Pitcairn Institute of Veterinary Homeopathy

Professional Course in

Veterinary Homeopathy

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Workbook

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Susceptibility and Protection

by James Kent, MD

Selected from Chapters 14 & 15 from Kent's Lectures on Homeopathic Philosophy

The cause of disease starts on the dynamic plane, not from the presence of germs.

We have studied potentization sufficiently to see that disease causes exist among attenuated things; the infinitesimal or immaterial substances, and thus the physician must see that the curative remedy must be on the same plane. He must know why it is that he should give but one dose, and the rationale by which susceptibility is satisfied. In contagion (and consequently in cure) there is practically but one dose administered, or at least that which is sufficient to cause a suspension of influx.

Enough disease flows in to fill the available space. It stops when resisted.

Disease will always flow into the area of greatest weakness — along the lines of least resistance.

Susceptibility is a quantitative phenomenon. The limit is reached where resistance is encountered.

When cause ceases to flow in a particular direction it is because resistance is offered for causes flow only in the direction of least resistance and so when resistance appears influx ceases, the cause no longer flows in. Now in the beginning of disease, i.e., in the stage of contagion, there is this limit to influx, for if man continued to receive the cause of disease (if there were no limits to its influx) he would receive enough to kill him, for it would run a continuous course until death. But when susceptibility is satisfied, there is a cessation of cause, and when cause ceases to flow into ultimates, not only do the ultimates cease but cause itself has already ceased.

The nosode, if similar enough, satisfies susceptibility and prevents the entry of the natural disease.

Hahnemann states that we have more power over human beings with drugs than disease cause, for man is only susceptible to natural diseases upon a certain plane. Disease causes, existing as they do as immaterial substances, flow into man in spite of him; he can neither control nor resist them, and they make him sick. But certain changes occur and man ceases to be susceptible, and there is no longer an inflowing of cause into his economy; a suspension has taken place, because susceptibility has ceased. Susceptibility ceases when changes occur in the economy that bar out any more influx.

Susceptibility opens the patient to both the natural disease and the remedy.

But cure and contagion are very similar, and the principles applying to one apply to the other. There is this difference: in cure we have the advantages of change of potency, and this enables us to suit the varying susceptibilities of sick man. Because of these varying degrees of susceptibility some are protected from disease cause and some are made sick; the one who is made sick is susceptible to the disease cause in accordance with the plane he is in and the degree of attenuation that happens to be present at the time of contagion. The degree of the disease cause fits his susceptibility at the moment he is made sick. But it is not so with medicines.

Because of the available range of potency, it is possible to use a medicine that satisfies a patient's degree of susceptibility.

Man has all the degrees of potentization, and by these he can make changes and thereby fit the medicine to the varying susceptibility of man in varying qualities or degrees. Hence Hahnemann writes "Medicines (particularly as it depends on us to vary doses according to our will) ap-

pear to have greater power in affecting the state of health than the natural morbific irritation, for natural diseases are cured and subdued by appropriate medicines."

Enough medicine must be given to establish order, and that is done almost instantaneously; at most it is but a matter of a few hours, and as long as order continues after it has once begun, so long "hands off." That is just the way contagion takes place. In diphtheria the disease begins, susceptibility ceases, a change takes place that protects the man from any further disease cause flowing into the body, and the disease develops and manifests itself by its symptoms.

It is the resistance of the vital force that stops the influx of disease and develops the symptoms of disease.

From these paragraphs we see that there are several kinds of protection from sickness. When a violent epidemic is raging we all know that, although the number of victims is large, they are few compared to those who go through the epidemic unscathed, and the question always arises, why is it? We suppose, and probably rightly so, that a large number of the immune have escaped because they were usually strong and vigorous, or in a state of very good order. But we find among those who have escaped the epidemic a number of persons who are anything but strong, really invalids, one in consumption, another in the last stages of Bright's disease, another with diabetes. We call them all together and find that none of them have had dysentery or smallpox, or whatever disease was epidemic. They have not been susceptible to epidemic influences. How are you going to explain this?

Protection from disease can result from different states.

A person can be protected from contagious disease either because they are very healthy or because they are very ill with chronic disease.

The reason is that they have sickness that it is impossible for the epidemic to suppress. The epidemic is allopathic, or dissimilar to their diseases, and cannot suppress their disease because of its virulency. Now if they have some mild form of chronic disease, a severe attack of dysentery will cause that disease to disappear temporarily, and the new (epidemic) disease will take hold and run its course, and when it subsides the old symptoms will come back again and go on as if they had not been meddled with.

An acute (dissimilar) disease is often not as strong as a chronic disease that has developed itself and *established pathology,* e.g., it is unable to budge it.

This happens because the chronic disease is stronger than the current contagious disease and cannot be supplanted.

This is an illustration of dissimilars, and shows that dissimilars are unable to cure: they can only suppress. If the chronic disease is stronger than the epidemic disease, i.e., if it has an organic hold upon the body, it cannot be suppressed. This is essentially the relation of the acute dissimilar disease to the chronic disease of severity.

The relation between chronic dissimilar diseases is somewhat different. For example, a patient is in the earlier stages of Bright's disease, and the symptoms are clear enough to make a diagnosis. He takes syphilis, and at once the kidney disease is held in abeyance, the albumin disappears from the urine and his waxiness is lost. But after a year's careful prescribing the syphilitic state disappears, and very soon the albumin appears again in the urine, the dropsy returns and he dies of an ordinary attack of Bright's disease.

It is different with dissimilar chronic diseases in that one can usually supplant the other (e.g., the weaker).

Susceptibility, Reaction, Immunity, & Protection

By Andrea Tasi, VMD

What is susceptibility?

- "The reaction of the organism to exterior and interior influence".[1] It is the way we react and adapt; the speed and manner in which we recover and survive; the attunement of the vital force to particular morbific (disease causing) influences.
- As an aspect of the vital force, susceptibility exists on a dynamic plane. Definition of "dynamic": of or relating to energy, motion or physical force).
- Allows the individual to change and adapt and do so in a characteristic fashion.
- Nicola Henriques: "If the vital force has a face, susceptibility is the expression on the face. This is what allows us to read the quality of the vital force's energy".
- OUR SUSCEPTIBILITY = OUR INDIVIDUALITY
- The nature of the vital force is a centrifugal dynamic. The vital force and susceptibility are in constant flux/constant motion.
- Susceptibility is an expression of a vacuum in the individual, a vulnerability in the vital force's attempt to preserve homeostasis. Unless corrected, disease/contagion can flow into this vacuum.

What influences/affects susceptibility?

- Susceptibility + Vital Force + inherited miasm = an individual's basis of life.
- Susceptibility varies individual to individual, according to age, temperament, constitution, life condition.
- All dynamic medicines (homeopathic remedies) have the ability to affect susceptibility, as medicinal disease is always stronger than the corresponding natural disease.
- *Sensitivity and Susceptibility are not the same.*

✓ Sensitivity is the degree to which an individual reacts to that which they are vulnerable (susceptible).

✓ Key concept of sensitivity: reactivity

✓ For example: A hypersensitive patient is a patient who overreacts to that which they are susceptible: they overreact to the morbific stimulus and they overreact to the remedy!

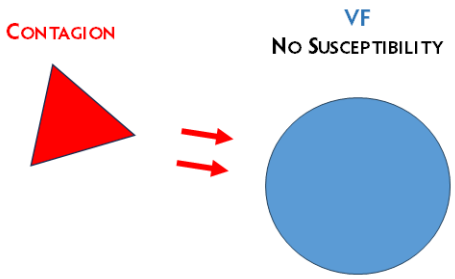
Relevance of Susceptibility to Homeopathy

- Goal of homeopathy is to modify susceptibility, to render patients less susceptible to all morbific influences: contagious and all other forms of disease. (Allopathic medicine looks most at susceptibility with reference to epidemic disease, and only on a physical plane, relying on vaccination to modify it.)
- A window of susceptibility opens, acting like a vacuum: illness comes in. Until the window/vacuum is closed by a symptom similar medicine, it remains open; the patient remains susceptible to the illness.
- The susceptibility is completely closed by the similimum (the exact right remedy in the right potency) but can be effectively reduced by a similar/partial remedy (a closely corresponding remedy, but not the similimum).

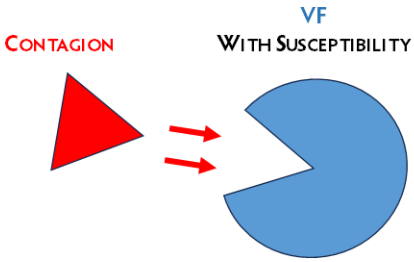
- Understanding susceptibility and sensitivity of our patients helps guide posology/choice of potency. The challenge is that there is no way to absolutely measure vulnerability and reactivity.
- The more characteristic/unusual/individualizing symptoms are expressed by the patient, the more susceptible they will be to the similar remedy.
- THE SIMILAR REMEDY, OR THE SIMILAR DISEASE, SATISFIES SUSCEPTIBILITY AND ESTABLISHES IMMUNITY.
- Just as disease can only flow in once in some finite amount, so to can the correct remedy only act once to satisfy susceptibility. Repeated doses are thus not of use, and indeed can interrupt the action of the first dose.

Different possibilities for contagion encountering an individual vital force:[1]

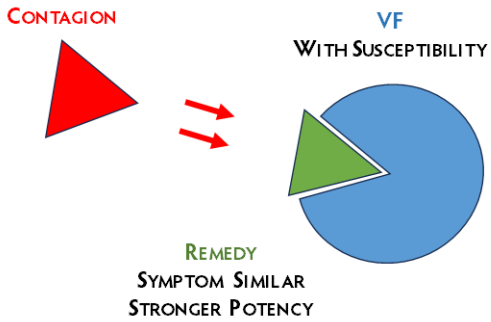
1. NO SUSCEPTIBILITY: NON-DYNAMIC, NO ENTRY/VACUUM.



2. CONTAGION ENTERS THE WINDOW OF SUSCEPTIBILITY. A DYNAMIC STATE: PATIENT BECOMES ILL BECAUSE THEY ARE SUSCEPTIBLE.



3. HOMEOPATHIC TREATMENT/PROTECTION: A DYNAMIC STATE THAT RESULTS IN CURE, INCREASED STRENGTH OF THE VITAL FORCE.



1 Images created by Andrea Tasi, VMD, with graphic representation created by Sarah Stieg, DVM, MRCVS.

References and Recommended Reading:

1. Roberts, Herbert. *The Principles and Art of Cure by Homeopathy*. B. Jain Publishers Ltd. Third Ed. 2005: Chapter 17 Susceptibility. ***Recommended to begin with this resource***
2. Close, Stuart. *The Genius of Homeopathy, Lectures and Essays on Homeopathic Philosophy with Word Index*. B. Jain Publishers Ltd. Second Ed. 2005: Chapter 7 Susceptibility, Reaction and Immunity.
3. Kent, James Tyler. *Kent's Lectures on Homeopathic Philosophy*. B. Jain Publishers Ltd. Sixth Ed. 2007: Lectures 9 (IX), 14 (XIV), 15 (XV). Note: The *Susceptibility & Protection* article on page 77-78 of Theory & Principles Section in the course handout is an edited compilation of Kent's Lectures XIV and XV.
4. Hahnemann, Samuel. *Organon of the Medical Art, Edited by Wenda Brewster O'Reilly*. Birdcage Books. 1996: Aphorisms 16, 28-33, 68.
5. Hahnemann, Samuel. *Materia Medica Pura Vol 1*. B. Jain Publishers Ltd. 2008: Essay entitled "Spirit of the Homeopathic Medical Doctrine."

The Significance of "Local Disease"

¶ 185[1]

The idea that local disease is an isolated event, without participation of the whole organism is refuted. This is an error of premise, leading to an extensive array of suppressive and harmful therapies in vogue today. It is completely opposed to the concept of holistic medicine.

Among defective diseases so-called local diseases take an important place, by which term we mean changes and complaints appearing on the external parts of the body. Until now it was taught that these parts alone were diseased, without the participation of the rest of the organism—an absurd theoretical doctrine that has led to the most ruinous medical treatment.

¶ 186

Surgery and mechanical correction are appropriate procedures where there is injury with distortions or material let in the body. Such things as mechanically removing foreign objects, aligning bones, pulling together separated tissues are helpful in that assistance is given to the life force without antagonizing it. Any treatment beyond this should be done homeopathically to stimulate the life force towards repair.

So-called local conditions but recently arisen and due only to external injury would at first appear to merit the name of local diseases. But that would be the case only if the injury were so trivial as to be without any significance, because external injuries to the body of any significance at all engage the sympathy of the whole living organism: fevers arise, etc. Such things are the proper domain of surgery only to the extent that it becomes necessary to bring help to bear on the suffering parts by mechanically removing external impediments to cure (which only the life force can provide), e.g., by reducing dislocations, closing wounds with sutures and bandages, mechanically checking and stopping the bleeding of opened arteries, withdrawing foreign bodies that have penetrated living parts, opening a body cavity to remove a substance causing trouble or to drain extravasated or collected fluids, aligning the ends of a broken bone and securing them with proper bandaging, etc.

When in such injuries, however, the entire living organism demands effective dynamic help to be enabled to accomplish the cure, as it always does, when the violent fever arising from extensive contusions, from torn flesh, tendons, and vessels needs to be removed by an internal medicine or when the outer pain of a burned or excoriated part needs to be removed homeopathically, this is where the services of the physician and his dynamic homeopathic help come in.

1 These markers and numbers refer to sections in Hahnemann's *Organon of Medicine, Kunzli edition*.

¶ 187

But troubles, changes, and complaints on the external parts which have not been caused by any outer injury at all or have been precipitated by only a small one arise in an entirely different way: they arise from an inner malady. To pass them off as merely local ailments and to treat them exclusively or almost exclusively with local applications or other such means, as if they were wounds, which medicine has done through the centuries until now, is as absurd as its results are pernicious.

If local lesions arise as part of illness or seemingly spontaneously (not from injury) they arise from an inner disease, e.g., a disturbance of the life force. To treat the lesion *as if* it were only a local condition causes serious harm to the patient as a whole.

¶ 188

These troubles are considered to be merely local and therefore are termed local diseases, as if they occurred exclusively in places in which the organism took little or no part or were sufferings of individual visible parts which the rest of the living organism did not know about, as it were.[a]

a. This is one of the many pernicious absurdities of the old school.

The local disease is not insignificant or unnoticed by the rest of the body. The life force is always aware of these conditions, even if they seem small to us.

¶ 189

And yet it is obvious even upon the slightest reflection that no external ailment not due to some particular outer injury can arise and maintain its place, or even grow worse, without inner cause, without involvement of the entire organism (which is consequently ill). They could not appear at all without the consent of all the rest of the economy and without the participation of the rest of the living whole (i.e., of the life principle pervading all the other sensing and responsive parts of the organism). Indeed, they could not conceivably thrive without having been set in motion by the whole untuned life, so closely are all the parts of the organism interconnected, forming an indivisible whole of feeling and function. There is no lip eruption, no whitlow but the person is inwardly ill before it and while it lasts.

Hahnemann is here stating a premise that we, in modern times, are familiar with as basic to holistic medicine — that the patient is a whole and therefore the local disease is supported by a "whole" condition of the patient. Even small lesions have this foundation.

¶ 190

All proper medical treatment of a trouble arisen upon the external parts of the body with but little or no external injury must therefore be directed to the totality, to the annihilation and cure of the general malady through use of internal remedies if it is to be effective, sure, successful, and thorough.

Experience with treatment shows that internal medicine that is curative for the whole patient will also act curatively on these so-called "local diseases".

¶ 191

The remedy acts on the whole patient immediately upon being administered — even to the outmost limits (the life force is a whole). As the internal parts are healed, the external will reflect this healing by improvement in the external lesion.

This is categorically confirmed by experience, which shows in all cases that immediately after being taken, every active internal medicine brings about in so-called local diseases, even of the furthest extremities of the body, significant changes, particularly in the affected external parts (parts considered by the old school to be isolated) and in every other part of the patient's economy as well.

If the internal medicine prescribed for the totality is correctly homeopathic, these changes will be of the most salutary kind: they are the cure of the whole man, along with the disappearance of his outer trouble (without the use of any external remedy).

¶ 192

The way to proceed in treatment is to consider the details of the local lesion along with the other symptoms of the patient as a whole. With analysis, we can find the remedy that corresponds to all of these symptoms, including the local lesion as well. In this way, we will "cover" the disease in its entirety.

This can best be done if when one is taking the case the exact characteristics of the local malady are considered in conjunction with all the changes, complaints, and symptoms perceptible in the rest of the patient's economy (including those noticed previously while he was not taking medicines), so as to trace out the complete disease picture before choosing, from among the remedies whose characteristic disease actions are known, the homeopathic one corresponding to this totality of symptoms.

¶ 193

This medicine, given only internally, simultaneously removes and cures both the local disease and the concomitant disease condition in the organism, and if the trouble has only recently arisen, it often does so with the first dose. This proves that the local malady depends exclusively on a disease of the rest of the organism and is to be regarded only as an inseparable part of the whole disease, as one of its most important and striking symptoms.

¶ 194

Do not treat local diseases by topical application of medicine. Internal homeopathic treatment is completely sufficient to heal the external manifestation. If, after careful treatment, the local lesion is not completely gone, then this is a signal that the internal disease (e.g., Psora) is not completely eradicated and that further treatment is needed.

Neither in local diseases that are acute and arise quickly nor in those that have existed for a long time is it useful to rub in or apply to the part an external remedy, not even the specific one that would be homeopathically curative if used internally and not even if it is being used internally at the same time. This is because acute topical affections (e.g., inflammations of individual parts, erysipelas, etc.) that owe their origin, not to any external injury of proportionate violence, but to dynamic, inner causes respond most reliably (usually without other help) to internal remedies that have been chosen from the general stock of proved medicines and are

homeopathically appropriate to the inner and outer conditions of the economy evident at the time. But if these diseases do not yield to them completely and if, even though the patient is living correctly, there still remains in the suffering part and in the whole economy a residue of disease that the life force cannot overcome, then, as is not infrequently the case, the acute local trouble is due to a flare-up of psora previously dormant within and now about to develop into an overt chronic disease.

¶ 195

In such cases, which are not infrequent, after the acute condition has been overcome as much as possible, an appropriate anti-psoric treatment must be undertaken for these residual complaints and for the previous diseased state of health usual for the patient, in order to achieve a complete cure. In chronic local diseases that are not obviously venereal, the antipsoric internal cure is in any case primarily what is required.[a]

After initial use of remedies appropriate to the acute crisis, if the lesion persists, then continue the treatment with antipsoric medicines to remove the residue.

a. As I have stated in my book, *Chronic Diseases*.

¶ 196

One might think that the cure of such diseases would be accelerated if one used the remedy found to be homeopathically correct for the totality of symptoms not only internally but externally as well, on the ground that the direct action of a medicine on the place where the disease is localized would effect a more rapid change in it.

¶ 197

But such treatment is thoroughly reprehensible, not only in local symptoms arising from the psoric miasm but also in those arising from the syphilitic or the sycotic miasm, because to use a remedy, locally at the same time as one is rising it internally, in diseases that have a persistent local affection as their principal symptom, has the serious disadvantage that, through the local application, this principal symptom (local disease)[a] usually disappears from sight before the internal disease is destroyed and thus deceives us with the appearance of a complete cure. At the least the premature disappearance of this local symptom makes it more difficult and in some cases even impossible to judge whether the whole disease has been destroyed by the simultaneous use of the internal medicine.

The problem of treating externally as well as internally is that the lesion disappears too soon and one can't judge progress towards cure. It is the local lesion that is our guide to the correctness of the prescription and for the evaluation of progress.

a. Recent scabies eruption, chancre, fig-wart.

¶ 198

The unfortunate result of external treatment is that it leaves the case unclear. The main focus of the disease is removed without curing the patient. The symptoms that remain are more common, less defined, less persistent—in short, an inadequate guide to the physician. This is the situation with animals previously treated with allopathic drugs.

For the same reason it is thoroughly reprehensible to use a remedy that has the power to cure when given internally only by applying it externally on the local symptoms of chronic miasmatic diseases. Because if the local symptom of the chronic disease is removed merely by external, defective means, one is left in the dark about the internal treatment, which is essential for the complete restoration of health. The principal symptom (the local disease) has disappeared, leaving behind only other more indiscernible ones, which are less stable and constant than it and often are not peculiar and characteristic enough to provide a clear and complete outline of the disease picture.

¶ 199

External suppressive treatment removes the principal guiding symptom and leaves indefinite, common symptoms.
Use of surgery or strong chemicals to destroy the local lesion is <u>always</u> suppressive. The patient will then often be incurable, though palliation and suppression can be continued with temporary benefit.

Moreover, if the remedy homeopathically appropriate to the disease has not yet been found at the time when the local symptom is destroyed by a caustic or desiccative external remedy or surgically,[a] the case becomes far more difficult, because the remaining symptoms are too indefinite (uncharacteristic) and fluctuating and because we can no longer see the external principal symptom, which could most of all have determined the right remedy and led us to use it internally, thus destroying the disease completely.

a. Which used to happen before I discovered the remedies for fig-wart disease (and the antipsoric medicines).

¶ 200

It is the <u>presence</u> of the local lesion which is our indicator of progress with internal treatment. That's how we know that our treatment is working.

If it were still there during the internal treatment, one would have been able to find the homeopathic remedy for the whole disease. Once this was found, and while it was being used only internally, the continuing presence of the local disease would indicate that the cure was not yet complete; on the other hand, if the local disease healed without any suppressive external interference, this would indicate incontrovertibly that the trouble had been rooted out and that the desired cure of the whole disease had been accomplished—so it is an inestimable, indispensable help in the achievement of complete cure.

¶ 201

It seems that when burdened with a chronic disease that it cannot overcome by its own means, the life force decides (instinctively) to form a local disease on some external part, with the exclusive object of allaying the internal disease, which would otherwise threaten the vital organs and life. It creates and maintains a disease on an external part not essential to life, as it were diverting and

consigning the internal disease to a vicarious local one. In this way the local disease silences the internal disease for a time, but without being able to heal or materially diminish it.[a]

In chronic disease, the life force forms a local disease externally. The purpose of this is to allay the internal disease—to divert the energy of the disease to a less critical part. This spares the internal organs and silences the internal disease for a time, but without curing it.
As the internal disease gradually increases, so the local lesion also gradually increases in size and intensity to compensate.

The local disease is never anything but a part of the disease totality, but it is a part disproportionately developed by the organic life force and transferred to a less dangerous (external) part of the body in order to allay the internal disease.

As we have said, the life force accomplishes so little toward reducing or curing the whole disease through this local symptom that silences it that, on the contrary, the internal disease gradually increases, and nature has to enlarge and aggravate the local symptom more and more for it to continue serving as a substitute that allays the growing internal disease. Old leg ulcers become worse in uncured internal psora, the chancre increases in uncured syphilis, fig-warts multiply and grow in uncured sycosis, which becomes more and more difficult to cure as the whole internal disease grows by itself with time.

a. The fontanels of the old school physicians have a similar effect. These artificial ulcers on an external part allay some internal chronic complaints, but only for a very short time (for as long as they produce in the diseased organism an unaccustomed painful irritation), and are not able to cure them; instead they weaken and ruin the entire economy far more than the instinctive life force does with most of its metastases.

¶ 202

If the local lesion is destroyed by external means, surgery, ointments or injections, then nature compensates by awakening the internal malady and other dormant symptoms. After a lag in time, the uncured disease becomes active internally, usually leading to a new diagnosis. This is often (incorrectly) referred to as "driving the disease back into the body".

If the physician of the old school destroys the local symptom by some external means, thinking thereby to heal the entire disease, nature compensates for this by awakening the internal malady and the other symptoms that have lain dormant next to the local disease all along, i.e., it increases the internal disease. In such cases one usually says, incorrectly, that the local disease has been driven back into the body or upon the nerves by external means.

¶ 203

The common allopathic treatments directed against local lesions only—with resultant "awakening of" or aggravation of the internal disease—is one of the most harmful things that can be done in medicine.
It is this kind of treatment of local lesions coupled with subsequent allopathic treatment of the developing internal disease that is responsible for the tremendous acceleration of chronic disease in people and animals.

Any external treatment to remove such local symptoms from the surface of the body without having cured the internal miasmatic disease—e.g., removing scabies eruption with all kinds of ointments, burning away the chancre with caustics, destroying fig-warts only by cutting, tying, or cauterizing—all such pernicious external treatment, up to now so widespread, has become the most common source of the innumerable chronic ailments with and without names under which mankind so universally groans. It is one of the greatest crimes the medical fraternity could commit, and yet up to now it has been the generally established procedure, and the universities have been teaching that it is the only one.[a]

a. Because any medicines that they might give in addition to this external treatment only aggravate the disease, since their remedies have no specific curative power for the disease totality but certainly do attack and weaken the organism and inflict other chronic medicinal diseases on it.

¶ 204

Besides ill health coming about from unhealthy living conditions (poor diet, pollution) and the harmful effects of frequent use of drugs (recreational or medicinal) even for trivial complaints—the most important causes of chronic disease are the 3 miasms and most especially psora.

Apart from all the chronic troubles, complaints, and diseases arising from a prolonged unhealthy way of living (par. 77) and the innumerable chronic medicinal diseases (par. 74) arising from the unwise, persistent, violent, and pernicious treatment that the old school employs, often even for minor complaints, most chronic diseases develop from these three chronic miasms: internal syphilis, internal sycosis, but most of all, and to a disproportionate extent, internal psora.

Each of these miasms has already occupied the entire organism and permeated all its parts before the appearance of the primary, vicarious local symptom (the scabies eruption in psora, the chancre or inguinal bubo in syphilis, and the fig-warts in sycosis), which prevents its full manifestation.

Over the centuries, the internal miasms have greatly developed becoming much more complicated with innumerable expressions.

If these miasms are by external means deprived of the vicarious local symptoms that allay the general internal malady, sooner or later the characteristic diseases that the Creator of nature has decreed for each of them must inevitably develop and manifest fully and thus spread all the nameless misery, the incredible multitude of chronic diseases, which have plagued the human race for hundreds and thousands of years.

None of them would have manifested themselves so often if physicians had wisely endeavored to cure these three miasms fundamentally and to extinguish them in the organism exclusively by the internal use of homeopathic medicines appropriate to each, without disturbing their external symptoms through topical treatment (footnote, par. 282).

¶ 205

The homeopathic doctor never directly treats local lesions in such a way to make that lesion go away. Treatment is directed, instead, to the internal condition which, when cured, will render the external lesion unnecessary and it will disappear.

The homeopathic physician never treats any of these primary symptoms of chronic miasms or any of the secondary ones arising during their development by local means (neither with external dynamically acting ones nor with mechanical ones).[a] He cures only the great underlying miasm instead, whereupon its primary (except in some cases of long-standing sycosis) and secondary symptoms spontaneously disappear as well. But since this is never the method of treatment which has been followed before the homeopathic physician comes upon the scene, he usually finds that the primary symptoms[b] have regrettably already been destroyed externally by

previous physicians, and he now has to deal more with the secondary ones, i.e., the ones arising from the full manifestation and development of the indwelling miasms—most often with the chronic diseases of internal psora. In my book on the chronic diseases, to which I here refer the reader, I have presented the internal cure of these miasms as thoroughly as any one physician could do after many years of reflection, observation, and experience.

It is a great challenge to treat the patient that has had local lesions suppressed. The condition which had been under the control of the life force is now fully developing internally. The lack of characteristic symptoms coupled with advanced disease process renders these cases difficult and sometimes incurable.

a. Therefore I cannot, for example, advise that so-called labial or facial cancer (a product, perhaps, of advanced psora, not infrequently combined with syphilis) should be locally extirpated with Cosmo's arsenical preparation, not only because this treatment is extremely painful and frequently fails but especially because when it does remove the malignant ulcer from the place, the fundamental malady has not in the least been diminished; the life-preserving force has therefore to displace the focus of the general internal disease to a more important part of the organism (as it does in all metastases), so that blindness, deafness, insanity, asthma, dropsy, apoplexy, etc., follow. Moreover, this dubious procedure of removing the local malignant ulcer with the topical arsenical preparation succeeds only when the ulcer is not too large, and when it is not syphilitic, and when the life force is still very energetic: but it is precisely in such cases that the complete internal cure of the whole underlying disease is still possible.

When the external lesion is suppressed, the life force will form (if possible) a localized lesion in an internal organ. This is not a good development but may be the best that can be accomplished without assistance of the similimum.

Similar results occur if, without the previous cure of the indwelling miasm, facial or breast cancer is removed only surgically or encysted tumors are enucleated. Something worse follows; at the least death comes more quickly. This has happened in innumerable cases, yet in each new case the old school still blindly continues to inflict the same misery.

b. Scabies eruption, chancre (inguinal bubo), fig warts.

¶ 206

Before starting the treatment of a chronic disease the physician must most scrupulously inquire whether the patient has had a syphilitic infection (or fig-wart gonorrhea).[a] If he has, it is this that must be treated, and if the symptoms are exclusively those of syphilis (or of the rarer fig-wart disease), only this—but in recent times such pure cases have been very rare. In any case of psora with a previous history of such an infection, the latter must be taken into consideration, because it will have complicated the psora. This is always what has happened when there are venereal symptoms that are not pure.

When the physician believes that he has an old case of syphilis before him, it is always, or almost always, one that is combined (complicated) mainly with psora, because the internal chronic scabies disease (psora) is by far the most frequent underlying cause of chronic diseases. Sometimes he will be confronted with both these miasms, further complicated with sycosis, in chronic cases that have had the latter infection. But far more frequently, psora alone is the fundamental cause of all the other chronic complaints (whatever name they might bear), complaints that have

If there is evidence or history of the sycosis miasm (or vaccination) then this should be considered highly in the first prescription. Often an anti-sycotic remedy is needed before an antipsoric remedy will act properly.

usually been exacerbated and monstrously distorted by previous allopathic bungling.

Don't be fooled by theories and explanations of others, that the patient is made ill by trivial causes. It is a common misunderstanding that modalities and errors in diet are the cause of the disease. However, it is always psora that is the cause of chronic disease and psora does not originate from these conditions; it is only awakened.

a. In such inquiries one should not be misled by the more common explanations of patients or relatives, who attribute the origin of chronic diseases, even the gravest, most inveterate ones, either to the catching of a cold many years before (from becoming wet or taking a cold drink when heated), or to a fight, or to lifting a heavy weight, or to a violent emotion (even perhaps to witchcraft), etc. Such things are far too insignificant to produce a chronic disease in a healthy person, to sustain it for many years, and to make it grow from year to year, as happens in all chronic diseases belonging to developed psora. Far more important causes than these recollected mishaps must underlie the commencement and continuation of a significant inveterate complaint. Such alleged exciting causes can only indicate the moment when a chronic miasm was awakened.

¶ 207

It is also necessary to evaluate the allopathic treatment that was done so as to understand the condition your patient is in. Strategy is different for the suppressed case compared to one that is "natural" in its appearance.

After obtaining the above information the homeopathic physician still has to inquire into the previous allopathic treatments that the chronically ill patient has had—the principal and most frequent medicines that have interfered with the case, the mineral baths and their results—so as to understand to some degree the degeneration of the original disease condition and as much as possible correct this artificial deterioration or at least avoid the medicines already abused.

¶ 208

The physician must also take into account the psychological state of the patient. Encouragement or counseling can be of great help when appropriate. Factors of diet or environment that will be obstacles to recovery must also be addressed.

After that the patient's age, way of living, diet, activities, domestic situation, social circumstances, etc., must be considered, to ascertain whether these things aggravate his trouble and to what degree they might help or interfere with the treatment. Similarly, one should not overlook his emotional and mental disposition, to ascertain whether it might be an impediment to the treatment and whether psychological attention might be necessary to guide, encourage, or change it.

The Mental and Emotional State: Chief Ingredient of All Diseases

§210[1]

Almost all of the diseases that I have termed one-sided belong to psora. These diseases appear to be more difficult to cure because of this one-sidedness (where all the rest of the disease symptoms vanish, as it were, before a single, great, prominent symptom). The *so-called mental and emotional diseases*[2] are of this kind. They do not, however, constitute a class of diseases that is sharply separated from the rest of the diseases because, in all the so-called somatic diseases as well, the mental and emotional frame of mind is *always* altered.[3] In all cases of disease to be cured, the patient's emotional state should be noted as one of the most preeminent symptoms, along with the symptom complex, if one wants to record a true image of the disease in order to be able to successfully cure it homeopathically.

§211

This preeminent importance of the emotional state holds good to such an extent that *the patient's emotional state often tips the scales in the selection of the homeopathic remedy*. This is *a decidedly peculiar sign* which, among all the signs of disease, can least remain hidden from the exactly observing physician.

§212

The Creator of curative potences has also preeminently taken into consideration this chief ingredient of all diseases, the altered mental and emotional state, in that every efficacious medicinal substance in the world very noticeably alters the mental and emotional state of the healthy individual who proves it and, to be sure, each medicine does so in a different way.

§213

For this reason, one will never cure in accordance with nature, that is, one will never cure homeopathically unless:

1. one attends to the symptom of the mental and emotional alterations, together with the other symptoms, in every case of disease, even acute ones, and

2. for aid, one selects, from among the remedies, a disease potence that, along with the similarity of its other symptoms with those of the disease, is of itself capable of engendering a mental or emotional state similar to that of the disease.

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1 These markers and numbers refer sections in Hahnemann's *Organon of Medicine, O'Reilly edition*.

2 Italics from Hahnemann in this part and unless otherwise noted the continued italics added by Pitcairn.

3 For example, one often encounters patients with the most painful, protracted diseases who have a mild, gentle emotional mind such that the medical-art practitioner feels impelled to bestow attention and sympathy upon them. If the physician conquers the disease and restores the patient again (which is not a rare possibility with the homeopathic mode of treatment) the physician is often astonished and startled at the dreadful alteration of the patient's emotional mind. The physician often meets with ingratitude, hard-heartedness, deliberate malice and the most degrading, the most revolting tempers of humanity—qualities that were precisely those possessed by the patient in former, healthy days.
One often finds that people who were patient in healthy times become, in disease: stubborn, violent, hasty, and even insufferable, self-willed and in due succession, impatient and despairing [i.e., impatient then despairing, etc.]. Those who were formerly chaste and modest often become lascivious and shameless. Not seldom, one finds that bright people become dull-witted, those who are usually feeble-minded become more clever (as it were, more sensible) and the slow-witted occasionally become full of presence of mind and rapid resolve, etc.

§214

Therefore, what I have to teach about the cure of the mental and emotional diseases can be confined to a very few remarks, since *these diseases are to be cured in the same manner as all the other diseases (and not at all differently)*, that is, by means of a remedy that offers a disease potence as similar as possible to a given case of disease (with respect to the remedy's symptoms that were brought to light in the body and soul of the healthy prover).

Chronic One-sided Mental and Emotional Diseases[4]

§215

Almost all so-called mental and emotional diseases are nothing other than somatic diseases in which the symptom of mental and emotional mistunement that is peculiar to each disease heightens itself as the somatic symptoms diminish (more rapidly or more slowly) right up to the most striking one-sidedness until finally the disease transfers itself (almost like a local malady) to the invisibly subtle mental and emotional organs.

§216

The cases are not rare in which a so-called somatic disease that threatens to be fatal—suppuration of the lungs, corruption of some other noble organ, or some other heated (acute) disease (e.g., during childbirth, etc.)—*degenerates, by rapid ascent of the hitherto emotional symptom, into an insanity, a kind of melancholia or a frenzy, thereby making all deadly peril of the somatic symptoms vanish.* In the meantime, the somatic symptoms improve almost up to the point of health, or rather they decrease to such a degree that their crepuscular presence can only be discerned by the subtly observing physician who perseveres in his observations. In this way, the disease degenerates into a one-sided, as it were, *local disease* in which the symptom of the emotional mistunement that was previously mild enlarges itself into the main symptom which then, for the most part, *represents the rest of the symptoms (the somatic symptoms) and palliatively allays their intensity*. In a word, the maladies of the coarser bodily organs are, as it were, transferred and diverted onto the almost spiritual, mental and emotional organs, which have never been reached, and are *unreachable, by any dissecting scalpel*.

§217

1. In these maladies, the investigation of the whole complex of signs must be undertaken with care. *One must carefully investigate the somatic symptoms* and, preeminently, one must exactly apprehend the definite individuality (i.e. the character) of the malady's chief symptom: the special, always prevailing, mental and emotional state.

2. This should be done in order to find a homeopathic medicinal disease potence, among the remedies known according to their pure actions, that will extinguish the total disease—*a remedy which, in its symptom content, offers not only the somatic symptoms that are present in this disease case but which also, preeminently, offers the greatest possible similarity of the mental and emotional state.*

§218

3. *The first depiction of these symptoms should include an exact description of all the befallments of the former so-called somatic disease before it degenerated into the one-sided heightening of the mental symptom*, that is, before it degenerated into the mental and emotional disease. This will come to light in interviewing the patient's relations.

4 In §215-§227, three kinds of mental and emotional disease are discussed:

1. *Chronic one-sided diseases*—diseases in which mental and emotional symptoms have become heightened, masking the somatic symptoms.
2. *Acute flare-ups of psora*—flare-ups of insanity or mania from a patient's usually quiet state.
3. *Emotional diseases spun and maintained by the soul*—emotional diseases that develop outward from the emotional mind.

§219

A comparison of these former somatic disease symptoms *with the more indistinct vestiges that still remain* will serve as a confirmation of the continuing concealed presence of these somatic symptoms. *Even now, these somatic symptoms will put themselves forth if a lucid interval occurs and there is a temporary abatement of the mental disease*.

§220

4. *By adding the patient's mental and emotional state*[5] *(accurately observed by the patient's relations and by the physician himself) to the patient's somatic symptoms, a complete image of the disease is put together.* In order to homeopathically cure the malady (if the mental disease has already lasted for some time) a medicine must be sought from among the (antipsoric, etc.) medications which is capable of arousing aptly similar symptoms and, especially, the similar mental derangement.

Acute Flare-ups of Psora

§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, 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 (such as aconite, belladonna, stramonium, hyoscyamus, mercury, etc.) 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.

§222

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 antipsoric (and possibly antisyphilitic) treatment in order to entirely free him from the chronic miasm,[6] 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 such treatment is given, there will be no need to fear any similar future attack, as long as the patient faithfully adheres to the dietary regimen prescribed for him.

§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 of the insanity. *During this new attack, the psora is wont to develop itself fully and turn into either a periodic or a constant mental derangement*, which is then more difficult

5 Not seldom, mental and emotional states appear to alternate periodically. For example, several days of stormy insanity or rage are followed by days of profound quiet sadness, etc. Sometimes, indeed, a particular mental and emotional state only returns during certain months of the year.

6 On very rare occasions, an already somewhat protracted mental or emotional disease subsides by itself. In these cases, the internal wasting sickness passes over again into the grosser bodily organs. This is what has happened in the few cases in which an inmate of a mental institution has been discharged, apparently recovered. Except for these rare discharged cases, mental institutions remain crammed to capacity. No new space becomes available in them for the many insane people awaiting admission, except when a patient dies. No one in mental institutions is ever really and permanently cured by the old school. This is a telling proof (among many others) of the entire nullity of the hitherto calamitous art which has been ridiculously honored by allopathic boasting with the title of rational medical art. On the other hand, the true medical art (genuine, pure homeopathy) has very often restored such unfortunate beings to mental and bodily health, giving them back again to their delighted relations and to the world!

to cure with antipsorics.

Differentiating between Different Kinds of Mental and Emotional Diseases

§224

If the mental disease is not yet fully developed and if there is still some doubt as to whether it arose from somatic suffering or whether it stemmed from faulty upbringing, bad habits, perverted morality, neglect of the spirit, superstitions or ignorance, the way to decide the point is as follows:

1. If it stems from the latter [faulty upbringing, bad habits, etc.], *then the mental disease will subside and improve with understanding, well-intentioned exhortations, consolation, or with earnest and rational expostulations*.

2. If it is a mental or emotional disease that is really based upon a somatic disease, *it will rapidly worsen with such treatment.* The melancholic patient will become still more downcast, plaintive, disconsolate and withdrawn; someone who is maliciously insane will become still more embittered; and senseless talk will become obviously more nonsensical.[7]

Emotional Diseases Spun and Maintained by the Soul

§225

By comparison, there are certainly a few emotional diseases that have not simply degenerated from somatic diseases. In these cases, the emotional disease develops in an inverse manner. *With but little infirmity, it develops outward from the emotional mind due to persistent worry, mortification, vexation, abuse, or repeated exposure to great fear or fright.* While initially there is but little infirmity, in time emotional diseases of this kind often ruin the somatic state of health to a high degree.

§226

It is only these emotional diseases, which were first spun and maintained by the soul, that allow themselves to be rapidly transformed into well-being of the soul by psychotherapeutic means (displays of trust, friendly exhortations, reasoning with the patient, and even well-camouflaged deception). With appropriate living habits, these diseases apparently also allow themselves to be transformed into well-being of the body. *However, such approaches will be effective only if the emotional disease is new and has not yet deranged the somatic state all too much.*

§227

These cases, as well, are based upon a psoric miasm which, however, is not yet entirely near its full unfoldment. To ensure against a relapse into a similar mental disease (which can easily happen) the convalescing patient should be given a thorough antipsoric (and probably also an antisyphilitic) treatment.

Behavior towards Patients

§228

Mental and emotional diseases that arise from somatic diseases can only be cured by homeopathic medicine that is directed against the internal miasm, in conjunction with carefully adapted living habits. It is also important that the patient's physician and relations observe a psychically fitting approach towards the patient as an assisting diet for the soul. To raging insanity, they must oppose quiet fearlessness and cold-blooded [unemotional] firm will. To

7 In such cases where understanding and exhortations, etc. aggravate the mental or emotional disease, it appears as if the soul of the patient feels, with exasperation and sadness, the truth of these rational expostulations and acts directly upon the body as if it wanted to restore the harmony that has been lost; but it appears as if the body, by means of its disease, reacts too strongly back upon the mental and emotional organs, throwing them into an even greater uproar through a renewed transference of its sufferings upon them.

distressing, plaintive lamentation, they must oppose silent regret in their looks and gestures. To senseless chatter, they must oppose a silence not wholly inattentive. Disgusting and atrocious behavior and chatter should be opposed with complete inattentiveness. They must safeguard against property damage without reproaching the patient for this, arranging everything so that corporal punishments and torments are thoroughly abolished.[8] This is all the more easily effected since in the homeopathic administration of medicine (administration of medicine being the only case in which compulsion could be justified as an excuse) the small doses of helpful medicine are never conspicuous to the taste and can therefore be given in the patient's drink without his being aware of it so that all compulsion becomes unnecessary.

§229

On the other hand, the following behaviors are entirely out of place: contradiction, eager agreements, violent reprimands and vituperations, as well as weak, timid compliance. These are equally detrimental treatments for the spirit and the emotional mind of such patients. *Above all, these patients are embittered, and their disease is worsened, through scorn, deceit and noticeable deceptions. The physician and attendants must always appear as if they credit such patients with reason.*

On the contrary, one should seek to remove all kinds of external disturbances to their senses and emotions. There are no entertainments for their befogged spirit, no beneficent diversions, no advice, no soothing words, books or objects for their indignant soul languishing in the fetters of a sick body. There is no refreshment for them except cure. Only when the tunement of their bodily condition is altered towards improvement do quiet and comfort radiate back once more upon their spirit.[9]

Success of Homeopathic Treatment

§230

In cases of mental or emotional disease (which are incredibly various), if the selected remedy for a particular case is entirely appropriate for the truly sketched image of the disease state, then the smallest possible doses are often sufficient to produce the most striking improvement, which is often quite rapid. *This is never achieved by medicating the patient to death with huge, frequent doses of all other unsuitable (allopathic) medicines.* The unflagging search for the most fitting homeopathic remedy is more easily achieved (if enough medicines of this kind, known according to their pure actions, are available for selection) because the mental and emotional state of such a patient, which is the main symptom, comes to light with unmistakable distinctness. I can assert from much experience that the sublime advantage of the homeopathic medical art over all other conceivable methods of treatment is nowhere displayed in a more triumphant light than in old mental and emotional diseases that originally arose from somatic sufferings or even arose simultaneously with them.

8 One must be astonished at the hard-heartedness and indiscretion of physicians in several mental institutions. These cruel physicians, without seeking the true medical mode for such diseases—the only helpful, homeopathic medicinal (antipsoric) way—content themselves with tormenting these most pitiable of all human beings by means of the most violent beatings and other excruciating martyrdoms. By these unconscionable and revolting procedures, they lower themselves far beneath the level of prison guards, for prison guards execute such punishments only because it is the duty of their official position and they do so upon criminals. These physicians, on the other hand (humiliated due to their medical ineptitude) seem to vent their spite against the presupposed incurability of mental and emotional diseases by being tough on the pitiable, innocent sufferers. These physicians are too ignorant to furnish aid and too indolent to adopt an expedient curative procedure.

9 The treatment of insane, raging and melancholic patients can only be accomplished in a specifically arranged institute, not in the patient's family circle.

Prescribing with Keynotes

Extracted from The Key–Note System by Henry N. Guernsey, MD,
Summarized by Richard Pitcairn, DVM, PhD

Introduction

The idea of a keynote in prescribing is like that of the keynote in music. The keynote, in music, is defined to be the fundamental note or tone to which the whole piece is accommodated....through[1] which things most remote and unlike superficially are connected in the closest relationship.[2]

A casual observer, viewing the fair field of our Materia Medica, would say that the flowers are all alike; so similar and so common as to be utterly valueless; and, indeed, without the principle involved in the term I have used, this would appear to be the truth.

In Materia Medica and in pathology we have before us, vast heaps of apparently inharmonious, confused and unrelated facts, and these continually accumulating, with the prospect that the higher faculties.....would eventually become hopelessly bewildered, were it not that the guiding principle, the one fundamental characterizing power, the keynote, in fact is struck, and every tone and feature and expression is attuned to it and by it, modulated and harmonized.

Applying The Keynote Method

The keynote system is not only applicable to the array of symptoms constituting the pathogenesis or our Materia Medica, but as well to the array of symptoms and conditions constituting disease. In pathology, the term *pathognomonic symptom* is intended to express, in very many instances, what might be termed the keynote of a given disease, and yet while this is true so far as it goes, it does not go far enough to cover the whole ground; to embrace the whole category of diseases; or to mark the distinctive features that characterize one case of the same disease from another.

Although the chief features of a disease are present and similar in all persons attacked by the malady, and even those symptoms which perhaps have furnished it with its name, yet we must all confess that we are able to detect some sign or symptom, some all-pervading condition, *some characterizing circumstance that gives that case its individuality, and causes it to differ, if ever so slightly, from all other cases.*

Thus we may be said to have first the expressions that evidence disease; then the special markings that distinguish classes and orders (which allow the condition to have a special name); and finally the characteristic features which serve to distinguish each case of the same disease from all other cases.

