple psora cases after the eruptions disappear (as progression of the illness)?

11. Following up on the prior question, in the complicated (inherited) forms of psora, when under homeopathic treatment the advanced ugly scaly forms of eruptions will disappear but then after a while to be followed in some patients as vesicular eruptions. How does Kent interpret this?

- As an indication of incurability.
- As presentation of a different miasm.
- As a return to an earlier form of the eruption.
- As the condition was in the parents.

12. In Kent's discussion of the disease we call syphilis, if the person is what he describes as "a feeble constitution", not having sufficient life force reaction ability, or if the patient has been suppressed with drugs and weak from that, there are signs that the disease is affecting the internal organs and structures—organs and bones. Which of these are those signs? (*More than one answer possible.*)

- Symptoms are feeble, weak.
- There is a lack of external lesions appearing.
- There are life-threatening conditions such as asthma.
- The patient is wasting away in spite of a good appetite.
- There is an anxious look to the expression.

13. Kent describes the cure of the syphilitic miasm, in its earliest forms, as occurring like this: (*More than one answer possible.*)

- Affected glands will open and drain pus.
- Lesions of the mucous membranes will stop enlarging.
- Discomfort of the lesions disappears.
- Sore throat is much relieved.
- Lesions become quiet and then gradually heal.

14. When the syphilitic miasm is more advanced, with deep seated ulcerations, internal lesions, and painful affections of the bones that has lasted for years and with treatment that has not been curative, Kent says the constitutional remedies can only cure him if this one thing happens. *Describe it in one sentence.*

15. Kent says that the typical manifestation of the sycotic miasm, in its early stage, is to cause a urethral discharge or a catarrhal state of the mucous membranes (esp. the nose & sinuses). In his day it was usually seen this way in men but much less in women. Why was that?

16. With the sycotic miasm, Kent describes a type of rheumatism that is typical. In this form, the patient will be found twisting and turning with pain, suffering terribly with “tremendous pains” from head to foot. The only relief is to keep in continual motion (if possible). “If he can get up, he will walk the floor day and night.”

Yet if this patient is given Rhus tox. (which seems clearly indicated) it will have no effect whatsoever. Why is that?

17. Kent contrasts the healing of a woman with sycosis to that of a man. He says “if a homeopathic prescription be made that is truly anti-sycotic you need not expect that a gonorrheal discharge will appear in her case; it is not necessary, she can get well without it.” Why was it different with a woman than with a man (who needed the urethral discharge to be cured)?

18. Which of these conditions does Kent say are typical effects of the sycosis miasm? (*More than one answer possible.*)

- Sterility of women.
- Children to have marasmus in the first year.
- In the first or second summer of life a tendency to develop tuberculosis.
- Indolent ulcers on the skin.
- An old looking or withered face in children.
- Skin to look waxy and pale.
- Lienteric stools; poor digestion.
- Hot weather brings on diarrhea.
- Anemia.
- Rheumatic state (like arthritis or fibro-myalgia).
- Itching eruptions.

19. Kent describes a pattern he has seen when the mother has the sycosis miasm such that the children are liable to which of these conditions? (*More than one answer possible.*)

- The child will develop marasmus (not thrive, be thin and weak).
- Stubborn itching eruptions.
- Lienteric stools (containing food) with poor digestion.
- An unusually young-looking face.

20. In the Compend, what is defined as “the phenomena of time, place, circumstances on which the development and appearance of the symptoms depend”?

- Concomitant symptoms.
- General symptoms.
- Particular symptoms.
- Modalities.
- Mental symptoms.

21. What is the antidotal relationship of remedies dependent on?

22. An inimical relationship between remedies indicates that certain remedies should not be given immediately after each other. Which of these are inimical relationships? (*More than one answer possible*)

- Apis and Rhus tox.
- Causticum and Phosphorus.
- Nux and Pulsatilla.
- Mercurius and Silica.
- Sepia and Lachesis.

23. In the Compend, the method of Boenninghausen is discussed specifically. Of what is below, which most accurately describes this method?

- Emphasis is on physical symptoms first.
- During patient examination one finds the complete symptoms: the ones that include (the elements of) location, sensation and modality.
- Symptoms are rarely found to be complete so the various elements are put together from several symptoms.
- The General and the Mental symptoms are the ones emphasized above all others, then other symptoms are brought in for a differential.

24. How is the Boenninghausen method limited in animal use as compared to working with a human patient? (*More than one answer possible*)

- We don't usually have a complete history.
- We cannot know the sensations.
- Mental symptoms are very difficult to interpret.
- There is often just one outstanding symptom.

25. What are the primary elements in our gathered symptom information that a veterinarian will use with the Boenninghausen method? (*Check all that apply.*)

- Seat of condition.
- Modality.
- Concomitant.
- Mental symptom.
- Physical general.

26. Boericke extensively discusses the importance of the ‘Totality of Symptoms’ in the Compend on the Principles of Homeopathy – in your own words briefly define the concept of the ‘Totality of Symptoms’:

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27. From the alphabetically ordered grouping below, re-organize and rank in *hierarchical order* – from most characteristic to least characteristic according to symptom typology – the six categorizations of symptoms listed by Boericke in the Compend on the Principles of Homeopathy:

Characteristic or Peculiar Symptoms, Etiological Factors, First or Oldest Symptoms, Functional Symptoms, Late Symptoms, Mental Symptoms.

28. Following on from Question 27, explain why Functional Symptoms are of lessor value/ranking in the interpretation of the Totality of Symptoms and case analysis?

29. Select the following missing words — Boericke highlights in his discussion of pathology, that:

“Really valuable guiding symptoms, if found at all, will be in the _____ state of the patient,

- earlier
- later

(and) _____ the _____ changes have taken place.”

- before, organic
- after, organic
- before, functional
- after, functional

30. What are the differences that Boericke elucidates between Totality of Quality (rather than quantity) and the Hahnemannian Similarity, vs. what Boericke defines as the Pathological Similarity? Understanding this difference can provide a simplistic way to discuss the purpose of the homeopathic intake to a client.