This, now, is what we would call the keynote system as carried into the study of disease. It is comparative pathology in its most extended sense.

The Homeopathic Equivalent of Allopathic Diagnosis — Identifying the Remedy from the Disease

Homeopathists have confirmed it as the true system of diagnosis; the truly practical method of distinguishing between one case and another, or in other words, individualizing.

From the provings of Aconite, from its numerous toxic effects, and from the revelations of its scope furnished us by its use in disease, vast tissue[3] of symptoms might be accumulated, that

1 This ellipsis indicates some text I have skipped in order to make the article more readable.

2 From: The Key–Note System by Henry N. Guernsey, M.D., first published in The Hahnemannian Monthly, Vol. III, No. 12, July 1868, pp. 561–569.

3 Early alternate use of the word referring to a

it is not exaggeration to say would fill a large volume. How very many of these symptoms are very similar to, or apparently identical with, those produced through the provings of other drugs? Truly the flowers appear all alike. Yet there is something within that pathogenesis, indicative of Aconite alone, embodying in expression its one characteristic, unfailing, predominant effect, which makes it to differ from all other drugs, and which persuades all its other effects with more or less predominance.

This symptom or condition, these symptoms or conditions form the keynote or keynotes of Aconite as a medicine, and furnishes the key to its indication in disease. Thus, in instituting comparisons between medicines, by taking all the symptoms and comparing them carefully, we will find that each one presents, besides the fundamental similarity to all the others, peculiar differences from all the others; and these invariable points of peculiar difference are the keynotes in a comparison of such remedies.

Here, then, we have the characteristic peculiarity in the disease that individualizes that case, and we are enabled to call up from the storehouse of the Materia Medica and place in apposition with it that medicine which possesses in its pathogenesis a corresponding similar characteristic, peculiarity or keynote, and which will prove to be the curative agent for that case of disease.

The keynote (seen in the patient) *suggests to the mind a medicine having a corresponding predominant symptom, condition or keynote*, and that if there has been no error committed either in viewing the keynote of the disease, or of subsequently selecting just that remedy having the corresponding feature, *there will then be found in the pages of a (materia medica) the remaining features, symptoms, and conditions of the patient, or in other words, the totality*.

Thus the key-note....is simply suggestive.... separating and isolating it from all other medicines as having, first, the characteristic symptom or condition or keynote in marked degree; secondly, and consequently, the remaining symptoms or conditions....constituting together the totality of the case.

Example Application Of The Keynote Method

Being called in consultation recently, in a case of dysmenorrhea[4], where a great variety of symptoms presented themselves, I was much struck with the *devout, beseeching, earnest and ceaseless talking of the patient*, and at once suggested to the attending physician the (use) of Stramonium. Upon comparing symptoms he replied that all her symptoms were not under the head of that remedy, but agreed to the use of Stramonium, as he could suggest nothing else, adding that "if it cured her, he would cease to believe in the doctrine of totality." I replied that Stramonium was undoubtedly the remedy, and if it were properly proven and on every variety of temperament and condition, all of her symptoms would be found in the record of its pathogenesis.

Stramonium 200 was given and it quieted her at once, and all her other symptoms speedily vanished, inversely as they had appeared. *Her peculiar talking was the last symptom to manifest itself and the first to disappear*, and when present in disease in either sex is a keynote to Stramonium.

Hemorrhage

In cases of hemorrhage, where the *blood forms itself into resemblance to long black strings hanging from the bleeding orifice*, Crocus will be the

network, complex, or conglomeration. An intricate structure or network made from a number of connected items: such scandalous stories are a tissue of lies. Origin: Middle English tysshewe, tyssew, a rich fabric, from Anglo-French tissue, from past participle of tistre to weave. Merriam-Webster. (n.d.). Tissue. In Merriam-Webster.com dictionary. Retrieved January 17, 2024, from https://www.merriam-webster.com/dictionary/tissue

4 Painful menstruation, typically involving abdominal cramps.

remedy; not for the hemorrhage alone, but *for the whole chain of symptoms presented by the patient*. The hemorrhage being last to appear will be the first to be removed, and by not now interfering with the curative action in progress, giving no other medicine, and allowing a sufficient time for the action of the dose, the remaining symptoms, constituting the whole condition that has led up to the hemorrhage with its characteristic peculiarity, will be dissipated, inversely as they have appeared.

Colic

When, in colicky children, *an appearance of red sand is discerned in the diaper*, we know that Lycopodium is indicated. By the action of that remedy the whole disordered condition of the little one will be removed; the whole chain of disordered action that culminated in this phenomena of the urine. The urine indicates Lycopodium; (it) is the keynote in the case for that remedy, and the balance of the little patient's symptoms will be found under it and be removed by it.

Typhoid Fever

I am permitted to refer to the following case, extracted from one of the numerous letters sent me on this subject. In a case of typhoid fever, the last and worst of a malignant epidemic, where the disease had resisted the action of all the medicines given, and the attending and consulting physicians despaired of saving the boy—a previously healthy, robust lad of sixteen years—he was restored to his former rugged condition through the action of a remedy suggested solely by a keynote symptom.

My friend writes, as I went to his bedside one evening, I noticed *a peculiar convulsive movement of the head, such as I had not before noticed in this or any other case, viz. the head jerked itself clear of the pillow and then fell immediately back; this being constantly repeated.* I at once recalled your keynote for Stramonium. I went to my office and on comparing the symptoms of the case with the symptomatology of that remedy I was struck with the wonderful correspondence.

I then gave repeated doses of the 3rd dilution[5], acting on my colleagues advice, but in twenty-four hours saw no improvement. The 30th[6] was then given with no favorable result. *I then gave a single dose of Stram. 200*[7] at night and was delighted to see a smile on the face of the anxious mother when I called next morning; 'Henry became quiet,' she said, 'very soon after taking the medicine, and has for the first time slept quietly.' His convalescence was steady from this period. *I gave no other medicine for ten or twelve days.* Stramonium saved him, and your 'keynote' given me in the class, was my only guide to it.

5 This would be = 3c.

6 Then the 30c.

7 At last the 200c, with noticeable effect.

Prescribing with Concomitants

Extracted from Principles & Practice of Homeopathy, by M. L. Dhawale, MD
Paraphrased by Richard Pitcairn, DVM, PhD

The concept of *concomitant* (accompanying) symptoms we owe to Boenninghausen.[1] His masterly analysis of the drug provings and his case records enabled him to state:

1. In a homeopathic proving there will be a main sphere of action of the medicine. Often associated with this will be *a certain group of symptoms that seem to lie outside this main sphere*.
2. This same observation can be made with regard to the clinical appearance of disease in patients.
3. These symptoms, removed from the main sphere of the disease, natural or drug-induced, *confer individuality* to the drug or patient.
4. Certain drugs (during provings) had greater propensity to develop such concomitant affections.[2]
5. Of the drugs that develop these concomitants, those which could be *linked with the main affection through a common circumstance of aggravation or amelioration* represented a highly characteristic feature of the remedy and, therefore, was of great importance.

Concomitants In Relation to The Stage of Disease

Observations of the evolution of the disease through different stages to its termination and also of the clinical effects of the Similimum indicate:

6. Characteristic concomitant symptoms appear much before the development of the diagnostic group of signs and symptoms. This allows definitive homeopathic treatment in the pre-diagnostic stage of the disease. This enables the homeopathic physician to abort many diseases.

7. Characteristic concomitant symptoms have a tendency to fade with the advancing pathological changes in the tissues.

8. Absence of characteristic concomitant symptoms indicate the unsuitability of the case from the standpoint of homeopathic prescribing. This indication read with the extent and nature of the tissue changes that have taken place determines the curability of the case.[3]
9. Presence of characteristic concomitant symptoms in the advanced terminal stages of the disease *indicate excellent palliation* amounting to euthanasia with all the faculties intact, under the effect of the similimum.

10. Mental concomitants in a physical ailment and physical concomitants in a mental ailment provide an unfailing guide to the similimum.

11. Certain characteristic concomitants may *occur every time the patient is about to fall ill*, irrespective of the nature of the disease that is going to develop, thus giving an adequate warning for immediate corrective measures. This indicates that the concomitants owe their origin to the constitutional peculiarities of the individual. *The concomitants, therefore, determine not only the acute remedy but also the constitutional remedy which may remain constant through many years in different ailments.*
12. Presence of general concomitants

1 Paraphrased from: M. L. Dhawale, M.D., Principles & Practice of Homeopathy, Volume 1, (Bombay: Karnatak Publishing House, 1967), pp. 293-294.

2 Another way of explaining the classification of polychrest remedies.

3 And here is how most suppressed cases present.

pointing unmistakably to deep-acting remedies like Lycopodium, Sulphur, etc., during an acute illness *indicates a serious imbalance which could end fatally* unless corrected immediately by the administration of the deep-acting remedy in the correct potency and repeated adequately.

13. General characteristic concomitants pointing to the deep-acting constitutional remedy are *best seen at the end of an acute illness* managed successfully with an acute remedy; i.e. if you manage an acute illness successfully with an acute remedy, you may be rewarded with general characteristic concomitants pointing to the deep acting constitutional remedy.

Treatment Methods — Chronic Disease Cases*

Diseased State of the Patient	Strategy For Treatment
Simple cases	Only one antipsoric remedy may be needed to cure. May be best to start with an acute remedy if it presents with intensity. If the problems began after vaccination (and the relationship is not always clear since vaccination is routine) then it may require a remedy recognized in the treatment of vaccinosis (either an anti-sycotic or anti-syphilitic) at first.
Complex (layered) cases	More than one antipsoric remedy will be needed; in addition, usually, to at least one anti-sycotic or anti-syphilitic remedy. Most of these cases, by the time you get them, are affected by two or three of the chronic miasms. Often the syphilitic miasm or the sycotic miasm is uppermost and first needing treatment. There can also be drug distortion added to the already complex situation, especially if one or more drugs have been used for a long time — like soloxine, tapazole, antibiotics or steroids.
Confused or disrupted cases	Remedies to bring order (Nux vomica, Pulsatilla, Sepia, Sulphur) followed by remedies for a complex case. The challenge in this situation is the lack of stability or reliability of the symptoms present in determining an accurate prescription. The symptoms are too changeable, they can come and go, and can include a mix of effects from treatments. Ultimately, the symptoms are not an expression of the true underlying chronic condition, they are due to the other treatments that have been done to the patient. Treat for confusion first, to restore order and clarity.
Suppressed cases	If there are no characteristic symptoms to guide you (as is usually the situation) then use a remedy that seems to have a general fit to the case. If there is not even that, then look especially at these remedies as a place to begin: Nux vomica, Pulsatilla, Sulphur, Thuja. Look for characteristic symptoms to gradually appear. It may take several weeks before an adequate response occurs and one can see the next step. *It is essential to eliminate interfering factors.*
Inherited (starts in young animals)	If there are no characteristic symptoms (commonly the case in these young animals) and just a general state (or symptom) of ill health, then consider starting with Sulphur and follow with other chronic remedies as indicated. The symptom(s) initially are often not defined enough to guide remedy selection. Progress is often slow. Most frequently needed are Baryta carbonica, Calcarea carbonica, Calcarea phosphorica, Lycopodium, Mercurius, Natrum muriaticum, Sulphur, Silicea, and Thuja.

* By Richard Pitcairn, DVM, PhD, with contributions by Sarah Stieg, DVM, MRCVS and Andrea Tasi, VMD

Acute flare-ups of chronic conditions	Use remedies that are *not* antipsorics (i.e. asporics). More frequent repetition may be needed in these cases. See the remedy assessment and repetition guidelines in the first module's Clinical Conditions sections, e.g. the more intense and rapid in pace the condition is, the more frequent assessment and repetition may be necessary. Remember in most cases three doses (or less) are often sufficient, and if no improvement is seen by three doses then a different prescription is required. When the acute episode is past, proceed with treatment with anti-miasmatic remedies.

This table shows the various stages of chronic disease, which will over generations worsen and progress if not treated homeopathically. In a more primitive and natural state (without curative treatment), chronic disease manifests as a relatively simple pattern with a recognizable remedy image. However, if uncured, or especially with the use of allopathic drugs and vaccinations, cases become complex and difficult to understand.

Continued treatment with allopathic drugs, herbs, nutraceuticals, inappropriate homeopathic remedies, or other non-curative modalities — treatments done that have moderated or relieved symptoms without completely restoring health — result in confused cases in which characteristic symptoms have disappeared and no remedy image can be seen.

Suppressed cases are also especially difficult, because there may be a lack of response to remedies that would ordinarily be effective, e.g., even with the similimum.

In inherited chronic disease, the uncured chronic disease which has developed in the parents is passed to the young in that same developed stage. That is, the disease continues on in the next generation at the same stage it existed in the parents at time of conception (rather than starting at the beginning). This is what we are seeing now in young animals in the recent decades.

As chronic disease becomes more complex in the species, and is passed from generation to generation, it also causes earlier physical changes (pathology) in the growing animal. The life force comes to deform, retard, and distort a large part of the population. Seeing young animals with inflamed gums, allergies, or other typical symptoms of chronic disease are examples of this. It also accounts for abortions, birth defects, and improper growth of young animals with gradual but steady weakening and deterioration of the species.

All of these cases can be treated with success, if one is skilled and patient. The results may be either a noticeable improvement or a recovery of health. However, the nature of the conditions often will require more time and patience than one would expect at first, for both the practitioner and the client. Thus, it is helpful to know what strategy to use for the most successful approach to treatment.[1]

1 Note that this table is presented to provide simple guidelines, i.e. to introduce a framework of thinking for case approach. It is inherently understood, general guidelines aside, first and foremost the case must fit the remedy.

Advice On Potencies

From the *Lessor Writings* by James Kent, MD, Extracted by Richard Pitcairn, DVM, PhD

On The Use Of Potencies[1]

After thirty years of careful observation and comparison with the use of the various potencies, it is possible to lay down the following rules:

Every physician should have at command the 30th, 200th, 1M, 10M, 50M, CM, DM, and MM potencies, made carefully on the centesimal scale.

From the 30th to the 10M will be found those curative powers most useful in *very sensitive women and children*.

From the 10M to the MM all are useful for *ordinary chronic diseases* in persons not so sensitive.

In *acute diseases* the 1M and 10M are most useful.

In the sensitive women and children, it is well to give the 30th or 200th at first, permitting the patient to improve in a general way, after which the 1M may be used in similar manner. After improvement with that ceases, the 10M may be required.

In persons suffering from chronic sickness and not so sensitive, the 10M may first be used, and continued without change so long as improvement lasts; then the 50M will act precisely in the same manner, and should be used so long as the patient makes progress toward health; then the CM may be used in the same manner, and the DM and MM in succession.

By the use of the series of potencies in a given case, *the patient can be held under the influence of the similimum*, or a given remedy, until cured. When the similimum is found, the remedy will act curatively in a series of potencies. *If the remedy is only partially similar, it will act in only one or two potencies*; then the symptoms will change and a new remedy will be demanded.

Many chronic cases will require a series of carefully selected remedies to effect a cure, if the remedy is only partially similar; but *the ideal in prescribing is to find that remedy similar enough to hold the case through a full series to the highest*. Each time the patient will say that the new potency acted as did the first one received. The patient can feel the medicine when it is acting properly. Some have intimated that suggestion is a help to the action of the remedy; but *it is wise to know that suggestion fails when the wrong remedy has been given*.

The Need Of Attenuated Medicine For Cure To Be Achieved[2]

It will be observed at once that the essentials of cure do not exist in operations upon the organisms, and as material substances operate largely through the organisms, the true disease is not reached. *The object then must be to avoid operating upon the organism* and essentially (act instead) through the vital impulses by correcting the perverted vital activities.

The causes of disease existing in a highly attenuated form are similar in equality to the vital dynamis (e.g. the life force); hence the affinity or susceptibility. *This same affinity must be acquired by a drug substance*. The attenuation must be carried on until a correspondence of spheres has been reached, or until resistance is no longer possible. The point of the highest degree of similitude in quality between two activities is variable, as it is in a degree observable in a very wide range of attenuation, as many quick cures are observed from low attenuations, but *more commonly, the high and highest attenuations furnish the most striking examples*.

1 James Kent, MD; Lesser Writings, pp. 207-208.

2 James Kent, MD; Lesser Writings, p. 307.

That low potencies cure, nobody disputes; and this does not refute the doctrine; but it must be admitted that it is by virtue of the inherent dynamic principle that it is curative, though *more feebly curative in the low than when the drug is attenuated to a quality equal to the quality of the attenuated disease* and the qualitative vital dynamis.

The striking changes sometimes observed from low attenuations are *the results of primary action* on the organism which Hahnemann seeks to avoid. To bring about such results medicines must be repeated, while a single dose of the attenuated medicine would prove curative, and not influence the organism primarily.

On The Administration Of The Remedy:[3]

It may be supposed by some that there is little to be said about the administration of the homeopathic remedy; by others there is little to be learned beyond what can be found in the writings of Hahnemann. It should not be expected that Hahnemann could lay down fast lines for the use of the higher and highest potencies when he never used them. *What he said about the use of remedies applies largely to the lower and 30th potencies.* What he says about these is very useful about the administration of remedies in all potencies, but he gave general rules and nothing more could have been given at that time.

An extensive experience with all kinds of potencies and constitutions, varying degrees of sensitivity, will lead a good observer to make no fast lines to be followed by himself or others. The difference in the activities of a given remedy in the 30th and 10M upon the same constitution is most wonderful, and the difference in the 10M and CM is still more wonderful in some instances. In some constitutions the 1M is not repeated with advantage and *in others stoical, several doses are necessary.*

The very high potencies seldom require repetition, if clearly indicated, to produce a long curative action in chronic cases, but *in severe acute sickness in robust constitutions several doses in quick succession are most useful.*

In a typhoid with a high fever *the best work is done by repeating the remedy until the fever shows signs of falling.* While the fever is rising in robust constitutions the remedy may be repeated with advantage, and in some cases it is positively necessary.

It never matters whether the remedy is given in water in spoonful doses or given in a few pellets dry on the tongue—the result is the same. It has been supposed by some that by giving one or two small pellets that a milder effect would be secured, but this is a deception. *The action or power of one pellet, if it acts at all, is as great as ten.* If a few pellets be dissolved in water, and the water is given by the teaspoonful, each teaspoonful will act as powerfully as the whole of the powder if given at once, and the whole quantity of water if drank at once will have no greater curative or exaggerative power than one teaspoonful.

When medicine is given at intervals the curative power is increased and may be safe if it is discontinued with judgment. When a positive effect has been obtained the medicine should always be discontinued and the greatest mischief may come from continuing to give it. Therefore, it is not always that the technical single dose is the best practice, but *the single collective effort is always to be sought.*

The correct observer will soon learn whether this is to be secured by a single dose or a series of doses.[4] But *after this has been secured there*

3 James Kent, MD; Lesser Writings, pp. 388-392.

4 Organon of the Medical Art by Dr. Samuel Hahnemann, edited and annotated by Wenda Brewster O'Reilly, PhD, 1966; pp. 250–251: "The question arises: what is the most appropriate degree of smallness for certain as well as gentle help? How small would the dose of each single, homeopathically selected medicine have to be for the best cure in each individual case of disease? It is easy to realize that no theoretical conjecture can solve the problem of determining, for each medicine in

is never an exception to the rule—wait on the remedy.

In acute sufferings and in emergencies the above plan is best suited. *In chronic diseases for the first prescription the single dose dry on the tongue will be found ever the best*. After several doses have acted well, and when given at long intervals, the action is growing feebler and feebler, and the symptoms still call for the same remedy, *a series of doses will show a stronger and deeper action*, and this is even true if the potency is given much higher. Furthermore, it becomes safe to do this after several doses of a given medicine have been given singly and at long intervals, when it would not have been good practice with the first doses.

When the 30th and 200th potencies are used it is much oftener necessary to give the medicine in water than when using higher potencies *(note added: not that water makes a difference in itself but that is the way they gave multiple doses at that time)*. These potencies have much milder curative action than the higher and highest potencies, and therefore, they are far more suitable to the very nervous and excitable women and children and to some men.

Range of potency use

To suit all degrees of sensitivity in chronic diseases the physician must have at his command his deep acting medicines in the 30th, 200, 1M, 10M, 50M, CM, (DM) and MM potencies[5].

particular, what dose will suffice for homeopathic curative purposes, yet still be so minute that the gentlest and most rapid cure will be attained. Speculating intellect and subtle sophistry give no information about it. It is also impossible to record all conceivable cases in a table in advance. Only pure experiment, careful observation of the excitability of each patient, and correct experience can determine the best dose in each particular case."

5 Potencies higher than CM are not available at every pharmacy. Check with your preferred pharmacy, however here are several that carry higher potencies: Freemans (Glasgow, Scotland) and Helios (Kent, England) both of which carry up to MM but no DM; and Schmidt-Nagel (Geneva, Switzerland) carries a full scale up to MM.

With many chronic patients, if the remedy fits the symptoms or is the similimum, *any potency will do all the curing it can in two or three doses at long intervals* and a higher potency must be selected. It is better to begin low and go higher and higher. Each change of the potency brings new and deeper curative action.

It has been said by some, go very high at once and accomplish it at once, but it is not true that the cure is accomplished. *In many chronic diseases the patient must be kept under the remedy a long time*, and the remedy must be managed so that the curative power will not be thwarted. This continued action is best secured by the conservative method. In this way the cure is always mild, gentle and permanent.

Again, to give the very high potency to the feeble and extremely sensitive, we bring back old complaints and symptoms too violently and too hurriedly, and fail to sustain the curative action long enough to eradicate the underlying miasm.

To avoid the shock or aggravation some give at night, others in the morning, but there is no difference. *A deep-acting chronic remedy should seldom be given in the midst of a paroxysm or exacerbation, but at the close*. This is an old settled rule that nearly all follow. To give a deep-acting remedy in the midst of great suffering would be to court aggravation and increase the suffering and use up the curative power of the remedy uselessly. The dose would be worn out, and when repeated would often fail to act.

It is necessary to nurse the case on to a fortuitous moment and then give the medicine. That moment is after the excitement has passed—when there is a calm. If it be a menstrual suffering, *after* menstruation, if it be chronic sick headache, *after* the headache, if it be intermittent fever, *after* the paroxysm, will be found the best time to give the dose of medicine.

Incurables

The *management of incurables* differs widely. No two are alike, and it is soon observed that

medicines ever so carefully selected aggravate and palliate, and the force of the remedy is soon used up and a new one must be found. It is seldom that the remedy works in more than one potency, and it is not uncommon that the remedy acts but a few hours. *The rapid change in symptoms and states compels the patient to be ever near the physician*.

The following axiom should always be held in mind: *When the symptoms change the remedy must be discontinued, as it ceases to be homeopathic*; therefore, whatever action it may exert cannot be curative and may be detrimental.

The *single dose* in all sensitive people anticipates this change of symptoms and must be the safest for general practice. The repetition of the dose to intensify the action of the remedy must not be considered as the rule, but the exception.

It is unsafe for the beginner to indulge the desire to repeat too much—it should always be restrained.

The physician who prescribes in water *(note added: that is, gives multiple doses routinely)* universally will cause suffering in many of his sensitive patients, and it will appear to him that the disease is growing worse and he will change his remedy when he should cease to give medicine.

The higher the potency the greater the aggravation caused by this kind of repetition.

Physicians who practice only in the country among people who are strong and live out-door lives do not see the sharp aggravations that are seen in the city. The country people will stand more abuse from repetition as well as crude drugs.

On The Similimum[6]

(Some misinformed practitioners) claim that the self-same substance will cure in any dose or any potency. My statement is that similimum, the curative power or force, is not essentially the curative drug. The similimum may be found in Aconite 200th where Aconite 3X has failed. The Aconite is the curative agent but not the similimum, *but Aconite 200 is the similimum*.

When Aconite cures, it cures permanently, I believe it does so because it is the similimum. I have recently seen Arsenicum 200 fail in a case so clearly indicating Arsenicum, that a tyro could not fail to see it, and the same 200 is known to be genuine and had for years served well — the 10M cured promptly. The remedy was Arsenicum, but the similimum was Arsenicum 10M. I have seen this same Arsenicum 10M cure when the 3X, 6X, 30, 60 and 200 had failed.

Then the stimulation must be the curative power and not the name of the any given drug. I may conclude that Arsenicum is the remedy and the case is not cured. I must next choose a suitable potency and as suitably refrain from its repetition. The smallest part of the conclusion has been wrought when the name of the curative agent has been decided. I admit it is seldom necessary to be so exclusive in finding the curative power, but that it does sometimes occur I am more than convinced.

A friendly doctor said to me a few days ago in my office that he was curing a case of psoriasis with Arsenicum 3X. He stated that the patient had been taking it off and on for a year, and that when he stopped the medicine the disease seemed to come back. Nothing can be learned about such a case, as there was no clear statement of the facts in the case. But it is much more satisfactory to use a very high attenuation of any drug believed to represent the curative powers in a single dose. *It is the safest and surest way to avoid a mistake.*

If the remedy acts, it is so permanent and almost sure to be similimum. If it does not act, there is no harm done and a lower potency may be selected. *If a lower potency is selected and repeated, as often has to be, the over action spoils the case and sometimes precludes the possibility of a cure.* If the remedy is homeopathic to a given totality, a single dose very high may cure the whole

6 James Kent, MD; Lesser Writings, pp. 426-429.

case; if, however, it seems necessary to repeat, and the disease only disappears while the remedy is being repeated the selection is a bad one and had better be changed.

This knowledge we gain while using a high potency in a given case leads us slowly but surely in the way of success.

It is a grand mistake to fly to a low power because a high has failed to act, yet it may be tried as a manner of convincing man of his own weakness.

The similimum is the curative power that every true healer is in search of, and I take it for granted that every physician in his heart is searching for truth. Then it must appear to all unprejudiced minds that the name of a drug so no more the curative power than the name of a disease is the disease to be cured.

As any given disease has an individuality in causes of varied intensity so will its cure be in antagonism of varied intensity. One drop of Aconite root may cure the Aconite mental picture in one person and fail signally in many, and the 200 cure the case in a few hours. I would not say 'may', unless I had seen the work.

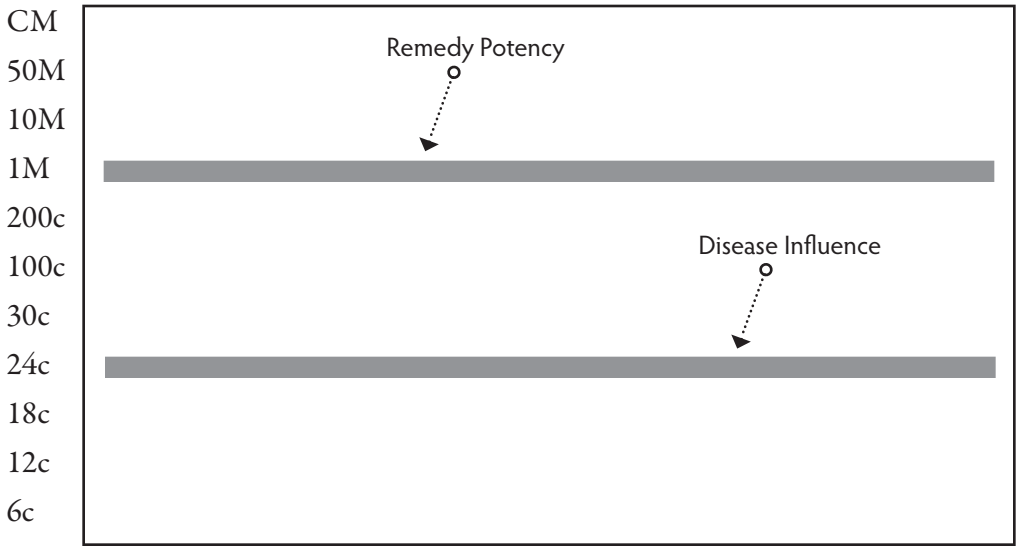
A Case Example

I had once under my care a patient whose symptoms were like those of Sulphur. As I had not advanced in knowledge beyond the 6X, I gave that remedy in the potency named with what seemed to me astonishing relief. Finally, Sulphur 6X failed to give the continued relief, although the agent (for it was not a remedy) was continuously repeated.

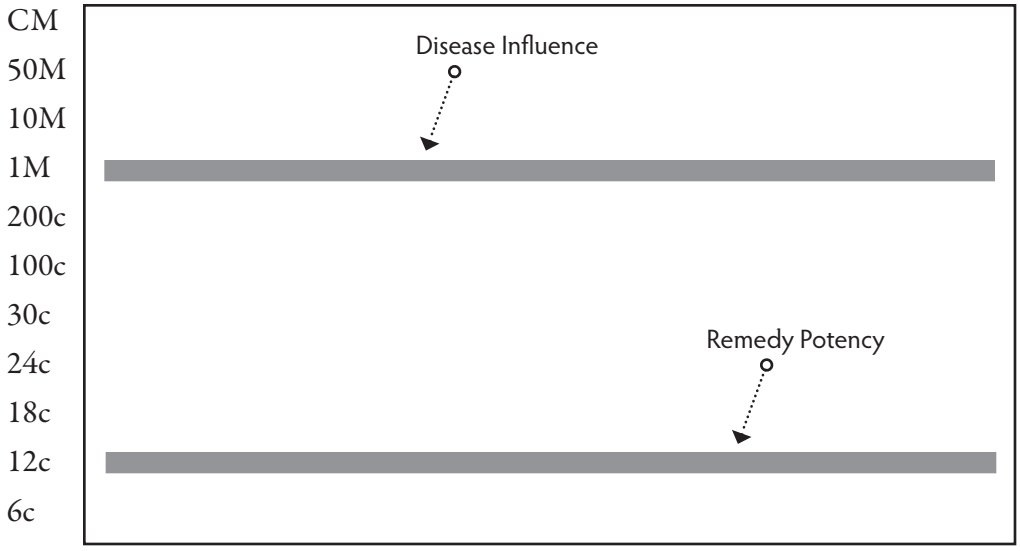
I compared Sulphur with the patient, and Sulphur seemed still indicated, but it would not cure, I must change. I changed and changed (e.g., remedies), and finally the patient changed, I spoiled my case, and felt like "cussing" somebody for it. Nobody to blame but myself. Some three years later this patient finding nobody that could do any better than I had done, bad as it was, came back to me, and by the way I had changed I had opened my eyes, this patient had taken my crude drugs, but I then knew how to develop a case and cure it. He took Nux 2M for a few weeks with improvement, but the same old burning on top of head and soles, the same 11 AM hungry stomach; the same itching, and the same "not very well myself" all there. These symptoms had never met similimum.

The famous Sulphur 55M one single dose and S. L. (e.g., Sac Lac) made astounding changes that lasted for nearly two months, when the returning symptoms were the signal for another dose. Three doses cured the case permanently. Sulphur 55M was the similimum. Sulphur 6X was therefore not the similimum. Sulphur was his remedy but the attenuation was next to be chosen. Why is this not true of any agent in the materia medica? There is nothing new in these facts, but it seems so strange that there can be found a man with brains too small to comprehend it or too dishonest to own it or too skeptical to believe it. The similimum may be found in the lowest attenuations, but is positively found for all curable diseases in the high and highest genuine potencies.

Potency Effect In Relation To Intensity of Disease



In this situation, the strength of the influence of the remedy potency far surpasses that of any disease influence, whether the disease influence is of infectious origin or some other disturbing event (physical or emotional). This is the most commonly encountered scenario, even in using the lower potencies. This circumstance will be easily recognizable, because there will be an observable response in a curative direction after the remedy is given; perhaps a homeopathic aggravation or counteraction, but then continued improvement with time and without needing repetition of the remedy.



The above situation, however, presents a different scenario where the strength of the "disease" influence exceeds that of the remedy potency influence. In this case, one option is raising the potency accordingly. Alternatively, one could *repeat the lower potencies*, gradually ascending, until the accumulated effect exceeds or overwhelms that of the inimical influence. You will recognize this situation, because the one dose seems to have some effect (improvement, but without an apparent homeopathic aggravation or counteraction) but the improvement is short-lived. Typically, there is no change in the symptom pattern and no new symptoms appear.

The Progress Report in the Chronic Case: An Essential Part of Homeopathic Case Management

Andrea Tasi, VMD

Goal of the Progress Report:

To obtain accurate, homeopathically relevant information to help the practitioner determine action (or lack thereof) of a recent homeopathic prescription or other therapeutic interventions, including nutritional/husbandry changes, etc.

What is Needed in Advance of the Progress Report:

1. The patient's record, properly organized so that needed information is at hand – of uppermost importance are: the master symptom list (current/active symptoms as well as old symptoms); the time line; and the master prescription list (remedy/potency/dosage administered, notation of acute/chronic/acute of chronic for each prescription).
   — It is because I want all these documents in front of me that I maintain paper based records, but one can accomplish this by having several windows open at a time on a computer screen.
2. Enough time to prepare for taking the progress report: reading over the past entry in the patient's file, as well as a quick review of information listed above.
3. If working on a bill-by-time basis: a way to time the progress report.
4. FOR PHONE PROGRESS REPORTS: A clearly established appointment system in which the client has pre-booked the progress report and understands whether they are to call you (my preferred method) or whether you are going to call them.
5. FOR PHONE PROGRESS REPORTS: A speakerphone or headset that has good sound quality so that you can write or type as needed while taking the report.
6. If you have asked clients to email you other information in advance of progress report (photos, videos, logs of symptoms, etc): have these either available to review on screen or on paper.

BEWARE THE TEMPTATION TO DO ANY PROGRESS REPORT WITHOUT THE PATIENT'S FILE AT HAND. TRUSTING YOUR MEMORY TO RECALL PROPER DETAILS OF THE PATIENT RECORD AND THEN TO RETAIN AND ACCURATELY RECORD AT SOME LATER TIME ALL INFORMATION RELAYED TO YOU IS ASKING FOR TROUBLE. I KNOW THIS FROM PERSONAL EXPERIENCE.

I. Subjective

Questions to Ask at Progress Report:

1. First, one must establish that the remedy (if a remedy was prescribed) was given and how it was administered. My preferred method is to ask: **"Did you have any difficulty giving the remedy?"** I prescribe dry pellet doses to be administered directly by mouth but give the client other options for difficult to handle animals. So I also ask **"How did you give the remedy?"**

2. **What happened after the remedy was given? Tell me any changes you have noticed.** Allow owner/guardian to tell you what they have observed in their own order, uninterrupted. Usually they will relay their observations of changes noted in the most bothersome/current symptoms. You will record this in the file, symptom by symptom.

3. If some other recommendation was made (diet change, nutritional supplement, environmental modification, etc.) inquire if it was fulfilled and what has been observed since its implementation.

4. **How is "Fluffy" feeling OVERALL in general?** Ask for examples as needed.

5. **How is "Fluffy's" energy level in general?** Scale of 0–10 very helpful, 10 is best energy.

6. When they have finished, you must check the symptoms they have discussed against your master symptom list and now **inquire about any current/active symptoms they did not mention.** I find it very helpful to use 0–10 scale for symptom intensity, however it is reversed from energy scale: 0 is no symptom occurrence, 10 is worst. Teach owners this clearly at first progress check.

7. Next, **inquire about any return of old symptoms.** I recommend this be accomplished by inquiring individually about each important old symptom; e.g. "Has Fluffy had any of the cold-like symptoms she had as a kitten?"; "Has there been any return of the red rashes that Buster had on his belly as puppy?"

8. **Have there been any changes in routine living conditions?** Inquire about any changes in routine, husbandry, schedules/presence of people in the patient's home. Stressful events can interfere with or interrupt the action of even the most skillfully prescribed remedy! If it has been more than a month or so since last progress check I **inquire if the pet has had any conventional or emergency care needed?** I have had multiple instances of clients forgetting to tell me they took the animal to an emergency room for treatment.

9. Lastly, **Are there any new symptoms?** A true new symptom is the appearance of a symptom/state, condition that the patient has NEVER EVER experienced before in any way, shape or form EVER. A new symptom IS NOT a modified old symptom. This can be subtle to distinguish, but is essential for accurate prescription evaluation. In animals who have not been with their guardian/owner their whole life (i.e. gaps missing in patient's history), this can be impossible to determine!

II. Objective:

Physical exam and any other laboratory or diagnostic test results. *Practice Tip:* In my practice I have my clients weigh their cat on their own baby scale, in advance of each phone progress report, as weight is a "vital sign" of key importance in monitoring sick cats.

III. Assessment:

Based on the changes reported by the guardian we must identify if the remedy has acted or not, and if so, is the remedy action curative, palliative or suppressive. Remedy responses and their interpretation will be covered in a separate lecture. See also the *Guide Notes in Case Taking: Chronic Case, Follow-up Evaluation* on page 54 of the Case Study Section and/or the laminated handout.

Tips that curative response/direction of cure occurring:

- ☑ Counter action observed.
- ☑ Aggravation, if occurred, was brief.
- ☑ Patient's energy (overall sense of well-being) improved.
- ☑ Gentle improvement over time. (Note – If symptoms disappear nearly immediately, the response rarely holds.)
- ☑ NO new symptoms OR new symptoms represent an exteriorization process (a rash or discharge most commonly).
- ☑ Return of old symptoms; transient and not causing great suffering to the patient.
- ☑ Length of time between prescriptions increases.

IV. Plan:

1. Remedy plan:
   - ❑ Wait/watch.
   - ❑ Repeat remedy if standstill or backslide after improvement. Change of potency or dosing method?
   - ❑ Change remedy? Need to review or retake case?
2. Other supportive care, other diagnostic tests needed?
3. Inquire about any future stresses or lifestyle changes (travel, moving, etc)
4. Schedule next progress report and/or follow-up exam.

Taking the Case: The Art of Asking the Right Questions

By Sarah Stieg, DVM, MRCVS

Contributions by Andrea Tasi, VMD

In Module 2's *Taking the Case: Keys to Case Taking, Case Analysis, and Symptomatology*, we discussed the importance of structure during a case intake, including the physical setting, intake forms, a formalized homeopathic work-up, symptom classification, and analysis. We will now build on this case taking foundation, with an in-depth exploration of how to ask the right questions to gain the most accurate information from your clients. This vital information is ultimately what the patient's prescription will be based on; thus maximizing the intake's potential enhances clinical success.

✓ Step 1: Recognizing the Type of Client

- Our job is to manage the client to leave the case intake with a full history; ideally, by simply guiding the flow of information rather than directing it.
- However, clients are as variable as our patients and can range the spectrum from the "gushers" to the "I-don't-knowers". Each end of the spectrum presents its own obstacles in history taking.
- Quick assessment of the type of client at the beginning of consultation will help you to "switch gears" as needed, consciously choosing the skills necessary to manage this client. A conscious choice helps select the right communication strategy, as well as manage our own frustration levels and ever pressing schedules.

✓ Step 2: Opening Question – Client Goals

- I always ask the client what is their goal(s) from treatment, as it is imperative for client compliance and satisfaction to ensure that these specific expectations and concerns are being met in the treatment plan, or need to be clarified for expectation management.
- For performance animals, this is vital to staging a return-to-work plan (if possible) and to address any unrealistic expectations of homeopathic care.
- I always return to the client's goal(s) at the end of the appointment, and let them know if I think their goals are achievable or might need to be modified.

✓ Step 3: Letting the Case Unfold

- Allowing the client to speak freely in their own words is essential to receiving the most truthful, unaltered case description. Then it is our job to ferret through this information for clarity and clinical accuracy.
- The best information comes from allowing free-flow thinking, for people will often tell you what they think you want to hear or develop tunnel vision if asked leading questions.
- To begin, refer to the main problem of the patient (why they were booked in) and ask the client to, "Start at the beginning and tell me all about it. Please use your own words when you tell me, not medical terminology."
- For an alternative beginning, you can ask the client if they would rather begin chronologically,

from when they first adopted the patient and work forward to the present.

- Most clients first want to discuss what's currently wrong with the patient, as this is usually first and foremost on their mind. If it isn't – and they begin with a different topic (which may seem off track), listen closely for it will be:
  - — Important to the client, and by acknowledging this is in the treatment plan helps gain confidence and trust from the client. Example: Case booked for "allergies," but a specific behavior issue is bothering the client more than the patient's allergy condition.
  - — Often will provide a gem of information that can be key to solving the case.

Client's answers should not be taken at face value

- Key is *perception* – client's perception of a symptom may not be clinically accurate. Remember you are the qualified veterinarian and need to reflect on the clinical accuracy and species normative behavior relative to all the provided information.
- Clarify, qualify, and quantify!
  - □ *Can you describe that? What do they do when that happens / acts that way / etc.?*
  - □ *How often does this occur? What is "frequent"?*
  - □ *If given a range of 0-10, 0 being no symptoms and 10 being the worst it has ever been, how bad is it now?*

✓ Step 4: Checking Off the Usual Suspects

At this point (if I have not already), I usually prepare the client that I am going to ask A LOT of questions. I have found it's important to reassure people and let them know:

- — That there are no right or wrong answers
- — It's ok to say "I don't know."
- — For some of my questions, the information might not be there for this patient (e.g. doesn't exist, or not able to be observed, or unavailable due to lack of history) – and that's ok. I just let them know if the information is available – it's quite helpful.
- — That they are the number one expert on their animal.

Taking this approach tends to help people relax into the consult and really boost their confidence to open up. It also helps them not get upset of frustrated when they cannot provide an answer, but rather settle in to going through the process of the intake.

A. **Current Complaints** — Fully detailed, extent, modalities, concomitants, etc.

B. **Historical Complaints** — Flesh out the full details and try to investigate any modalities and concomitants that the client can remember.

- You may need to ask a series of questions to try and prompt their memory. Prior medical records become vital to guide the interview and are imperative to have to hand at the time of the consult as clients can forget even major medical treatments and hospitalizations.
  - — A good question to help jog their memory of the details of a prior condition is: *"How did you know to take them to the vet?"* — Richard Pitcairn, DVM, PhD
  - — Another is, *"Do you remember a time when your sleep was disrupted?"*
- Remember that clients do not always call the vet for every ailment, so this should be clarified when reviewing the patient's history.
  - — *Have there ever been any problems, even minor ones that were treated at home?*

— If they are unsure, offer a species appropriate example, e.g. ear discharges in dogs, hoof abscesses in horses.

— Can also ask if they: *Do you have any favorite home remedies that you have used on this patient?*

C. **Routine Health Care and Husbandry**

- Be sure to ask about routine health care, e.g. diet (what, how much), supplements, medication, vaccination, deworming, topical flea/tick products, farrier, nosode use, etc.
- When enquiring about vaccination reactions, clients will often not think of disturbances to health post-vaccination as related to the vaccine. If the client doesn't recollect any problems with the vaccination, ask:
  - □ *Were they tired or "off-color" afterwards? Any injection site swelling? Any diarrhea?*
  - □ *Horses: Any hives? Sweating? Colic?*

D. **Performance & Activity**

- Performance and exercise/activity levels need to be recorded and often are a way to uncover previous injuries or problems. Shows or events can act as an anchor in a client's memory and can jog more information to the surface.
- In a performance animal, prior to physical exam, I always clarify what is this animal's job or purpose and what their goals are for future work or performance. These goals will be reviewed at the end of the appointment, post-exam findings.

E. **General Modalities and Misc.** — Inquire for both when the patient is well vs. unwell. The following are listed in this order specifically, as it will often bring up any modalities/concomitants missed with current/historical complaints logically flowing in the clinic record.

- Temperature Preference
  - □ *Do they have a tendency to a temperature preference? Is it year round?*
  - □ *What do they do in the winter vs. summer?*
  - □ *Where do they typically lay? Do they ever seek tile floors? Lay near doors?*
  - □ *Do they seek radiators? Fire? Stove/Aga?*
  - □ *Compared to other animals in the home?*
  - □ *Do they like to get under the blankets? How do they react to being covered?*
  - □ *Do they overheat easily?*
  - □ *Horses: Do they need to be blanketed/rugged? To what degree and for which seasons?*
- Weather/Season
  - □ Varies with the client's ecosystem – be aware of seasonal variation in weather patterns in that area. These will affect other cofactors such as crops, flies, central heating use, etc.
  - □ Allergy cases – helpful to know particular harvesting times, crop changes. For example, oilseed rape (a strong pollinating allergen) in the UK has the highest pollen counts at the end of May beginning of June and also August beginning of September.
- Time of Day, Periodicity
  - □ Be careful that this is not swayed by the times the client is around the home, e.g. most commonly clients tend to be home more in the evenings. Ask the client what is their schedule to clarify (work days vs. weekends); and to define the time of day they are referring to, e.g. what is "morning/afternoon/evening/nighttime" for them?
  - □ Clients are also most bothered by a symptom during the night when they are trying to

sleep. A word of caution is advised to clarify when a client reports a symptom (e.g. itching) is worse at night, as it might seem worse to the client as it is interrupting their sleep but actually is no more intense than during the daytime.

- ☐ Periodicity is easily swayed by memory. Have clients mark a calendar to keep track to clarify for future reference.

- Thirst
  - ☐ *Describe your animal's thirst (or drinking habits)?*
  - ☐ *How often do you notice them drinking?*
  - ☐ *What quantity (large/small) do they drink at a time? How big is the water bowl?*
- Appetite / Eating Behavior / Cravings
  - ☐ *How are they with food? What is their appetite like? How long do they spend eating?*
  - ☐ *Do they clear their bowl/bucket? Ever leave food behind? Ever refuse treats?*
  - ☐ *What was their appetite like when first adopted/as a puppy/kitten/foal, etc.?*
  - ☐ *Do they ever eat or even lick non-food items? (dirt, stones, floors, etc.)*
  - ☐ *Any burping or hiccupping? Vomiting or retching?*
- Stool
  - ☐ *Describe your animal's stool/manure?*
  - ☐ *How often do they defecate? What is it like? Color? Volume/shape? Odor?*
  - ☐ *Does it change as the day progresses? Or with excitement?*
  - ☐ *Ever any straining? Loose stool? Diarrhea? Constipation? Mucus or blood?*
  - ☐ *Ever any wind? How often? How "bad"?*
  - ☐ Horse: *What are their stall habits? Size of manure balls? Wet? Dry?*
- Urine
  - ☐ *Describe your animal's urine? Smell? Color? Quantity? Frequency?*
  - ☐ *When and where do they usually urinate?*
  - ☐ *Describe any episodes of straining? Cystitis or "infection"?*
- Reproductive / Heat Cycles / Pregnancy
  - ☐ *Did they show signs of puberty before being spayed / neutered?*
    - *— When was she spayed in relation to her heat cycle?*
    - *— How did they heal from surgery? Describe any problems? Such as incision infections, suture reactions, reactions to anesthesia?*
  - ☐ *Describe her heat cycles? Frequency? Length? Appetite? Behavior?*
  - ☐ *Dogs: Any phantom pregnancy symptoms, how intense and how long do they last? Appetite and energy during this time?*
  - ☐ *Ever pregnant? How was parturition? Any problems postpartum? Nursing? How many offspring? Describe the health of any offspring? Conversely: Ever sired any offspring? Describe the health of any offspring?*

F. **Lack of History?**

Reached the end of free-flow thinking? Or it was not there from the beginning? This is when the journalist or the detective needs to take action to round out the case.

- **Step 1:** Review medical history and dig out old symptoms with the client.
- **Step 2:** Start with a species appropriate general body system review to ferret out the history and be sure to note what to examine carefully from historical complaints on PE.

Dogs

• Ears: *Any history of ear infections? Are they ever dirty?*	✓ Ears for wax/debris.
• Itching: *Does your dog ever lick or chew their feet?*	✓ Paws for staining.
• Dentition: *Did all your dog's teeth erupt normally?*	✓ Teeth, placement/malocclusion.
• GI: *Ever any vomiting? How frequent? Grass eating? Dirt/stones/indigestibles/etc.? Tendency to soft stool?*	✓ Many clients think these symptoms are normal.
• Anal glands: *Ever had their anal glands expressed? Ever a few drops of fluid at the end of a stool?*	✓ Anal glands if needed.
• Confirmation/Joints: *Ever any signs of stiffness? Any hesitation getting in car, on sofa/bed, etc.? Are they comfortable in "sit" position - or do they always want to lay down?*	✓ Confirmation, spinal health, joint ROM.

Cats

• Mouth: *Ever have bad breath? Previous dentals?*	✓ Gingiva, teeth, resorptive lesions.
• Vomiting: □ *Does your cat ever vomit or retch?* □ *How often?* □ *Does your cat ever bring-up hairballs?*	✓ Many clients think it is normal to vomit hairballs and may not consider this vomiting (which it is) unless asked specifically.
• Eyes: *Ever any eye discharge? "Infections"?*	✓ Eyes for discharge, staining.
• Ears: *Any history of waxy ears or ear mites?*	✓ Ears for wax/debris, excessive oil.
• Coughing: *Ever any coughing, hacking, or wheezing type sounds?* Imitate a cat coughing and ask them, *"Does your cat ever do this? This is a cough."* Until I did this at every intake, I missed LOTS of coughing cats. — Andrea Tasi, VMD	✓ Asthma-type disease is quite common and most clients think the cat is not coughing but trying to bring up a hairball.
• Skin/Coat: *Any history of hair thinning or excessive grooming?*	✓ Coat for any evidence of barbering.
• Urine: *Any episodes of cystitis? Housesoiling?*	

Horses

• Feet: *How are his feet? Hoof quality?* □ *Thrush? Seedy Toe? Hoof abscess?* □ *Cracking? Chips vs. striations in corium* □ *Do you need or like to use any hoof products?* □ *Do they lose shoes easily?*	✓ Hoof quality, shape, and wear patterns of hooves/shoes.
• Dentition: *Regular dentistry?*	✓ Teeth.
• GI: □ *Any episodes of colic?* □ *Stomach/hindgut ulcers?*	✓ Manure, gut sounds, girthiness, etc.

Horses

- Skin/Itching:
  - ☐ *Coat quality, winter vs. summer coat, dander?*
  - ☐ *Any tail rubbing? Hives? Fly bites? Sweet itch?*
  - ☐ *Scratches/greasy heel/mud fever? Feathered breeds: Hyperkeratosis (Mallenders/Sallenders), pastern skin folds?*
  - ☐ *Sarcoids? Melanomas? Fungal growths?*
- Confirmation: *Previous injuries?*
  - ☐ *Ever any signs of stiffness/lameness?*
  - ☐ *Joint swelling? Windgalls, etc.?*
- Behavior/Potential Pain:
  - ☐ *Any performance problems? Tacking up?*

- ✓ Coat, main, tail, and feather quality.
- ✓ Bends of joints, pasterns, etc.
- ✓ Genital, perianal regions, ears.
- ✓ Confirmation, spinal health, joint ROM, gait analysis.
- ✓ Observe tacking up, check saddle fit and movement under saddle, wear patterns hooves/shoes.

In General

- Eyes: *Ever any discharge, "sleep," or mucus?*
- Skin: *Ever itchy? Dandruff? Cracked/split nails?*
- Growths: *Any warts, lumps, or bumps?*
- Development:
  - ☐ *What were they like as a puppy/kitten/foal?*
  - ☐ *Did they put weight on easily?*
  - ☐ *How was their appetite?*
  - ☐ *How were they to train?*

- ✓ Check for discharge.
- ✓ Close look at skin/coat/nail quality.
- ✓ Growths.
- ✓ Maturity, physical & behavioral.
- ✓ Abnormal confirmation, malformation, limb deformities, microphthalmia, etc.

G. **Behavior and Mental Symptoms —** The goal is to determine what is normal for the patient, and identify any abnormal behavior or tendencies:

- Behavior/mental symptoms must be definitive and prominent to be accurately used in repertorization. If there is any speculation about behavior/mental symptoms, then we may only consider them when comparing final choices in the Materia Medica.
- When asking clients about behavior or mental symptoms — never just accept their assessment, for frequently they are anthropomorphizing or misinterpreting normal behavior.
  - — Always ask the client to tell you what the patient is actually doing to clarify the behavior, for you as the veterinarian are the expert in animal behavior, not the client.
- Begin with general questions, then hone in on more species specific questions, always looking for degrees from normal.

In General

- ☐ *General disposition?*
- ☐ *Change when unwell, or [x] condition flares?*
- ☐ *Relationship with Client? Do they seek interaction? If I came into your home where would I generally find the patient in relation to other people / animals?*

In General

- ☐ *How do they react to raised voices? To discipline?*
- ☐ *How do they interact with/respond to strangers? [in home, outside of home]*
- ☐ *Interaction with other animals in the home? / herd?*
  - — *Place in hierarchy of pack / herd?*
  - — *Ever bullied? How do they react?*
- ☐ *Specific fears/likes/dislikes? How are they with loud or sudden noises (e.g. thunderstorms/fireworks/traffic)? Startle easily?*
- ☐ *Any sexual behavior?*

Dogs

- ☐ *Interaction with other dogs, inside/outside of home, on/off leash?*
- ☐ *Reaction to other dog's disciplining the patient?*
- ☐ *Submissive or dominant? What do they actually do?*
- ☐ *If another dog aggresses, what happens?*
- ☐ *What is their purpose/job? Do they enjoy work? How are they to train?*

Cats

- ☐ *Interaction with other cats inside home? Mutual grooming? Bullying? Avoidance?*
- ☐ *Cats outside home (e.g. stray or neighborhood cats)? Bullying/fighting?*
- ☐ *Grooming behavior in general?*

Horses

- ☐ *Herd dynamics/hierarchy? Herd bound?*
- ☐ *What is their purpose/job? Do they enjoy work? How are they to train?*
- ☐ *Any quirks?*
- ☐ *Stable manners? Any cribbing or wood chewing?*
- ☐ *Likes to be groomed?*

H. **Weighting Symptoms**

- It's easy to be led astray, thus important to check assumptions being made surrounding the information gathered. This is especially important with modalities, temperature preferences, etc.
- Try and ask counter-questions to these assumptions.
  - — Paraphrase the client's answer and reflect back to the client.
  - — Ask an opposing question to ferret out contradiction.
  - — Exaggerate their answer, and redirect as a question to clarify.
- Be cautious with causation, defining modalities, and any symptom you cannot "hang your hat on." It's easy to make assumptions in our animal patients. An erroneous symptom used in case analysis can radically sway the analysis and prescription.
  - — All causation is assumed – until factually proven. (A fact is a theory that is held to be true until proven otherwise.)
  - — Look at the case with and without the causation or questionable symptom to see how it changes the outcome of analysis.
  - — Example: Causation OVH – Client convinced symptoms started post surgery, only to gain ac-

cess to records later to find the symptoms occurred well before that surgical procedure.

- Causations to always counter-check: *vaccination, suppression.* Often the patient was sick prior to the incident, and any stressful event (disease, vaccination, surgery) would have tipped them to the next expression of their mistunement. Not to say that they do not occur – but not every patient is directly unraveled by them, vs. a general worsening of disease.

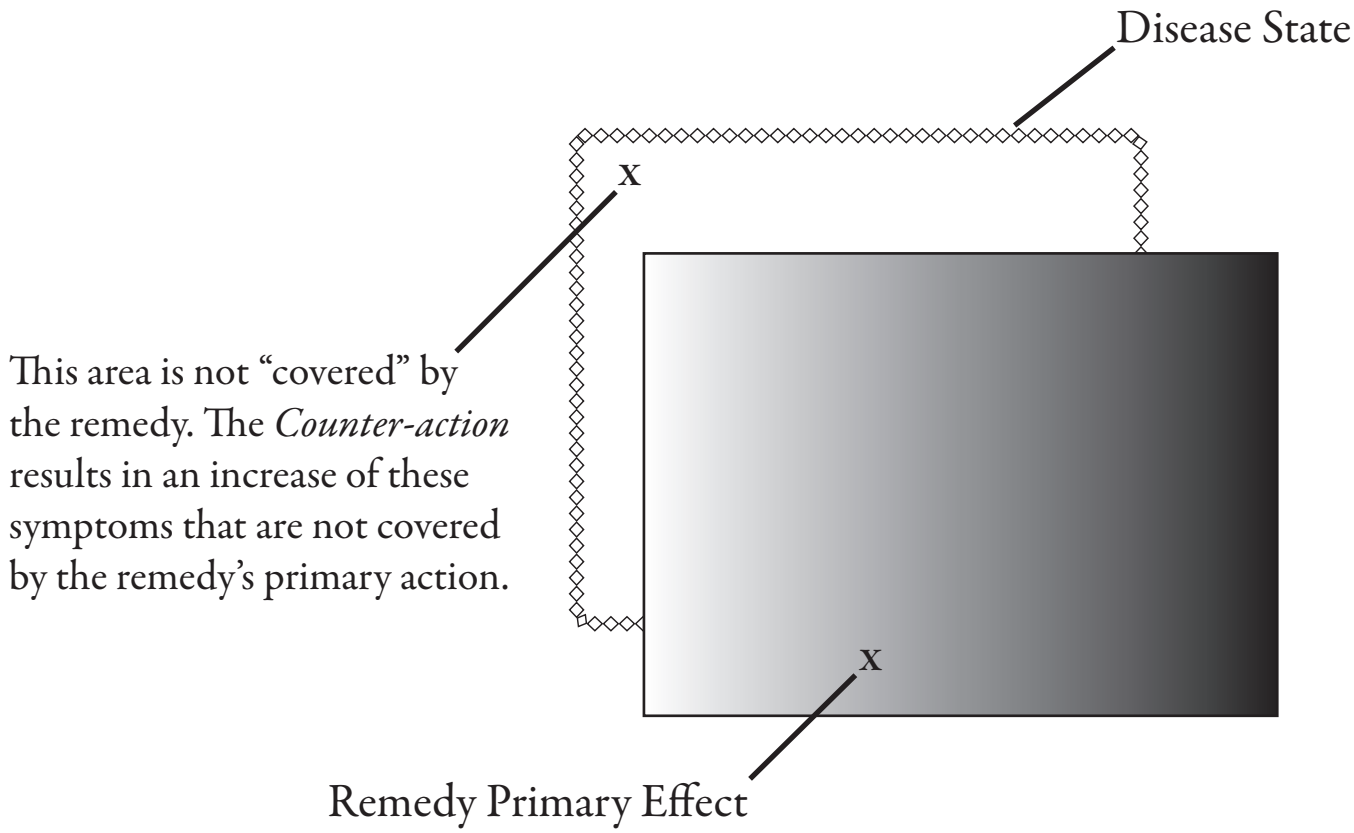
✓ Step 5: PE – Investigating the Living Miasmatic Crime Scene

- Changing the allopathic mindset of the PE; our goals in a homeopathic physical exam include:
  - — To look not just for signs of the presenting complaint – but the subtle, and not so subtle, signs of chronic disease (e.g. stained paws, waxy ears, cracked/shelly hooves, etc.).
  - — To look carefully for the signs of underlying psora (e.g. ✓ coat, skin, nails/hoofs, ears, gingiva, structural build, maturity/lack of development, etc.).
- Often these underlying signs of chronic disease are symptoms one would have noted on a thorough allopathic PE, but most likely not addressed with the client.
  - — They are the background signposts of "ill-health" or the dynamic mistunement of the patient.
- Any historical complaints, especially those conventionally "cured" – make a mental note to check for signs of ongoing activity in PE, e.g. history of ear infections that client has reported as resolved, yet on exam ears contain waxy debris ++.

✓ Step 6: Putting It All Together

- Gathering this epic homeopathic story now allows us the freedom, in our own quiet time after the client departs, to sift through the vast chapters to find key characteristic symptoms, important modalities, concomitants, causations, etc.
- Using an organized system allows easy access for future review. Even a brief summary becomes invaluable for long term management and treatment success.
- Recording a homeopathic assessment in the assessment section (SOAP's) documents the thought process leading to case analysis, working hypothesis, a master problem list and homeopathic symptom list, different analyses, and remedy differentials.
- Especially helpful in chronic cases when full case review is warranted, for review and analysis of original symptoms and hypothesis as further information is gained over time.
- This is further aided by keeping a quick reference remedy response chart at the head of a patient's record (see Dr. Sarah Stieg's Client History Forms, both small animal and equine for an example of a remedy response chart – includes the date administered, remedy & potency, brief indication, and brief response note) and a master homeopathic symptom list you can easily refer back to which can be modified over time.
- Remember — as thorough as we can be in our initial intake, we need to remain open for new information, clarification, hypothesis confirmation/rejection, etc. as more information will surface as the case progresses with each remedy prescription and consultation with the client.

When the Remedy is Close but not the Similimum, i.e. the Partial Remedy*



- If the remedy is *not similar enough* to cover the essential aspects of the whole disease condition then the primary effect of the medicine is not sufficient for initiating a curative response.
- The counter-action will occur because there is sufficient similarity to bring it about. However, it will cause the patient's defense to *manifest more strongly the symptoms that are not addressed* by the primary effect of the remedy.
- Thus, one clinically sees the increased expression of one or more symptoms, while others are improved or unchanged.
- This increased expression of a symptom(s), often referred to as an "aggravation", is not a true homeopathic aggravation (which happens immediately after the remedy is given and is due to the primary action), but instead is *an expression of the patient's reaction* to the primary effect of the remedy.
- Kent refers to this as the "aggravation of the disease" and in most cases it is temporary (unless the partial remedy continually repeated). This is also termed a "disease aggravation." For further clarification, see article titled *Summary: Homeopathic Aggravations Explained*.

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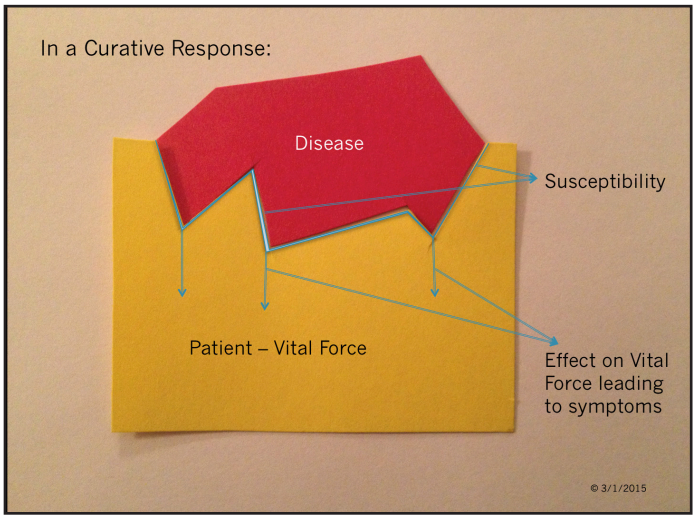
* By Richard Pitcairn, DVM, PhD, with contributions by Sarah Stieg, DVM, MRCVS and Andrea Tasi, VMD

Homeopathic Susceptibility and Remedy Reactions: An Illustrated Guide

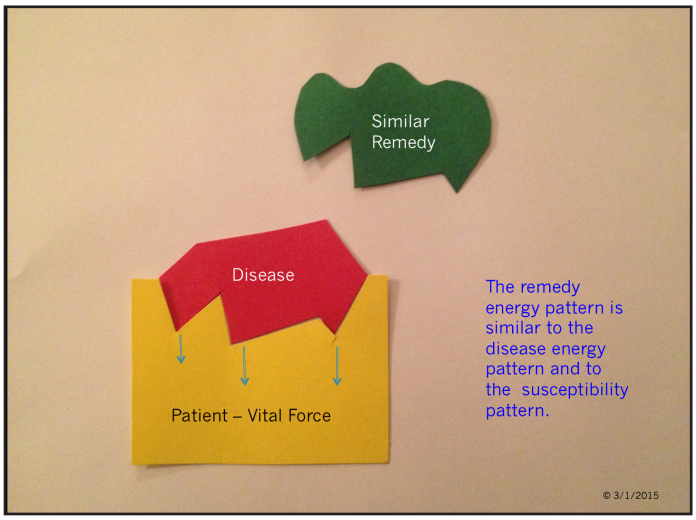
Anthony Krawitz, BVSc, DVM, CVH
Contributing authors Richard Pitcairn, DVM, PhD and Sarah Stieg, DVM, MRCVS

Images first presented at the 2015 PIVH Annual Meeting, Saguaro Lake Ranch in Mesa, Arizona.

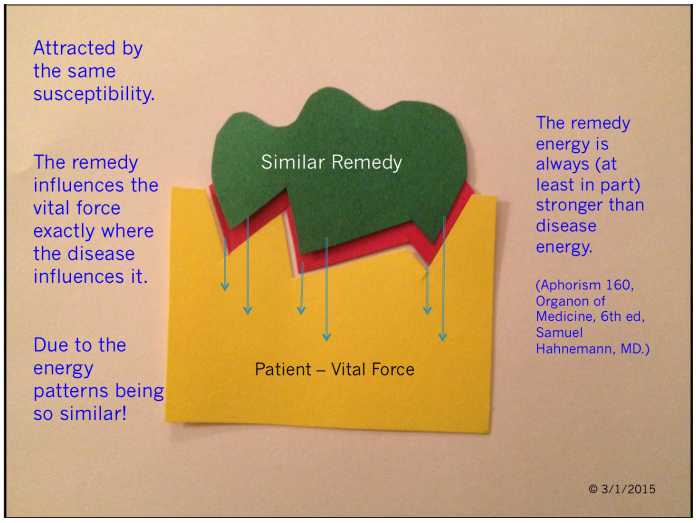
The following article will begin with a pictorial demonstration of what is occurring energetically during a curative reaction to the correct remedy, including illustrating the homeopathic aggravation and counteraction. Subsequent diagrams will differentiate the energetic reaction of the homeopathic aggravation from the disease aggravation of a partially similar remedy. The article will be concluded with a summary defining the homeopathic aggravation, disease aggravation, and counteraction. Enjoy!



The disease has an energy pattern that matches the corresponding susceptibility of the vital force. If the susceptibility to the disease energy were not present, the patient would not become ill. The effect of the disease energy on the vital force causes the symptoms felt by the patient.

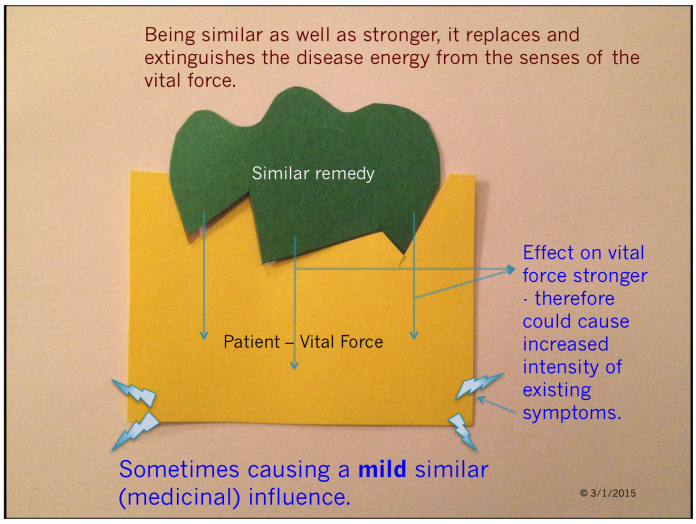


When the correct remedy (the *similimum*) is given, the remedy energy follows the exact same pathways that the disease is situated in, as the remedy energy pattern is similar to the disease energy and to the susceptibility energy patterns.



For a brief moment both the remedy energy and disease energy occupy the same position due to attraction and match to the susceptibility.

Hahnemann tells us in the Organon that the remedy energy (being artificially created) is always stronger than the disease energy.

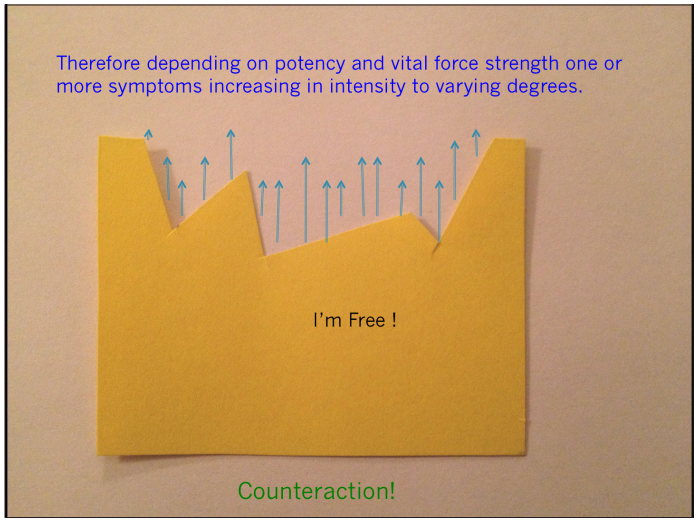


As the remedy energy pattern is similar (and stronger) to the disease energy pattern, it replaces it by driving out the awareness of the vital force to the disease energy. So for a time, the vital force is only sensing the remedy and not the displaced disease influence.

Due to the similar stronger remedy energy, an initial action or **homeopathic aggravation** is sometimes caused and felt by the patient. While the homeopathic aggravation is a product of both the medicine and the life force, it chiefly belongs to the medicinal influence (¶63).

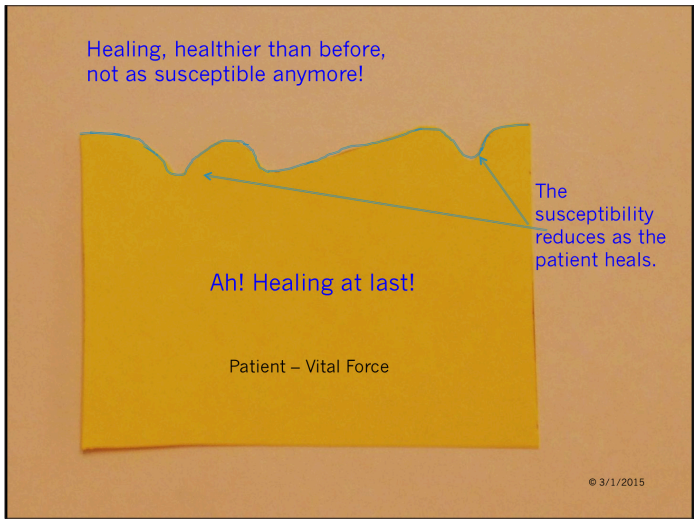
As the remedy is an artificial creation, it wears off after a period of time, leaving the patient with no disease energy as well as no medicinal energy. For the first time, the vital force is now free of both the disease and the medicine.

In summary, the stronger similar remedy temporarily replaces the disease; when the artificial remedy wears off, the vital force is left free of both the remedy and the disease.



The vital force can now celebrate by responding in a healing way and do what it has been trying to do for so long without success, by making a symptom that can actually successfully clear the imbalance from the body once and for all. This response is known as the **counteraction**.

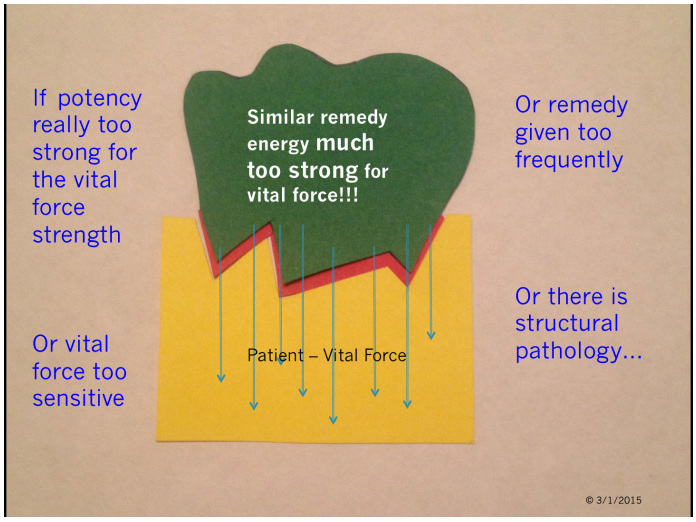
Hahnemann defines the counteraction as the reaction (or after-action) of the life force in response to the homeopathic aggravation, where through opposing action it to strives to extinguish the alteration produced by the medicine and reinstate the norm (¶63, ¶64).



In a chronic disease case, it is not always easy to wait when after the brief appearance of initial improvement a symptom you are trying to treat flares up. Always consider that this could be a counteraction, therefore potentially indicating a wonderful response and should be left alone (e.g. monitored).

Look to the well being of the patient to help you see this as a positive sign. Do not confuse the case (or the vital force!) by repeating the remedy or giving a new remedy too soon. Wait a day or two or even longer, to see if the case is moving towards cure.

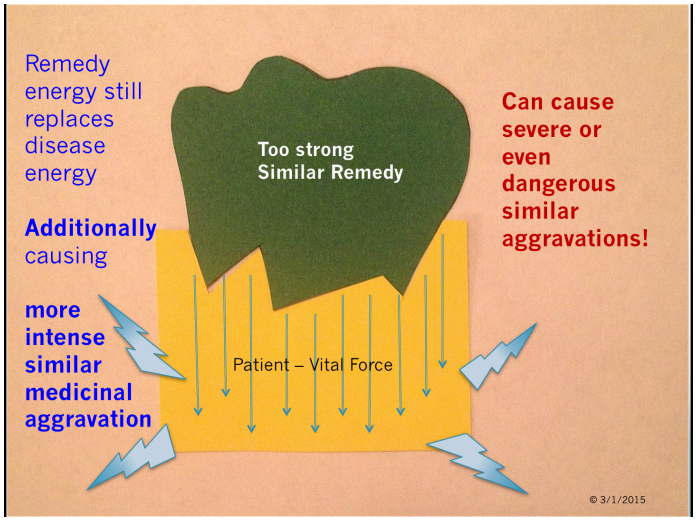
Susceptibility has been removed or reduced tremendously by the correct curative remedy!



However a brief caution!

On rare occasions a homeopathic aggravation can be too severe or even dangerous in situations where the potency is incorrect compared to:

- ☑ Strength of the vital force.
- ☑ Sensitivity of the individual.
- ☑ Frequency of the dosing (too frequent).
- ☑ Structural pathology present.



In these types of cases the remedy may have to be interfered with for the safety and comfort of the patient if the suffering is too severe and cannot wait for this medicinal disease to pass. The best antidote is to prescribe on the symptoms that are being aggravated.

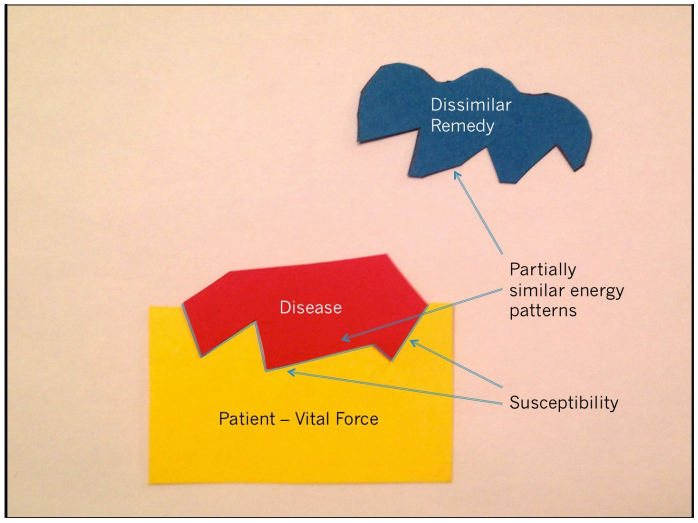
This is one of several reasons why Hahnemann recommends in the treatment of acute flare-ups of chronic disease to prescribe an apsoric remedy and not a deep acting anti-miasmatic, to prevent this type of intensified reaction as it may create too much suffering for the patient.

Remedy Reaction: Disease Aggravations

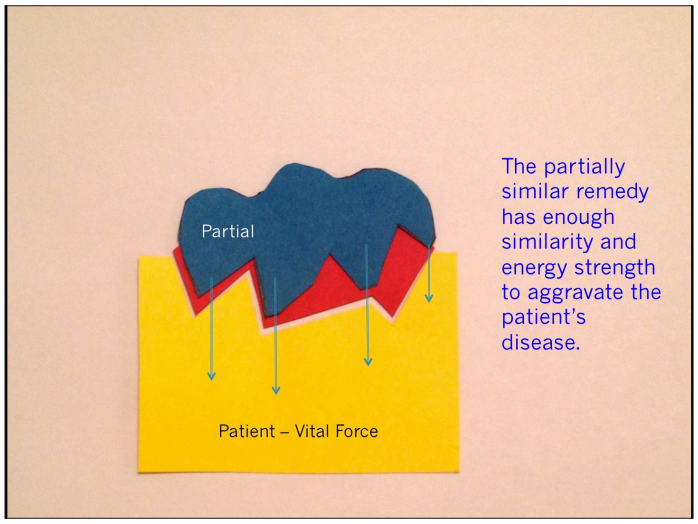
What is the purpose of giving a remedy? To elicit a reaction from the vital force. While all practitioners hope that this reaction is curative in manner, this is not always the case. As elicited in the initial diagrams, a patient can only be affected by a similar remedy, and thus the patient can only react to a remedy if they are susceptible to it. However, the degree of similarity determines the nature of the reaction and a remedy can cause a reaction even if it is only partially similar to the patient's mistunement.

If the remedy is similar enough to cause a reaction but not similar enough to move the patient in a curative direction a **disease aggravation** can occur. A disease aggravation is most commonly observed as a reaction that lasts too long, usually over days, and with time the patient returns to their prior state without any evidence of a counter-action or increased well being. In the literature, some homeopaths describe *similar* (increase in existing symptoms) or *dissimilar* (appearance of new symptoms, usually not observed before) aggravations of the disease.

- Note — It is important to understand that the term "aggravation" is used loosely throughout the homeopathic literature, varying from Hahnemann's specific homeopathic aggravation (initial-action occurring primarily from the medicinal affects of the remedy) to the non-specific general increase in the patient's symptoms. Kent frequently uses "aggravation" to describe the homeopathic aggravation, counteraction, and a general increase in symptoms. So it's easy to see how one can become confused!

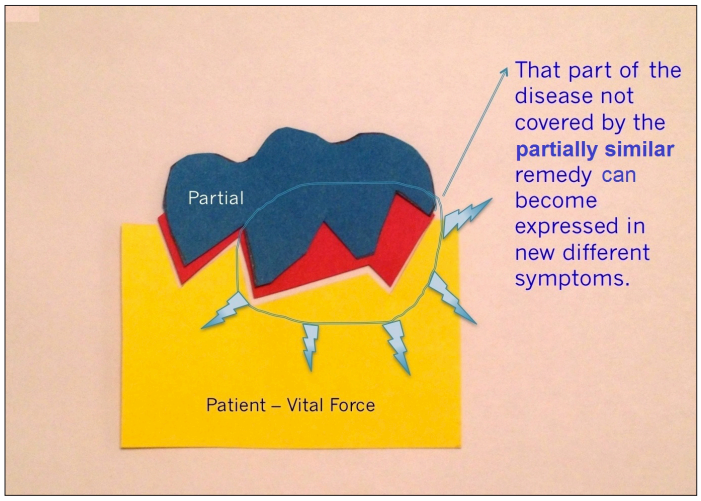


The next slides demonstrate the aggravation of symptoms from a partially-similar remedy. A partially-similar remedy can induce a **disease aggravation** which can include a mix of symptoms, current or new. These symptoms are especially important to take note as they are aspects of the disease that the partial-remedy did not cover and can be viewed as a gift or a guide from the vital force to direct to a more similar or curative remedy (¶163, ¶164).



It occurs when there is a partial match of the remedy energy to patient's susceptibility. A partially-similar remedy is attracted enough by the corresponding susceptibility pattern to the same place the disease is attracted in order to have an effect.

If the remedy was completely wrong and had no similarity to the disease energy, then there would be no attraction by the susceptibility and result in no reaction at all.



The remedy does not cover the whole totality of the case, and those symptoms that come out are the ones specifically not covered by that individual remedy.

The interesting fact about disease aggravations is that, even though they indicate the incorrect (partially similar) remedy, they can help us choose a better fitting (more similar) remedy by including the new symptoms together with the existing ones; and therefore obtaining a more complete totality of symptoms than were previously understood or observed (¶163–¶170).

Summary: Homeopathic Aggravations Explained

Richard Pitcairn, DVM, PhD,

Anthony Krawitz, BVSc, DVM, CVH, and Sarah Stieg, DVM, MRCVS

What are they?

- ✓ *Homeopathic aggravation* – Temporary increase in (usually) one symptom within minutes (acute case) to hours (chronic case) after remedy given. Also called "primary effect" of medicine. This can include symptoms not noticed or felt before, yet are expressions of latent disease symptoms already in existence (¶180 of Organon 6).
- ✓ *Disease aggravation* – A reaction, post-remedy, that lasts too long, over days usually. With time, patient returns to prior state without evidence of a counter-action.
- ✓ *Counteraction* – The response by the life force to the primary effect of the medicine. The exaggerated stimulus of the remedy calls forth an enhanced life force attempt to restore the normal, healthy state. This is seen after the homeopathic aggravation subsides, within minutes to hours in an acute case; commonly within 2-5 days in a chronic case (but can occur later). This is not always observable (by the practitioner, client, or patient) in every case with curative prescription.

Why do they occur?

Homeopathic aggravation - From a stronger similar remedy effect replacing disease influence, thus bringing about a temporary increase in a symptom (occasionally more than one). This happens because of a match between remedy effect and pre-existing symptoms in the patient. Because of the individual's susceptibility, to both disease influence and remedy effect, the life force makes no distinction between them and reacts to the one which grabs its attention the most (thus the significance of potency selection).

Disease aggravation - From a partially matching remedy. The life force does respond to this, because of susceptibility to the similarity, but the match between remedy effect and disease influence is not close enough for the remedy to displace completely the disease influence, which continues after the reaction is over.

Counteraction - If there is no susceptibility pre-existing, when a remedy is given the life force says "get lost." However, if susceptibility is there the influence is taken seriously, the life force pattern is altered (mistuned) by the remedy, temporarily, after which the life force works to bring back the healthy state. When there is pre-existing pathology, the body goes through the normal patterns of healing which include inflammation and tissue repair and this can go on for weeks or months, as needed.

What is their importance?

Homeopathic aggravation:

- — Confirms remedy choice is a good one, that it is a match.
- — If seems too intense, lasts too long:
  - Potency too high?
  - Remedy repeated too much?
  - Remedy similar but not quite right? Has only stirred things up?

Disease aggravation:

- — Indicates remedy choice similar to disease state, but not enough to displace it.
- — However can help us choose a better remedy. New symptoms often a guide to next choice.

Counteraction:

— Indicates curative action. Seen by increase of well-being despite symptom flare-up. Patient expresses signs of greater energy, increased sociability, restfulness.

— Starts within minutes to hours in acute case; commonly within 2-5 days in a chronic case (but can occur later).

— If not interrupted, continues on until health is restored or the healing response has progressed as far as it can from that dose of the remedy. Chronic cases usually require repeated doses over time as indicated by the patient's symptoms.

How do we respond to them?

Homeopathic aggravation:

- If mild, wait and see. Expect it to be followed by improvement.
- Know that you are on the right track.
- Watch for characteristic symptoms coming up during the homeopathic aggravation.
- If too severe, antidote, or give a different potency of same remedy (lower or higher). If antidote necessary, then re-assess case. If same remedy seems still indicated, try a lower potency, one dose.

Disease aggravation:

- Do not repeat remedy – will only cause more mischief.
- Take note of new different symptoms. Look for characteristic symptoms as a guide.
- Understand that new symptoms are part of the pre-existing disease. (¶180-182 of Organon).
- Add them to the other symptoms, and select a more fitting remedy.
- The symptom picture now includes more of the totality of the case and will help choose the similimum.

Counteraction:

- Recognize it as good thing, neither an aggravation of disease nor sign of wrong remedy.
- Not necessary to repeat remedy dose, or change remedies, or doubt remedy choice.
- Recognizing the counter-action for what it is a critical skill to develop.
- Sit back and watch the curative action play out.
- You did well!

Prognosis After Observing the Action of the Remedy: The Importance of Interpreting Symptoms as a Guide to the Second Prescription

Advice from James Kent, MD *(Kent's Lectures 35 and 36)*

Edited by Andrea Tasi, VMD, Co-author Sarah Stieg, DVM, MRCVS

The term "second prescription" generally refers to what the practitioner prescribes when the patient comes back for a follow-up appointment and is related to the basic issues of when and how to change the remedy and the potency.

How do we know if a remedy is acting? BY THE CHANGING OF THE SYMPTOMS: The disappearance, increase, amelioration, and order of symptoms are all changes that result from the vital force's response to the remedy (which is a dose of medicinal disease!). Studying and properly interpreting the changes in the symptoms will allow us to understand what is occurring in the patient, and properly recognize cure, palliation or suppression. "WE HAVE IN THE SYMPTOMS THAT WHICH CAN RELY UPON."

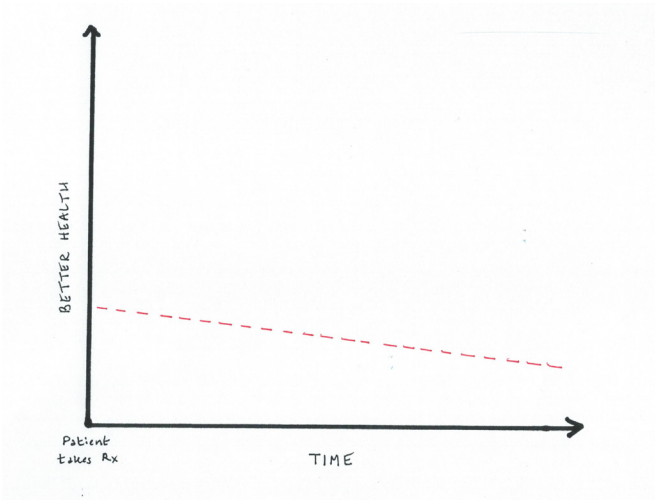
Note — A confusing use of terminology: Kent does not use the term "counter-action". Instead he uses the term "aggravation", but uses it in different contexts to refer to several different things: the counter-action ("the true homeopathic aggravation", or "similar" aggravation, which is an increase of the patient's symptoms while the patient is growing and feeling better overall); AND the "aggravation of the disease" (appearance of truly new symptoms, especially those that are deeper) also called a "dissimilar aggravation" which can occur with the wrong remedy, and represents a worsening of the patient overall.

Kent lists 12 observations on the action of the remedy in Chapter 35 of *Lectures on Homeopathic Philosophy*. Each of these observations is based on the assumption that the case was well taken, that the remedy was as well chosen as possible, and finally that it has acted upon the patient.

THE FIRST OBSERVATION

A prolonged aggravation (counteraction) and final decline of the patient.

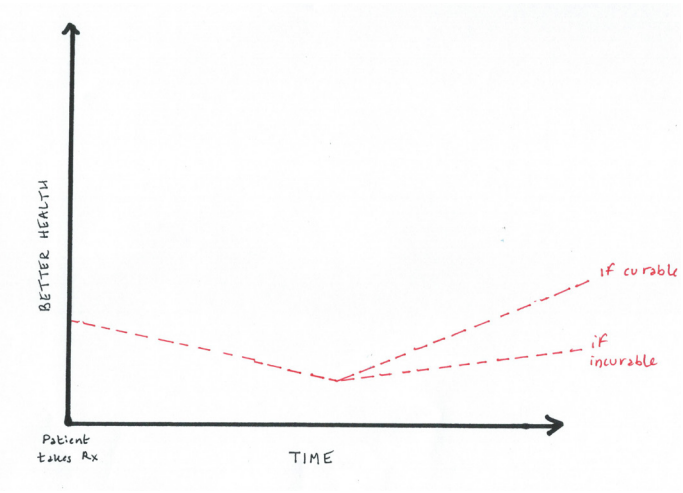
- **Most commonly:** the remedy (especially if an anti-psoric/anti-miasmatic) was too deep in an incurable case, in which there is marked irreversible organ pathology, but still enough vitality to be able to emit symptoms. This is a case where future treatment can only be palliation with zig-zag prescribing to treat acute symptoms.
- Kent advises "in incurable and doubtful cases give no higher than 30C or 200C."
- LM's (a future topic, not for discussion here) also an option.



- This possible reaction is why diagnostic testing is useful to the homeopathic practitioner: understanding location and severity of pathology is valuable information and can prevent suffering through incorrect prescribing.
- Why it is often useful in "doubtful" cases, to start with a non-miasmatic (acute or apsoric) remedy if patient is in a significant flare of symptoms.
- **Rarely:** a markedly hypersensitive patient overwhelmed by the turmoil (counter-action) following too high a potency. The remedy may need to be antidoted (if the life of the patient is threatened) and then repeated in much lower potency. One way to antidote in this situation is to give the same remedy in lower potency, e.g. 6C.

THE SECOND OBSERVATION

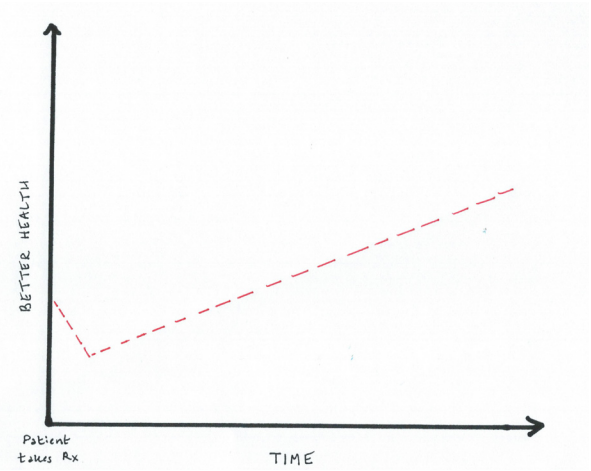
Long/continued aggravation (counteraction), but eventual slow improvement.



- Patient is borderline of incurability, often with extensive pathology present.
- Kent: "In such a patient there was the beginning of some very marked tissue changes in some organ." Lower potencies may be needed, repeated very cautiously.
- Again, the value of diagnostic testing may be useful here.
- This can also occur when the potency was way too high for the reactive power of the patient's vital force. It is overwhelmed by the dose of medicinal disease and requires a long struggle before starting the healing process. Lower potencies may be needed and be prepared to antidote.

THE THIRD OBSERVATION

Quick/short/strong/similar aggravation (counteraction) with rapid improvement of the patient, increased in patient's strength and well-being.

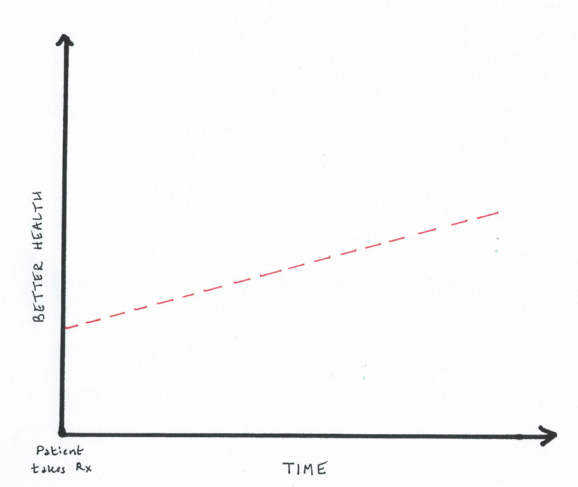


- The remedy is well chosen.
- There is no irreversible pathology. Any organ changes are mild or in non-vital organs.
- The patient has strong vitality and good reactive power.
- Do not be confused by symptoms that may arise here (in a patient with improved strength and well-being) that relate to Hering's Law of exteriorization: rashes, discharges, sometimes even abscesses or suppurating glands. Prescribing upon them will muddle the case.

- Weight gain will occur in underweight patients and young patients may grow "overnight".
- Coat changes may be rapid and dramatic as well.

THE FOURTH OBSERVATION

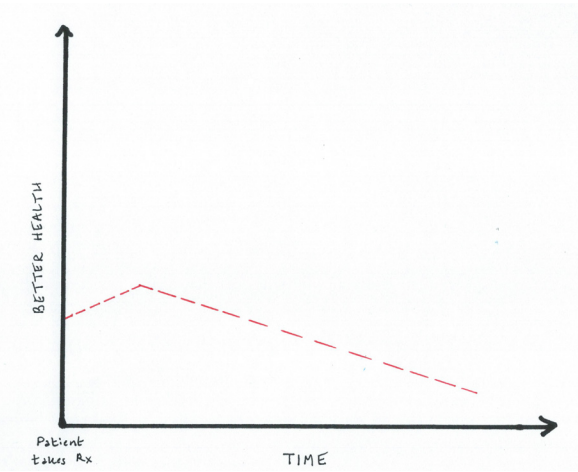
Immediate/rapid but gentle improvement with no aggravation.



- "A class of cases where you will find very satisfactory cures": the right remedy has been given in exactly the right potency; i.e. the *similimum* has been prescribed.
- There is no "organic" disease. We are able to see this response when we have prescribed skillfully in chronic disease cases where disease is still at a level of sensation/functional change, NOT structural change. Kent explains that "there are changes in tissues so marked that the vital force is disturbed in flowing through the economy, and yet so slight that man with all of his instruments of precision cannot observe them."
- This is more commonly achieved in acute cases than in chronic cases.
- You may still see symptoms arise from Hering's Laws (itchiness and discharges especially), in a patient with improved energy and well being. See coat/wt/growth changes mentioned in THE THIRD OBSERVATION.

THE FIFTH OBSERVATION

Rapid amelioration of symptoms, followed in a longer or shorter period by a long aggravation.



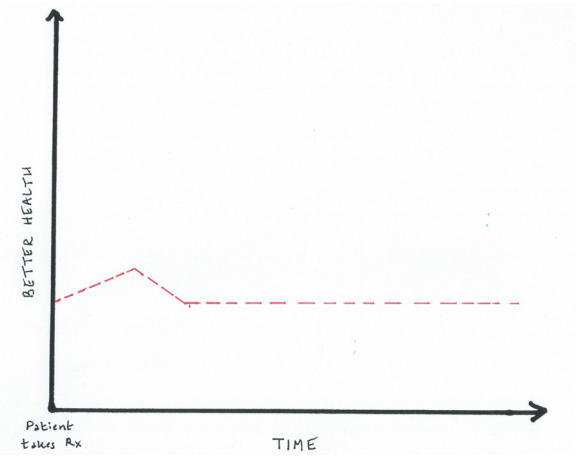
- The patient, often one who is quite sick (as discussed in the FIRST & SECOND OBSERVATIONS), quickly improves, but in fairly short order all symptoms return, and are **WORSE than before the remedy**.
- Two possible scenarios are present:
  - The patient is curable but remedy is palliative: i.e. it is a *partial remedy* (also referred to as a superficial remedy, or *simile*).
  - OR the patient is incurable and the remedy was a partial remedy ["somewhat suitable", but was only similar to the "most grievous symptoms, (but) did not cover the whole case", i.e an error of prescribing].
- How do we know which is the case? We must re-examine the patient and find out if the symptoms that have come with the aggravation relate to the remedy (medicinal symptoms). IF the

symptoms that return are the same, a better prognosis than if the symptoms return changed in character.

- If you feel you have made an error in prescribing ADMIT IT: "The patient (client) will wait better if the doctor confesses on the spot that his selection was not what it ought to be, and he hopes to do better next time. It is a strange thing how the patients (clients) will have an increase of confidence if the doctor will tell the truth. The acknowledgement of one's own ignorance begets confidence in an intelligent patient (client)."
- Be careful that you are not misinterpreting exteriorization (Hering's Law) as this situation.

THE SIXTH OBSERVATION

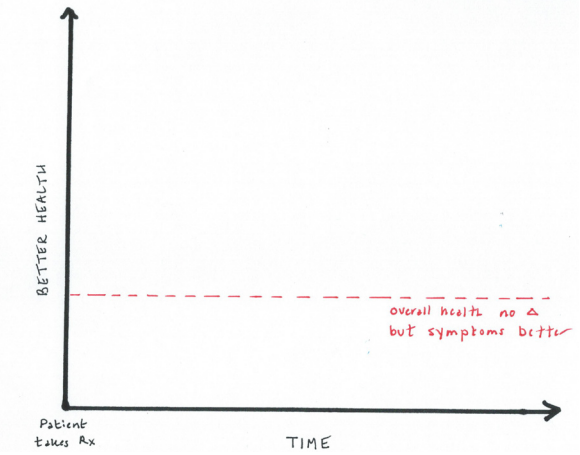
The remedy does not act for the expected time, "too short relief of symptoms": initial improvement, then return of the symptoms as they were before the remedy. (No aggravation/ counteraction)



- In acute cases this may be simply be because there are high grade inflammatory processes (FEVER very commonly) going on. If remedy is repeated in higher potency and longer duration of action does not occur then likely you are using a partial remedy.
- In chronic cases, possible reasons for too short an action of remedy/no overall "forward traction":
  - The remedy may be correct (the *similimum*) but the stimulus from the remedy was not strong enough: try increasing the potency.
  - The remedy was a partial remedy (a *simile*). This is often the case when some superficial symptoms have disappeared while there is no improvement in the patients overall well-being. Restudy/retake the case. Sometimes a partial remedy/simile can stimulate the vital force to throw out symptoms that indicate the similimum; be on the lookout for them.
  - Some life-style/management/husbandry issue is interfering with the vital force's ability to respond to the remedy: "If there is a quick rebound, that amelioration should last; if it does not last, it is because of some condition that interferes with the action of the remedy; it may be unconscious on the part of the patient or it may be intentional." Examples include: dental work, use of conventional medications or chemicals, emotional trauma/stress (boarding, owner/guardian travel or significant schedule change, family turmoil), an acute illness. Repeat the remedy once the situation is past and re-evaluate. Also possible that you might need to prescribe for this interference or acute, then resume the chronic remedy.
  - There may be pathology/organ damage beyond repair; the case may be one where only palliation is possible. Here, increasing the potency might actually do the patient harm. Review/refine diagnostic testing to better understand.
  - A miasmatic block exists. A dose of the miasmatic nosode may be required. Caution about considering this after just one prescription.

THE SEVENTH OBSERVATION

Improvement of the symptoms, but no "special relief of the patient", no increase in strength/well-being.



- This response is always the case when organs are scarred or partially destroyed. Kent: "The patient is only curable to a certain extent; he cannot go and rise above such a state....Remember this after several medicines have been administered, and the amelioration of the case has existed often the full length time of the remedies, but the patient has not risen above his pitch in this length of time".

  — Careful repetition of remedy, typically at frequent intervals, can keep the patient comfortable for a considerable period of time, although a cure should not be expected. *This pattern can be observed in cases like advanced Chronic Kidney Disease in cats, and end stage cancer cases* – AT.
- The remedy is a partial (simile), not the similimum. Restudy the case.
- Possible obstacle to cure. Recheck the patient's lifestyle/management/husbandry.

THE EIGHTH OBSERVATION

"Some patients prove every remedy they get": we observe aggravating responses to every remedy.

- The patient is an "extreme hypersensitive". This is rare in the animal world, but can happen, especially in animals with severe "allergies" which are, by definition, hypersensitivity reactions. High potencies MAY especially aggravate these patients. Kent advises the 30C, 200C and 500C potencies and no higher. LM's can be useful in these patients as well (Kent did not have access to the 6th ed. in which LM's are discussed).
- In humans, the patient may have serious unmet emotional problems (hysteria, depression, emotional abuse, etc.) OR they may want continued attention from the practitioner.
- Extreme hypersensitives may be borderline incurable, even without advanced physical pathology.

THE NINTH OBSERVATION

"Healthy provers are always benefited by provings if they are properly conducted."

- The vital force if exercised, becomes stronger, more practiced. Provings essentially "exercise" the vital force. It is for this same reason why childhood diseases are useful, they exercise the immune system so it is ready to handle something more serious. In today's world with all the fear of germs, use of disinfectants, the immune system does not get activated like it used to over the last centuries. This does not mean there necessarily has to be a state of illness, but rather exposure to a variety of influences is a natural part of life. Dealing with these influences keeps the immune system honed and in top shape. — Richard Pitcairn

THE TENTH OBSERVATION

"New symptoms appear after the remedy."

- "If a great number of new symptoms appear after the administration of a remedy, the prescription will generally prove an unfavorable one. The probability is, after these new symptoms have passed away, the patient will settle down to the original state and no improvement [will] take place."
- Things to consider:
  - A "new" symptom is something that the patient has never experienced before in any way, shape, or form, NOT a modification of an existing symptom. Example: Cat has always licked fur off its belly. Post remedy it is now licking fur off its thighs. THIS IS NOT A NEW SYMPTOM.
  - Human patients (and clients) will often have forgotten about a symptom and call it new when it is not. Careful questioning, accurate time line important here.
  - Animals adopted later in life? We are not going to be able to know for sure if a symptom is truly new or not unless we have detailed medical/historical records, which is usually not the case.
  - Some "new" symptoms MIGHT be a symptom of the remedy itself (a "medicinal symptom", similar aggravation). A medicinal symptom however is reflecting susceptibility of patient, as there has to be a similarity for the vital force to react. What you are seeing is a face of their chronic disease revealed, i.e. a view into the future health of the patient, what lies below the surface of the water past the tip of the iceberg. These will generally not be serious and will pass away on their own.
- Sometimes new symptoms ARE a good sign:
  - "Signs of life". Examples: moaning in a comatose patient; tingling or pains in a previously paralyzed limb.
  - Universal signs or symptoms going from interior to exterior: rashes, discharges, joint pains can all occur (but should be accompanied by overall increase in well-being).

THE ELEVENTH OBSERVATION

"Old symptoms are observed to reappear."

- As chronic disease progresses, some old symptoms tend to disappear and new symptoms arise. When the correct remedy (similimum) is given, it is common "for old symptoms to appear after the aggravation (counteraction), has come, and hence we see the symptoms disappearing in the reverse order of their coming."
- Hering's Laws apply : The return of old (suppressed) symptoms is a good sign, so long as there is no worsening of internal/deeper symptoms (see THE TWELFTH OBSERVATION).
- Old symptoms often come and go: DO NOT IMMEDIATELY CHANGE THE REMEDY WHEN THIS HAPPENS. Sit back and WAIT and let things settle. If an old symptom comes back to stay, then a repetition of the remedy is often necessary.
- Think of the return of old symptoms as a sort of "housekeeping" by the vital force, "clearing out the attic".

THE TWELFTH OBSERVATION

"Symptoms take the wrong direction."

- One must have an understanding of Hering's laws: direction of curative response is dependent upon the centrifugal action of the vital force, moving disease outwards.
- If a remedy is given and symptoms move from "circumference to center…the remedy must be antidote at once, otherwise structural change will take place in that new site".
  - This is why we cannot make the statement that "homeopathy can do no harm."
  - The best "antidote" is the better-chosen remedy, but if that is not clear, use an antidote based on Materia Medica references.
  - Prescribing upon external symptoms alone in chronic cases raises the risk of this happening. A case that is ONLY physical particular symptoms (no mental or physical generalities, no modalities, no concomitants) is difficult to prescribe for curatively. Beware "ignoring the whole economy and general state of the patient."

ONE FINAL OBSERVATION (not mentioned by Kent but commonly encountered)

"Nothing happens!" = NO REACTION TO REMEDY

- No counteraction is noted, no improvement is noted, even after 3 weeks. You have inquired carefully to be sure this is the case, going through the symptom list and assessing overall energy/well-being and not just taking the client's word that "nothing has happened."
- Several possible reasons why this might be observed:
  - The remedy was not "even close", has NO similarity to the case; not even a partial/simile. It was NOT a well-chosen remedy. You must restudy the case and prescribe more accurately.
  - IF YOU FEEL THAT IT IS A WELL-CHOSEN REMEDY, the potency might not be correct. Change the potency, generally upwards. Go from 30C to 200C, 200C to 1M, etc. Will the right remedy act at any potency? NOT necessarily.
  - There is some obstacle to the patient being able to respond to the remedy: lifestyle and management etc. See discussion in THE SIXTH OBSERVATION.
  - A miasmatic block may be preventing the indicated remedy from working, and the patient may need the indicated anti-miasmatic remedy. Caution about considering this after just one prescription!
  - FINAL OBSERVATION: NO Reaction to remedy. Is it possible that there is a problem with the remedy itself: was it stored or handled improperly? Though uncommon, occasionally something can occur to inactivate a remedy, e.g. a client that stored the remedy on top of a microwave that they used daily for a week (remedy was irradiated) didn't act at all, when replaced worked beautifully as expected.

How to Study the Materia Medica

By Andrea Tasi, VMD

The materia medica (MM) of our homeopathic remedies is a vast trove of information. It is readily apparent that no one could ever simply study MM by means of rote memorization. Constantine Hering notes that "learning the MM 'by heart' would be a highly absurd plan—and not only impossible on account of the extent of the undertaking but even if possible, still, utterly useless. In order to acquire a foreign language, what good would it do to learn the dictionary from beginning to end?" There must be a strategy to our study, the goal of which is to learn to recognize the nature, the essence, the pattern of a remedy. Just as we readily recognize the face of a friend in a crowd of people, we can, with careful study, learn to see the "face" of the remedy in the totality of our patient's symptoms. Skillful reportorization will always be part of our homeopathic case analysis, but a strategic study of the MM will generate remedy differential diagnosis more accurately and swiftly.

In commencing to study a remedy, it is helpful to know exactly what the physical/material substance is that the remedy is derived from, and how it is prepared. Many MM include this information. For plant remedies, look up the plant and familiarize yourself with its appearance, environment, and what part of the plant is used to make the remedy. Many plants are used in herbal medicine in material form, and awareness of these uses can help us better understand the uses of the potentized medicine.

In his essay *On the Study of Homeopathic Materia Medica*, Hering provides insightful guidance on the topic. Although his first approach to homeopathy was to consider a writing a book to "debunk" (refute) it, he became a master homeopathic practitioner and educator, and friend of Hahnemann. His *Guiding Symptoms of Our Materia Medica* and *Comparative Materia Medica* (co-author Hermann Gross) are of daily use in my practice.

For each remedy to be studied in the materia medica, Hering suggests 4 main goals:[1]

1. To understand the organ/region/system affinity of the remedy.
2. To understand the character of the symptoms of the remedy: what is changed in the function (increase, decrease or alteration of function), sensation, or pathology of the given organ/region. In human homeopathy, this depends heavily on understanding the nature of sensations/pains, which are subjective symptoms. In our veterinary patients, we must focus more on objective symptoms: the parts of the body in which the presumed basic sensations occur, and the change in physical function or pathology (if present) that is present. The general "pace" of the symptoms of a remedy is also of value: e.g. if a patient's symptoms are of a sudden/violent character, we need to find a remedy that matches this.
3. To understand the conditions under which the symptoms take place. This includes modalities and sidedness, with attention to the fact that not all the symptoms of a remedy will have the same modalities.
4. To understand the combinations of symptoms present in a remedy, and how they might either follow each other in time or occur together.

This study of remedies by this individual analysis will give you an idea of the whole, the "genius" of the individual remedy.

Where to start? First aid/acute remedies are most useful for those of us whose practice presents us with frequent "acutes". Recognizing these remedies quickly is of great importance in emergent or urgent situations where there is often little or no time to repertorize a patient. Many "first aid" situations are actually not easy to repertorize; knowledge of keynote symptoms and causation will often be all that is necessary to prescribe correctly. Knowledge of these remedies and their successful employment in practice are great confidence builders for the budding veterinary homeopath.

The polychrests should then be the focus of our study as they relate to the most commonly encountered symptoms and modalities. Further study would then move on to the anti-miasmatic remedies that do not fall within the polychrests. The chart of acute/chronic/related remedies provided in your class materials is a great guide.

What references should we turn to? There will be individual preferences of course, but Boger's *A Synoptic Key of the Materia Medica* and Lippe's *Key Notes and Red Line Symptoms* are almost universally preferred as entry points to MM study, providing concise information on organ affinity (Boger), keynote symptoms, modalities, and related remedies. A useful exercise in the preliminary study of a remedy is to copy (preferably writing out by hand) the REGION and MODALITY (WORSE/BETTER) information from *A Synoptic Key of the MM*, then all symptoms listed in ALL CAPITALS in *Key Notes and Red Line Symptoms*.

I, personally, find Kent's Lectures on MM, Farrington's Lecture's on Clinical MM, and Nash's Leaders in Homeopathic Therapeutics very enjoyable for fleshing out a more "narrative" picture of a remedy. Others, may prefer to start with a condensed MM (Vermeulen's Concordant, Murphy's Nature's MM) to get an organized overview of the remedy picture. It's important to note, that most of our first line MM are excellent study aids, but must not be considered as complete references. Hering and Gross' Comparative Materia Medica is a unique and useful in its presentation of many remedies compared in pairs, emphasizing locations and modalities. MM that are based on provings (Hahnemann's MM Pura &the MM part of Chronic Diseases, Allen's Encyclopedia of Pure MM), and simply provide extremely long lists of symptoms, divided up anatomically, are of little use for initial MM study, but invaluable in confirming remedy selection in individual case analysis. In general, studying a remedy in at least 3 reputable MM sources is good practice.

We embark on our journey into the MM with the goal of attempting to learn a few remedies well, by thorough readings of multiple materia medica, with pen in hand to note useful characteristics. THEN we will then expand our study into developing comparative knowledge, for as we become more advanced MM students, deeper remedy study will evolve into building a framework of knowledge based on comparing remedies for their distinctive differences.

E.A. Farrington explains in his *Lecture's on Clinical Materia Medica*:[2]

> "You go into a field and you see two or three hundred cattle. They all look alike to you, yet the man in charge of them knows each one. How does he know them? He knows them by certain distinctions which he has learned by familiarity with them. So can you know one drug (remedy) from another by studying their points of difference. **Drugs impinge in their resemblances, and separate in their differences.** Thus we have another form of study, comparison of drugs. This is just as necessary to successful practice as it the first step, the analysis of the drug."

Finally, our study must also include the relationships that exist between remedies. Farrington explains that remedies may be related: [2]

- By family of origin (plant families, mineral families such as carbons, acids, etc).
- In sequence of use ("follows well" or "followed well by"), often termed concordances.
- As complements, typically an antipsoric medicine that completes the cure begun by another medicine; e.g Pulsatilla and Silicea; Belladonna and Calcarea; Nux vomica and Sulphur.
- As antidotes. Here one remedy will interrupt/antidote the action of another. E.g. Nux vomica and Coffea.
- As inimicals. Here, remedies do not follow one another well (if the first remedy has acted) and may "mix up the case". Often these are remedies with some similar sphere of action like Apis and Rhus, Mercury and Silicea.

Materia medica study is necessary for any student of homeopathy, and each student will have their preferred methods and resources. I urge you to set a goal of a certain amount of time on a certain schedule (daily, weekly, etc.) to devote yourself to the life-long task of increasing your knowledge of MM. The knowledge of individual remedies will develop into knowledge of their connected network of relationships and allow for better clinical decision making and case management.

References

1. Hering, C. (1844) *On the Study of Homeopathic Materia Medica.* British Journal Of Homeopathy, Vol. II (No. 7). https://hpathy.com/materia-medica/on-the-study-of-homeopathic-materia-medica/
2. Farrington, E.A. *Farrington's Lectures on Clinical Materia Medica*; New Delhi, India: B. Jain Publishers (P) Ltd; Reprint Edition: 2004: 7-10.

Causticum*

Causticum is a mineral remedy, one of the potassium salts similar to Kali carbonicum. Obtained by distilling a mixture of slaked lime and a solution of potassium sulphate.

It is an important anti-psoric remedy (on Hahnemann's *Most Frequently Used Remedies* list) but is also listed as Grade 2 of 3 in Kent's Repertory and Grade 2 of 4 in Boger-Boenninghausen's repertory in the rubric for SYCOSIS.

Like all mineral remedies, it is suitable for chronic disease treatment and has *deep, long-lasting effects*. Said to be "One of the great polychrest medicines for chronic diseases" (Robyn Murphy, ND, *Nature's Materia Medica*).

BOGER'S SYNOPTIC KEY Sphere of Action:

— NERVES: **Motor** and **Sensory**
— MUSCLES: BLADDER, LARYNX, limbs
— **Respiration**
— Skin
— Right Side; Face.

The types of disease patterns that it is similar to are ones in which *the condition slowly but progressively damages the body*. Over a period of time, there will be deteriorating health and accumulated pathology.

Preeminently noted for WEAKNESS, LOSS OF MUSCULAR STRENGTH. Very characteristic is *a gradual decrease in muscular strength, eventually resulting in paralysis*. Aside from a generalized paralysis, is a notable affinity to LOCAL PARALYSIS; PARALYSIS OF SINGLE ORGANS OR PARTS. It can be paralysis of just part of the body, such as the esophagus or the bladder sphincter.

Along with this is the tendency to relaxation of the muscles, with a great heaviness and feeling of tiredness. There can also be tremulousness — quivering, trembling, jerking, twitching of the muscles. Twisting and jerking of the limbs. Trembling of the hands.

The next most striking feature is that the tendons become shortened with *temporary or permanent contracture* so that the limbs tend to flex or be drawn up. Muscles may contract and shorten so that they are felt as a hard ridge. Affinity to the flexor tendons.

Closely associated with the already described changes is *a rheumatic state*, e.g., inflammation and pain of the tendons and ligaments about the joints. This results in pain, restricted motion, stiffness, even ankylosis of the joint with time. This can be accompanied with swelling in some patients.

The rheumatic pains affect both the muscles and the joints. *With time the joints will become distorted and deformed*. The pains are *worse in dry weather* which is unusual. A long dry, cold spell will aggravate the rheumatic condition; getting wet or chilled by bathing will stop them.

The mental state is one of sadness and hopelessness. However, there can be a state of sensitivity, extreme sensitivity to noise, touch, excitement or anything unusual. Typical expressions of this are starting from the slightest noise, starting in sleep, twitching and jerking. The animal may act startled without any cause. They can be timid, nervous, and anxious.

Closely allied to this is *convulsions or epilepsy* in some patients. This can come on after being chilled or exposed to a major change in the weather.

Some Leading Characteristics:

- Effects of long lasting grief and anxiety.
- Bad effects following fearful experiences.
- Fatigue and mental strain from loss of sleep

* By Richard Pitcairn, DVM, PhD, with contributions by Sarah Stieg, DVM, MRCVS and Andrea Tasi, VMD

and having to care for or be concerned for others.

- Effects of sudden emotions, either pleasant or unpleasant.
- Restlessness, cannot lie still or get into a comfortable position; must move about, but movement does not relieve.
- Great sensitivity to cold temperatures and to drafts.
- Sickness following exposure to cold dry winds.
- Right side more affected than left — head, testes, calf, facial paralysis. Left side — loin, hip.
- In developed Causticum cases the patient is weak and trembling, scarcely strong enough to move freely, and having no wish to move.
- Weakness extends to paralytic conditions of the bladder, lower extremities, larynx, upper lids and other single parts.
- Weakness and trembling of the limbs.
- Rheumatic affections, with contractions around joints — fibrous, not bony.
- Hip disease, pain in joint. Head of femur seems to be out of acetabulum, limb is shortened.
- An important developmental remedy for arrested development (Barthel Synthetic Repertory). Children are slow in learning to walk, and fall easily (Hering, Boericke). Children can be overly concerned about others; oversensitive; inquisitive and intelligent; can get frustrated and feel powerless; does not want to go to bed alone; least thing makes him cry (Murphy).
- Incontinence or retention of urine from shock of operation or other; or in early spinal diseases. Incontinence at night during sleep, or when coughing or sneezing. Retention with urgent desire to urinate.
- Lack of milk production after birth.
- Aphonia, with or without hoarseness, indistinct utterance.
- Sensation of tension and pain in jaws, could only with difficulty open mouth (Tetanus).
- Cough, in paroxysms, relieved by sipping cold water.
- Affections of tip of the nose.
- Warts, large, pedunculated, bleeding readily; or small, all over body, esp. the face.
- Itching over whole body; at various parts. Severe itching in rectum and genitals.
- Anal fistula and fissures.
- Crippled nails on fingers and toes; ingrown toenails.

Aggravation: Morning sneezing, hoarseness and cough. Generally in the morning and evening. Uneasiness at night. Worse walking, eating (abdominal pain), warmth of bed (cough); dry weather, cold drafts or cold air; becoming heated (eruptions & itching). Worse after suppressed eruptions.

Amelioration: In damp and wet weather; warmth of bed (rheumatism). Gentle motion. Better from cold drinks, sip of cold water (cough and stomach pain), lying down (stomach pain).

Natrum muriaticum*

A mineral remedy, thus slow and deep acting, corresponding to complaints that are slow and long in action, deep seated, lasting for years.

An important anti-psoric (on Hahnemann's *Most Frequently Used Remedies* list), but also listed as grade 2 of 4 in Barthel Synthetic Repertory in the rubric for SYCOSIS.

Considered to be an important remedy for vaccinosis. While not included in most repertories rubric(s) for vaccinosis, Pitcairn and Jensen did add it to vaccinosis rubrics in the NWVR, based on their study of materia medica.

An important developmental remedy, Grade 2/4 in Boger-Boenninghausen's rubric for DEVELOPMENT.

BOGER'S SYNOPTIC KEY Sphere of Action:

— NUTRITION: **Digestive tract**, BRAIN, BLOOD, MUSCLES.
— MIND, HEART
— GLANDS, MUCUS, Spleen, liver.
— SKIN

Mentals:

- Hysterical condition, alternating moods/behavior, inappropriate behavior.
- Morose, low mood, tendency towards grieving; ailments from grief.
- Ailments from grief, acute and chronic grief.
- Reserved and introverted.
- Severe depression and feelings of isolation.
- Appears to beg for sympathy and is angry when it is given.
- Extremely forgetful, slow mental functioning.
- Succumbs to unwise attractions/relationships.
- A state of fret and irritation, < noise.
- Oversensitive to all sorts of influence, excitable, emotional, intense.
- Greatly disturbed by excitement, extremely emotional.
- Alternating mental conditions. Abrupt.
- Mental symptoms, > open air; < being heated.
- Wants to be alone.
- Great weakness and weariness.
- Dwells on past unpleasant memories.

Physical Characteristics:

- Emaciation, weakness, nervous prostration, nervous irritability.
- Emaciation from above downward (face and neck first). Also of right side.
- Easily fatigued; disinclination to move and walk, with great heaviness and indolence.
- General nervous trembling pervading body, trembling of limbs, jerking of limbs; intense restlessness < night.
- Irritable spine, sensitive to pressure.
- Pains are electric-like shocks, shooting pains with twitching/jerking of affected areas.
- Stiffness and arthritic swellings.
- Stiffness, rigidity of a paralytic nature.
- Weak limbs; heaviness.
- Children do not learn to walk; late learning to talk and walk.
- Aversion to fats and rich things, craving for salt and salty foods.
- < from eating, takes a long time for food to digest; excessive hunger, but easy satiety after small amount food.
- > vomiting.
- Great thirst for cold water.

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- Slow bowel action, stool hard agglomerated (form into) lumps.
- Chronic diarrhea; may alternate with constipation.
- Slow bladder action.
- Tendency to edema and fluid accumulation.
- Moist, oozing eruptions; great itching of the skin; herpetic eruptions; tetters.
- Greasy skin.
- Affections of the nails, panaritium, hang nails.
- Loss of hair, < post-parturient or during period of lactation.
- Great tendency to have a cold.
- Mucous membrane discharges tend to be thick and white (like egg white); gluey thick discharge.
- Coldness; continued chilliness and lack of body heat; desire to be covered.

General Tendencies of Tissues:

- Dryness.
- Losses flesh while living well.
- Emaciation, anemia, weariness and complete prostration of vital force.
- Infantile marasmus from defective nourishment.
- Hyperthyroidism, goiter, Addison's disease, diabetes.
- Anaemia, particularly if provoked by the loss of fluids.
- Shortening of the muscles.
- Rheumatic affections, with shortening of tendons.
- Stiffness of joints; they crack on moving them.
- Acts upon cartilage, mucous follicles and glands, salivary and mesenteric glands.
- Tendency to dryness or to erosions of mucous membrane, secretion acrid, scanty.
- Catarrhs of all mucous membranes with secretions of transparent, watery, coarse, frothy, mucous. White mucous full of bubbles, appearance of egg white.
- Watery vomiting, increased water in any part of the body; serous effusions.
- Dropsy, caused by heart, liver, or kidney complaints.
- Chronic swelling of lymphatic and sebaceous glands.
- Chronic inflammation of salivary glands, gingiva; excess of saliva.

Essence of Remedy:

- Diseases are slow in developing, but severe and progressive.
- Tendency to emaciation, thirst, deranged function of glands (internal glands—thyroid, pancreas, adrenals, etc.), digestive problems, and wasting away.
- Patient is excitable, overly sensitive with tendency to hysterical reactions or, alternatively, sluggish, slow, inactive.
- Worse from strong emotions, consolation, and sympathy.
- Aversion to exertion/work both physical and mental.
- Feels better in open air and worse in warm room (but lack of vital heat results in seeking warmth externally).
- < sunlight, heat of the sun; < dampness; < wind.

Sepia Characteristics: Comparison Of Human To Animal Interpretation*

Human Symptoms From Materia Medica	Corresponding Animal Symptoms
Lack of normal sexual development.	Neutered animals, especially females. Hermaphrodites or unclear sexual development.
Lack of ability to feel natural love, to be affectionate. The love does not manifest itself.	Mothers that will not care for the young. Inability to breed. Unfriendly, non-affectionate animals (aloof, withdrawn, malicious).
Tired, indifferent state brought on by over-use or indulgence of female functions.	Nursing too large a litter. Excessive breeding, "worn out" from reproducing too often.
Sluggish state of the body which requires strenuous movement to feel comfortable.	Inactive, lethargic but if stimulated to exertion seems to wake up and apparently feel better.
No joy in life.	Listless, indifferent, sad, bored. Inactive, sluggish, "worn out" by stress, disease, mental or emotional tension.
Moody and erratic. Does strange things.	Unpredictable moods-from excitable and irritated to yielding and submissive. Strange behavior, does things that seem strange and unintelligent.
Worse in company, yet can dread to be alone. Great indifference or aversion to family, to those they love best. < before, during, or after menses.	Interactions can be unpleasant/difficult to examine, medicate, or restrain. At other times, "clingy," wanting to be held. Wants to be real close, right in the face. Worse before, during, or after estrus/season.
Passionate, irritable (from slight causes, very easily offended); < contradiction.	Can't get along with others, always offended and upset. Quarrelsome. Sensitive to the least correction (or training request/instruction).
Very fearful acting, suspicious. Acts "like seeing ghosts," that something unusual will happen.	Spooked, fearful of unseen things or of insignificant objects.
Face expresses the state of the mind-stupid, dull, forgetful.	Gives impression of dullness, lack of intelligence. Apathetic, lethargic, "slow learner." Makes mistakes, doesn't seem to remember.
Progressive emaciation of the body, prematurely old.	Loss of weight, wasting away. This in spite of good appetite. Patient develops an old look.

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Human Symptoms From Materia Medica	**Corresponding Animal Symptoms**
Prolonged, inveterate catarrh of the nose. Thick green or yellow discharge or crusts from the nose. With loss of taste or smell.	Long-lasting or chronic "colds" with stuffiness, discharge, obstructed nose. Sinus conditions. Lack of appetite apparently from inability to smell the food.
Red gums; decayed teeth.	Gingivitis, red-inflamed gums, red line at teeth margin. Dental caries, resorptive lesions.
Craves spicy, pungent, bitter things.	Seeks out strange things to eat-ants, plants, tea leaves, etc.
Very easily satiated by small amounts.	Wants to eat, is hungry, but can eat only very small amounts. As a result, wants to eat often, to nibble.
Nausea and almost complete aversion to food. Esp. in the morning, nausea and vomiting. Tendency to vomit when stomach is empty.	Not having appetite in the morning or acts very hungry, like can't wait but when food offered doesn't want it. Alternatively, acts hungry, but if food delayed will vomit and then not want to eat.
Pain in the stomach after even the simplest food.	Discomfort and subdued mood after eating, even with a simple diet.
In severe liver and heart affections, the stomach is not able to assimilate food. There is weakness, fast heart rate, and light-colored or white stool, constipation, and development of an unfriendly or unaffectionate behavior.	Heart & liver problems (like cardiomyopathy or hepatic lipidosis) are associated with a sluggish weakness, constipation, changes in the stool color and an unfriendly temperament which makes the patient difficult to handle or medicate.
Constipation. Stool accumulates without much effort at elimination-to be eventually pushed out from the weight of the accumulation.	Chronic constipation or that tendency. Stools hard, dark and small. Bowel movements not daily, but every 2, 3 or 4 days.
Chronic constipation with ineffectual straining due to weakness.	Older patients, near the end of life or patients very weakened by disease, develop constipation and cannot pass the stool. There are attempts to do so without success and this results in increasing weakness.
Urine thick, slimy, very offensive; depositing yellow or red, pasty sediment.	Cloudy urine, striking bad, offensive odor. Examination will note "sandy," "brick dust," or "clay-like" sediment.
Dragging or bearing down sensation. Prolapsed uterus, vagina, bladder, rectum, anus, etc.	Prolapsed uterus, vagina, bladder, rectum, anus, etc.
Retained placenta; all the pelvic organs are tired and weak.	Reproductive and birthing difficulty, complications due to weakness of the reproductive organs.

Human Symptoms From Materia Medica	**Corresponding Animal Symptoms**
Loss of normal affection for the young.	Mothers reject newborns, will not care for them.
Diminished sexual desire or even aversion to sexual activity.	Effects of neutering. Intact animals do not have desire to mate.
Hormonal Disorders. Never well since or aggravation from puberty, menses, childbirth, after weaning, etc.	Worse during estrus/season, partition, bad effects from spaying (menses suppressed), etc.
Abortion at the third month.	Spontaneous abortion about one-third of the way through gestation.
Sore back, sensitive to touch or pressure, esp. lower back, lumbar to coccyx. Pain and stiffness in the small of the back; soreness and pain in the sacrum. Weakness in the sacro-iliac region.	Painful back, pains and stiffness relating to the spine, esp. lumbar, sacral, sacro-iliac, and coccyx regions. Sensitive to touch or pressure.
Tendency for color changes on the face-large freckles, brown spots or blotches, brown warts.	Discoloration on the face, "like freckles" on eyelids, lips, skin of face. Large blotches of brown pigmentation.
Eruptions of the skin, esp. about genitals, lips and mouth. Ringworm; herpetic eruptions; itching, crusty tetters. Esp. on the elbows (great crusts), in axillae, between toes.	Chronic, unhealthy looking eruptions, esp. as described in human symptoms; can be dry or moist/humid, scaly or vesicular, etc.
Eruptions that form indurations on the skin-heavy, thick-crack and bleed.	Thickening of affected tissue, such as corners of the mouth.
Marked catarrhal tendency with whitish, milky discharge.	Discharge of mucous or whitish, milky material-from stomach (vomiting of mucous), in chest (rumbling, fluid sounds, cough), posterior nares (into throat), vagina (leucorrhea).
Feels better in the open air (if active) and worse in the house.	Wants to go out in the open air; feels better if out and moving around.
Cases that are confused; bungled cases.[1]	To bring order into previously treated cases (with remedies or drugs) that have been altered or suppressed. Erratic symptoms.

1 In Kent's Materia Medica Lectures, he writes the following in the chapter on Sepia: "In old cases of suppressed malaria, Sepia brings back the chill, but its most useful sphere is after a bad selection of the remedy and the case becomes confused. Where a remedy has been selected for only a part of the case and changed it a little but the patient gets no better. It will be seen that the fever, chill, and sweat are just as erratic as can be. Nat-m. is one of the greatest malarial remedies, but it is full of order like China, Sepia is full of disorder. **In a case confused by remedies think of *Calc., Ars., Sulph.,* Sepia and *Ipecac.*** Never give China or Nat-m. for irregular symptoms and stages." [Kent, James Tyler. *Materia Medica of Homeopathic Remedies*. B. Jain Publishers (P) Ltd.; New Delhi, India; 2006: 925.]

Jimmy: Hit By Car?

By Andrea Tasi, VMD

History/Presenting Complaint:

Jimmy is a 13.5 lb (BCS 5/9) white and tabby NM DSH cat. DOB 7/2003. He is indoor/outdoors, fed a homemade raw meat based diet. At the time this incident occurred, he was in excellent overall health. Past health issues: chronic diarrhea as a kitten, which responded to raw diet and homeopathic treatment.

On 11/7/2008 he came in from outside and collapsed. It was presumed he had suffered some sort of trauma, most likely struck by a car.

Initial Physical Exam Findings:

Recumbent, very reluctant to be touched, nose pale, respiration shallow and rapid, facial expression distressed. Would not tolerate complete exam without becoming stressed.

Assessment:

A. **Problem list:**
- Impact Trauma, most likely hit by a car
- Shock

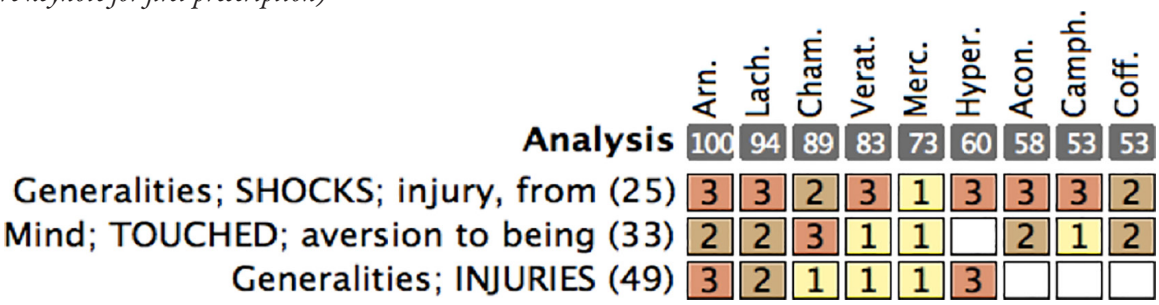
B. **Case well taken?** Limited information but keynote symptoms present

C. **Obstacles to cures?** None

D. **Methodology:**
- True Acute
- Vitality 10/10: Very strong and healthy cat
- Seat of illness/organ: Shock organ in cats is predominantly lung with cardiovascular system involvement likely too
- Causation: Trauma
- Keynotes: Shock, aversion to touch, wounds/injuries

E. **Homeopathic symptom list:**
- Generalities: Shock from injury
- Generalities: Injury
- Mind: Aversion to touch, fear of being touched

Homeopathic Analysis Kent's Repertory: *(None actually performed at the time, as symptoms were keynote for first prescription)*



First Prescription:

Arnica 1M, several pellets by mouth (with difficulty). This potency selected due to sudden onset (pace) and severity of symptoms. Knowing this remedy was absolutely indicated without even repertorizing symptoms was of great importance here. One must treat a patient in shock rapidly! No other remedies were even considered.

Response To First Prescription:

Jimmy was observed continuously. Within 10 minutes of getting the remedy, his facial expression improved, respiratory rate and pattern became more normal, nose color improved. He stood up and walked briefly. He allowed me to touch/examine him more thoroughly.

30 Minutes Post Arnica Physical Exam Findings:

All limbs palpated intact. Heart and lungs ausculted within normal limits other than tachycardia (HR ~200bpm). MM pink with rapid CRT. Oral exam: upper right canine tooth fractured with pulp exposure, bruising and lacerations of gums/intraoral soft tissue along upper right dental arcade with small amount bleeding. Overall mouth very painful and sensitive. Right side of muzzle slightly swollen. Fur on left shoulder dirty and sticky, no wounds found.

Reassessment:

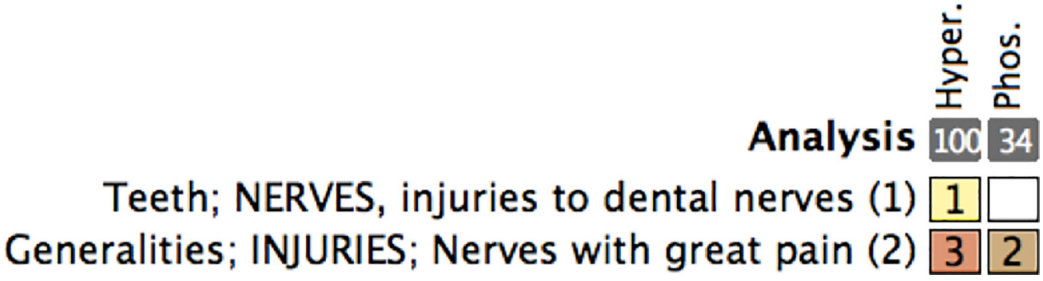
A. **Problem list**

- Trauma to R maxillae with pain and bruising.
- Broken R canine tooth with resultant nerve pain.

B. **Methodology**

- Keynotes: Pain of richly innervated structures ⇨ Hypericum

Homeopathic Analysis Kent's Repertory:



Second Prescription:

Hypericum 1M, several pellets by mouth, approximately 40 minutes after Arnica 1M.

This remedy was given because Jimmy was no longer in shock but was obviously in increasing pain from injuries to his teeth and gums/oral soft tissue. Teeth are richly innervated so a remedy for nerve pain now indicated. Hypericum is preeminent remedy for injuries to richly innervated body parts: fingers, toes, teeth, spine. No other remedies were considered.

Why not repeat Arnica?

- I chose to move to Hypericum because he no longer seemed in a state of shock, and his injuries appeared localized to his jaw/teeth: richly innervated areas.
- Hypericum also in rubric for "INJURIES, of the head, after" (Kent).
- Vermeulen and Murphy: "Injuries to dental nerves".
- Murphy: "Head and nerve injuries."
- It would have been reasonable to repeat Arnica as well! "Pains after dental work, injuries" (Murphy). If then inadequate response, move to Hypericum.

Response To Second Prescription:

Within minutes of second RX, Jimmy climbed onto his favorite fleece blanket on the sofa, curled up and went to sleep. This is a very favorable response to an acute prescription, as sleep is restorative to the vital force. I continued to watch him carefully for another hour: he slept deeply, with normal respiratory rate and pattern. At that point I went to bed, exhausted!

Follow-up:

Jimmy slept nearly continuously for the next 36 hours, getting up to use litter box once (urinated normally) and eat a little food that was watered down to a gruel-like consistency. On 11/9/2008 he awoke at his usual time, 5am, and resumed normal behavior. Facial swelling was resolved. His mouth healed rapidly without incident. By 11/11/2008, his mouth looked completely normal other than the fractured tooth. The fractured canine remained completely quiescent, but was extracted in 2015 during a routine dental prophylaxis due to radiographic evidence of a possible early apical abscess.

Upon review of this case, one might wonder if Jimmy sleeping for 36 hours was an indication that I should have repeated the Hypericum. While sleep is a healing state, this was an unusually prolonged period of sleep. I did not repeat the remedy simply because I did not want to disturb him: a practitioner-based obstacle to cure, due to the emotional attachment to my own cat? It would likely have been a better choice to repeat the remedy.

Conclusion/Summary:

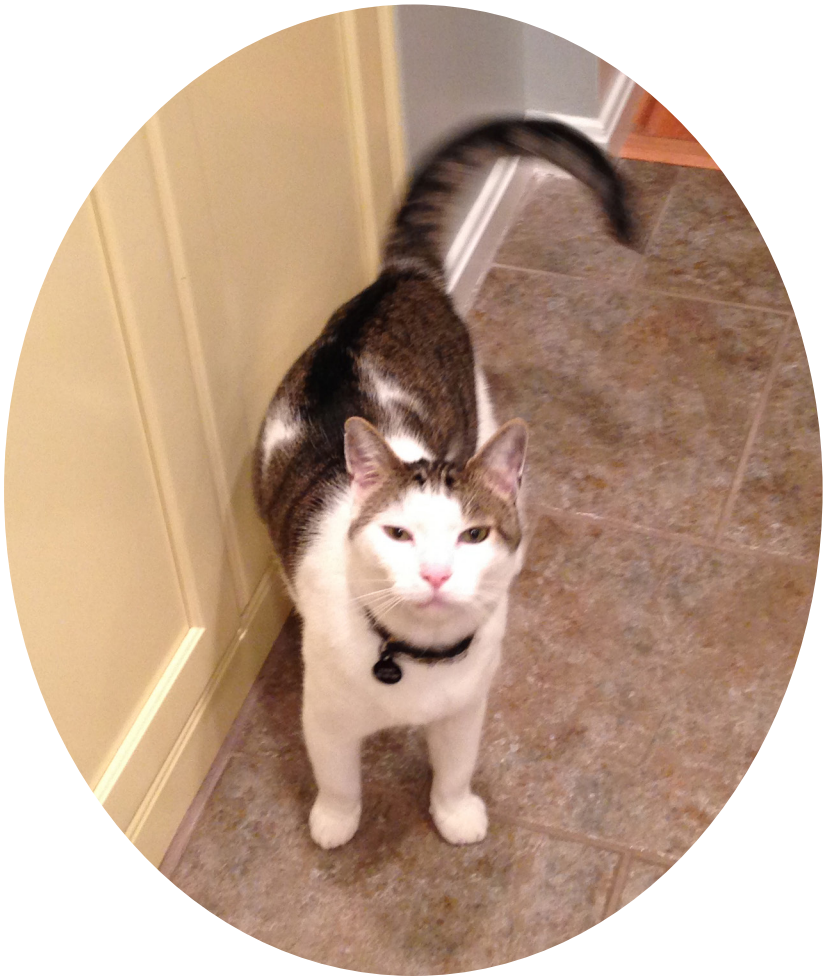
This case illustrates several important points:

- There is often more than one remedy indicated after an injury, as the patient's state changes.
- Homeopathy alone can be completely effective in treating a patient in profound shock. Homeopathic remedies can be immediately available, vs. having to wait to begin treatment until patient transported to a clinic. Jimmy's recovery from shock was more rapid than what I would have expected if he had been treated conventionally.

- Healing of injuries is more rapid and less prone to infection when the correct remedy is administered.

References

1. Vermeulen, Frans. *Concordant Materia Medica.* Haarlem, Netherlands: Emryss bv Publishers; 2000.
2. Murphy R. *Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies.* Blackburg, VA: Lotus Health Institute; 2006.



Jimmy Darling – June 2015

Hannah: A Kitten with Fever and Joint Pain

Her Littermates: Susceptibility to Infectious Disease Addressed with Homeopathic Treatment

By Andrea Tasi, VMD

Signalment

Hannah is a 7-week-old F DSH kitten in Judy L.'s home as a foster for a rescue group. (Judy L. is the sole rescue volunteer I work with, because she aims to place healthy kittens in "forever" homes, does not house too many kittens at once, AND listens to all advice I give her, pro bono.) Hannah is inside only, is fed canned and dry food, and is in the big "kitten room" (a converted bed room) with her 3 littermates. She has not received any vaccines. The kittens have been with Judy for a few days.

Presenting Complaint

On May 29, 2008, Hannah is very lethargic, reluctant to move, and inappetent. These symptoms came on suddenly, as she seemed fairly normal the day before. There has been no known trauma and the room is completely kitten proofed.

Physical Exam

- Fever: Temp=104.4 F, whole body feels hot to the touch. Facial expression: distressed/painful.
- SEVERE pain and non-weight-bearing lameness right front leg. Holds leg tightly curled up under her, laying on leg. Would not permit me to move/palpate leg: shrieked in pain, then moved away and lay down on right side.

Assessment & Homeopathic Work-up

Problem List/Diagnosis: Acute fever, right forelimb pain, lethargy, and inappetence; suspected viral infection.

Homeopathic Methodology:

✳ Case well taken? Yes – location, sensation, and modality all present.

✳ Obstacles to cure? None recognized.

✳ Acute/Acute Flare-up of Chronic Disease/Chronic – ACUTE.

— One could argue that all "childhood" infectious disease reflects some chronic mistunement/miasmatic influence rendering the individual susceptible, so we might consider this an ACUTE of Chronic. This distinction will not affect our initial approach to this or similar cases.

✳ Cure/Palliation – CURE.

✳ Vitality (0-10 Highest) – High (kitten with no known pathology).

✳ Seat of Illness / Organ Affinity – Fever, muscle/skeletal system.

✳ Keynote – Laying on painful limb.

Homeopathic Symptom List:

Symptom Classification	Symptom
Strange, rare, and peculiar symptom = SRP and a *Keynote* — as well as a *Modality!*	Prefers to lie on painful side
Physical Particular, Modality, & Concomitant to fever.	Pain in right forelimb, worse motion
Physical General	Fever, inflammatory or infectious
Physical General, Common	Lethargy (common to cats with fever) Inappetence (common to cats with fever)

Homeopathic Repertorization:

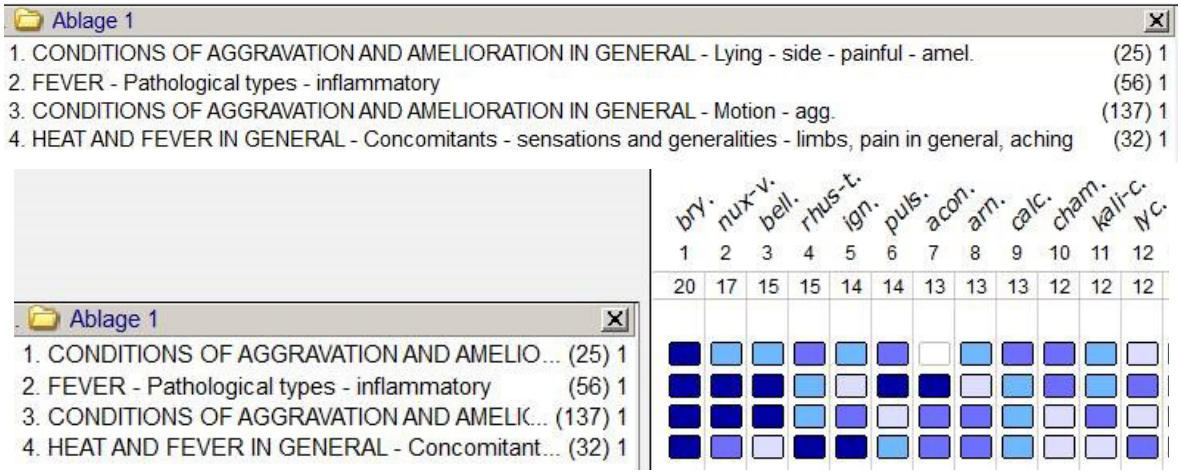
I choose to work most fever cases only with Boger C. Boenninghausen Repertory as its FEVER section is unique in having an extensive concomitant section, thoroughly listing concomitants by parts of the body affected, including "in general". Kent's Repertory FEVER section has a few concomitants scattered throughout the section, but does not offer nearly the "treasure trove" of concomitant symptoms.

Concomitants are of higher value than physical particulars, as they are more characteristic of the individual patient, and thus more guiding to the best indicated remedy, so if we have the good fortune to be presented with concomitants, we should USE THEM!

The following Rubrics were selected from ***Boger C. Boenninghausen Repertory***:

- Generalities; AMEL.; Lying; side, painful (25)
- Fever; PATHOLOGICAL TYPES; Inflammatory (55)
- Generalities; AGG.; Motion (135)
- HEAT AND FEVER IN GENERAL - Concomitants - sensations and generalities - limbs, pain in general, aching (32)

Case Analysis Using Boger C. Boenninghausen Repertory:



Remedy Differential Study:

- **Bryonia**
  - Keynotes/modalities of Bryonia matched the case exactly in Lippe's *Key Notes and Red Line Symptoms of the Materia Medica*:
    - — WORSE WITH MOTION.
    - — BETTER LAYING ON PAINFUL SIDE.
    - — RHEUMATIC PAINS IN THE LIMBS AGGRAVATED BY MOTION AND CONTACT.
  - Febrile symptoms highest grade RIGHT side (Gibson Miller).
  - Region/organ affinity: Motor apparatus, Muscles, nerves (Boger).
  - "Very painful effects" (Boger).
- **Nux vomica**
  - None of above modalities above mentioned in either Lippe or Boger's Synoptic Key.
  - No GI signs in this patient (other than inappetence, common with fever).
  - More affinity for Digestive organs than musculoskeletal system (Boger).
- **Rhus Tox**
  - Keynote/modality typically AMEL by motion, moving the affected part, rubbing (Lippe and Boger).
  - Region/organ affinity: Ligaments, fibrous tissues, Joints (Boger).
  - Febrile symptoms highest grade LEFT side (Gibson Miller).

Homeopathic Prescription

Bryonia 30c was selected and administered in dry pellets on May 29, 2008.

This remedy was selected because:

- It is the only remedy at the highest grade for the most unusual symptom (lying on painful side).
- Keynote modality: worse with motion strongly supports Bryonia.
- Bryonia has more RIGHT sided febrile symptoms.

This potency was chosen because it was the only one on hand, as I carried only a 100 remedy 30c kit in those early days of my homeopathic practice. I would have preferred to use a 200c or 1M, but since not immediately on hand, I opted for the 30c that was available with the following instructions:

- Give one dose now, then repeat in 4-6 hours if no marked improvement noted.
- Two doses were given to Hannah.

Follow-up on Hannah

Hannah was re-examined 24 hours later on May 30, 2008: T=100.8 F. This was the soonest I could come back to recheck her, and Judy could not check her temperature without help. Hannah is now walking, using right front leg, albeit somewhat gingerly. Allows limb to be palpated. Eating

well. Purrs when handled. Her facial expression is normal. I felt she was in the process of improving so nicely, especially with regard to return of appetite, that I chose not to repeat the remedy. Upon reflection, this kitten was improved though still in pain, and another dose of the remedy might have shortened her period of recovery. As it was, Hannah continued steady improvement and was completely normal by June 1, 2008, 48 hours after Bryonia 30c, 2 doses.

For any other client, I would have scheduled a phone progress report 4-6 hours after first dose of remedy. Judy and I had an established relationship where I knew she would contact me if she was concerned that there was no positive trend of change in a fever patient after a dose or two or remedy. We work with many kittens with fevers and don't worry about them too much, as they always get better with homeopathy. A high fever in a young animal is a sign of a very strong vital force, and the strong vital force typically gives us characteristic symptoms upon which to prescribe and thus swiftly find the curative remedy.

Follow-up on Hannah's Littermates

All **3 other kittens** began to show similar but milder symptoms (lethargy, mild lameness), one at a time over the next week. Each was dosed with **Bryonia 200c** (which I had in my office pharmacy and had Judy come pick up) at first onset of symptoms: each kitten recovered quickly, in less than one day, without ever developing high fever or marked pain. The remedy "aborted" progress of the disease.

In hindsight, it would have been ideal to dose all the kittens with Bryonia 30c or 200c as soon as I assessed that it worked curatively for Hannah, as it was clear some "contagion" (probably a virus) was afoot (pun intended). It very likely would have "filled the vacuum of susceptibility", and perhaps they would not have fallen ill at all. Regardless, Judy was thrilled with how well Hannah and her siblings did, and how expeditious and economical homeopathic treatment was.

Conclusion

This case demonstrates the rapid and complete response we can see in the young patient, even when posology was not "perfect". Ideally this kitten would have been given a higher potency (1M my first choice now for most fevers in young patients), yet responded beautifully to two doses 30C. I have also learned, in the years since this case, that more frequent repetition of remedy is often needed in acute cases, especially fevers.

This case also reinforces how individualization is integral to homeopathy. In conventional medicine we would have made little use of Hannah's most characteristic symptoms (lying on the painful right side, pain markedly worse with motion) but as homeopaths, these details, especially concomitants and modalities, are treasures. Dr. Stuart Close elaborates on this important point in his book *The Genius of Homeopathy* (Chapter 11: Symptomatology, page 186):

> "In materia medica no relevant fact is too insignificant to be overlooked. There is a place and use for every fact, for science has learned that 'Nature never trifles'.
>
> A symptom which appears trifling to the careless or superficial examiner may become, in the hands of the expert, the key which unlocks a difficult problem in therapeutics."
>
> — Dr. Stuart Close, THE GENIUS OF HOMEOPATHY, 1915.

References:

1. Lippe, A. *Key Notes Red Line Symptoms of the Materia Medica.* B. Jain Publishers (P) Ltd. New Delhi, India. 1998.
2. Gibson Miller, R. *Relationship of Remedies and Sides of the Body*. B. Jain Publishers (P) LTD. New Deli, India; 2008.
3. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students*. B. Jain Publishers Ltd. 2002.
4. Close, Stuart. *The Genius of Homeopathy, Lectures and Essays on Homeopathic Philosophy with Word Index*. B. Jain Publishers Ltd. Second Ed. 2005: Chapter 11 Symptomatology.

Hannah & Her Sisters – June 2008

Fifi: Treatment of a Nasal Foreign Body

By Andrea Tasi, VMD

Signalment/Past History

Fifi was an 11-year-old SF tabby DMH cat at the time of this incident. She was an indoor/outdoor cat, and was fed a homemade raw food diet and some canned food. She has had no vaccinations since obtained in 2003 and was approximately 8 years of age on adoption. Her past medical history includes being "dumped" in the clinic where I used to work. She was dropped off unable to walk and no one ever came back for her. I adopted her and her hind leg paresis was diagnosed as spinal lymphoma based on CT scan and bone marrow aspirate cytology. She was treated with multi-modal chemotherapy for almost 2 years. She regained use of her hind legs rapidly. Chemotherapy was discontinued about 1 year prior to this incident: either she was a "miracle" (median survival time for cats with spinal lymphoma = 14 weeks) or the diagnosis was incorrect.

Presenting Complaint/Current History/Physical Findings

On June 11, 2006, Fifi came in from outside and began to paw at her nose, gag and sneeze frequently. On June 12, 2006, I took her into the clinic, sedated her and examined her oropharyngeal area and nose as best I could (no endoscope available). I did not find anything, but I was suspicious she had a piece of grass up behind her soft palate/in her nasal cavity, as she had similar symptoms in 2005 and sneezed out a large blade of grass within an hour.

Over the next 3 weeks, Fifi continued to have frequent paroxysms of sneezing, discharging a thin, VERY FOUL smelling, watery fluid when she sneezed. Regarding the discharge viscosity, it was the texture of normal clear wet nasal discharge, as opposed to thick viscus or mucoid fluid.

She also became much less social. Fifi is a "hold me" cat: even through all her chemotherapy and its side effects she always wanted to be held, petted and comforted. Now she no longer slept with me or wanted to be held or petted. It was this change that worried me the most.

At this point in time, I had just recently completed Session One of the Professional Course in Veterinary Homeopathy. Finally, I decided to be brave and treat her with homeopathy.

Assessment & Homeopathic Work-up

1. Problem list:
   — Likely nasal foreign body.
   — Foul smelling nasal discharge.
   — Personality change: not wanting attention.

2. Case well taken? Yes.
3. Obstacles to cure?

   — Patient based: Historical allopathic treatment/suppression.

   — Practitioner/guardian based: Inexperience, fear of "doing the wrong thing", old habits/ allopathic thinking.
4. Methodology:

   — Acute/Acute Flare-up of Chronic Disease: True Acute.

   — Cure/Palliation: Cure.

   — Vitality: ?? I have no idea what her vital force is capable of because I crushed it for years. Likely low to medium.

   — Seat of Illness/Organ Affinity: Nasopharyngeal area.

   — Causation: Suspected ingestion of grass.

   — Keynotes: Expulsion of foreign body.
5. Homeopathic Symptom List:

   1. Generalities: Foreign body stuck in body part (Location: nasopharynx).
   2. Nose: Foul smelling discharge; and watery discharge which is less characteristic in this case than the overwhelming foul smell.

      ➥ *(Note: Did NOT use Sneezing as a symptom because I presume it was secondary to foreign body, a common symptom.)*
   3. Mental/Mind: Averse to attention.

Homeopathic Rubric Selection and Analysis

Many first aid/emergency situations can be tricky to repertorize, and often make use of one's materia medica knowledge and prior repertory study. Let's examine the possible ways we could study Fifi's case in the repertory and find the most analogous rubrics:

Symptom List	Corresponding Rubrics (#of remedies, B= Boger-Boenninghausen Rep. / K= Kent's Rep.)
Foreign Body, stuck in body part	CONDITIONS OF AGGRAVATION AND AMELIORATION IN GENERAL - Splinters, sticking, in part, agg. (10, B) GENERALS - WOUNDS - splinters, from (17, K)
Foreign Body in Nose Sensation	SENSATIONS AND COMPLAINTS IN GENERAL - Splinter, fishbone, etc. sticking in part; as of a (18, B) NOSE - Foreign body in, as of (16, B) NOSE - FOREIGN body, sensation (5, K)
Location	NOSE - Internal - posteriorly, naso-pharynx (54, B) *No location rubric in Kent.*

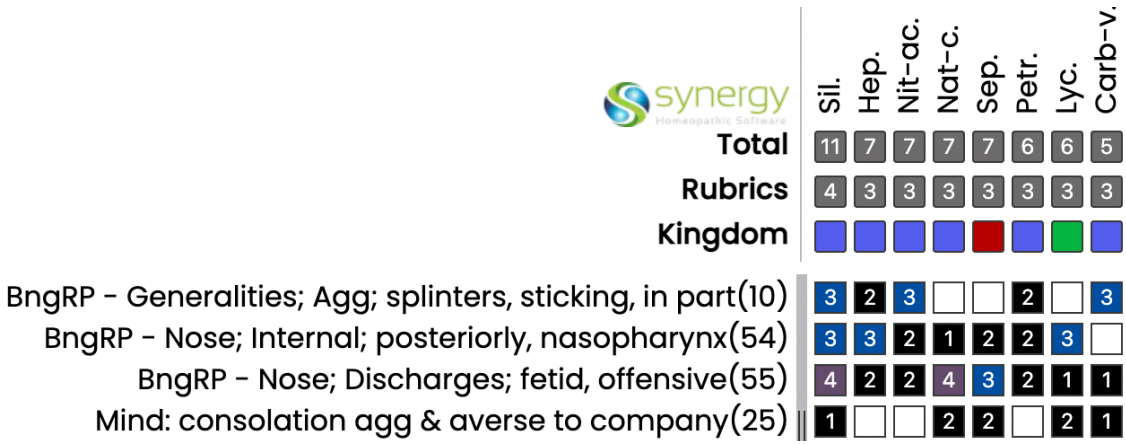
Symptom List	Corresponding Rubrics (#of remedies, B= Boger-Boenninghausen Rep. / K= Kent's Rep.)
Nasal Discharge: Foul	NOSE - Discharges - fetid, offensive (55, B) NOSE - DISCHARGE, - offensive (70, K) NOSE - Discharges - watery (71, B) NOSE - DISCHARGE, - watery (123, K)
Mind: Aversion to Company	MIND - Company - averse to (17, B) MIND - COMPANY, - aversion to (98, K) MIND - Consolation - aggravates (11, B) MIND - CONSOLATION - agg. (23, K)

In both Kent and Boger-Boenninghausen repertories the relative foreign body rubrics are located in the generalities chapter. The advantage of the Boger-Boenninghausen repertory is that one can add in the location of the specific part of the body that is affected, which is often particularly helpful in our animal case work. When we cannot find an exact symptom in a repertory, but can find a "sensation of" version of that symptom, it is worth working the case with that "sensation of" rubric to see what results, but the more exact the symptom/rubric match is, the more reliable. For example, in this case, the curative remedy for this case is NOT in Kent's rubric for "Nose, foreign body, sensation of."

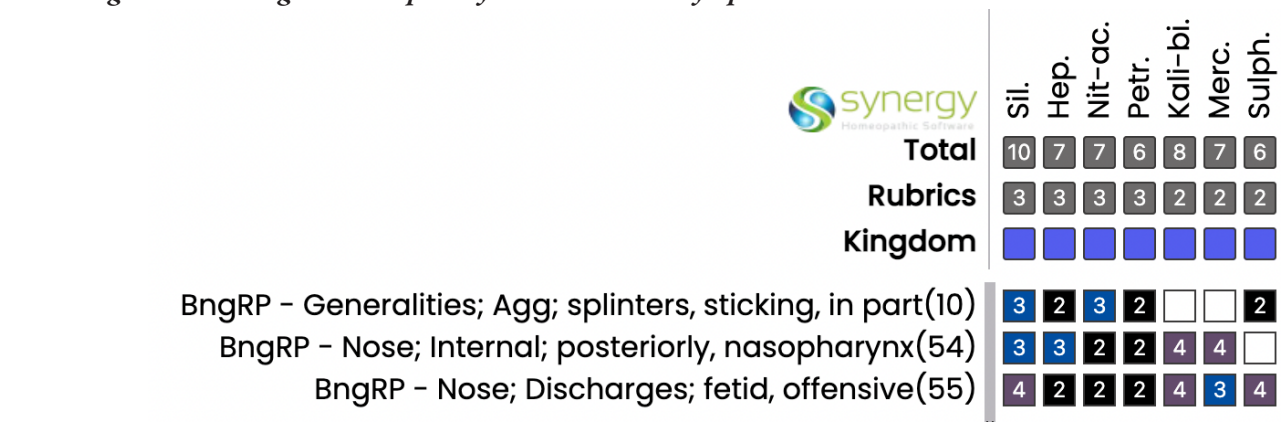
Regarding Fifi's change in behavior, we do not truly know if she was actually adverse to being around others, or just adverse to any form of consolation. This is a situation where it is acceptable for these rubrics to be combined, or one case simply perform multiple analyses trying each rubric to see how it alters the remedy analysis. However to be truly accurate, one analysis should be performed without the mental symptom entirely, as these details can always be studied in the materia medica.

The following analyses from both the Boger-Boenninghausen and Kent repertories demonstrate some of the permutations of how Fifi's case can be analyzed as discussed above, and (as noted on the homeopathic symptoms) in these analysis the watery discharge was not used as in this specific case it was not that characteristic as compared to the foul smell.

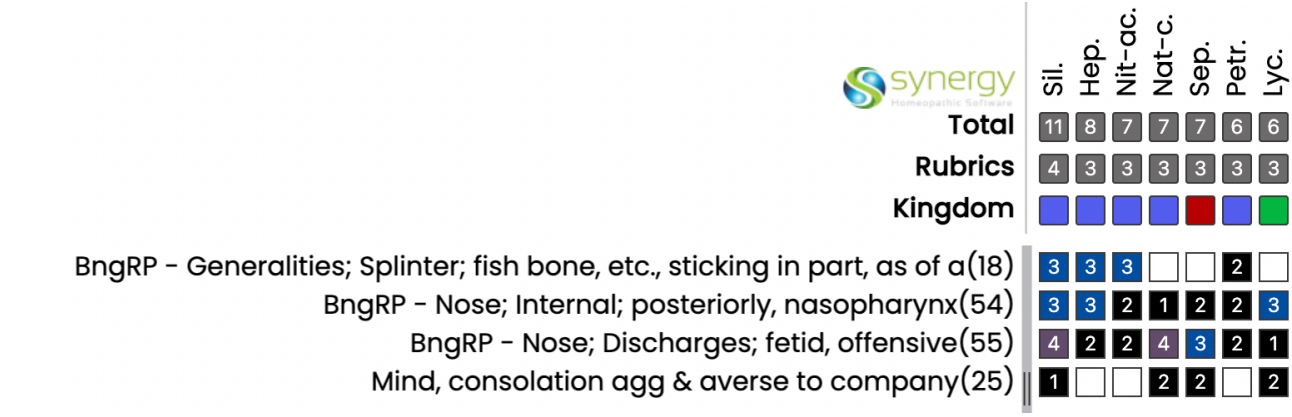
Boger C. Boenninghausen Repertory with Mental Symptom (combined rubrics):



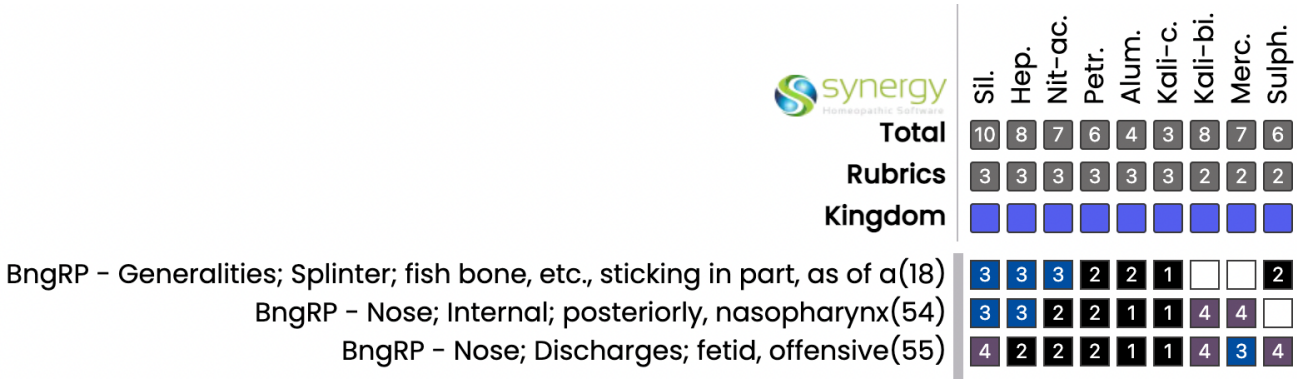
Boger C. Boenninghausen Repertory without Mental Symptom:



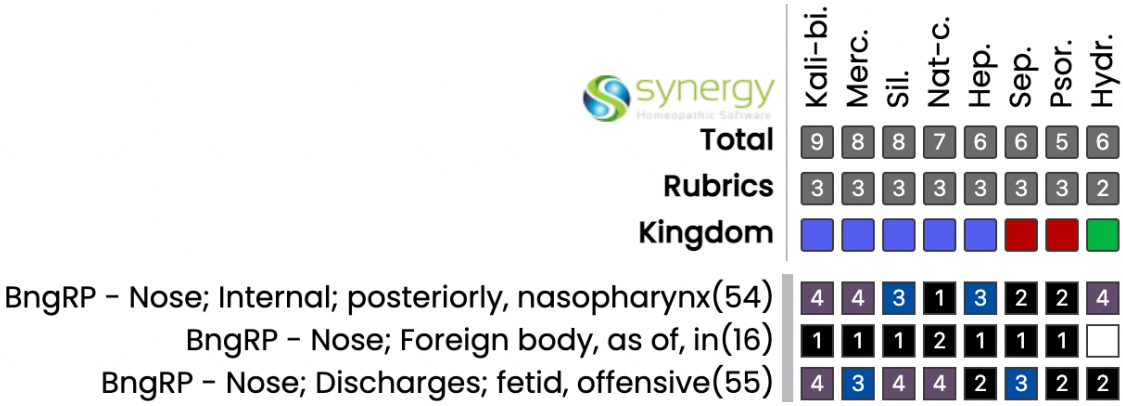
Boger C. Boenninghausen Repertory using "Sensation as of a Splinter" Rubric with Mental Symptom (combined rubrics):



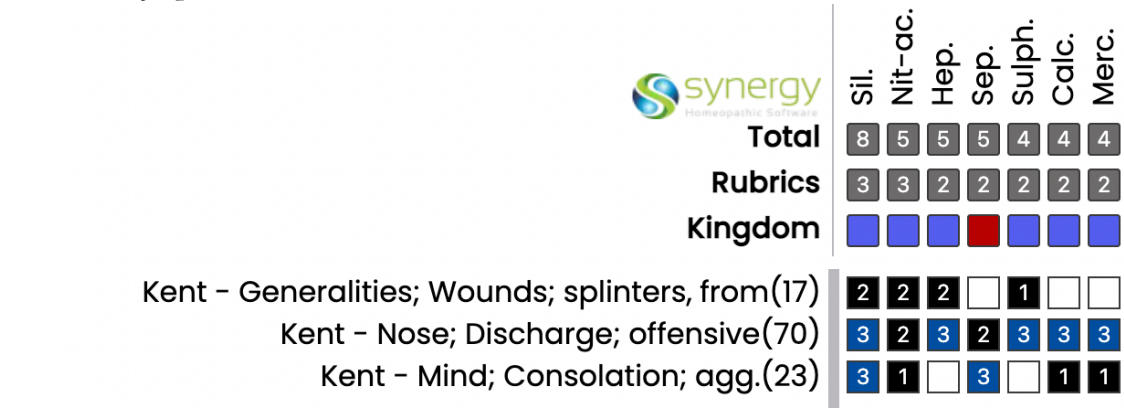
Boger C. Boenninghausen Repertory using "Sensation as of a Splinter" Rubric without Mental Symptom:



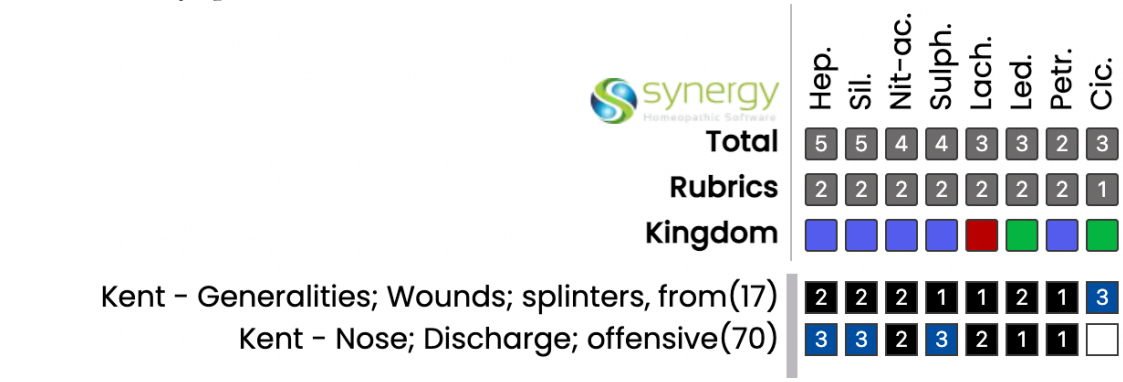
Boger C. Boenninghausen Repertory using "Sensation as of a Foreign Body" Rubric:



Kent with Mental Symptom:



Kent without Mental Symptom:



Remedy Differential

Silica

Silica has keynote symptom: "Small foreign bodies in the skin or larynx" (Lippe's *Key Notes and Red Line Symptoms of the Materia Medica*) and is well known for the general removal foreign bodies (Murphy's *Nature's Materia Medica*).

A primary biological process associated with Silica is suppuration, the formation of pus. Silica is known to promote the exteriorization or the absorption of suppuration. In certain circumstances

this suppuration is useful for exteriorizing the nidus of infection (such as a FB). It can also promote (especially where there is no easy outlet), the absorption of a nidus of infection.

From Kent's *Materia Medica of Homeopathic Remedies* on page 891: "The remedy produces inflammation about any fibrinous nidus and suppurates it out...In ordinary people a splinter lodges in the tissues, a suppuration will slough it out, but in these feeble constitutions a plastic deposit takes place about it and it remains. This is not the highest state of order."

From Cowperthwaite's *A Textbook of Materia Medica and Therapeutic*s on page 711: "the chief clinical value of Silica is in the treatment of slow suppurative processes in general — long lasting suppurations; glands, abscesses, ulcers, felons, boils, carbuncles, cancers, caries, etc. Bad effects of splinters, needles, etc penetrating the flesh."

What is quite striking about Fifi's case – is that after three weeks, she is NOT producing a suppurative discharge (which would be a normal healthy reaction of the immune system) to help lubricate and expel the foreign matter.

Additionally, Silica discharges tend to be offensive, more so than the Hepar sulph or Nitric acid. There was also none of the painful sensitivity to touch that is characteristic of Hepar sulph.

Hepar sulph

Hepar sulph has the location affinity of the respiratory membranes, with the keynote symptom: "Sore STICKING, like sharp splinters" (Boger's *Synoptic Key*), and a general tendency to suppuration. A prominent keynote symptom of Hepar sulph of the general patient is "great sensitiveness of the affected parts to touch" (Lippe's *Key Notes and Red Line Symptoms of the Materia Medica*).

Nitric acid

Nitric Acid has the location affinity of the margins of outlets (orifices) and tubular organs; and has the keynote symptom of "Stickings like a splinter" (Boger's *Synoptic Key*). It has acrid discharges, and many keynotes of ulceration (Lippe's *Key Notes and Red Line Symptoms of the Materia Medica*). From Cowperthwaite's *A Textbook of Materia Medica and Therapeutic*s on page 546: intense irritation produced, resulting in inflammation & destructive ulceration of the parts."

Homeopathic Prescription

Silica 30c, one dose dry pellets by mouth, was given on July 6, 2006. I selected a 30C potency because it was the only potency I had available during the start of the Professional Course. If I were faced with this case today, I would give 200c and would have given it FAR SOONER without a shadow of hesitation.

Prescription Response

Fifi slept more and did not want to go outside for the next 2 days. The sneezing continued. On July 10, 2006 (3.5 days post remedy), she went into a particularly violent spell of sneezing. When I came to see what was going on, I found her rubbing her face on the rug and sneezing non-stop. When I looked at her more closely there was about 2" of brown, stick-like grass coming out of her left nostril. I gently pulled on it and out came a 3.5" stiff and smelly old piece of grass. She immediately stopped sneezing and was her old self within hours: back to begging for attention and wanting to be held and petted.

Conclusion/Summary

Despite a long history of suppressive treatment in the past, AND the shameful hesitation on my part to treat this poor cat, she responded beautifully to one dose of the correct remedy in this acute disease state.

Interestingly, but sadly, my attempts to treat her chronic state were never successful in a curative sense. She had severe flea allergies and progressive chronic kidney disease. In the 8 further years of her life (she lived till she was 18 years of age), Fifi had two other true "acutes" (a trauma from a fall and a cat bite abscess) that I treated successfully, but it was as if her past suppressive treatment had set up a brick wall that her vital force could not break through to respond to remedies for her chronic mistunement. It is also possible that her being my own cat was an impediment to my doing my best work for her, as the emotional involvement we have with our own animals may become a practitioner-based obstacle to cure. She was the most wonderful cat and I miss her every day.

References:

1. Lippe, A. *Key Notes Red Line Symptoms of the Materia Medica.* B. Jain Publishers (P) Ltd. New Delhi, India. 1998.
2. Murphy R. *Nature's Materia Medica: 1,400 Homeopathic and Herbal Remedies.* Blackburg, VA: Lotus Health Institute; 2006.
3. Kent, J.T. *Materia Medica of Homeopathic Remedies*. Sittingbourne, Kent, UK: Homeopathic Book Service; 2005.
4. Cowperthwaite, A.C. *A Textbook of Material Medica and Therapeutics: Characteristic, analytical and Comparative.* B. Jain; 2001.
5. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students*. B. Jain Publishers Ltd. 2002.

Joey: A One-Sided Case

By Andrea Tasi, VMD

Contributions by Sarah Stieg, DVM, MRCVS

History/Presenting Complaint:

Joey is an 11-year-old orange NM DSH cat who presented on March 26, 2011 for clawing at his mouth for about 3 weeks. Joey would smack his lips and then bring both paws up to his open mouth and paw furiously in his mouth. Although he had his claws extended, he was not causing self-trauma to his mouth. The problem came on suddenly with no known precipitating event and could occur at any time, with no relationship to other activities (eating, drinking, etc.). There was nothing that would make the problem better or worse. His guardian, Jessica (a veterinary nurse) reported that he would do this "dozens of times each day" and at its worst an episode could last for twenty minutes.

Shortly after this behavior began, Joey had been taken to the veterinary clinic where Jessica works and had been anesthetized for a full oral exam including dental radiographs. Nothing was found other than some mild gingivitis and mild-moderate dental calculus: a routine dental prophylaxis was performed (pre-anesthetic CBC/serum chemistry/T4 were all within normal limits). When he recovered from this anesthetic event, he immediately resumed the pawing at his mouth and has continued to do so. There was no response to oral buprenorphine, other than becoming "groggy."

He has remained his "friendly self," and can eat and drink despite the fits of pawing at the mouth. He has a normal appetite and drinks a little occasionally. An indoor only cat, fed a raw food diet, he has never had any past illnesses or health problems other than a tendency towards "smelly breath". He has had no vaccinations since he was a kitten. Jessica has nine cats and a very limited budget. At this time, she was my catsitter. I took this case on pro bono to try to help Joey, as I felt it was unlikely anything other than homeopathy could offer some hope.

Physical Exam:

Oral exam is completely normal other than mild gingivitis. Breath is not offensive. Mild iris melanosis left eye. Lentigo simplex (black freckle-like spots), typical of orange cats, on lips and eyelids. Overweight, BCS 7/9. After the exam was completed, he went into full blown pawing at mouth episode: lasted about 2 minutes. Mentation seemed normal during episode.

Assessment & Homeopathic Work-up:

A. **Problem list:** Feline oral facial pain syndrome: i.e. idiopathic oral/facial pain.

B. **Methodology:**

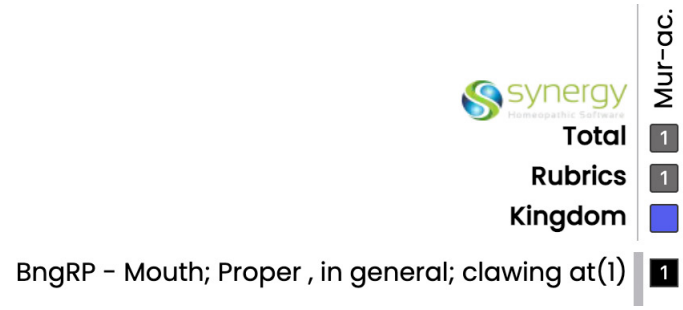
- Case well taken?
  — This is a one-sided case (Hahnemann calls these cases "defective"); very little to go on, so by definition NOT a well taken case.
- Obstacles to cure?
  — Lack of information. Paucity of symptoms. What sensation cat is feeling? Pain (some type of painful sensation, e.g. burning, stitching/stabbing, stinging, etc.) most likely. There is no way to know for sure.

- Acute/Acute Flare-up of Chronic Disease/Chronic: Appears to be an acute flare-up of chronic disease, but cannot be sure; could this be some advancement of chronic disease?
- Cure/Palliation: CURE.
- Miasm: Psora, +/– Sycosis?
- Vitality: Low-medium. Paucity of symptoms but severe suffering from symptoms.
- Seat of illness/organ affinity: Mouth (tongue? nerves?).
- Causation: None identified.
- Keynotes: None.

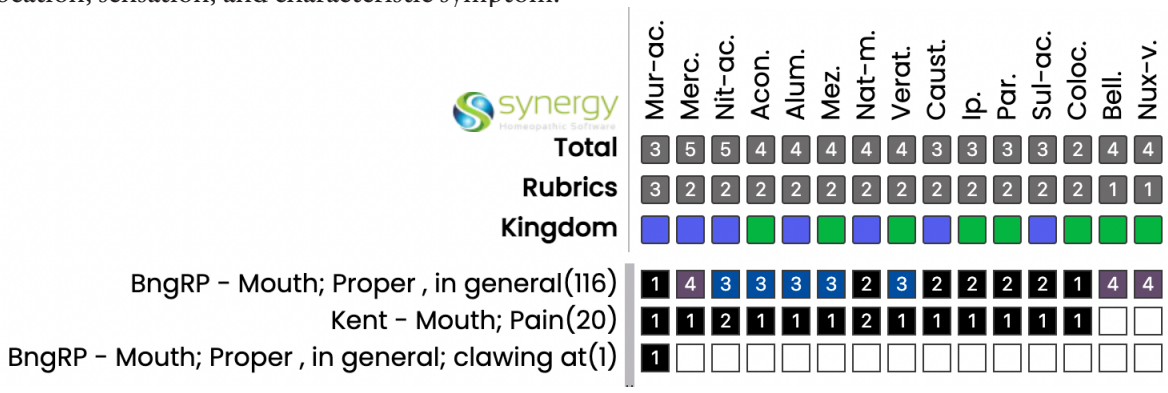
Homeopathic Symptom List & Analysis:

A PAUCITY OF SYMPTOMS! This case has really only one symptom: pawing at the mouth. This is an unusual symptom: cats rarely paw at their mouths unless there is marked stomatitis present, which is not the case here.

In the Boger-Boenninghausen repertory, I found the rubric "MOUTH; PROPER, clawing at" with only one remedy: Mur-ac.



We can also work the case with an inference that there is pain somewhere in the mouth. Here a location, sensation, and characteristic symptom.



Upon review of Materia Medica, Muriaticum acidum (Mur-ac.) fit this cat's case closely; no other remedies were considered.

From Hering's *Guiding Symptoms of Our Materia Medica*: "All the time pushing finger down throat, or keeps clawing mouth, as if some obstruction must be pulled out of throat." Mur-ac. also has a strong affinity for the mouth in general.

From Boger's *Synoptic Key of the Materia Medica*: Region: Blood, Muscles, **Mucous membranes of digestive tract and mouth, Tongue,** Brain.

From Cowperthwaite's *A Textbook of Materia Medica & Therapeutics*: "Acts upon the ganglionic nervous system, and through it upon the blood, the skin and the alimentary tract, especially the mouth and the anus."

First Prescription/Plan:

Mur-ac.1M, several pellets dry by mouth, once, administered on March 26, 2011. This potency was given because of the severity/violence of the symptoms, but also was the only potency of the remedy I had on hand. Phone progress report was scheduled for one week, with request for an update sooner if anything worsened or improved significantly.

Follow-up/Assessment:

Guardian called on March 29, 2011, three days post remedy, because she was so excited to report that he had not done any clawing at his mouth that day. The report was the same on April 6, 2011: no clawing at mouth at all. He seems more energetic as well, playing more. Jessica had not noticed that he had stopped playing until he began to play again.

On April 29, 2011, one month post remedy, he is still doing well, no clawing at mouth. His ears have become slightly "dirty" but do not bother him. I explained that a discharge may be part of the healing process, to just wait and watch. Because of financial constraints, specific follow up appointments were not set. I advised Jessica to please alert me to any changes in his condition.

- ☑ *Symptom Evaluation Tip:* The production of a discharge, a symptom exteriorization, is a very positive sign that the patient is moving in a curative direction. How do we fully interpret the change and decide what to do next?
  - — It is very useful to check if this "new" symptom can be found within the prescription (repertory or materia medica), for it can be an indication that the patient's response either: still falls within the symptom picture of the current prescription, OR that a remedy may need to be changed depending how the patient's response continues.
  - — Since Mur-ac. is a grade one in Kent's repertory for EAR – WAX, increased; it would indicate that we should stay with the current prescription for the time being and see what happens next to the ear wax (does it resolve, worsen, stay the same, or improve but persist i.e. not fully resolve).
  - — If the ear wax resolves on its own in a relatively short period of time, it would be considered a return of old symptoms (ROS) – indicating the patient is well on their way towards cure.
  - — If the ear wax either worsens, persists at the same level, or improves but does not fully resolve, it would indicate a repetition of the prescription is needed (since the current prescription covers this symptom).
  - — Ideally (in "perfect" case management), we want to prescribe on the exteriorized symptoms if needed and NOT let the case regress to the more deeper symptoms. However, this is not always possible, due to symptom fluctuation, client observation, timing of appointments, etc. Due to the financial constraints and lack of client comprehension of the curative path, this "ideal" of observational management was not able to be met in this case.

On June 23, 2011, three months post remedy, Jessica reports that he has clawed at his mouth three times in the past week, only briefly, not as severely as before. His ears are better: much less dirty. There are no new symptoms. This return of symptoms (yet less severe), along with the persisting ear wax (though improved), suggests it is time to repeat the remedy.

Second Prescription:

Mur-ac. 10M several pellets dry by mouth, once. I went to a higher potency because Hahnemann recommends one should never give the same potency in repetition, although many masters, including Kent, say otherwise. He had no aggravation from the 1M so I felt it appropriate move to the next higher potency.

Follow-up:

Within several days of the Mur-ac. 10M, the pawing at the mouth resolved and never recurred. His ears cleared up according to the client. Due to financial constraints no further follow ups/physical exams were done. I am strongly suspicious that if I had the opportunity to have monitored this cat's physical state over time, I would have seen some signs of latent chronic disease. Return of waxy ears is one of the most common symptoms of latent psora. In the absence of other guiding symptoms, I would have continued to work with Mur-ac. until patient response indicated the need to move to another remedy.

In July 2015, slightly more than four years after homeopathic treatment for the oral problem, Jessica reported that Joey developed weight loss, increased thirst, and increased appetite. She took him into the cat clinic where she worked: T4 high = 5.8 (0.8-4.0 µg/dL), creatinine high = 4.0 (0.6-2.4 mg/dL), BUN high = 60 (14-36 mg/dL). Pathologic diagnoses: hyperthyroidism and chronic kidney disease. Jessica opted for conventional treatment with oral methimazole, oral Aminavast (a kidney supportive nutraceutical) and SQ fluids. He was euthanized in late 2018 when he also developed heart failure.

Summary/Discussion:

This case represents a vivid example of treating a one-sided case without continuing anti-miasmatic prescribing. The significant miasmatic flare-up of disease was quieted, but the disease tendency was not fully extinguished and thus continued to grow "underneath the visible surface." The homeopathic prescription for a single symptom/condition (whatever was happening in the mouth) did not fully address the underlying miasmatic state of this patient, likely sycosis and psora. While Joey improved (no longer clawing at mouth) and even seemed to have more energy, the fact that he went on to develop disease in deeper organs (thyroid, kidney and heart) demonstrated that the mistunement of his vital force was not completely corrected by my two prescriptions. Unless the totality of a patient's mistunement is addressed, this will always be the case.

Jessica was thrilled with having a happy, comfortable, "normal" cat for the 4+ years between my treating Joey's mouth issues and his development of his "new" diseases. Because this client worked in allopathic medicine, she felt she had witnessed a "miracle cure". This illustrated the additional challenge of conveying to the client that the case is not finished with the resolution of the presenting symptom(s). Defining the difference of "cure" to the client and emphasizing the importance of ongoing care can be difficult, as allopathic treatment certainly would have been deemed the Feline Oral-Facial Pain Syndrome to be "cured."

The challenge of the one-sided case can be significant. Attention to details of the patient's state, over time, with prescribing of symptom-similar anti-psoric remedies will be needed at some point in all cases to obtain true cure. While Mur-ac. is an anti-psoric remedy, it is likely that Joey would have required a different anti-psoric to completely address the totality of his case, which was not visible to me at the time of his presentation.

In the various materia medica I studied, there was no "complementary" remedy listed for Mur-ac. Vermeulen's *Concordant Materia Medica* states Mur-ac. is "FOLLOWED WELL BY Calc., Kali-c., Sepia, Silica and Sulphur."

In revisiting this case, I found that the Boger-Boenninghausen rubric "FACE freckles" (his only other physical symptom) has Sulphur highest grade 4 (and, interestingly Mur-ac. Grade 3!):

> **FACE - Freckles:** (29) **ALUM.** am-c. **ANT-C.** ant-t. bry. **CALC.** carb-v. con. dros. **DULC. GRAPH.** hyos. iod. kali-c. lach. laur. **LYC.** merc. mez. **MUR-AC.** nat-c. nit-ac. *Phos.* **PULS. SEP.** sil. stann. **SULPH.** thuj.

Perhaps if I had been able to follow with Sulphur, Joey would have been truly "cured"... we can never know for sure. For our learning purposes, Joey provides an excellent example of prescribing on a one-sided case and the necessity of following a patient over time to fully address the totality of their chronic disease.

References:

1. Hering, Constantine. *Hering's Guiding Symptoms of Our Materia Medica.* B. Jain Publishers (P) LTD. New Delhi, India; 2003.
2. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students*. B. Jain Publishers Ltd. 2002.
3. Cowperthwaite, A.C. *A Textbook of Material Medica and Therapeutics: Characteristic, analytical and Comparative*. B. Jain; 2001.
4. Vermeulen, Frans. *Concordant Materia Medica.* Haarlem, Netherlands: Emryss bv Publishers; 2000.

Hobb-Zilla Part One:
Treatment of Acute Fever/Vomiting, An Acute Flare of Chronic Disease

By Andrea Tasi, VMD

Signalment:

At the time of presentation, Hobb-Zilla is a 3-year-old neutered male orange DSH cat, living indoors with 4 other cats and 3 dogs. He is fed a variety of Hill's dry cat food products. A variety of canned cat foods are also offered but he will not eat any of them.

Presenting Complaint/History:

On July 3, 2012, in the early morning, I am contacted by Randi, Hobb's guardian. Randi is the hospital manager of the cat clinic where I used to work. Extremely upset, she says: "He is going into another one of his fever and vomiting things and I can't take it anymore! I'm going broke and no one can even tell me what is wrong with him!" I ask for further details – she explains that, since late last night, Hobb-Zilla feels hot to the touch, is lethargic and just lying in a chair, looking very "ill". He is neither eating nor drinking. He has vomited yellow-green (bilious) liquid and mucus several times.

While this came on suddenly, with no known cause, THE EXACT SAME PRESENTATION has occurred 2-3 times a year since he was adopted at about 5 months of age. There is no specific weather, season, or time periodicity to these bouts of fever/vomiting. Each time this has happened he has been hospitalized, sometimes for several days, and treated symptomatically for dehydration, fever, and nausea. Randi says he has been given antibiotics at some point as well. Diagnostic testing, at both the cat clinic and a specialty/referral center, has included multiple CBC's, serum chemistries, urinalyses, serology for common feline infectious diseases, radiography and ultrasonography: no specific diagnosis has ever been made. I did not have immediate access to all these records when Randi contacted me.

I normally do not take on "emergency" new patients, but I made an exception since I knew Randi well, she lived nearby, and I felt compelled to help a client and a patient who have already been through so much, yet had not really been helped at all!

Physical Exam Findings:

- Quiet, responsive. Easy to handle. UNUSUAL FOR THIS CAT, who is usually quite "feisty".
- Fever: T = 104.8° F (40.4° C) with ear thermometer. Rectal temperature probably would have been a bit higher.
- Dehydrated: MM slightly tacky, but skin turgor close to normal.
- No icterus noted in sclera or palate (first places cats will show icterus).
- Slightly waxy outer ears.
- Mild dental tartar.
- Abdomen soft and non-painful. No masses or organomegaly.
- Good body condition. No muscle wasting.
- No lymphadenopathy

Assessment & Homeopathic Work-up

1. **Problem list for acute state:**
   — Fever, acute, recurrent.
   — Vomiting of bile and mucus.
   — Dehydration, mild-moderate.
   — Inappetence.
   — Lethargy.

2. **Case well taken?**
   — If we focus on the acute case at hand, YES. There are enough symptoms to guide us. In a true acute or acute flare of chronic disease, we prescribe on the ACUTE symptoms only (with rare exceptions).

3. **Obstacles to cure?**
   — Less than optimal diet (dry food "junkie").
   — Possible observational inadequacy/inaccuracy due to multi-multi pet household.
   — Financial limitations? Client is "out of money" after all Hobbz has been through.

4. **Methodology**
   - **Acute/Acute Flare-up of Chronic Disease/Chronic:** CLEARLY, acute flare-up of chronic disease.
   - **Cure/Palliation:** Cure seems possible. Seems like diagnostics suggested NO structural changes/irreversible pathology of any major organ system (have not actually reviewed records yet).
   - **Vitality (0-10 Highest):** 8-9 HIGH. The ability to mount a high fever, in the absence of any significant pathology, suggests strong vital force. The fact that Hobbz just KEEPS having these events, despite all the treatment he has had, also suggests strong vital force.
   - **Miasm:** Psora. Lack of complete history at this point makes accurate miasmatic assessment a challenge: Sycosis possible; Syphilis unlikely (no apparent destructive pathology).
   - **Seat of illness/organ affinity:** GI tract (vomiting suggests stomach/intestines
   - **Causation:** None identified at this time.
   - **Keynotes:** Thirstlessness with fever.

5. **Homeopathic Symptom List:**
   — Fever, physical general.
      - *Pathological type?*
         - **Gastric:** Yasgur's Homeopathic Dictionary: GASTRIC FEVER (febris gastrica) a fever in which the inflammation of the stomach is the primary characteristic. This seems a good fit.
         - **Bilious:** Yasgur's Homeopathic Dictionary: BILIOUS FEVER involves "jaundiced complexion", which we do NOT have here.
         - **Inflammatory:** difficult to find a specific definition. I tend to use this when fever has no other characteristic organ affinity or etiology.

— Thirstlessness; physical general, concomitant to fever. Characteristic.
— Inappetance; physical general, concomitant to fever. COMMON IN CATS WITH FEVERS.
— Lethargy; physical general, concomitant to fever. COMMON IN CATS WITH FEVERS.
— Vomiting, bile/mucus: physical particular, discharge (always characteristic as direct expression of VF), concomitant to fever.

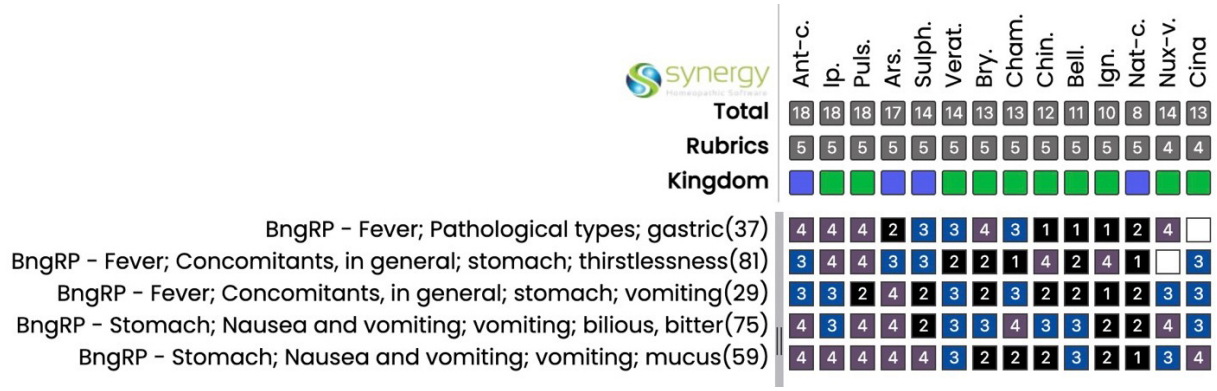
Homeopathic Rubric Selection

There are a variety of rubrics to examine for Hobbz's case in both the Boger-Boenninghausen Repertory and Kent's Repertory. The following table shows a compilation of rubrics for review regarding Hobbz's most characteristic symptoms.

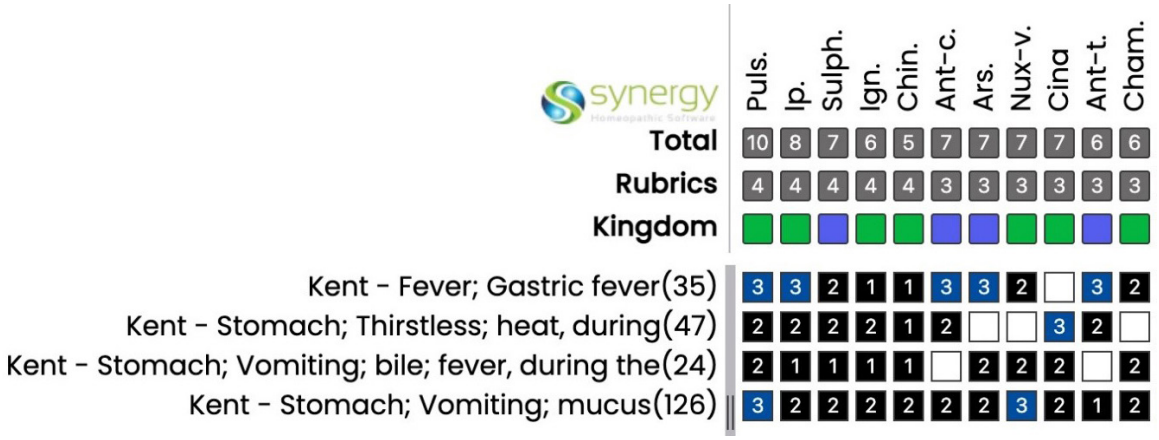
Symptom List	Corresponding Rubrics (# of remedies, BB= Boger-Boenninghausen Rep. / K= Kent's Rep.)
Fever with Stomach symptoms	FEVER, PATHOLOGICAL TYPES, Gastric (37, BB p.1002) FEVER, Gastric fever (35, K p.1287)
Thirstlessness, concomitant to fever	HEAT & FEVER IN GENERAL CONCOMITANTS, THIRST/ STOMACH, Thirstlessness (81, BB p.1069) STOMACH, THIRSTLESS, heat, during (47, K p.530)
Vomiting, concomitant to fever	HEAT & FEVER IN GENERAL, CONCOMITANTS, NAUSEA AND VOMITING/STOMACH, Vomiting (29, BB p.1069) STOMACH, VOMITING, heat, during (33, K p.533)
Vomiting mucus, concomitant to fever	HEAT & FEVER IN GENERAL, CONCOMITANTS, NAUSEA AND VOMITING/STOMACH, Vomiting, slimy, mucus (20, BB p.1069) STOMACH, VOMITING, mucus, heat, during (1, K p.539)
Vomiting mucus, not specifically as concomitant to fever	NAUSEA & VOMITING, Vomiting, mucus (59, BB p.504) STOMACH, VOMITING, mucus (126, K p.538)
Vomiting bile, as concomitant to fever	HEAT & FEVER IN GENERAL, CONCOMITANTS, NAUSEA AND VOMITING/STOMACH, Vomiting, bitter (bilious) (18, BB p.1069) STOMACH, VOMITING, bile, fever, during the (24, K p.535)
Vomiting bile, not specifically as concomitant to fever	NAUSEA & VOMITING, Vomiting, bilious, bitter (75, BB p.502) STOMACH, VOMITING, bile (132, K p.535)

Boger C. Boenninghausen Repertory (my first choice for fever cases), using all GI symptoms in Fever;concomitant form. Note: In Boger C. Boenn. Repertory book version: VOMITING; "bitter" is also termed "bilious" in fever section. This is unfortunately omitted in Synergy software version.

Boger C. Boenninghausen Repertory using Fever; concomitants of thirstlessness and vomiting , But using Stomach, Nausea and vomiting section for description of vomiting. Note: Here Synergy does bring in the bilious/bitter related terminology.



Kent's Repertory: Here we can use the fever section for pathological type of fever, but must go to the Stomach section to find GI symptoms that occur during fever/heat (not specifically termed "concomitant"):



Remedy Differential

Let's compare our top apsoric and common "acute"remedies: Arsenicum, Chamomilla, Ignatia, Ipecac, Pulsatilla. (Ant-c, Sulph both anti-psorics, so less likely to be the best choice here.)

- **Arsenicum:**
  - ✳ We have reviewed this remedy well in class so far. Hobbz has no restlessness, a keynote of Arsenicum. In Boger-Boenninghausen repertory, Arsenicum is grade 3 as thirstless during fever, but is not present Kent's rubric for the same symptom. Keynote DRINKS LITTLE AND OFTEN.
- **Chamomilla:**
  - ✳ Boger's Synoptic Key. Afflictions of infants/children, women. Region/organ affinity: mucus membranes of digestive tract. Frantic irritability. OVERSENSITIVE.
  - ✳ Lippe: Exceedingly irritable, fretful. Anxious restlessness. WANTS TO BE CARRIED, AND THEN IS MORE QUIET.
- **Ignatia:**
  - ✳ Boger's Synoptic Key: Region/organ affinity: MIND, brain; Muscles of face and eyes; Blood.
  - ✳ Lippe: Keynote BAD EFFECTS FROM FRIGHT AND SORROW, OFFENSES AND UNFORTUNATE LOVE AFFAIRS.
- **Ipecac:**
  - ✳ Also have reviewed this remedy well in class so far.
  - ✳ Boger's Synoptic Key: Region/organ affinity: mucus membranes of digestive and respiratory organs. HORRID NAUSEA.
  - ✳ Lippe: DISTRESSING AND INTENSE NAUSEA AND INCLINATION TO VOMIT, AND AFTER VOMITING THERE IS IMMEDIATE INCLINATION TO DO SO AGAIN.
- **Pulsatilla:**
  - ✳ Such an important polychrest, we have reviewed this remedy well so far.
  - ✳ Boger's Synoptic Key: Region/organ affinity mucus membranes of GI tract.
  - ✳ Lippe: Keynotes ABSENCE of THIRST OR THIRSTLESSNESS WITH NEARLY ALL COMPLAINTS. REPUGNANCE TO FOOD.
  - ✳ EXTREMELY MILD AND GENTLE. (Randi explained that when Hobbz well he is "hell on wheels" to handle, but he gets quite easy to handle and calm when ill.)

First Acute Prescription:

Pulsatilla 200c, one dose dry pellets by mouth, 8am, July 3, 2012. I HAVE A VERY BUSY DAY OF HOUSE CALLS AND NEED TO GET ON THE ROAD and Randi must go to work for a few hours as well; asked for phone progress report in 6-8 hrs. If circumstances would have allowed, I would have preferred to follow up at 2-4 hrs. Left Pulsatilla 1M with client, to give only if I instruct. I asked Randi to leave Hobbz closed in the sunroom, no other cats with him, with food, water, litter available.

Practitioner reflection on potency selection: I started this case with a 200c potency, because at this time, it was almost formulaic in my practice to start acute cases with 200c potency, which I considered to be "high," as I was not using the higher potencies routinely (1M and above). As to why I did not leave more Pulsitilla 200c with the client – I left Pulsatilla 1M, as I was laboring under the misapprehension that one should never repeat the same potency twice. Kent (amongst others of the old masters) certainly proved that this was not the case. Kent advised that a skilled homeopathic physician will not be prejudiced in potency selection, but rather make use of the full potency range

(from 30c to MM) as the patient's case indicates. If I were to take this case now, I would have selected Pulsatilla 1M for initial administration of the prescription, and left further doses of the same prescription with client to have on hand.

Phone Follow-up (8 Hours Post First RX)

4pm, July 3, 2012: "He looks like he feels better, but not 100%. He has not vomited and more, and he doesn't feel nearly as warm when I touch him. Doesn't look like he's eaten or drunk anything."

Assessment: Hobbz looks better, and the fever is likely reduced, but he is not yet willing to eat or drink. While there has been some progress, he needs more help. Remedy repetition is often needed in acute fever cases.

Prescription: I chose to repeat the remedy but in higher potency: **Pulsatilla 1M**, one dose dry pellets given at approximately 5pm July 3, 2012. I increased potency because I thought it might provide a "bigger push" to his vital force; however, it would have been reasonable to repeat 200c as well. Asked Randi to call with progress report first thing next morning. If he does want to eat, please feed him smaller meals than normal, and wait a few hours in between, so we can see if he will hold food down.

Phone Follow-up the Next Day (17 hours post second RX)

7am, July 4, 2012: "He looks completely back to normal! No vomiting. He ate his breakfast and wanted more. He does not feel warm at all."

Assessment & Plan: A wonderful response to the second dose of Pulsatilla in higher potency! It is very likely that the acute flare-up of chronic disease is now quieted, and he will return to whatever his "day to day" chronic state is. If we hope to move him towards cure of his chronic disease, I need to take fully take his chronic case. We scheduled Hobbz full homeopathic case intake for one week later, on July 11, 2012. Randi is to contact me before then if there is any recurrence of lethargy, fever, vomiting or loss of appetite.

HOBB-ZILLA's CASE CONTINUES IN PART TWO

Onwards to addressing his chronic disease!

References:

1. Boger, Cyrus Maxwell. *A Synoptic Key of the Materia Medica: A Treatise for Homeopathic Students*. B. Jain Publishers Ltd. 2002.
2. Lippe, A. *Key Notes Red Line Symptoms of the Materia Medica.* B. Jain Publishers (P) Ltd. New Delhi, India. 1998.

Hobb-Zilla Part Two:

Past and Current GI Problems, & "He's a Jerk!"

By Andrea Tasi, VMD

Contributions by Sarah Stieg, DVM, MRCVS

Signalment

At the time of taking his chronic case in July 11, 2012, Hobb-Zilla ("Hobbz"), is a 3yr old (approximate DOB June 2009), neutered male orange DSH cat, living indoors with 4 other cats and 3 dogs. His owner, Randi, is the hospital manager at the cat clinic where I used to work. We addressed an acute flare-up of chronic disease (fever and vomiting) in Hobb-Zilla Part One.

Subjective

Presenting Complaints:

- ✶ Recurring bouts of fever, anorexia, vomiting mucus and bile since obtained in 2009 at about 4-5 months of age. (One week ago, a flare of this responded well to Pulsatilla.)
- ✶ Chronic intermittent vomiting.
  - Not sure of duration, at least year or more. No specific periodicity.
  - Mucus/foamy, small amounts.
  - Sometimes some blood present.
  - Sometimes yellow-green (bile) color.
  - Possibly more often in morning but client not sure.
- ✶ Stool sometimes a little soft (usually normal).
- ✶ Picky appetite.
  - Has been this way since a kitten.
  - Often acts hungry, but only eats a little dry, then stops. Will come back later to eat a bit more.
  - Refuses all canned/moist food. Will only eat dry.
- ✶ Ears have always been "dirty".
  - Tendency for brown wax in both ears.
  - Ears do not seem to bother him: not pruritic. Have never been inflamed.
  - May have had ear mites when he was a kitten, but client is not sure.

Current Meds: None.

Historical Complaints — Medical Time-line:

- August 2009: Was found as stray but a woman who does cat rescue. Neutered at young age. Few details available. Likely had diarrhea.
- October 2009: was vaccinated for FVRCP and RV. 24 hours later he developed fever, vomiting, collapse. Was hospitalized and treated with fluids and NSAIDS. Full details not available.
- December 2009: Randi adopts him.

- 2009-2010: Chronic intermittent diarrhea (reported by rescue foster and continues once adopted).
    * "Liquid to pudding consistency".
    * Often with mucus. Sometimes red blood.
    * Frequency increased: at worst he passed stool 5-6 times per day.
    * Did not seem painful but cannot be sure.
    * No response to deworming, Fortiflora probiotic, Metronidazole, Azithromycin.
    * Improved with high fiber diet.
- 2010-2012 At least 4 hospitalizations for acute bouts of fever/vomiting/anorexia. Never any specific diagnosis made.
- July 3, 2012: successful treatment of acute fever/vomiting episode with Pulsatilla.
- NO VACCINES SINCE ADOPTED.

Diet/Supplements:

Variety of Hill's dry cat foods. Canned/moist offered (Hill's and other brands), but he won't eat them. No supplements.

Modalities/Concomitants/Misc.:

- He likes warmth but is not obsessive about being on heated beds.
- Will sniff canned/moist food and look at it, but always walks away from it.
- He drinks some water, about what seems "normal" for a cat on a dry food diet.
- Always uses litter box. Stool seems mostly normal now. Urine, hard to comment on because of multiple cats.

Temperament/Disposition:

- Client is fond of him, but says he is "a jerk". He bothers the other cats by licking them and when they object, he turns it into a fight. "Sometimes he just terrorizes them for no reason."
- He has always been like this, no change in personality.
- In general, he's just not a very affectionate cat.
- If he is scolded for doing something he shouldn't, he'll turns around and growl/grumble. Sometime he will then go "bop one of the other cats on the head".
- If you try to move him off a chair, he will growl and "be belligerent".
- When he is well, he is "feisty" for any handling that is not simple petting.
- When he is sick with his fever/vomiting bouts, he is much easier to handle.

Objective

Physical Exam Findings:

— BAR. Feisty! Not very happy to be handled/examined.
— Brown waxy debris outer vertical canals.
— Mild dental tartar. Red gum line = gingivitis.
— Coat quality good.
— Pads and nails look normal.

— Good body condition. No muscle wasting.
— All else within normal limits.

Past Medical Records:

I reviewed 30+ pages of past records/lab work from all his hospitalizations. Nothing of any significance: sometimes WBC (white blood cell) count slightly up, sometimes liver enzymes (ALT, AST) slightly up. FeLV/FIV -/- multiple tests. All serology negative. Abdominal ultrasound at less than one year of age noted "possible tortuous bile duct".

Assessment & Homeopathic Work-up

A. Problem List:

1. History of vaccine reaction (fever, collapse, vomiting).
2. Acute paroxysms of fever, vomiting.
3. Suspected Feline Chronic Enteropathy
    a. Chronic intermittent vomiting.
    b. Abnormal appetite: picky. "Grazer" vs. "gobbler."
    c. Occasional soft stools, history of chronic diarrhea.
    d. Irritable personality, suspected to be pain related. (I feel this should be on problem list because I think this is possibly the result of him never actually feeling "well".)
4. Waxy ears.
5. Gingivitis.

E. Homeopathic Work-up:

1. Methodology:

✳ **Is the case well taken?** Yes. Some missing information from early life, but more information than I have on many cases.

✳ **Obstacles to cures?** Same as noted in acute flare-up (Hobb-zilla Part One): Diet, observational accuracy, $$ limited.

✳ **Acute/Acute Flare of Chronic/Chronic?** Chronic Disease.

✳ **Cure/Palliation?** We have so much diagnostic testing that supports no advanced/irreversible pathology, so CURE seems possible.

✳ **Vitality (0-10)?** 7-8, medium-high. See acute discussion. Hobbz just keeps throwing out symptoms. Has not been suppressed easily. He does become VERY ill when he get sick so not giving him highest score at this re-assessment.

✳ **Miasm:** Psora and sycosis (vaccine related illness/vaccinosis supports the presence of the sycotic miasm).

✳ **Seat of Illness/Organ Affinity:** GI tract, possible Mind.

✳ **Causation/Never Well Since:** Appears that his general condition became much worse after vaccination. He might not have been "perfect" before this, but it has been downhill since then.

✳ **Keynotes:** Ailments after/aggravated by vaccination.

2. Homeopathic Symptom List for Chronic Case:

— Ailments after/aggravated by vaccination: Never Well Since.

— Grumpy/irritable/reactive: Possible Mental General. (We will work case with and without mental symptom(s) since I cannot be sure that this is a facet of his disease or just who he is.)

— Picky/poor appetite; aversion to all foods except dry: Physical General.

— Historical diarrhea, with mucus, blood; current occasional soft stool: Physical Particular, discharge.

— Vomiting of mucus (common), blood, bile: Physical Particular, discharge.

— Increased ear wax: Physical Particular, discharge.

— Gingivitis: Physical Particular.

3. Homeopathic Symptoms/Rubric Choices

For this case exercise we are going to focus on Kent's repertory for this homeopathic case analysis, but will draw on the New World Veterinary Repertory for a more complete vaccinosis rubric.

Symptom List	Corresponding Rubrics (# of remedies, K= Kent's Rep. / NWVR = New World Veterinary Repertory)
Ailments after/agg by vaccination:	GENERALITIES, VACCINATION prophylactic, after (vaccinosis) (15, NWVR p.712) GENERALITIES AGG., Vaccination (15, NWVR p.635) (These 2 rubrics are identical/interchangeable)
Grumpy/irritable/reactive to scolding:	MIND, IRRITABILITY (245, Kent p.57) MIND, CONTRADICTION, is intolerant of (35, Kent p.16) MIND, ANGER (irascibility), contradiction, from (30, Kent p.2)
Poor appetite: eats only a little at a time; will only eat dry food.	STOMACH, APPETITE, wanting (203, Kent p.479) STOMACH, AVERSION, meat (88, Kent p.481) STOMACH, AVERSION, food (122, Kent p.481) STOMACH, AVERSION, food, eating a little, after (7, Kent p.481)
Diarrhea (as kitten/young cat) with blood, mucus[1]	RECTUM, DIARRHEA (214, Kent p.609) RECTUM, DIARRHEA, children, in (46, Kent p.611) STOOL, BLOODY (134, Kent p.635) STOOL, MUCOUS, Slimy (105, Kent p639)
Vomiting of bile, blood, mucus	STOMACH, VOMITING, bile (132, Kent p.535) STOMACH, VOMITING, blood (106, Kent p. 536) STOMACH, VOMITING, mucus (126, Kent p. 538)

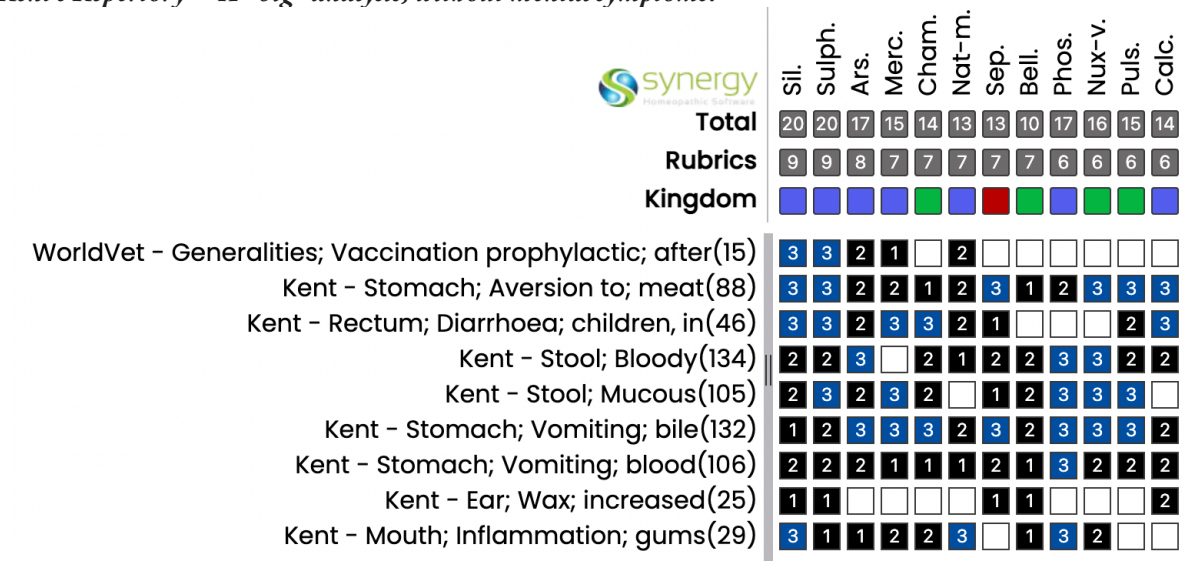
1 Repertorial Note: Mucus = noun; Mucous = adjective.

Symptom List	Corresponding Rubrics (# of remedies, K= Kent's Rep. / NWVR = New World Veterinary Repertory)
Increased ear wax	EAR, WAX, increased (25, Kent p. 320)
Gingivitis	MOUTH, INFLAMMATION, Gums (29, Kent p. 406)

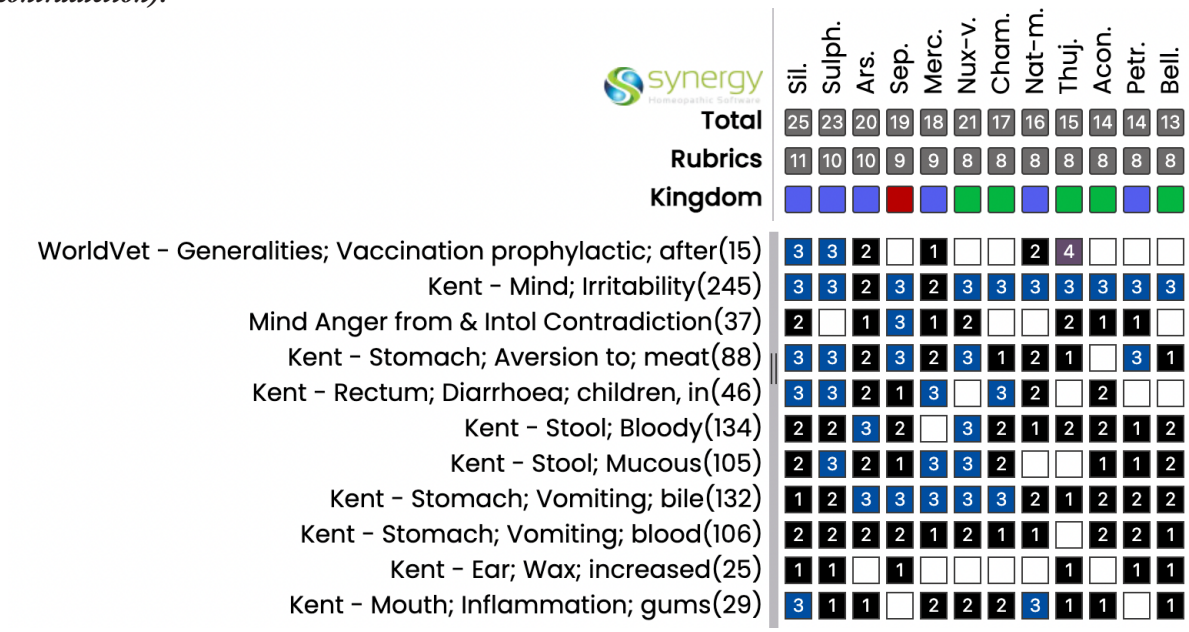
4. Homeopathic analysis

As we have discussed in class, there is no one right way to repertorize any chronic case with multiple symptoms. I tend to do both "big" and "small" analyses, just to see if the remedies that show up remain consistent. I work cases with and without mental symptoms, to avoid any possible speculation/misinterpretation of mental symptoms. If the top remedies remain consistent, it gives me greater confidence.

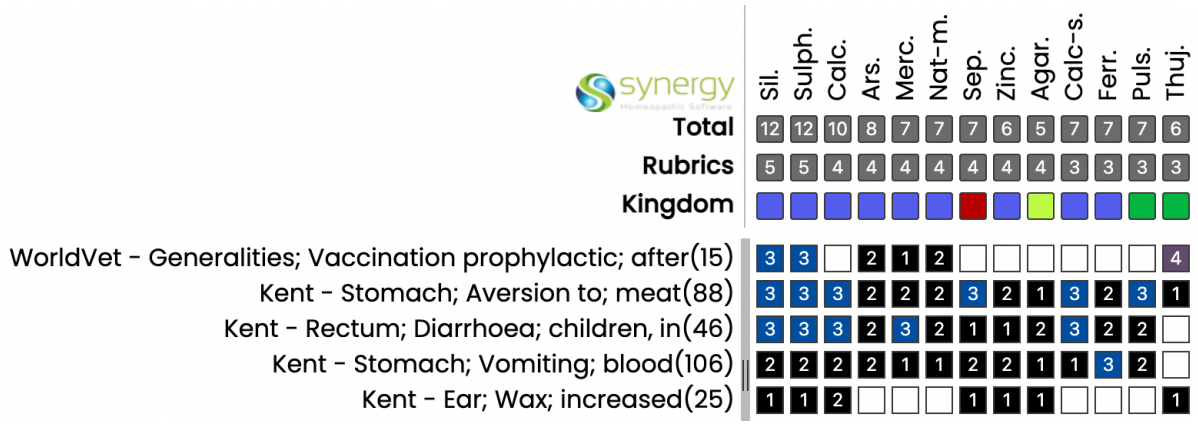
Kent's Repertory — A "big" analysis, without mental symptoms:



Kent's Repertory — A "big" analysis with mental symptoms (combined rubric for anger from/intolerance of contradiction):



Kent's Repertory — A "small" refined analysis of what I feel are his most characteristic symptoms, omitting mental symptoms:



5. HOMEOPATHIC DISCUSSION/DIFFERENTIALS:

We see that the remedies Silica, Sulphur, Arsenicum appear in high grade in all these analyses. In my opinion, the job at hand is to decide between Silica and Sulphur. Although Arsenicum has a strong affinity for the GI tract, it is less favored here as Hobbz is not chilly or thirsty or restless like many Arsenicum patients. Arsenicum cats often tend to be very attention seeking, clingy, people-oriented, which he does NOT seem to be.

When we have successfully treated an acute flare of chronic disease with a remedy (in Hobbz case, Pulsatilla), we can use relationship of remedies to help decide on our "chronic"/antimiasmatic prescription. Silica is the pre-eminent "chronic"/complementary remedy for Pulsatilla. Vermeulen's *Concordant Materia Medica* notes Silica as "chronic of Pulsatilla in nearly all ailments". Sulphur is also complementary to Pulsatilla but not to as strong a degree. In addition, Silica is, in my practice experience, the most frequently needed "vaccinosis" remedy in cats, especially when diarrhea occurs after vaccination (KENT: RECTUM, DIARRHEA, vaccination, after: Ant-t, sil, thuja). In Hobbz' case we do not know if his diarrhea was caused or aggravated by vaccination, but when diarrhea begins early in life in rescue kittens (typically given MANY vaccines starting early) — I always consider it a possible connection. Gingivitis early in life likely has some relationship to vaccinosis, and Silica is higher grade than Sulphur for this common symptom in cats.

The mental symptoms of Silica resemble those seen Hobbz, and I strongly suspected that this cat's behavior and temperament reflected an aspect of his chronic disease. From Vermeulen's *Concordant Materia Medica* listing of Silica's MIND symptoms p. 1425: "Obstinate, headstrong children...Sullen and stubborn...Mild and yielding when calm but irritable and irascible when aroused." From Herings *Guiding Symptoms of Our Materia Medica* Volume 9 p. 365: "Very irritable, low-spirited, peevish mood...When crossed has to restrain himself to keep from doing violence." While Sulphur can be "peevish, irritable and quick tempered" (Hering Volume 10 p. 103), there is not typically the stubborn/obstinate tendency we see in Hobbz.

Appetite symptoms of Silica also strongly match those of Hobbz. When cats will not eat anything other than dry food, even when great attempts are made, the "disgust for" and "aversion to" meat mentioned in every materia medica's description of Silica seems a good fit. Many cats who need Silica seem quite hungry but stop eating after eating only a little. Hering Volume 9 p.382: "Canine hunger, but on attempting to eat has sudden disgust for food." The Sulphur patient can also be averse

to meat, and may reflect the Sulphur symptom of "he is hungry, but as soon as he sees food, his appetite vanishes and he feels full in his abdomen; when he begins to eat he is averse to it". BUT the more common keynote presentation of Sulphur is "DRINKS MUCH, EATS LITTLE" (Lippe p.192).

Finally, in considering his acute tendency to fever, if we simply look at FEVER, HEAT in general in Kent (p. 1278) Silica is highest grade 3, where Sulphur is grade 2.

Prescription & Treatment Plan:

First Rx for chronic state: **Silica 30c**, one dose dry pellets by mouth July 11, 2012. I chose this potency because I wanted to minimize ANY chance of marked similar aggravation/counteraction, as his symptoms have put him in the hospital too many times. At this point early on in my homeopathic practice, I was still somewhat cautious about starting chronic cases with higher potencies. If I took this case now, I would probably have prescribed a 200c potency.

No supportive care was advised. Diet change will be impossible for this client. Continue to make canned food available in case he "changes his mind". (All the other cats eat canned as well.)

Phone follow-up scheduled for one month, but client instructed to contact me sooner if any concerns.

Summary of Follow-Up Evaluations:

Client forgot to call at scheduled follow up appointment! Was out of town. Rescheduled.

August 27, 2012 (6 weeks post remedy): He is "better than ever". He is "excited by food now" and has licked a little canned. There is some "mystery vomit" in the house, but Randi does not think it is his (other cats in house with vomiting issues). She has seen him pass normal stool, so although there has been some "mystery diarrhea" in litter boxes, Randi suspects other cat. Hobbz is approaching Randi for attention more. No episodes of vomiting with fever.

Assessment/Plan: Improved sense of well-being and decrease of all major symptoms suggest curative direction. Observational accuracy and client compliance may be an issue. Wait and continue monthly progress checks.

All goes well until **December 20, 2012** (5 months post Silica 30C): Client calls at 12:30pm. He has been vomiting a little this week, and last night he vomited "everywhere". He seems tired (more time in bed) and feels a little warm and won't eat.

Assessment/Plan: I was not available to come examine him, which would have been the best practice. I advised Randi to come pick up Pulsatilla 1M and Silica 200c to have on hand, but to just watch for now and give me an update in 2-3 hours.

This presentation of symptoms makes it difficult to assess if this is another acute flare-up requiring another dose of Pulsatilla, OR (given that this has been escalating for a week) he just needs a dose of his chronic remedy. One further possibility is that this is a return of old symptoms (ROS) that should simply be monitored. I felt that a ROS was unlikely, as it had been so long since the first dose of Silica was given and his symptoms have been progressing over a week.

I felt a remedy was indicated but wanted to see if a bit more waiting would give me clarity as to whether the acute of chronic (Pulsatilla) or simply the chronic remedy (Silica) was needed. Was this the right move? Let's see what happens next.

BUT December 20, 2012: Phone call at 4pm: Randi has not given any remedy and Hobbz seems 100% back to himself.

Assessment/Plan: This flare-up shows that we have not rooted out the chronic disease completely, but it was much less severe, and his strengthened vital force was able to recover from the flare without help. This collectively suggests he needs another dose of his chronic remedy, but let's wait a day to make sure he's truly out of the acute.

December 22, 2012: Rx: **Silica 200c**, one dose of dry pellets. Vital force stronger, so higher potency seems reasonable choice. That said, the excellent and sustained response to 30c would be argument for also considering simply repeating 30c.

January 13 – August 13, 2013: Summary of monthly phone progress reports: Hobbz is doing great! Remission of all physical symptoms, and somewhat "nicer" to other cats, much more friendly to people. No longer grumbles or growls if scolded or moved off chair. Ears much less waxy. Eats a little canned food and freeze-dried chicken now. At the time, I advised waiting, however the persistence of waxy ears supports that it would have been wiser to repeat Silica 200c based on this symptom of latent psora. Financial limitations have precluded my re-examining him during this interval as well: it would have been better for me to have been thoroughly looking at him every few months, at a minimum.

August 26, 2013: (8 months since Silica 200C) He is acting and eating fine but there has been occasional vomiting of bile and mucus for the last week or so.

Assessment/Plan: Rx: **Silica 1M**. Again, I thought it reasonable to increase potency due to increased strength of vital force (and my erroneous assumption that a past potency should not be repeated). We certainly could have repeated 200c, as it elicited an excellent and sustained response.

The return of the vomiting of bile and mucus, supports that an earlier prescription on the persistence of the waxy ears, as mentioned above, would have been wise. Just like in *Joey: A One-Sided Case*, we ideally want to prescribe on the exteriorized symptoms if needed and NOT let the case regress to the more deeper symptoms (see Joey's *Symptom Evaluation Tip* discussion of his persisting ear wax). However despite this client's limitations for ideal case management, Hobbz is indeed displaying longer intervals between the need for a prescription, with symptoms returning in milder fashion: which confidently supports the continued progress in curative direction.

February 17, 2014: (6 months since Silica 1M) Randi was away on vacation. Came home to find him looking a bit thinner and mucus "mystery vomit" around the house. "He just looks like he is not 100%." Here we have an emotional stress/change of routine (client's absence from home) likely interrupting the vital force's response to the dose of remedy given 6 months ago.

Hahnemann states in Chronic Diseases under "Psora" (p113):

By far the most frequent excitement of the slumbering psora into chronic disease, and the most frequent aggravation of chronic ailments already existing, are caused by grief and vexation.

Assessment/Plan: Rx: **Silica 10M**. Potency increased for rationale mentioned in prior assessment section. I do NOT feel the shorter interval between last prescription and current prescription is a concern, as we had an interrupting event occur with Randi's absence. In a perfect world, there would be no emotional stresses, but in our imperfect world they occur, and can interfere with or

interrupt patient progress, even when on a curative remedy.

After the administration of Silica 10M, prompt improvement of vomiting and energy level, and his weight loss was regained. No further treatment was needed over the next four years, bringing us up to early 2018. I was able to do annual exams on him during this interval and he looked great: weight steady, ears clean, some accumulation of dental tartar (unavoidable). He eats some canned food regularly, although still prefers dry food.

Client described him, at my last exam in 2017: "Hobbz is perfect. It's like we got a nicer, new cat after you treated him... He still pesters the other cats but does not terrorize them", and has continued to be more affectionate with people. The change in his behavior and temperament supported my original hypothesis that his grumpy/irritable/reactive personality was a facet of his chronic disease: in health all the unpleasant aspects of his personality modulated. He never became "Mr. Congeniality," but he was a far more pleasant and happy cat. In 2016, client changed careers and had to travel frequently: Hobbz was able to cope well with this change.

In late 2018, client moved much further away to live with new partner. Partner works in conventional medicine (clinical pathology), and unfortunately for Hobbz, "does not believe in homeopathy." As Randi's new partner was responsible for all financial decisions, Hobbz' case was then lost to follow-up. I was informed by a mutual friend that Hobbz died in 2019 (only 10 years old), but I do not know the circumstances of his death.

Final Thoughts:

Was Hobb-Zilla completely cured? If his demise was the result of trauma or some external influence, perhaps he was. If he fell ill with a recurrence of his past symptoms or with some "new" disease, then, clearly, he was not fully cured, but his miasmatic state had been successfully quieted for some years providing a very good overall health and quality of life during that time period.

A pattern you will observe in your clinical case-work, is that patients with serious chronic disease that have been successfully treated with homeopathy can have negative reactions if the client returns to suppressive allopathic treatments. The vital force has been awakened, and then doesn't take kindly to being suppressed again. We tend to see this pattern in our most seriously diseased patients. This is certainly a possibility in Hobbz's case. Hobbz was significantly ill since a young cat and had a profound curative response to homeopathic treatment with stabilization of his health; then, when he finally needed help again, his vital force couldn't cope with suppressive treatment.

I am confident that I helped this cat live more happily, comfortably and in better health than if he had never been treated homeopathically.

References:

1. Vermeulen, Frans. *Concordant Materia Medica.* Haarlem, Netherlands: Emryss bv Publishers; 2000.
2. Hering, Constantine. *Hering's Guiding Symptoms of Our Materia Medica.* B. Jain Publishers (P) LTD. New Delhi, India; 2003.
3. Lippe, A. *Key Notes Red Line Symptoms of the Materia Medica.* B. Jain Publishers (P) Ltd. New Delhi, India. 1998.
4. Hahnemann, Samuel. *The Chronic Diseases*, Vol. I. B. Jain Publishers (P) LTD. New Delhi, India; 2007: p113.

Baryta Carbonica – A Lesser Known Anti-Miasmatic Remedy

by Sarah Stieg, DVM, MRCVS

Lecture first presented at the 2015 PIVH Annual Meeting, Saguaro Lake Ranch in Mesa, Arizona.

Introduction

Baryta carbonica is uncommonly used in our veterinary prescribing, but why? Are we under recognizing our animal patients in the materia medica? This presentation will examine key attributes of this remedy, from noise phobia to congenital deformities in a case-based discussion.

Polycrests and Character Types

To prescribe successfully, the practitioner aims to identify and match the striking symptoms of the patient and the genus of the remedy. The genus of a remedy represents purely the common characteristics and attributes (combination of symptoms/modalities/etc.) found in most patients but not all. There is often a tendency for homeopaths to become carried away in prescribing with personality and common remedy stereotypes or character types. However, the number of patients that actually match these character types *in full* only represent a minority of cases. A common practitioner mistake is to become too locked into the character type of a remedy and thus fail to see its full symptom picture.

A polycrest, by definition, has a wide set of symptoms. Conversely, a character type is a specific grouping of symptoms. Therefore, to view a polycrest only in the narrow definition of its common character type is incompatible with its very definition.

Yet how often do we limit ourselves by this very process? Character types of remedies are excellent learning tools, but often fail the practitioner by limiting their prescriptions. For example, does every Nux vomica patient have to be irritable? Is every Sulphur patient dirty?[1]

An excellent example is to think of the character type of the average veterinary student; are they all studious, unfashionable, and socially awkward individuals preferring to interact with animals rather than people? Out of a graduating class of veterinary students this character type may fit some completely, but many students will only have one or two of these traits and some none at all; yet they are all veterinary students.

The primary questions this discussion raises are: how often do we the practitioner unconsciously allow character types and particular symptoms of a remedy limit its usage, and how do we prevent this from happening in our daily practice?

Baryta carbonica: Materia Medica Study

The purpose of this document is not to reproduce the materia medica but to form a guideline to study, and gain a familiarization of this remedy in order to recognize it more readily in our patients.

Baryta carbonica (barium carbonate; abbreviated Bar-c) is a polycrest and anti-miasmatic remedy; listed as a major antipsoric remedy by Hahnemann.[2]

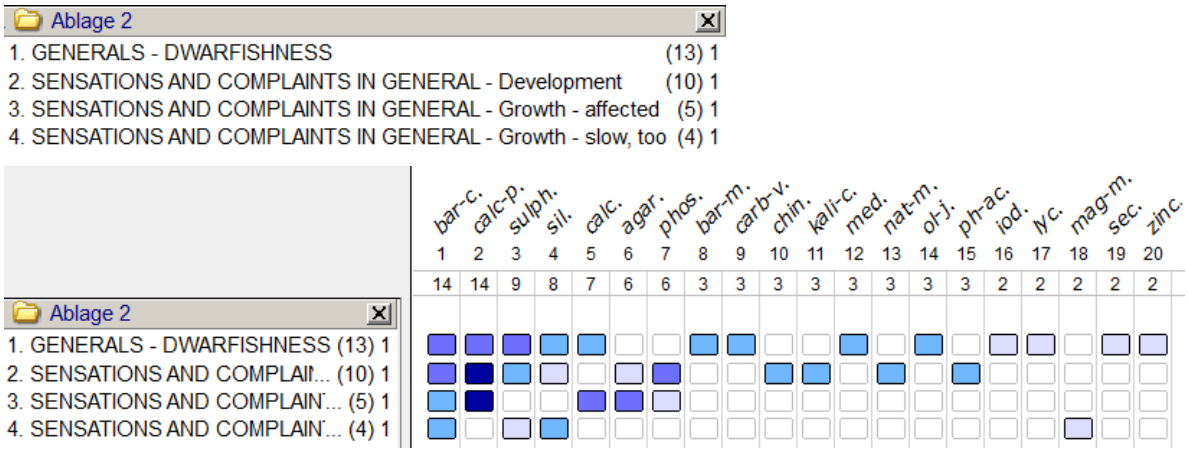
- Acute relationships: Apis, Dulcamara[3, 4]
- Complementary: Dulcamara, Silica[3, 4]
- Inimical after: Calcarea carbonica[3, 4, 5]
- Frequently useful before or after Sulphur[5]
- Baryta carbonica is slow in action, bears repetition

Bar-c, as with any antipsoric remedy, covers a wide variety of physiological and mental disturbances and dysfunction e.g. aneurysm; asthma; emaciation (despite being well nourished), marasmus; glandular swellings; dyspepsia, waterbrash, weakness of digestion; tumors, lipomas, wens; prostatic afflictions (enlargement); tonsillitis; and senility to mention a few.[4] It is a remedy to think of in patients of apoplexy; diseases of old intact males with degenerative changes present; cancerous afflictions; and arthritic pains which are gouty and rheumatic in character, worse from becoming cold, and from cold, damp weather.[7]

Most notable about Bar-c in all materia medica is the **emphasis on the conditions of children and geriatric patients**. There is a marked influence on growth, both in the physical and mental spheres; both the young and the old. For the purposes of this paper, the primary focus will be on childhood development.

Rubric Study Development & Growth

Here's an analysis for academic study of four of the common applicable rubrics from both Kent and Boger-Boenninghausen repertories for the study of development and growth, which shows the emphasis Bar-c has for this sphere of action (note all remedies in rubrics are displayed):



Baryta Carbonica's Development & Growth[4, 6, 7]

- Delayed dentition, genitalia; dwarfishness.[1]
- Retarded general growth; or of a specific organ (including the mind) failing to mature, a one-sidedness, partiality of development.
- Marasmus, emaciation with an enlarged abdomen in children.
- Defective mental and physical growth.

1 Dwarfishness "Does not always mean small in stature...Dwarfishness of body and mind; mental dwarfishness; and dwarfishness of organs. You realize what precocity means; young persons who are unusually brilliant; well advanced mentally. We say they are beyond their years...Get this in mind first and think what it means; and then in the Baryta carb constitution we have the *very opposite* state. That is what is meant by dwarfishness." [7]

- Delayed or late in learning, speech, walking, coordination; tardiness of the development of the brain; suspended development.
- Weak memory, forgetfulness, poor attention span; premature old age.

Most materia medica emphasize the mental weakness; retardation; senility. The level of mental dullness or simple mindedness is easy to hang on to as a keynote. Yet, all the curative cases in my practice have been very intelligent animals that were capable of and performing at a high level of training (working dogs, clicker training, etc.). How can this be so? The key among all my patients is not that they were simple minded (as in "stupid"), but that they retained fears about certain things, primarily noises, which they should have acclimated to as a puppy or a young dog. This lack of acclimatization indicates a flaw in the mental development of this individual and correlates to many behavioral problems we see early on in dogs.

Kent remarks that Bar-c has degrees, from "mere cloudiness of mind to imbecility." One must not simply view Bar-c only at one far end of the spectrum (e.g. all Sulphur patients are dirty example), we must keep our eyes peeled for those patients who are more covert. Thus, rather than view this remedy as extreme cases of Down's Syndrome or senile dementia, understand that Bar-c has the seat of its action in development and perhaps should be considered in cases where there is an aspect of the mental faculties that has not fully developed to normalcy or has regressed. These are individuals who are "**late learning to make combinations that enter into life; late learning to take in images, and form perceptions**..." [7]

As veterinarians, we must think creatively in our materia medica study and challenge ourselves not merely to fit human symptoms on our animal patients; but to truly understand the genus of a remedy's action and its primary effects in order for successful cross species application.

Noise phobia in dogs is an excellent example of this incomplete development, especially to be considered in cases that had proper socialization. Could this be a frozen or incomplete developmental stage? Example Case 1: Sophie is a primary example of a dog that was raised with the expert coaching of a canine behaviorist, receiving all the appropriate socialization and exposure as a puppy and young dog, yet developed extreme noise phobia which worsened with age.

Noise sensitivity

- Over-sensitiveness to noise.[6]
- Very easily frightened; a little noise on the street seems to her like cries of fire; it frightened her so all her limbs trembled.[5]
- Anxious and fearful; a little noise on the street seems to him at once like fire alarm, and he is frightened by it, so that it darts through all his limbs.[2]

Other behavioral keynotes which are identifiable in our animal patients[5, 6, 7]

- Easily frightened; fearful, easily startled.
- Timidity (bashful, idea of hiding).
- Fears or anticipation, fear of something going to happen.
- Loss of confidence, cowardly.
- Aversion to strangers (this must be used carefully, as this generally pertains to one's one species and is heavily dependent on socialization).
- Shy, gentle, and docile nature; this has held true in my clinical experience, only in that all my Bar-c patients would never fully aggress or bite in their fear or panic, but rather flee a situation.

Causation

Kent remarks, "When a child has almost any disease, measles, scarlet fever, mumps, or even a bad cold, or a malarial attack, the ***development ceases and the dwarfishness results***, a state in which he was not born, but a state he had acquired, arrest of development." [7] Murphy notes repressed foot sweat[2] and vaccination as causative factors.[4] Perhaps vaccination is acting as a state of illness/disturbance affecting the vital force of the child as Kent is referring to?

Differentials

- **Silica**: Silica has self-will (i.e stubborn/obstinate) instead of the weak mindedness of Bar-c.[6] Silica and Bar-c are complementary remedies and can look very similar in many cases and if one fails the other often cures in my clinical experience. Consequently, the similarities and difference between these remedies bear close examination.
- **Calc-c:** The fundamental difference between Calc-c and Bar-c is described best by Kent: Calc-c is fast growth; late learning to walk due to weak limbs, flabby muscles, poor bones (Bar-c has pretty good limbs); Late walking is Calc-c – late *learning* to walk is Bar-c.[7]

Case Examples

Two cases will be discussed in depth for this paper; one correlating a clear remedy character type and one offering a more subtle, but clinically common picture in daily practice.

Case 1: Sophie

Signalment: 2 year old Intact Female Golden Retriever

Presenting Complaint: Waxy Ear Discharge and Noise Sensitivity

History:

1. Vaccinations: Nobivac DHPPi+L2 at 10 and 13 weeks of age; Titer at 1 year of age.
2. Finicky appetite until approximately 1.5 years of age; "resolved" with training.
3. Waxy right ear discharge post first vaccination, noted on exam at second vaccination:
    a. Treated with the following remedies over a six month time period from April to September 2011: **Silica 1M**, **Silica 10M**, **Thuja 1M**, **Thuja 10M**; by September she just had very slight wax at very bottom of her right ear canal.
    b. While the patient improved in her confidence (noted to be a mildly anxious puppy) and volume of ear discharge, she did not display a classic curative response with an observable counteraction; but rather a quieting of psora with a partial remedy response, where the visible mistunement simply receded below the visible surface of the case.
    c. At this time, it was elected to observe and monitor the patient for signs to indicate a new remedy prescription.
4. In 2012, Sophie remained well with minimal symptoms:
    a. June 2012 episode of crusting yellow eye discharge and ocular erythema after running though fields of grass seed (which client wiped from her eyes).
        — Resolved with **Puls 200c**.
        — Recommended to return in several weeks for a new constitutional analysis.

2 In the context of our animal patients, repressed foot sweat is thought of as general suppressions of skin or outer body secretions.

b. Gap in patient history (moving); treated by another veterinarian October 2012 for itching with crusting pustules on ventral abdomen, RX: Clindamycin (Antirobe™ 150mg).

5. Throughout 2013, Sophie remain well:
   a. Persisted with minor ear wax present at the base of her right ear canal on PE.
   b. Her finicky appetite "resolved" during this year with training.
   c. Sept 2013 household acquired flea infestation from their cats; had extreme itching reaction compared to volume of fleas present. Constitutional remedy recommended.

Current Complaints: Jan 28, 2014

1. Waxy Right Ear Discharge & Itching

- Began approximately on Jan 12, 2014, dark brown wax +++. Improved with gentle cleaning; now pawing both ears, shaking head, holding ears down. Generalized itching started in the last few days.

2. Behavior – Sensitivity: NEW INFORMATION

- Always been a sensitive dog. Most of the time she is jolly and happy; very sweet, affectionate, gentle, calm; However always has been sensitive to noise, HATES metal against metal noises, vacuums, car, etc.; but this degree of noise sensitivity had *never been mentioned before*.
- Recently has become sensitive to any raised voices, shouting at TV, radio, auguring, etc.
- While she never liked shouting (even when directed at the TV during football), now will actually shake and client has to take her upstairs. Arguments (with slamming doors etc.) turn her into a total wreck, shaking, and lies really flat (cowers). Also, reacting to lorries (trucks/vans), airplanes and unexpected loud noises.
- Anxious with crowds of people; taken to a farmers market and she couldn't cope, and was still shaken up a day later. Sometimes standoffish with individuals, some she goes up to and adores, and a small number will bark at.
- Doesn't like the car, and now she is has progressed to shivering when gets in.
- Fine with other dogs, will play happily, but if they are a bit pushy she is a "total wimp" (submissive), and occasionally has to be rescued, definitely very submissive.
- Sensitivity particularly to noise seems to be gradually getting worse; Distinct shift in behavior around December 2013 but no obvious cause (family stress?).

General Information

- *Temperature Preference:* Prefers it cooler, year round. Will choose to lie in the draft of open doors/windows. Loves icy water for paddling in, colder water the better.
- *Appetite/Thirst:* Picky appetite since puppy, resolved at around 1.5 years with training, now ravenous appetite. Does not drink very much.
- *Repro/Heat cycles:* Sophie's seasons are every 6 months, WNL's, mild phantom pregnancy symptoms with nesting behavior after last 2 seasons; has a big humping session with one of her stuffed animals about once a day.

Diet: Raw – Commercially prepared, free range/grass fed meats, mostly organic.

Physical Exam: Sensitive to both ears – left external ear canal swollen (difficult to put ear cone in), minor dark yellow wax; Right ear smelly but canal not swollen, mild gooey wax at base of right ear canal. All other PE Findings WNL's.

Assessment:

1. Noise Sensitivity – NEW Previously Unreported (OLD) Symptom, WORSENING
2. Ear catarrh; Ddx: allergies – FLARE.
3. Itching, Ddx: Allergies, suspected flea allergy – MINOR FLARE.
4. Picky eater; Ddx: training? – RESOLVED.

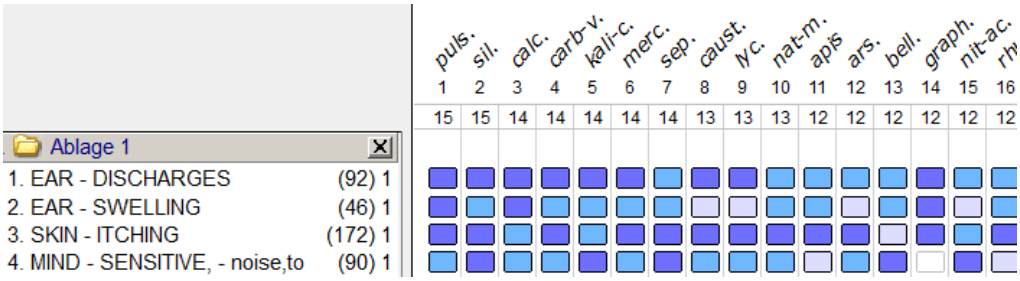
Homeopathic Work up:

Need to thoroughly review remedy history in light of this new information (noise sensitivity) before re-prescribing constitutionally. Will give acute remedy today to help with ear inflammation.

Plan: Acute treatment to provide relief to the patient and allow time for thorough case review: **Puls 1M** single dose, dry pellets *(Administered Jan 23, 2014)*.

Why Puls? The patient had favorable but not curative reactions to Silica and Thuja, and Puls is an acute/complementary remedy. I was primarily using it as a test dose to obtain more information about potential acute-chronic relationships. The patient's ear discharge began as right sided, Puls is a Grade 3 in Kent and a Grade 4 in Boger C. Boenninghausen's repertory for ear discharge. Puls is also a Grade 2 for Mind: Sensitive, noise, to in Kent.

Here's a retrospective analysis in Kent:



Jan 29 – Feb 27, 2014: Response Summary

- Sophie immediately improved with Puls 1M, she started ignoring her ears and the discharge was reduced, but the discharge seemed to increase again after about 6 days. Her noise sensitivity was slightly better, went out in the garden despite noise of a buzz saw in neighborhood.
- Repeated **Puls 1M** *(Administered Jan 31, 2014)*; again Sophie improved, but more gradual.
- Her behavior again improved after her second Puls 1M: seemed to be a bit calmer, not starting as much, not looking out for airplanes, seemed fine with lorries; but improvement only lasted several weeks. She's been worsening over last 2 weeks and is now back to how she was before.
- Currently, no visible discharge, redness or smell, but occasional head shaking 3-4xs daily.
- No itching right now except occasional scratch.

Puls 1M did not need to be repeated at this stage, moving to a deeper acting prescription would have been a better choice at this point in time. Decision to repeat was based on testing any further response to the acute remedy and the inevitable postal delay of the client actually receiving the next prescription.

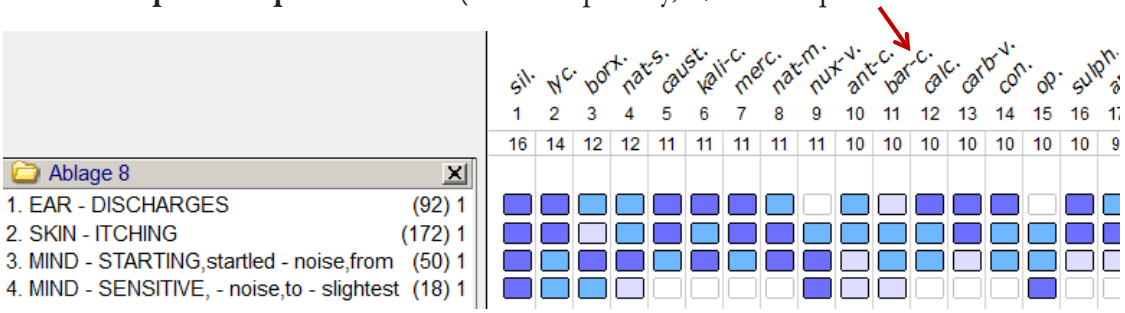
Assessment:

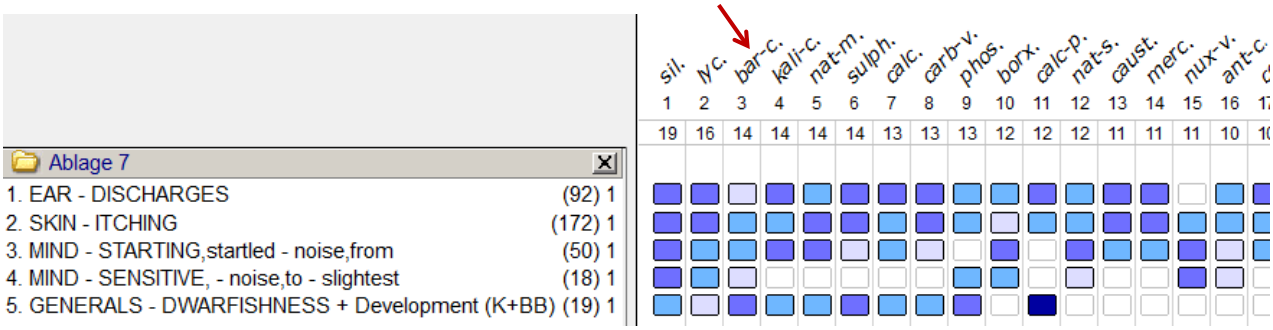
1. Noise Sensitivity – IMPROVED, BUT RELAPSED.
2. Ear catarrh; Ddx: allergies – IMPROVED, BUT NOT RESOLVED.

3. Itching, Ddx: Allergies, suspected flea allergy – RESOLVED.
4. Picky eater; Ddx: training – RESOLVED.

Homeopathic Work up:

1. **Homeopathic Response Evaluation:** Puls acutely improved the physical symptoms of the case (ear discharge, itching), but only temporarily improved the mental symptoms. While her mental symptoms are not worse, they are again as before, indication a partial remedy response. Thus, less inclined to weigh heavily on an acute-chronic relationship to Puls. Time to move onto anti-miasmatic prescribing!
2. **Methodology:**
   a. Acute/Chronic – CHRONIC.
   b. Cure/Palliation – CURE.
   c. Vitality (0-10 Highest) – 7.
   d. Miasm – PSORA, SYCOSIS (?)
   e. Affinities – MIND, EARS/SKIN.
   f. Never well since – INITIAL VACCINATION.
3. **Homeopathic Symptom List:**
   a. Ear discharges.
      — RIGHT worse.
      — After Vaccination.
   b. Noise Sensitivity (since puppyhood).
      — Sudden, loud; Cars, airplanes, lorries; Metal noises; Shouting; Crowds.
   c. Itching.
   d. Finicky appetite (training issue vs. developmental?).
4. **Homeopathic Repertorisation:** (Kent's Repertory, +/- Developmental Combined Rubric)





Excluded Appetite, wanting as it did not change analysis with a large rubric of 203 remedies.
(Note – Bar-c is a Grade 2 in Kent for Appetite, wanting).

5. **Homeopathic Discussion /Differentials**:

Silica: Sophie had been given Silica as a young puppy and while it improved her symptom picture it did not curatively resolve her ear discharge. On prescription review, it's possible that not enough time was allowed between remedies. Hard to gauge impact on noise sensitivity as client did not report this as a problem at that time. Ultimately bears trying another well-suited remedy first.
Borax is very sensitive to sudden noises, noted for "shot-shyness" in sporting dogs, but does not have as strong an affinity for early development during which this important symptom appeared.
Sulphur, while is a primary developmental remedy, is noted for ear discharges, vaccinosis; it does not have the same degree of noise sensitivity as Silica or Bar-c.
Bar-c is noted for the failure to fully develop (her noise sensitivity had been there as a puppy); contains intolerable itching and skin disorders; lack of self-confidence, timidity, very gentle, shy and docile; and is a complementary remedy to Silica.[4]

Plan/Rx: Bar-c 1M – single dose, dry pellets. *(Administered Feb 27, 2014)*

Mar – May 2014: Email Reports

Week 1: Immediately was very sleepy post remedy. Then very active in middle of the night for several days wanting to go out in garden and possibly play? Waxy ear discharge appeared visible to day 2 post remedy and resolved within 48 hours. By end of week, less reactive to lorries.

Week 2-3: Still occasionally shaking her ears, was lessening, but now increasing frequency; no visible discharge.

- New response to raised voices: Son failed driving exam, was very upset, throwing things, shouting, but instead of hiding and shaking Sophie "went into his room, simply lay across his tummy, licked his face, and just stayed there on top of him, which was lovely."
- No longer looking up for airplanes; stopped reacting to loud bangs in home, metal clangs (choosing to play at the same time as some of the noises).
- Client reprimanded her and ears went back, but left room only to reappear straight away acting like nothing had happened.
- No shaking at all in home or car.

Weeks 4-10: Ear flapping gradually lessened; Behavior continues to improve; coped with traveling over Easter, stayed in middle of town and she loved it; rode on an elevator for first time and was fine; enjoyed busy pubs, noisy hotel.

Plan: Watch and wait, deeper symptoms are improving. PE would have been preferred during this time period but need to be conscious of client's financial constraints. Advised to monitor ear flapping, and schedule follow-up PE as soon as able (no longer than 12 weeks).

May 30, 2014: 3 Month Follow-up

1. **Waxy Ear Discharge:**
   - Head shaking and occasional discharge never 100% resolved after first remedy.
   - ***Over last 2 weeks ears have worsened***, dark red-brown waxy discharge present bilateral, but WORSE right. Now rubbing her ears with her paws, occasional scratch and yelp.
2. **Behavior – Sensitivity, noise**.
   - No longer looking for airplanes, not shying from lorries, or loud noises in house. Recently a

helicopter came over and she didn't even notice.
- Traveling in car much improved – no longer anxious, but settled, enjoying herself.
- Took to a city, walked past lots of traffic, main roads, busy pubs, and was fine.
- Still sensitive to shouting, but much better. Looks worried, but actually coping, where before would shake for hours.
- Stills runs from ironing board and hoover, but client thinks this is learned behavior?
- All behavior has just continued to improve – seems like a normal dog now.

3. **Itching** – None appreciated.

Physical Exam: BCS 6/9. Both ears mildly waxy, dark brown allergy type of wax, right slightly worse than left (more gungy/moist), Cannot see ear drum in either ear canal due to wax. All other PE findings WNL's.

Assessment:

1. Ear catarrh; Ddx: allergies – MILD FLARE.
2. Noise Sensitivity – RESOLVING.
3. Itching, Ddx: Allergies, suspected flea allergy – RESOLVED.
4. Picky eater; Ddx: training – RESOLVED.

Homeopathic Response Evaluation: Bar-c has acted in a curative direction: a counter-action was observed (mild ear wax flare), and the patient's symptoms are resolving according to Hering's Law of Cure, with the mental complaints resolving before the physical. Symptoms now reside primarily in physical sphere. Flare in ear discharges which has persisted for several weeks (thus not an ROS) is an indication to repeat remedy. If the client had been able to follow-up sooner (i.e. 8-10 week time frame), a PE most likely would have revealed persisting ear wax to prescribe upon before the ear re-flare. This dose will determine if it is a curative or partial remedy.

Plan/Rx: Bar-c 1M – single dose, dry pellets. *(Administered May 30, 2014).* Report weekly.

Jun – Nov 2014: Email Reports & 6 Month Follow-up Exam

Week 1: After her remedy, Sophie was very active again that night, and very energetic at 3am wanting to play. Only lasted for one night instead of several like the first dose. Improved confidence and coping skills, e.g. taking no notice of low flying airplanes, client dropped large metal tea caddy and Sophie shied but within a second came to sniff it. Acting bolder, going off on her own more, exploring by herself. Ears are improving, stopped pawing and flapping seems less.

Week 2: Ears are better, hardly notice anything now. Had 2 days of being more noise sensitive than her normal calm self now, but since has been fine. No reaction to fireworks for World Cup.

Week 3-12: Continued improvement overall; going to shops with client and enjoying herself, being excited and saying hello to everyone – used to not be able to take her to any shops even local ones. Her ears gradually have been less of an issue, occasional pulling, but by August just a tiny brown deposit in her ears and not bothering her at all.

Nov 26, 2014: 6 month follow-up exam reported that Sophie just seemed normal now regarding her behavior: bolder on walks, exploring past farm machinery which would have previously frightened her, causing her to cower; no issues with airplanes, lorries, loud noises at home; no longer running from ironing board; coping better with hoover – moves away in the same room and just

watches it; coping with shouting in home, quick recovery; and no longer shaking in the car, just treating it as a normal thing to do. She still can be shy with other dogs *(normal temperament?)*.

Regarding her physical symptoms, she was not itchy at all and her ears just had occasional little waxy deposit AU and scratch of right ear per client. Her only abnormal PE findings: BCS 5.5/9; left ear clean (one speck of dark brown wax) can fully visualize ear drum; right ear mild dark brown waxy specs clinging to walls, but can visualize ear drum. Throughout her appointment there was construction drilling going on upstairs in home and Sophie was just completely relaxed, laid flat on the floor.

Assessment:

1. Ear catarrh; Ddx: allergies – IMPROVED, Almost Resolved.
2. Noise Sensitivity – RESOLVED.
3. Itching, Ddx: Allergies, suspected flea allergy – RESOLVED.
4. Picky eater; Ddx: training – RESOLVED.

Homeopathic Response Evaluation & Plan:

Bar-c appears has again acted in a curative direction. The patient has GREATLY improved and is stable, with the deeper mental symptoms significantly improved – possibly fully resolved? Need more time to confirm. The more superficial symptom of the ear wax is improved to a level allopathic practice would ignore, however is still persisting on a very subtle level.

In hindsight and with greater experience, the subtle level of persistent ear wax at this interval post-prescription is an indication to repeat the RX. Ideally (in "perfect" case management), we want to prescribe on the exteriorized symptoms if needed and NOT let the case regress to the deeper symptoms. In this case, a repeat RX should have been considered; either another dose of 1M, or move to higher potency (e.g. 10M). HOWEVER – at the time it was elected to give the patient more time to respond and monitor for signs to re-dose. Recheck in 3-4 months.

☑ *Patients with ear discharge need to return to a state of clean healthy canals, until all wax has resolved, the case is still not cured.*

Dec 2014 – Feb 2015: Email Reports

Sophie had been doing well and client was really pleased, her ears have not been an issue; occasional wax on routine cleaning (with dry cotton buds). Monitor and follow-up in March 2015.

Mar 11, 2015: 10 Month Follow-up Post 2nd Bar-c 1M

1. **Waxy Ear Discharge:** No problem. Minor flecks wax on monthly cleaning (1 cotton bud).
2. **Behavior – Sensitivity, noise**. Minor setback since mid January. Client commented that if Sophie had not become so "normal" then wouldn't even notice small changes: now having small reactions to noise, but recovers within 3 seconds; starting to look for airplanes (one glance as opposed to none); however, variable – tractor incident completely fine; and NO progression.

☑ ***What Changed? Must be the detective!*** *Gentle discussion, revealed* ***extreme home stress.*** *Client's mother taken ill in January and she has spent hours daily at the hospital caring for her, on and off her death bed; Sophie left home alone for hours; Client lacking support systems and is the only caretaker. Once discussed – Client was shocked that Sophie had been coping so well. "She would have never coped with this a year ago."*

Physical Exam: BCS 6/9. Mild waxy ear AU (dark brown allergy type of wax) clinging to walls, but can visualized ear drum. Right ear just slightly worse than left. All other PE findings WNL's.

Assessment: Emotional shock/stress compromised patient's wellbeing causing an acute interruption. Common occurrence in veterinary practice; symbiosis with clients. Sophie is coping well: her symptoms are minor and NOT progressing. Due to external influence/stress causing flare-up, will stay with same potency of RX.

Plan/Rx: Bar-c 1M, single dose, dry pellets *(Administered on Mar 16, 2015*). Email report in 1 week. Recheck in 4-6 weeks.

Mar 2015 – Feb 2016 Summary

Sophie responded well with a marked counter-action days 2 and 3 post remedy (text reports):

> *She was very bouncy not long after taking it - she rushed around with her teddies in her mouth, humped big dog teddy happily, played tuggy madly and was generally very active for about 15 - 20 minutes or so!!...she was awake early next morning and actually got up before anyone else - which is unusual!...Bit more jumpy and a bit more inclined to be more reactive to things than usual (for example she avoided the electric jar opener and our electric toothbrushes!) must be her counter action.*
>
> *...better today (Mar 19). Showed her the jar opener and she just came forward and sniffed it. We went and collected our wheelie bins when the bin lorry was still there and emptying bins and Sophie went over to the lorry to talk to the bin men! (the front door was open, she didn't have to come!). She got given a biscuit so happy dog! I had to call her back! wow! Still pretty bouncy but in a good way!*

Within a few weeks her behavior settled, and on her follow-up in May client remarked her own stress levels in Jan/Feb were 10/10; and ever since has just been a "roller coaster" going from a 1/10 to a 10/10 and back again with caring for her mother. Sophie has actually been ok now, despite this changing stress, and coping fine with being left alone.

By June 2015, client was pleased to report that Sophie seemed completely normal, now able to walk past operating farm machinery, lawn mowers, fine in kitchen with pots and pans, walking through busy market town, and able to go into the bank and post office. In August 2015, there was even remodeling in their home which included banging and tiling, people coming in and out of home, and lorries driving up. Sophie would just sit by front door and watch without any signs of anxiety. Her only reaction was the first morning it began and startled both her and Rosie the cat, but from then on she took no notice.

Her ears were fairly consistent post remedy and in August were similar to her PE in March, with no further progression or improvement of her mildly waxy ears. By November 2015 however, her PE appreciated only a minor ear amount of wax was splattered on the walls of her right horizontal ear canal, very fine amount on the left, her ear drums were fully visualized, and she had nice healthy pale-pink canals. Again – at this point 8 months post RX with the minimal persisting ear wax on internal exam, the prescription could/should have been repeated. Patients with ear discharge need to return to a state of clean healthy canals, until all wax has resolved, the case is still not cured. HOWEVER – at the time we elected to monitor since the ears had improved.

Sophie continued to do well until the following spring.

Mar 21, 2016 – 1 year post Bar-c 1M

Sophie is fine with metal noises now. Been out with the bin men the other day and even followed bin lorry! Ears have been all right, but noticed a bit of wax in them today. Client has been struggling

with a flea issue in the home since October, due to her indoor-outdoor cat Sam who hunts and the very mild UK winter. Sophie has been intermittently itching and scratching in the night on occasion. She is chewing medial aspect of her hocks bilaterally, with evidence of barbering (hair loss) present. Been doing this for a while – possibly since the new year? Flea challenge is ongoing: Client will bath and clean home, etc. Sophie will improve but then Sam will bring in more fleas.

Physical Exam: BCS 6/9. Minor ear wax splattered on the walls of vertical and horizontal canals AU; can fully visualize ear drums, minor erythema bilateral canals. Excellent coat, except hair loss (self-trauma) medial tarsal joints bilateral, intermittent itching, and two fleas found on exam.

Assessment: Curative response, long duration of improvement. Ear wax has been lingering (first exam in a long time that ears have been erythematous), itching persisting with current flea issue and there is continued barbering. Recommend thorough cleaning of home, homeopathic treatment for Sam [bringing in fleas despite client's topical Stronghold® (selamectin) application], and repeat Bar-c in higher potency, before evaluating if a new prescription is needed to resolve the case.

Plan/Rx: Bar-c 10M, single dose, dry pellets *(Administered on Mar 21, 2016)*. Email report in 1 week. Recheck in 4-8 weeks.

Apr 2016 –Present: Summary

Sophie responded well again indicating a curative prescription. She showed a distinct counter-action and was more noise sensitive day three post remedy (e.g. reacted to a drinks shaker in kitchen). This flare of sensitivity only lasted one day, as the following day Sophie went through center of her local market town and passed a big tractor and was completely fine. After this initial reaction, client reported that Sophie's energy and confidence have bloomed. Client has even complained since then that she didn't realize how much Sophie's excellent recall was actually based on anxiety rather than obedience. Now she is so confident – she is happy doing things off on her own (even a field away) and seems to have lost her recall entirely at times:

> *Sophie has been so full of herself recently and so bouncy!! She has been jumping on picnic tables, logs and over stiles madly! As well as zooming off over the pasture all by herself to sniff things out in a far flung corner!*

This dose of Bar-c 10M resolved Sophie's behavioral issues, her chronically carrying excess body fat (BCS now stable 5/9), and the recent itching issue (coat back to excellent).

Bar-c fully cured Sophie's behavior issues, and they have never returned. However, her minor ear wax persisted, as well as her sensitivity to fleas (Sam the cat liked to bring his flea-friends home). These persisting symptoms indicated another remedy was needed to continue to move this patient in a curative direction.

To finally shift Sophie's underlying layer of psora (ears), Calc-c was needed to complete the case, nicely demonstrating the common multilayered nature and required treatment of chronic disease.

While the rest of the case is beyond the scope of this presentation – Sophie remains a patient in my practice to this day. Sophie is now 13-years-old, and while several members of her litter have already died (we have since found out some under 10 years, with autoimmune condi-

tions and cancer running in the line), she is active, healthy, and happy. While I cannot say Sophie is "cured," given the level of miasmatic mistunement that was later able to be appreciated about her family line – Sophie is doing great! Calc-c has remained her constitutional prescription to manage her inherited chronic disease (now dealing with arthritis) helping her age gracefully in her golden years.

Case 2: Taz

Signalment: 4yr old (D.O.B. 01/12/2009) NM Blue Merle Border Collie (from a working line).

Presenting Complaint: Behavior – "Problematic", e.g. hypersensitive, fearful, anxious, noise sensitive, etc.

History:

- Medical History: No illnesses. Neutered at 11 months, no complications, healed well.
- Vaccinations: Yearly vaccinations, no reactions noted.
- Lives in a home environment, with a stable pack of 3 other working-breed dogs.

Current Complaints: Dec 12, 2013

1. **Behavior – Anxiety / Fear.**

- ***Like this from the very beginning,*** would run and hide from people; breeder noticed abnormal behavior at 4-5 weeks of age.
- Breeder contacted current client (as she takes in working dogs and behavior cases) to take Taz on, as she was concerned his behavior would change into fear aggression.
- Adopted at 10 weeks old, but took till about 2 years of age with thorough training to gain marginal improvement. During this time if anyone came into the home, he would run and hide, if people came near him when out walking would bark.
- Described as hypersensitive, constantly on edge; when becomes hyperactive just screams.
- Panics with raised voices, especially if clients are shouting/correcting other dogs, he will run away. If a person shouts hello to client on a walk, will go berserk with intensely aggressive/panicked barking. Not bothered about other loud noises, e.g. fireworks.
- Wary of people, won't approach; will lick their hand if stood still, doesn't like confrontation. Fear aggressive (barking only) with strangers coming into home, acts like he is aggressing, but really just afraid (would never bite). Still like this with client's partner who has been coming to the home for over 2 years.
- Main triggers: Seems to do it more when not expecting something, can't cope with anything that is not routine (response: panicked running away or fear aggression).
    - — e.g. new situations, shouting, singular strangers.
- Displacement: chews front legs when stressed, seems like a release. Done this since very young, increasing with age.
- When stressed/overstimulated, if touched or stroked will urinate.
- "Over-the-top" with any kind of training; focuses on other dogs too much, anything that is

moving, very obsessive; any outside stimulation will send him "loopy." Focuses best when alone with client.

- Generally friendly with other dogs, has some collie-like racing and nipping; general just sniffs and says hello. Not intimidated with other dogs, if crowded will walk away. Confident enough to say hello but not to challenge a dog.
- Never interested in running around and playing with strange dogs. Will not play in home with other dogs. Would be happy not to play at all.
- Clients have always owned working dogs (including border collies), performing in working trials, agility, etc. This is the first dog they are at their training limit with.
- Exercise: ¾–1 hour of free running per day.

2. **Overbite/Overshot Jaw**
   - Present since adoption, never caused a real problem, except when taking treats can drop them at times, and generally has his tongue sticking out all the time.

General Information

- *Temperature Preference:* No distinct temperature preference; adaptable.
- *Appetite/Thirst:* Greedy appetite, normal thirst.

Diet: Commercial "Natural" kibble (best client can afford).

Physical Exam: BCS 5/9. EENT: Significant Overbite/overshot jaw, giving a shark-like appearance, displaced mandible caudally by >2cm (patient too nervous to measure properly); tongue protruding to varying degrees 100% of the time; excellent teeth. Normal ocular and otic exam. SKIN: Excellent coat; staining on antebrachia bilaterally. All other PE signs WNL's.

Assessment:

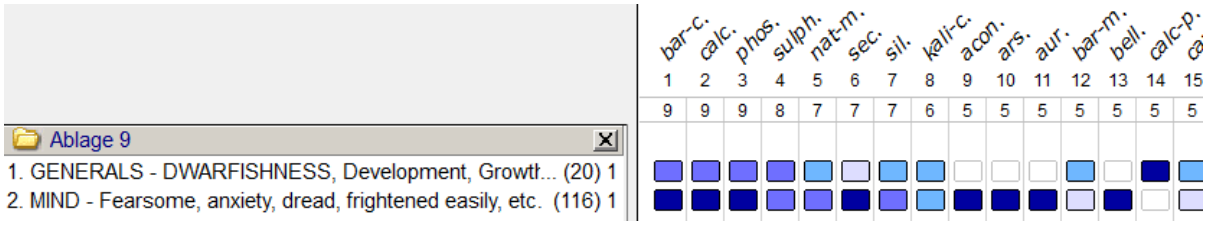
1. Behavior, Anxiety.
2. Overbite, Class II Malocclusion/Mandibular Distoclusion.

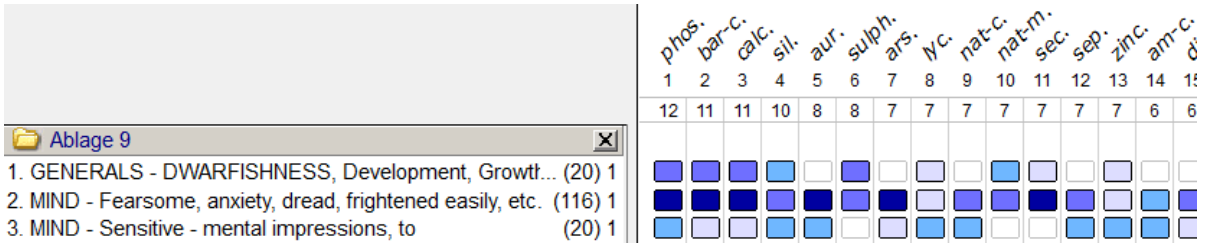
Homeopathic Work up

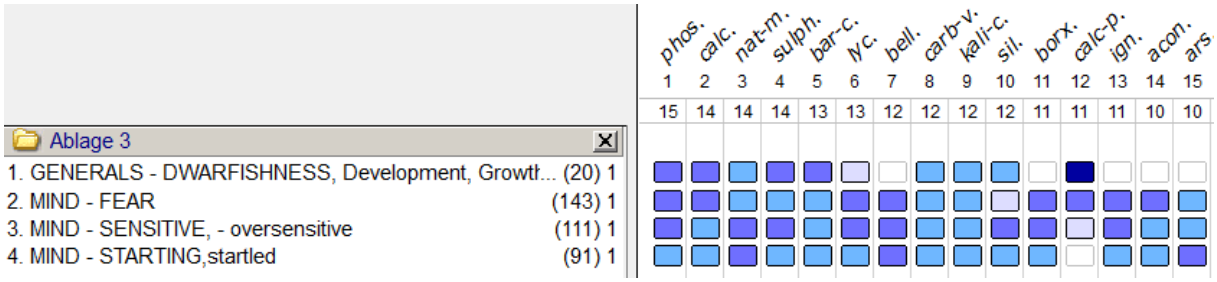
1. **Methodology:**
   a. Acute/Chronic – CHRONIC.
   b. Cure/Palliation – CURE.
   c. Vitality (0-10 Highest) – Medium/6.
   d. Miasm – PSORA, SYCOSIS (?)
   e. Affinities – MIND, DEVELOPMENT/BONES.
   f. Never well since – Puppy.
2. **Homeopathic Symptom List:**
   a. Behavior (Mind)
      — Oversensitivity.
      — Anxiety/fear – from birth; strangers, loud voices, new situations.
      — Chews front legs when stressed.
   b. Development – overbite.

3. **Homeopathic Repertorisation:** (Repertories Used: Kent; Boger, C., Boenninghausen)

   The analyses below each contain a personal combined rubric using Kent's Dwarfishness, and Boger C. Boenninghausen's Development and Growth, affected rubrics. The first two analyses are worked with Boger-Boenninghausen mental rubrics and the third analysis uses Kent for the mental rubrics.







4. **Homeopathic Discussion/Differentials:** The patient is exhibiting keynotes of Bar-c:
   - Demonstrating delay/deficit of: mental development from very early age (4-5 weeks old) & physical development as evidence by his overbite; almost like he is frozen in maturation;
   - Displaying fear and hiding behavior; easily frightened and afraid of strangers; cowardly; sudden ebullitions of anger, but coupled with cowardice;[5, 6]
   - Extreme over-sensitiveness of all senses; difficult concentration in children; over-sensitiveness to noise/voices;[4, 6]
   - Nervous biting of the fingernails (analogous human behavior for this dog licking his forearms);[6]
   - Child does not want to play[4, 6]

Plan/Rx: Bar-c 1M – single dose, dry pellets *(Administered Jan 30, 2014)*. Report initially weekly, then lengthen as indicated or bring follow-up forward. Follow-up exam in 8-12 weeks.

Apr 10, 2014: 10 week Follow-up Post Bar-c 1M

1. **Behavior, Anxiety**
   - Gradually much better with people, strangers; allowing people on the bus to stroke him and not react; In the home, settling more, sitting by people for hours. Settling down quicker when people walk in.

- TODAY - Greeted vet (me) with brief bark, immediately took treats, wagged, licked me, then laid at my feet (on my foot); eventually went to sleep on couch as opposed to pacing.
- Reaction to clients shouting – gradual improvement; not going to pieces anymore; clients no longer have to put Taz on a lead before reprimanding other dogs.
- Seeking attention and physical stroking from clients more, laying his head in client's lap.
- Hyper-excitement initially worsened (3-4 weeks), now improved, responding to corrections.
- Increased confidence; standing up for himself; no longer hanging back, pushing through pack; snapping at others if go for his food; marking over dominate pack male's urine.
- No longer intense about TV (not reported in first appointment), can be called-off now and actually fell asleep next to client last night on couch.
- Completely stopped licking his legs, just started back up 2 weeks ago.

2. **Overbite**

- Scratching the bridge across muzzle (base of eyes) as soon as he had the remedy, with his paws rubbing his eyes R>L. This went on for weeks. Almost like instead of biting his legs he was rubbing his eyes. No eye discharge/redness. This stopped completely not seen for last 2 weeks.
- After remedy, started drooling a lot right away and mouth smelt bad; actually had to wipe his mouth. Found drool patches on bed, and fur under jaw was wet like a St. Bernard. Smell and drooling gradually waning – not appreciated for last few weeks?
- For a few weeks, was very slow at eating; seemed to coincide with the drooling being at its worst.

Point to remember: The scratching across the bridge of his muzzle was initially described as Taz "scratching his eyes constantly" This could have easily been mistaken for a different symptom if I had not asked the clients to show me where he was scratching. Something to keep in mind with our phone consult cases – we must ensure our symptom information is accurate.

Physical Exam: EENT: Minor overbite, canines are now scissoring; tongue still protruding but to a lesser degree most of the time; excellent teeth. SKIN: Excellent coat; staining present on antebrachium bilateral. All other PE signs WNL's.

Assessment:

1. Behavior, Anxiety – IMPROVED.
2. Overbite, Class II Malocclusion/Mandibular Distocclusion – IMPROVED.

Homeopathic Response Evaluation: Curative direction is apparent with the dramatic shift in behavior and mental symptoms as well as the physical correction of the malocclusion. Jaw growth could account for eye/face rubbing, drooling and slow eating. General improvement and recently shifting of many symptoms in last 2-3 weeks indicate more time is needed to fully evaluate where symptoms are heading.

Plan: Monitor remedy response. Recheck 8-12 weeks, contact sooner if ANY regression occurs.

Jun 13, 2014: 4.5 Months Post Bar-c 1M

1. **Behavior, Anxiety**

- Generalized increased confidence; absolutely best behaved dog in pack on vacation; now coping with the world, follow commands, etc.; actually easy to be around now.

- Continued improvement with people, strangers; more confident outside in public and on the bus; no barking at people when walking any more.
- Great improvement with raised voices; no issues when another dogs are told off; client can actually correct him now when he does something wrong (before he would panic, become overly submissive, or cower hiding in the kitchen); seems like he can shrug things off now.
- More focus on training and cues; even when gets too excited and silly, ignoring him works to calm him down now.
- Increased confidence is causing a pack hierarchy shift, clients are managing it safely.
- Hardly watches TV now, much less obsessed.
- Still licking his legs; more out of habit, staining is less, occasionally out of anxiety.
- Still has some hyperactive excitement behavior.

2. **Overbite** – Approximately 2 weeks after last visit, started drooling and rubbing his face again for a week; appears to have stopped; clients not sure if any further changes in jaw itself.
3. **NEW ACUTE Left Ear Discharge:** Started in last week, inflamed, black gungy discharge; cleaned once.

Physical Exam: EENT: Normal bite, canines now scissoring; tongue still protruding sometimes; excellent teeth. Grass material (awn?) deep in left ear canal; erythema, mild wet discharge. SKIN: Excellent coat; mild staining on antebrachium bilateral. All other PE signs WNL's.

Assessment:

1. Acute FB (grass awn) Left Ear.
2. Behavior, Anxiety – IMPROVED.
3. Overbite, Class II Malocclusion/Mandibular Distoclusion – RESOLVED.

Homeopathic Response Evaluation: Curative direction is apparent, malocclusion has resolved, behavior continues improving. Response time maybe shortened potentially with GA/hospital stress.

Plan: Referral for sedation/general anesthesia for removal of grass awn from left ear. Phone report post procedure. Email report in one week, then monthly. Recheck 3-6 months, sooner if indicated.

No steroids or antibiotics were given as agreed; conventional vet clinic gave an anti-inflammatory injection post ear flush and FB removal; left ear drum was partially perforated. Taz recovered uneventfully, and had no problems one at home, no further ear discharge was noted.

Aug 16, 2014: Email Report

We have increased general training with Taz, which he is responding very well to (and) is resulting in good behavior. He is actually probably the best behaved of all our dogs at the moment & we are more than happy to continue increasing his obedience training to build on this. Thank you for your help with him we wouldn't have got him to this stage without your assistance.

Nov 26, 2014: Follow-up 11 Months Post Bar-c 1M

1. **Behavior, Anxiety**

- Really good overall; still takes commands, does what he is told. Clients feel that they have complete control of him (pre-remedy did not).
- Joined gun dog training, seems to have developed into a normal dog.

- Hierarchy issues have settled, dominant male tolerant now of Taz's new confidence.
- TODAY – Greeted vet (me) being very affectionate and was able to sit in the room with all dogs present, relaxed and calm and quiet. Very good and amenable for PE.
- In general, hyperactivity is currently more like the behavior of a typical working collie; not as obsessive, stopped targeting (collie-like) other dogs when throwing ball, as he is the one going to get the ball now.

Last few weeks however recent decline:

- "Just a bit of an edge on him at the moment," previously had resolved but seems to be re-flaring.
- Marginal wariness reappeared in last few weeks with strangers, still allowing touch, but being more watchful, like he is not quite sure, more reserved.
- Last two weeks started watching TV again, and other dogs, fixation and obsessive behaviors are mildly increasing.
- Started licking his legs again at home, but not as much.

2. **Overbite:** No further changes, resolved.

Physical Exam: All PE signs WNL's [excellent bite; occasional tongue protrusion; healthy ear canals AU, both eardrums visualized] except mild staining still present on antebrachia bilaterally.

Assessment:

1. Behavior, Anxiety – MINOR FLARE.
2. Overbite, Class II Malocclusion/Mandibular Distocclusion – RESOLVED.

Homeopathic Response Evaluation: Patient has continued with a curative response for 11 months, with the correction of a congenital growth abnormality. Recent aggravation in behavior, indicates a repeat dose is needed; discussed possibility of summertime sedation/general anesthetic/hospital stress shortening remedy action vs. natural course of remedy reaction.

Plan: Bar-c 10M – single dose, dry pellets. *(Administered Nov 26, 2014)*. Email report 1 week. Recheck in 1-2 months.

Dec 2014 – Mar 2015 Update

Clients declined full follow-up due to cost (needed to pay for care of their elderly dog Kelsey). Taz improved again after his dose of Bar-c 10M, "He is better with people and is more friendly and relaxed." Every time I (the vet) enter the home his greeting improves at each visit; still reactive on entry (barking) but immediately seeks affection and will relax and sleep while I conduct my consultations. His obsessive behaviors continue to lessen and are now at a degree that can be attributed (in full agreement with his clients and trainers) to normal working Border Collie traits which they will continue to work on training exercises to manage. Taz's clients are thrilled with his outcome post homeopathic treatment, for they never thought such improvement was possible or that they would ***now consider him to be the best behaved dog in their home.***

Aug 26, 2015 – Follow-up & Exam

Taz continued to due well until midsummer when his client requested a follow-up as she felt he was slipping back a bit and might need a re-dose. While he seemed really well in himself and had been biddable in general (does what he is told, etc.), he has seemed gradually more hypersensitive

in last 2 months. In general he was barking more, being more reactive to strangers, his hyperfocus moments were increasing, and he re-started his high pitched screaming-barking when going outside. Not only was he NOT responding to correction, **training was actually making him worse** (more wound-up). In the last few weeks, he started his obsessive foreleg licking again which at first was infrequent and now is daily. The only thing his clients think could have upset Taz is that the pack leader Kelsey has been quite unwell for last few months (end stage arthritis and struggling to walk) and the house routine is different due to caring for Kelsey. Clients are not sure if this could be affecting Taz? Taz's PE was unremarkable except staining present on his antebrachia.

☑ *It has only been 9 months since Taz's last prescription or Bar-c 10M. The decreased in remedy response time should bring up the following questions: Is Taz on a curative path if his prescription response time is shortening? Or is Bar-c simply palliating? Could something have interrupted his remedy response? Could the routine and pack changes be enough to unsettle Taz? Note – Kelsey has been steadily declining since the beginning of 2015, so this seemed less likely but still possible with more recent routine changes in relation to her care.*

Further questioning revealed that the client had been concerned about ticks this summer and started applying Advocate® (imidacloprid and moxidectin) monthly since June. She had never used this product before and previously had only used Frontline® [fipronil and (S)-methoprene] only when taking the dogs on vacation. During this discussion his client realized that the behavior changes coincided precisely to starting the use of Advocate®.

Homeopathic Response Evaluation: Minor flare in behavior after application of Advocate®. If Bar-c is curative in action then the patient should return to previous state of well-being and become more resilient to outside influences.

Plan: Bar-c 10M – single dose, dry pellets. *(Administered Aug 26, 2015)*. Email report 1 week. Recheck in 1-2 months. Reviewed natural flea and tick control with clients, though had previously discussed this topic at length at prior visits.

Sept 2015 – Present Update Summary

On September 9, 2015, the clients reported noticing a difference within a few days to week post remedy just taking him out of the front door. It seemed like they were able to suddenly "get through to him," training tools became effective again, and his focus was better. They also thought he had "just calmed down a lot" in general post remedy and didn't seem as obsessive or hyperactive. He also was getting on better with Koby, no longer sparking any competition between them and taking in commands. Overall the clients felt he was definitely better and still improving. Impressed by Taz's reaction, clients have now switched completely to natural flea and tick control and vow to never use chemical flea and tick products again.

Taz has continued to do well and seemed back to his normal self shortly after this previous phone report. He was seen frequently on house calls throughout the fall due to Kelsey's declining health. Kelsey was euthanized at a local practice in early March 2016. Taz coped well and showed no adverse signs (changes in behavior) to her passing. Annual health checks were performed on the other two household dogs on March 18, 2016, however a follow-up was declined for Taz at this time due to cost. Taz however was reported to be completely back to his normal self, generally doing very well, and in good health. He was impeccably behaved and full of cuddles during his housemates annual exams.

Contact with clients was unfortunately lost in 2017 as the client was diagnosed with cancer, started extensive allopathic treatment protocols resulting in her having to quite her job, and canceled all follow-up care for the dogs. However, Taz remained stable and was back to being the best behaved dog in their home up until the time of contact ceasing with the client.

Conclusion

In summation, Bar-c is a valuable polycrest and anti-miasmatic remedy that has numerous applications in our veterinary patients. The goal in reviewing these two cases is to help keep one's eyes open to the full spectrum of how a curative remedy can present – from the full character type of the remedy (Taz) to the more subtle presentation (Sophie) where a singular part of a patient was developmentally delayed (e.g. noise sensitivity). We all should heed the sage advice of Hahnemann, to take note of his listed major antipsorics, like Bar-c, to give them the dedicated study they deserve and our patients will reap the benefits of our labors.

References:

1. *Pharmacology and Homeopathic Materia Medica*, 3rd Ed. Demarque, D.; Jouanny, J.; Poitevin, B.; and Saint-Jean, Y. Boiron, France; 2008: 829.
2. *The Chronic Diseases*, Vol. I. Samuel Hahnemann. B. Jain Publishers (P) LTD. New Delhi, India; 2007: 394-421.
3. *Relationship of Remedies and Sides of the Body*, R. Gibson Miller. B. Jain Publishers (P) LTD. New Deli, India; 2008: 7.
4. *Nature's Materia Medica*, 3rd Ed. Robin Murphy, ND. Lotus Health Institute. Blacksburg, VA; 2006: 308-313; 350-353.
5. *Hering's Guiding Symptoms of Our Materia Medica*, Vol. I. Constantine Hering. B. Jain Publishers (P) LTD. New Delhi, India; 2003: 737-757.
6. *Concordant Materia Medica, millennium edition*, Frans Vermeulen. Emryss Publishers, Haarlem, The Netherlands; 2000: 241-247.
7. *Materia Medica of Homeopathic Remedies*, James Tyler Kent. Homeopathic Book Service. Sittingbourne, Kent, UK; 2005: 184-191.

Tasi's Top 10+1: Tips for the Newly Minted Homeopath

Andrea Tasi VMD

Co-author Sarah Stieg, DVM, MRCVS

1. Homeopathy is a challenging subject to learn, requiring years of study and clinical practice to become a skilled prescriber. Hahnemann said "a love of ease" should NOT be a characteristic of the homeopath! You must read and study on a schedule that prioritizes your learning and growing. Every successful homeopath devotes tremendous amounts of time to reading and studying on their own. At your current stage of learning, I recommend to devote at least one hour every day to your studies (e.g. reading, homework, etc.). As part of continued learning, I read the Organon, Chronic Diseases (theory section) and Kent's Lectures on Homeopathic Philosophy once a year and highly recommend this annual review.

2. Beware of over-reliance on homeopathic software. You should not be paralyzed by the absence of a computer. Every homeopath should know how to work a case, on paper, using repertory and materia medica in book form. A computer can save you much time, and give you access to more books than you could carry in a truck, but it cannot think for you. A computer can fail, software can freeze up, but books on your clinic and home bookshelf will do neither.

3. Homeopathy is powerful. The power to heal with homeopathy is, in my experience, unparalleled. Failure to recognize the full healing potential of this modality will limit case success, as you can easily be affected by internal fears and quickly turn to other modalities when a case becomes difficult. When you appreciate the full power of homeopathy, your success will exceed all previous clinical expectations. Additionally, failure to acknowledge that this power can harm as well as heal is a mistake. Remember that when we give a remedy we are giving a dose of MEDICINAL DISEASE and that if we do not have solid grounds for giving that remedy/potency then we should not prescribe. Fear, impatience, and frustration are never reasons to give a remedy. If you truly do not know what to do, ask for help and consult with a colleague.

4. Pick and choose your cases thoughtfully, based on your skill set, especially in your early days. Carefully build your confidence in working with acute cases (wounds and injuries, acute infectious disease, acute flare ups of chronic conditions). Never take on a client who you must cajole into homeopathic treatment or who badmouths every other vet they have seen. Do not fill your schedule with the desperate, the massively suppressed, the end-stage, and the dying. You will wear yourself out and potentially you (and your clients) will begin to believe that homeopathy doesn't "work" because you do not yet have the skills to manage complicated chronic disease and incurable cases.

Treat your journey as a homeopath just like the road to becoming a veterinarian. The skill level and capability you had as a fourth year veterinary student dramatically increased every year through your first few years in clinical practice. Over time as a homeopath, you will build your skill set and your confidence just as you did as a newly graduated veterinarian and begin taking on more complicated cases as your skill level increases.

Conversely, imagine if you graduated from vet school and only practiced on one case a month, how fast would you become a competent doctor? Would you have the same skill level five years

post-graduation as a colleague who practiced daily? As you can see the process of learning must find balance, from the extremes of diving in at the deep-end (and being overwhelmed) vs. being too afraid to practice on challenging cases (and thus not growing as a practitioner). This balanced rate of growth will be an individual road for every homeopath.

5. While skill level is one limitation, TIME is another. To use your time rewardingly, take the cases you think you are most likely to help. I schedule a phone "pre-consultation" with every potential new client. During this 15-20 minute call I make a determination of whether I want to take that case or not. If not, I try to point them in some other useful direction. I do not EVER take cases that come with some arbitrary line in the sand: "If he bites one more person, we are putting him to sleep"; "If he pees outside the box once more, we are taking him to the shelter." These cases often do not turn out well and generally will exhaust you and/or cause you great anxiety. All the while, you could have been helping some other animal! In addition, if I hear "crazy" during my "pre-consultation: I DO NOT TAKE THE CASE; I don't want to waste my time. Every time I have ignored my gut instinct on this, I have regretted it.

6. Incurable cases exist. They can and must be recognized (see Kent's lecture XXXV: Prognosis After Observing the Action of the Remedy), and treated accordingly in the appropriate manner. Incurable cases can be palliated with homeopathy, treating them in a zig-zag fashion, almost as a series of acutes. Deep acting remedies must be given cautiously, as these cases often have deep, fixed pathology. Treatment must proceed in a gentle manner to allow the vital force to build strength before requiring it to perform too much change (or it can fall over and potentially not recover, see Kent's example of the advanced tubercular patient). It is important to note that the best palliative remedy is prescribed in a curative manner. Incurable cases take much skill, patience, and accuracy of assessment to manage.

7. The biggest obstacle to successful use of homeopathy in animals is a lack of information. When you are ready to "step up your game" by taking on more chronic cases, start with cases where you have relatively MORE information. Which is the "better" case to take on as a less experienced homeopath? The chronic vomiting cat that has been with a thoughtful, articulate guardian since 4 weeks old, in a two-cat household, with a complete medical history? Or the 14 year old cat adopted last week from the shelter, with nothing known about his previous life, now living with an absent minded guardian and five other cats?

8. A golden rule from the master of "compassionate care": "If what you are doing isn't working, don't keep doing it." -Greg Ogilvie DVM. If I have given 3-4 remedies and made no progress with a chronic case, I retake the case and consider what assumptions had I made in my original prescriptions. If I do not or cannot come to a remedy that then results in direction of cure, I pause prescribing and take some other course of action, such as: careful monitoring, observing for new symptoms to arise, if safe/appropriate; or provide nutritional or husbandry changes that were perhaps not originally a priority. If no new symptoms arise, this is the time to reach out to a colleague for homeopathic rounds and review the case from scratch. You will be surprised how often a fresh pair of eyes can help you find the next step in a case.

9. Learn that obstacles to cure can exist at every level and can include: management/husbandry, the owner's stress/lifestyle, or even your own fears and stresses about a particular condition/case, standard of care, etc. Correct or avoid all that you can but understand what may be insur-

mountable, e.g. multi-multi cat households, mental health issues with guardian, conflicts between people in the home, etc. If a case is causing you stress or anxiety, this is a red flag for self-reflection. Discussing the potential source of the stress/anxiety with a colleague is very helpful for clarification and will aid removal of this obstacle to allow you to think clearly.

10. If your patient needs emergency/critical/specialty care at a different practice be careful trying to prescribe when the patient is under the care of a different facility/practitioner, especially with whom you do not have a working relationship. You potentially can rankle colleagues if you appear to be second-guessing them and probably will not have accurate/complete information to prescribe upon. In my experience, remedies will rarely be properly administered, and pulling the vital force in two different directions helps no one. Walk one path at a time. Other practitioners may feel differently about this, but my experience has borne this out again and again. As soon as the patient is out of the ER/ICU or specialty clinic, then step back in and re-evaluate the case.

11. As you continue your homeopathic training beyond this course, beware the lure of the "guru". Many contemporary homeopathy teachers will promote their "new systems" and "new approaches" as more useful than a classical Hahnemannian approach. They will tell you that things have changed drastically since Hahnemann's time, so "new" methods are necessary. You will, if you look critically at their cases, rarely find true cures. The most useful continuing education I have done has been with practitioners who are scholars of Hahnemann's methods, and whose teachings helped me better comprehend Hahnemann and the other "old masters", not the teacher's personal methods of practice.

In Summary:

Learning and practicing homeopathy has brought me great intellectual stimulation, increased knowledge of myself and humankind in general, increased appreciation of the interconnectedness of our world, and deep satisfaction that I am truly doing what The Organon Aphorism 1 (my rewrite) states:

The veterinarians' highest calling, her only calling,
is to make sick animals healthy — to heal as it is termed.

Organon Index

Knowing the Medicine

¶ 104 Record keeping.

¶ 105 Need to know the medicine to be used.

¶ 106 above, continued.

¶ 107 The inappropriateness of concluding medicinal effects from use of medicines on sick people.

¶ 108 Provings must be done on healthy individuals.

¶ 110 Usefulness of toxic effects.

¶ 111 Each substance reliably produces characteristic effects.

The Nature of Disease and Treatment of Chronic Disease

¶ 148 Disease is a spirit-like power that torments the vital force.

footnote (a) Need for study of the sources.

¶ 149 The cure of old chronic disease takes time.

¶ 153 Emphasizing peculiar symptoms; deemphasizing common ones.

¶ 161 Avoiding aggravations in chronic disease.

¶ 164 Use of a similar remedy to advance cure.

¶ 165 Lack of result with a non-homeopathic medicine.

¶ 167 When remedy has proven imperfect, do not wait but give a new prescription.

¶ 168 Selecting a new remedy based on upset from prior prescription, step-wise prescribing dealing with residual symptoms.

¶ 169 When two remedies compete, reevaluate case after one of them is used.

¶ 170 Choose a next prescription based on remaining symptoms, not on prior analysis.

¶ 171 Need for a series of antipsoric remedies.

¶ 180 An incompletely homeopathic medicine will produce side-effects which are expressions of the disease itself.

¶ 181 These new symptoms are all expressions of the disease.

¶ 182 The imperfect remedy response serves to complete the symptom picture.

¶ 183 Choosing a second prescription based on more complete symptom picture.

footnote (a) Use of opium to clarify the disease picture.

¶ 184 Choosing a new remedy at each stage using remaining symptoms.

"Local" Diseases

¶ 185 The false idea of local disease.

¶ 186 Local disease due to injuries — the involvement of the vital force. Mechanical aid.

¶ 187-88 Falsity of idea of local disease.

¶ 189 Vital force acts as a whole and "local" disease supported by a whole condition.

¶ 190 External disease treatment must be directed to the whole patient through use of internal remedies.

¶ 191 Experience with homeopathic treatment shows that internal medicine acts also on "local diseases".

¶ 192 Give careful attention to local malady and consider it in context of rest of the case.

¶ 193 Local disease cured by internal medicine (only).

¶ 194 Do not treat acute or chronic local disease by direct application of medicine. If lesion persists after internal medication, then residue due to psora.

¶ 195 Treatment now continued with antipsoric medicines.

¶ 196-97 Problem of treating externally as well as internally is that lesion disappears too soon and one can't judge progress to cure.

¶ 198 Problem of treating local lesion (only) with application of remedy—leaving case unclear.

¶ 199 Problem of suppressive treatment removing principal guiding symptom and leaving indefinite, uncharacteristic symptoms.

¶ 200 Localized symptoms, if clear, will indicate progress toward cure.

¶ 201 In chronic disease, vital force forms a localized disease externally. Purpose is to allay the internal disease. This spares vital organs and silences the internal disease for a time, without curing it. The internal disease gradually increases and so the local lesion gradually becomes worse.

¶ 202 If local lesion destroyed by external means, nature compensates by awakening the internal malady and other dormant symptoms.

¶ 203 The ongoing method of destroying localized or surface lesions is most common source of the innumerable chronic ailments that exist.

¶ 205 Homeopathic remedy treats (directly) the underlying miasm with disappearance of both primary and secondary symptoms. Usually the primary symptoms have already been destroyed and the homeopath must deal with secondary ones, e.g., full development and manifestation of the internal miasm.

footnote (a) Vital force moves lesion to a more internal part.

¶ 206 Psora responsible for most cases, but can be complicated with sycosis or syphilis.

footnote (a) Illness since acute episode is due to awakening of psora.

¶ 207 Determine prior allopathic treatment.

¶ 208 Consider diet, life-style, psychology as impediments.

¶ 209 After adequate intake, select antipsoric medicine with greatest degree of similarity.

One-Sided And Defective Cases, Mental Illness

¶ 210 Psora tends to formation of defective disease, e.g., a single predominant symptom. This may progress to emotional or mental diseases. In physical disease, the emotional & mental state is *always* affected.

footnote (a) Return of original personality after successful treatment.

¶ 211-13 Importance of mental/emotional symptoms in disease and in provings.

¶ 214 Treat mental & emotional disease like any other disease—with internal remedy.

¶ 215 M/E diseases are physical at base and have been displaced inward.

¶ 216 Localization as M/E disease beyond the reach of the scalpel.

¶ 221 Acute treatment of flare-ups.

¶ 232 Alternating diseases.

¶ 233 Intermittent diseases.

¶ 235 Intermittent fevers.

¶ 236 Need for repetition of remedy at <u>end</u> of attacks.

¶ 237-44 Continued discussion of treatment of fevers.

Using Remedies

¶ 245 How to use the remedies.

¶ 246 Q method of remedy in water and changing potency each dose.

¶ 247 Reaction to repetition of same potency.

¶ 248 Changing potency of each dose. If symptoms change, prescribe a new remedy. If aggravation, reduce frequency.

¶ 249 If new symptoms develop, not charac-

teristic of case, then remedy not homeopathic. If necessary, use antidote, or, better yet, re-prescribe.

footnote a) Mistake of increasing dose. New symptoms mean inappropriate remedy.

footnote b) Antidotes never needed.

¶ 252 If a carefully chosen dose of remedy does not bring about >, some influence persists which is an obstacle.

¶ 253 Cure indicated by well-being.

¶ 255 Indications of progress.

¶ 256 New symptoms indicate need for another prescription.

¶ 259 Preventing interference by diet and other medicines.

The Medicines, Their Preparation & Use

¶ 269 In developing the medicinal power of the medicine a spirit-like action is released.

footnote (a) Discussion of healing force release through trituration.

footnote (b) Analogy to iron magnet.

footnote (c) Continued discussion of magnet and distinction between dilution and trituration.

¶ 270 Discussion of remedy preparation using dilution and succussion, also trituration of inert substances.

footnote (f) Discussion of centesimal limitations compared to LM (e.g., Q) methods and its superiority.

¶ 272 Stronger dose with use of liquid administration.

¶ 273 Necessity for only one medicine at a time. Forbidden to use more than one at the same time.

¶ 274 Using two medicines at once, even of proven remedies, results in unproved effects.

¶ 275 Dose of homeopathic medicine important—too large a dose can cause harm.

¶ 276 Too strong a dose of homeopathic medicine can cause more harm than allopathic medicine. Large doses of accurate remedy, if repeated, can be very destructive. They can endanger life or make the patient incurable. Medicinally caused disease is extremely difficult to eradicate.

¶ 277 If the dose is small and well-chosen, it becomes increasingly curative the more homeopathic it is.

¶ 278 Appropriate size of dose must be empirically determined in each individual patient.

¶ 279 Experience shows that even in chronic or complicated disease, if no damage to vital organ, dose cannot be too small to do good.

¶ 280 Medicine continued as long as there is progress, gradually increasing the dose. Return of old symptoms indicates treatment can be stopped and cure is imminent.

¶ 281 Stopping medicine and observing. Change of dose depends on sensitivity of patient.

¶ 282 If first doses cause aggravation, then dose too large.

footnote a) New miasms, appearing for the first time on the skin, can be treated with large doses, repeated as progress can be observed and stopped when needed.

¶ 283 The practitioner will use a very small dose that will not upset things very long if the wrong choice.

Treating Infants, Use of Magnets & Mesmerism

¶ 284 Route of administration. Giving remedy through milk of mother. Treating infant is an opportune time. Psora acquired by heredity or nursing. Use of sulfur in early pregnancy advantageous.

¶ 285 Use of magnets in therapy.

¶ 288 Mesmerism beneficial—replaces vital force, distributes flow, removes disturbance and replaces with a normal vital force.

¶ 289 Detail on using mesmerism.

¶ 290 Benefit of therapeutic massage.

¶ 291 Use of baths beneficial.

Homework for Module 3

There are six parts to this session's assignment:

1. Practice Clinical Case Evaluations with questions.
2. Some "Mini" Case Work-ups for elucidation of characteristic symptoms and a prescription.
3. Submission of two cases from your homeopathic work.
4. Materia medica study.
5. Reading assignment & Questions (Kent's *Lectures on Homeopathic Philosophy: Chapter 35*).
6. 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 3 Homework, 2024
- ✶ Please label in the header section on every page of your work:
  - — Your Name and Module 3 Homework.
- ✶ Please clearly label the sections of the five submitted 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. April 14, 2024
   - — Part 1: Practice Clinical Case Evaluations.
   - — Part 2: Mini Case Work-ups.
2. May 5, 2024
   - — Part 5: Reading assignment & Questions
   - — Short Reading Comprehension Quiz (Reading Comprehension Quiz will be available to download as a "take-home" quiz 2 weeks in advance).
3. May 30, 2024
   - — Remaining homework due – Part 3: Your Cases (reports on two of your prescriptions) & Part 4: Materia Medica Study.

We will discuss the homework material in the associated Intermodular Webinar (the day after the submission due date) on: April 14, 2024 and May 5, 2024. Your homework will be returned to you by email once grading is completed between Module 3 and 4. 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: Practice Clinical Case Evaluations

Case 1

An 8-year-old intact female dog presents with pyometra, prior to this being in a healthy condition. Symptoms are loss of appetite, lethargy, fever of 103 F., and vaginal discharge. The discharge is intermittent, thick and white, like milk. Client reports that her dog shows a desire to be held and is "whiny", only being quiet if held or petted. She used to drink normally, but now is not drinking much water at all.

Six weeks ago, a new puppy joined the family and our patient was very upset with this. She sulked and, at other times, tried to get all the attention. Heat started two weeks ago and was earlier than usual.

Work up your prescription by doing an analysis from the repertories. Show your analysis on a separate piece of paper (or print out if you have the computer version).

In addition, *do a written differential of the top three remedies in your analysis with your explanation as to why you make the final one remedy choice you do*.

1) ***Rx (including potency):***

2) What are the characteristic (guiding) symptoms? What are the common symptoms? List them in two columns.

Characteristic symptoms | Common Symptoms

Now, in these two lists, indicate which symptoms are modalities by underlining them once. Then show which are concomitant symptoms by underlining them twice.

Follow-up

A remedy is given. After 3 days, the report is:

- More independent, not wanting to be held so much.
- Willingness to go on short walks.
- Reduced fever, though it persists (102).
- Appetite has returned and now drinking normally.
- Increased, copious discharge from vagina.

3) What is your assessment of the remedy action (curative, palliative, suppressive) ?

4) What specific details support your conclusion? (Continue your answer on to the next page.)

5) How do you explain the increased vaginal discharge?

6) What advice, regarding the treatment, do you now give the client?

7) Assuming recovery, at what point in time would this dog be ready for a routine spay?

Case 2

A cat develops an abscess, following a cat fight several days ago. Though not seriously ill, the abscess is large and painful. There is a slight fever of 102.5 and no other symptoms.

He is started on ***Silicea 6C TID***.

Three days later, you receive this report:

- The temperature is now 103.5
- The abscess has opened and is draining quite a bit of pus.
- He is less sensitive around the abscess and allows cleaning of it.
- He still feels generally well and seems even to be more active.

1) What is your assessment of the prescription? Give your thoughts in deciding this answer.

2) What is the significance of the higher temperature?

3) Does the opened abscess mean that some other remedy must be given? Explain your answer.

4) What is your advice to the client now?

5) If after several days of improvement, progress stops but no other change. Which step would you do next?

- ☐ Give a complementary remedy.
- ☐ Give a remedy that "follows well".
- ☐ Give the same remedy but in a higher potency.
- ☐ Stop the treatment entirely.

6) Give your thoughts in deciding the above answer.

Case 3

You are presented with a Labrador, aged 10, that has been ill most of its life.

As a puppy, she was very difficult to train, insisting on "doing her own thing". She also had the habit of eating sticks, rocks, even earth, that persisted until she was 2 years old.

Her first health problems were "hot spots" followed by ear "infections" which remained chronic. For several years these two problems alternated in emphasis but never completely cleared up.

At age 5, there was apparent lameness in a rear leg. Diagnosis was cruciate rupture and surgery was done.

The next year it was apparent that she was becoming stiff and having trouble esp. on going up stairs. A diagnosis was made of hip dysplasia and hypothyroidism. She was given occasional aspirin and put on soloxine.

At age 8, after a "garbage binge" she developed diarrhea that would not stop. A diagnosis of giar-

dia was made. After several antibiotics, it finally stopped with flagyl.

Recently, a lump formed in the back of the stifle — the one that was operated on before. A biopsy was performed and all of the growth was removed. The pathologist says it is fibrosarcoma and is malignant.

At present the dog is on corticosteroids, antibiotics, soloxine, and DES (for incontinence which developed after the surgery).

1) Show in outline form the chronological progression of this chronic disease from the beginning, from the first symptoms, until now.

2) When you have done this, make an assessment of the patient in terms of:

a. *Life force activity (defense). Show the details of the case that support your assessment. In what way has the life force of the patient put up defense against the progression of the chronic disease?*
b. *Discuss the extent of disease progression. From where it started what details of the patient's condition show the advancement of the illness? Show the details of the case that support your assessment.*

3) Name two different remedies (other than Nux vomica) you would consider starting with and give reasons for each choice.

4) How will you reduce the allopathic medication? (amount given and timing of reduction)

First Follow-up

The next visit for us to consider is one month later. Because of your excellent and careful prescribing, the dog has made significant improvement. She generally feels better, eating more enthusiastically, has filled out some, is more active and interested in going on walks.

The skin condition has remained as more or less the same. The ears are annoying with itching and discharge — much as before. The stools have become unformed with some mucus noticed occasionally. The rear (operated) leg is more painful.

5) What is your assessment at this point?

6) What will you do with the present prescription? Should it be changed or wait longer? Why?

7) At this point do you think it is a curable case? Why or why not?

Second Follow-up

It is now two months since the remedy was given. The leg is better, the ears are better (though still are "dirty") and the skin has increasing eruptions appearing, esp. on the lower back near the base of the tail. Overall, this dog feels better and is more active and energetic.

8) How do you interpret this response? What details in the case support your interpretation?

Case 4

An eight-year-old cat with the diagnosis of FIV has symptoms of severe gingivitis, mouth pain, very red gums, loss of appetite, emaciation, chronic diarrhea of fetid stools, excessive thirst, elevated SGPT (high), BUN (moderate), Creatinine (moderate), and alkaline phosphatase (moderate). Evaluations of T4 reveal levels three times maximum normal.

Allopathic treatment over the last 15 months have included several antibiotics and steroids, Tapazole, most recently high levels of prednisolone and therapeutic levels of flagyl. This client is willing to discontinue all drugs in an attempt to rescue this cat.

Prior history reveals that this cat has not eaten well for several years with the pattern of acting hungry yet eating very little or rejecting the food that is offered. The client had found ways to keep the cat going by using a fresh can of commercial food at each feeding. There were ear problems suppressed with ointments. Before the diarrhea began, there was a long period of constipation ranging from small, dry, hard stools to needing enemas to evacuate.

This cat used to be very affectionate, almost "needy" and demanding to sit in a lap. However, the last several months it has become much more anxious, very much a "scaredy cat".

1) Do an analysis of this case and include your analysis with your homework.

2) If your choice of remedies was restricted to the antipsoric remedies, what one remedy will you use?

3) *What potency do you suggest (single dose only)?*

4) If your analysis was limited to only 5 symptoms, what would they be? List them here.

5) What is your evaluation of the life force of this patient (assessment of defense and inroads of disease)?

6) What is your advice at this first visit regarding the allopathic drugs? Which would you stop and which continue?

First Follow-up

The next visit is three weeks later. After the remedy, the cat stopped eating for 5 days. Then it began to gradually accept some of the most attractive foods. There has been some weight loss as a result. Client is very concerned about this.

The drinking has diminished and there is no dehydration evident in the cat. The mouth looks better but is still red. It is better in that the redness is not so "bright", and the cat allows a little more examination than before. The saliva is not so thick.

Since the "crisis" of appetite, the cat has been out more and interacts with the client more than before. The stools are still unformed but have gone from total liquid to "soft ice cream".

7) What is your assessment of this prescription (curative, palliative, suppressive?)

Let us assume that you decide to change the prescription at this point and give another remedy that you had been considering.

After two weeks, the situation is this:

Second Follow-up

The stools have become formed and appear normal. The appetite is better though not normal and the cat must often be hand-fed. There is increased drinking compared to the last report. The mouth is more red and inflamed with very thick and offensive saliva. Client reports the cat is not grooming and stays by itself, sleeping most of the time.

8) What is your assessment of this prescription (and why)?

9) What will you do now — wait longer? Give yet another remedy? Go back to the first prescription? Refer the case?

Case 5

A case of acute diarrhea in a 1-year-old dog. It started after being at the park two days ago and began with malaise, loss of appetite, lassitude and then frequent soft stools. By the second day, there was passage of only liquid, like water, but the third day it changed to passage of watery, dark and very foul fluid from the rectum.

On presentation, the dog was extremely weak, unable to stand, dehydrated and with a fever of 104 ^{0}F. (40 ^{0}C.) Client says that the dog was observed, by the third day, to lie in one place making no effort to get up for elimination. She says that he did best if left quietly, any noise or light seeming to make him uncomfortable and restless.

After narrowing down the choice to Carbo veg. and China off., the decision is made to give one dose of ***China off. 30C.*** Over the next 3 hours he seemed to be better. There were no bowel movements, he was able to (weakly) get up and walk outside, and drank some water. Temperature remained the same (within 0.2 ^{0}F.) However, he then became more weak, as he was before, and just lay limply on the floor. Unfortunately, he just passed another small amount of dark, foul stool.

Your client has called with concern feeling that nothing has been gained as "he's just like he was before". Careful questioning does not reveal any further changes or new symptoms in his condition.

1) What will you do now? Would you repeat the China 30, give a higher potency of this remedy or change to Carbo veg? Explain your decision.

Part 2: Mini Case Work-Ups

Instructions: List the guiding symptoms, those that are characteristic for one or more homeopathic remedies. We are looking for those symptoms that will guide to the remedy selection. Find each of these symptoms in either a repertory or a materia medica. Make note of the reference & page number so when we discuss these cases you will be able to find the reference again. Then choose one remedy you consider to be most applicable to the situation. Indicate potency you would use.

Mini-Case 1

Cat, age 4, with chronic conjunctivitis has a watery discharge that irritates the lids and skin around the eyes. The eyes seem to be very irritated as evidenced by the squinting and rubbing of the eyes that occur when symptoms are aggravated. In spite of repeated treatments the condition keeps returning.

The lips and nose are unusually red in color. The anus is too red and somewhat inflamed. Appetite is poor, with excessive thirst.

The cat is lazy, rarely grooming and not bothering to cover its stools.

Guiding Symptoms | Corresponding Rubric | Ref. & Page No.

Prescription:

Mini-Case 2

Old dog with a nonunion of the tibial epiphysis after an accident several months before. Feet and ears feel cold to the touch compared to the rest of the body. Though there is no evidence of infection the inguinal and popliteal lymph nodes are enlarged on the affected leg. There is occasional pain which seems to be correlated with change of weather or exposure to damp weather. The dog has a tendency to be thin, but the abdomen is normal size and there is no suggestion of marasmus.

Mentally, this is a very cooperative dog, unusual in its willingness to please the client.

[Hint: this remedy will be best found using the Kent repertory.]

Guiding Symptoms | Corresponding Rubric | Ref. & Page No.

Prescription:

Mini-Case 3

Adult cat's paw stepped on accidentally. Though the digits are bruised and sore, no fractures are apparent. After two days, the pain is worse and though the injury is confined to the foot, the upper limb has become sensitive to touch. Instead of becoming less painful, the discomfort has increased beyond what would be expected with this type of an injury.

Guiding Symptoms | Corresponding Rubric | Ref. & Page No.

Prescription:

Mini-Case 4

German Shepherd dog, age 4, has developed anal fistulas. These started as two painful swellings, broke open and discharged bad smelling material. There was a history of large warts on the back of the neck and on front legs which were frequently licked and bled easily. These were removed 6 months before the appearance of anal fistulas. At the time these recent symptoms appeared there was a change of personality—from a sweet temperament to nasty and mean. He cannot be made to behave and afterwards seems completely unconcerned that he has acted badly — going so far as to repeatedly bite anyone who interferes with him.

Surgery was performed 2 weeks ago to remove the fistulas and since then there have been increasingly painful bowel movements — taking an hour or more for the discomfort to subside. Recently, there has been hemorrhage of bright and profuse blood from the anus.

Guiding Symptoms | Corresponding Rubric | Ref. & Page No.

Prescription:

Mini-Case 5

It is summer and a herd of pigs have acute diarrhea. They all have the same symptom — they lie around sluggishly except to occasionally make effort to pass absolutely putrid green liquid stool that gushes out copiously. As you carefully tip-toe through the pen, you can hear gurgling sounds from the abdomen that preceed the bowel movement. A few of the pigs have prolapsed ani.

Guiding Symptoms | Corresponding Rubric | Ref. & Page No.

Prescription:

Part 3: 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 your 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 4: Materia Medica Study

Read these remedies in the materia medica:

Bar-c
Carbo-veg.
Causticum
China
Dulcamara
Graphites
Ignatia
Lachesis
Sepia
Thuja

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, describe an animal condition *from your own experience* where this remedy might have been used (or was used) successfully. Secondly, for each remedy *note another remedy that is closely similar to it* and give at least two characteristics for this other remedy that would make it distinct from this one you are studying.

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 (or other miasms) 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 5: Reading Assignment

Prognosis After Observing The Action Of The Remedy

in *Lectures on Homeopathic Philosophy* by James Kent, MD (chapter 35)

After a prescription has been made the physician commences to make observations. The whole future of the patient may depend upon the conclusions that the physician arrives at from these observations, for his action depends very much upon his observations, and upon his action depends the good of the patient. If he is not conversant with the import of what he sees, he will undertake to do wrong things, he will make wrong prescriptions, he will change his medicines and do things to the detriment of the patient.

There is absolutely but one way, and nothing can take the place of intelligence. If you talk with a great many physicians concerning the observations you have made after giving the remedy you will find that the majority of them have only whims or notions on this subject and see nothing after the prescription is made. *These observations I am going to give you have grown out of much watchfulness, long waiting and watching.* If the homoeopathic physician is not an accurate observer, his observations will be indefinite; and if his observations are indefinite, his prescribing is indefinite.

After The Prescription

It is taken for granted after a prescription has been made, and it is an accurate prescription, that it has acted. Now, if a medicine is acting it commences immediately to affect changes in the patient, and these changes are shown by signs and symptoms. *The inner nature of the disease appears to the physician through the symptoms*, and it is like watching the hands upon the clock. This watching and waiting and observing has to be done by the physician in order that he may judge by the changes what to do, and what not to do.

It is true that the homoeopath is not long in doubt in many instances what not to do. There is always an index that tells him what not to do. If he is sharp and vigilant observer, he will see the index for every case. Of course, if a prescription is not related to the case, if it is a prescription that effects no changes, it does not take long to see what to do; *much patient waiting for a foolish prescription is but loss of time*, and that should be taken into account among the observations. *The observations taken after a specific remedy has been given sufficiently related to the case to cause changes in the symptoms are those of value*.

Evaluating The Changes

The changes are beginning, what are they like, what do they mean, to what do they amount? The physician must know when he listens to the reports of the patient what is going on. *The remedy is known to act by the changing of the symptoms*. The disappearance of symptoms, the increase of symptoms, the amelioration of symptoms, the order of the symptoms, are all changes from the remedy, and these changes are to be studied.

Among the commonest thing that remedies do is to aggravate or ameliorate. The aggravation is of two kinds; we may have an aggravation which is an aggravation of the disease, in which the patient is growing worse, or we may have an aggravation of the symptoms, in which the patient is growing better. *(Note: Kent here is using the term "aggravation" not to mean the homeopathic aggravation that immediately follows the remedy, but the increase of symptoms associated with the beginning of the counter-action.)*

An aggravation of the disease means that the patient is growing weaker, the symptoms are growing stronger; but the true homoeopathic aggravation, which is the aggravation of the symptoms of the patient while the patient is growing better, is something that the physician observes after a true homoeopathic prescription. The true homoeopathic aggravation, I say, is when the symptoms are worse, but the patient says, "I feel better." *(Note: Again Kent is using the term differently than does Hahnemann in the Organon. Notice he is referring to a process of time, "while the patient is growing better" which tells us he is referring to the progression of the counteraction. This way of using the term "aggravation" is one we all fall into doing.)*

We must now go into the particulars concerning these states as to the time and place, as to how the aggravation occurs, as to how the amelioration occurs, as to duration, etc. The aggravations and ameliorations the directions of symptoms and many other things have to come up, and be observed and judgement has to be passed upon them.

First of all, the patient should be the aim of the physician, *his whole idea should be centered upon the patient to determine whether he is improving or declining*. We have to judge by the symptoms to know that this is taking place. Very often the patient will say, "I am growing weaker," and yet you may know that what he says is not true; so certainly can you rely upon the symptoms and their story, which is more faithful than the patient's opinion.

Many times the patient will say, "Doctor, I am so much worse;" and yet your examine into his symptoms and you find that he is really doing very well. Just the moment that he finds out that you are encouraged, he feels better and rouses up and wants to eat. *(Note: This applies to our clients as much as it does to the patient.)*

The Importance Of The Symptoms As A Guide

By the symptoms, also, you can tell when the patient is really weaker and if the symptoms are taking an inward rather than an outward course you will know, even if he is encouraged, that there is no encouragement for him. *We have in the symptoms that which we can rely upon.* In the old school we have nothing but the information of the patient. This is of little account after making a homoeopathic prescription. The symptoms themselves must be corroborated. The patient's opinion must be corroborated by the symptoms. The symptoms do corroborate what the patients say in many instances, but the symptoms are the physician's most satisfactory evidence.

Another general remark needs to be made, namely, that we should know by the symptoms *if the changes occurring are sufficiently interior.* If the changes that are occurring are exterior, the physician must be acquainted with the meaning of them, so that he will know by that whether the disease is being healed from the innermost *or whether the symptoms have merely changed according to their superficial nature.*

Incurable Cases

Incurable disease will very often be palliated by mild medicines that act only superficially, act upon the sensorium, act upon the senses, and, though the hidden and deep-seated trouble goes on and progresses, and is sometimes made worse, yet the patient is made comfortable. So that by the symptoms we can know whether the changes that are occurring are of sufficient depth, so that the patient may recover. The direction that the symptoms are taking is sufficient to tell that, especially in chronic disease.

An example case

A patient walks into the clinic, somewhat stoop-shouldered, with a hacking cough that he has had for a good many years. You judge by his

looks that he has been sick a good while; his face is sickly, he is lean and anxious, he is careworn, he is suffering from poverty and poor clothing and scanty food.

Now, you examine all of his symptoms, and *they clearly indicate that he needs an antipsoric*, for the symptoms are covered by an antipsoric, and from the history of the case you know he has needed it a good while. Upon prolonged examination, the antipsoric you have in mind is strengthened. You now examine his chest, and discover he has not the expansion that he ought to have, and you detect the presence of tuberculosis, and by feeble pulse and many other corroborating symptoms you ascertain that the patient has been steadily declining.

You give the medicine and he comes back in a few days with quite a sharp aggravation of the symptoms; he has an increased cough, he has a night sweat, and he is more feeble. *(Note: See again how Kent is using the word "aggravation" here but it is very clear that by his saying "in a few days" that he is referring not to the immediate homeopathic aggravation, but the response the patient is making to the medicine, the counteraction.)*

Now, the homoeopathic physician likes to hear that; he likes to hear of an exacerbation of the symptoms; but this patient comes back in a week, *and the aggravation is still present, and is somewhat on the increase*, the patient is coughing worse, and the expectoration is more troublesome than ever, his night sweats have been going on; *he comes back at the end of the second week and he is still worse*, and all the symptoms have been worse since he took that medicine. He was comparatively comfortable before he took that medicine, but at the end of the fourth week he is steadily growing worse. There has been no amelioration following this aggravation, and he is evidently declining; he now cannot come to the office for he is so weak.

The First Observation

This, then, will be the first observation—*a prolonged aggravation and final decline of the patient*. What have we done? It has been a mistake, the antipsoric was too deep, it has established destruction. In this state the vital reaction was impossible, he was an incurable case.

The question immediately comes up, what are you to do? Are you not going to give the homoeopathic remedy in such cases? The patient steadily declines. If you are in doubt about such action of the remedies and making the patient worse, you will probably have an undertaker's certificate to sign before long.

In incurable and doubtful cases give no higher than the 30th or 200th potency, and observe whether the aggravation is going to be too deep or too prolonged. There are many signs in the chest in such cases to make a physician doubt whether he will give a deep remedy when organic disease is present. Of course this does not apply when things are only threatening, when you have fear of their coming, but (only) when you are sure of their being present. In the instance given the probability is that the remedy has been given too late, and it has attempted to arouse his economy, but turned to destruction his whole organism. Then begin, in such cases, with a moderately low potency, and *the 30th is low enough for anybody or anything*.

The Second Observation

When the patient does not seem to be quite so bad as the one I have just described, you get him a little earlier in his history before the trouble has gone quite so far, and then if you administer this same very high potency in the same way you will make a second observation. Though the aggravation is long and severe, yet you have a final reaction, or amelioration. *The aggravation lasts for many weeks, perhaps, and then his feeble economy seems to react*, and there is a slow but sure improvement. It shows that the disease has not progressed quite so far; the changes have not become quite so marked.

At the end of three months he is prepared for another dose of medicine, and you see a repetition of the same thing, *and you may know then that the man was on the border land and had he gone further, cure would have been impossible*.

It is always well in doubtful cases to go to the lower potencies, and in this way go cautiously prepared to antidote the medicine if it takes the wrong course.

Then the second observation is, *the long aggravation, but final and slow improvement*. If, at the end of a few weeks, he is a little better and his symptoms are a little better than when he took the dose, there is some hope that finally the symptoms may have an outward manifestation whereby along with prolonged aggravations. *You will find in such a patient there was the beginning of some very marked tissue change in some organ*. We may know by observing the action of a remedy what state the tissues are in, as well as know something about the prognosis for the patient.

The Third Observation

The third observation after administering the homoeopathic remedy is, where the *aggravation is quick, short and strong with rapid improvement of the patient*. Whenever you find an aggravation comes quickly, is short, and has been more or less vigorous, then you will find improvement of the patient will be long. *(Note: Kent here says "comes quickly" but is meaning that the counter-action is established within a relatively short time, a day or two perhaps, instead of the very long period just discussed.)*

Improvement will be marked, the reaction of the economy is vigorous, and *there is no tendency to any structural change in the vital organs. Any structural change that may be present will be found on the surface, in organs that are not vital;* abscesses will form and often glands that can be done without will suppurate in regions that are not important to the life of the patient.

Such organic changes are surface changes, and are not like the changes that take place in the liver, in the kidneys, in the heart and in the brain. *Make a difference in your mind between organic changes that take place in the organs that are vital, that carry on the work of the economy, and organic changes that take place in structures of the body that are not essential to life*.

An aggravation quick, short and strong is one that is to be wished for and is followed by quick improvement. Such is the slight aggravation of the symptoms that occurs in the first hours after the remedy in an acute sickness, or during the first few days in a chronic case. *(Note: Here it is very clear that Kent, by saying "during the first few days in a chronic case" that he is referring to the counter-action of the patient.)*

The Fourth Observation

Under the fourth observation, you will notice a class of cases wherein you will find very satisfactory cures, *where the administration of the remedy is followed by no aggravation whatever*. *There is no organic disease, and no tendency to organic disease*. The chronic condition itself to which the remedy is suitable is not of great depth, belongs to the functions of nerves rather than to threatened changes in tissues. You must realize that there are changes in tissues so marked that the vital force is disturbed in flowing through the economy, and yet so slight that man with all of his instruments of precision cannot observe them.

Under such circumstances we may have sharp sufferings *(Note: As seen in the illness itself)*, but cures may come about without any aggravation. We know then that if there is no aggravation *the potency just exactly fitted the case,* but here you have a course of things that you need not always expect.

Distinguishing the responses of unsuitable remedies from one just right.

Though there is nothing but a true nervous change in the economy after a potency that is not suitable, either too crude, or too high, for

that patient, you will have an aggravated state of the symptoms. In cures without any aggravation we know that the potency is suitable, and the remedy, (is) the curative remedy, provided that the symptoms go off and the patient returns to health in an orderly way.

It is the highest order of cure in acute affections, yet the physician sometimes will be more satisfied if in the beginning of his prescribing he notices a slight aggravation of the symptoms. *(Note: That is, there is evidence that the remedy has caused a change. It is not clear here is Kent if referring to the true homeopathic aggravation or not.)*

The fourth observation then relates to cases in which we have no aggravation, with recovery of patient.

The Fifth Observation

The amelioration comes first and the aggravation comes afterwards is the fifth observation. At times you will see sickly patients, fully as sick as the one I mentioned in the first or second instance, walk into your office and after long study you administer a remedy. The patient comes back in a few days telling you how much better he was immediately after taking the medicine, and now he has three or four days of what appears to be a decided improvement, a prompt action of the remedy.

The patient says he is better, and the symptoms seem to be better; but wait, and at the end of a week or four or five days all the symptoms are worse than when he first came to you. It is not a very uncommon thing in severe cases, in cases of a good many symptoms, to have an amelioration of the remedy come at once; *but whatever you may say, the condition is unfavorable*.

Either the remedy was only a superficial remedy, and could only act as a palliative, or the patient was incurable and the remedy was somewhat suitable. One of these two conclusions must be arrived at, and this can only be done by a re-examination of the patient and by finding out whether the symptoms relate to that remedy.

Sometimes you will discover that the remedy was an error; a further study of the case shows that the remedy was only similar to the most grievous symptoms, that it did not cover the whole case, that it did not affect the constitutional state of the patient, and then you will see that the patient is an incurable one and the selection was an unfavorable one.

It is the best thing for the patient if the symptoms come back exactly as they were, but very often they come back changed, and then you must wait through grievous suffering for the picture; and the patient will wait better if the doctor confesses on the spot that his selection was not what it ought to be, and he hopes to do better next time. It is a strange thing how the patients will have an increase of confidence if the doctor will tell the truth. The acknowledgement of one's own ignorance begets confidence in an intelligent patient.

The higher and highest potencies will act in curable cases a long time. When I say act, I only speak from appearance; I should say they appear to act a long time, for *the remedy acts at once and establishes a condition of order upon the patient, after which there is no use in giving medicine.*

This order will continue a considerable length of time, *sometimes several months*. The patients will get along just as well without any medicine, and get along better without that medicine that helped him than with it.

In curable cases, whose prospects are good, they will go along for a long time, and become very much relieved of their symptoms.

If The Remedy Does Not Act For The Expected Time—The Sixth Observation

Now, if the patient comes back at the end of the first, second and third week and says he has done well, that he has been improving all the time from the CM of Sulphur, but at the end of the fourth week he comes back and says, "I have been running down," the physician must then pass judgment. Has this patient done something

to spoil the action of this medicine? Has he been on a drunk? Has he handled chemical? Has he been in the fumes of Ammonia? No, he has done none of these things.

This condition is really an unfavorable one. *To have a medicine act but a few weeks, whereas it ought to act for months thereafter, will make you suspicious of that patient*. If nothing has taken place to interfere with this medicine in his economy you may be suspicious of this case. *This sixth observation is too short relief of symptoms*. The relief after the constitutional remedy does not last long enough, does not last as long as it ought to.

If you examine the third observation you find that there you have the quick aggravation followed by long amelioration; but in this, the sixth, you have the amelioration, but of too short duration. *In instances where you have an aggravation immediately after, and then a quick rebound, you will never see, absolutely never see, too short an action of that remedy;* or, in other words, too short an amelioration of the remedy. If there is a quick rebound, that amelioration should last; if it does not last, it is because of some condition that interferes with the action of the remedy; *it may be unconscious on the part of the patient, or it may be intentional. (Note: Kent is referring to obstacles that are psychological, that it may be important to the patient to continue to be ill and this unconscious stance will then take precedence over any effect from the remedy.)*

A quick rebound means everything in the remedy, means that it is well chosen, that the vital economy is in a good state, and if everything goes well, recovery will take place.

Acute Cases

In acute cases we may see this too short amelioration of the symptoms; for instance, a dose of medicine given in a most violent inflammation of the brain may remove all the symptoms for an hour, and the remedy have to be repeated, and at the end of that repetition we find only an amelioration of thirty minutes. You make up your mind, then, that patient is in a desperate condition, it is too short an amelioration.

The action of Belladonna in some very acute red-faced conditions is instantaneous. In five minutes I have noticed the amelioration come, but *the best kind of an amelioration is that which comes gradually at the end of an hour or two hours, as it is likely to remain*. If it is too short an amelioration in acute cases, it is because such high grade inflammatory action is present that organs are threatened by the rapid processes going on.

Chronic Diseases

If it is too short amelioration in chronic diseases, it means that there are structural changes and organs are destroyed or being destroyed or in a very precarious condition. These changes cannot always be diagnosed in life, but they are present, and an acute observer, who has been working earnestly for years, will often be able to diagnose the meaning of symptoms without any physical examination whatever, so that he can prophesy as to the patient.

Such experiences of an intelligent physician in a family will cause them to look upon him as wiser than anyone else, for he knows all about their constitutions. *This he acquires by studying their symptoms, the action of remedies upon them, and their symptoms after the medicines have been given*. This enables him to know the reaction of a given patient, whether slow or quick, and how remedies affect each member of that family. This belongs to the physician, and he should be intelligent enough to know something about them when he has been treating them a little while. The old physician is in possession of this knowledge, while the student and the new physician have it all to learn.

The Seventh Observation

Once in a while you will see *a full time amelioration of the symptoms, yet no special relief of the*

patient, which is the seventh observation. There are certain patients that can only gain about so much; there are latent conditions, or latent existing organic conditions, in such patients that prevent improvement beyond a certain stage.

A patient with one kidney can only improve to a certain degree; patient with fibrinous structural change in certain of places, tubercles that have become encysted and lungs capable of doing only limited work, will have symptoms, and these symptoms will be ameliorated from time to time with remedies, but the patient is only curable to a certain extent; he cannot go beyond and rise above such a state.

Remember this after several medicines have been administered, and the amelioration of the case has existed often the full length of time of the remedies, but the patient has not risen above his own pitch in this length of time. The remedies act favorably, but the patient is not cured, and never can be cured. *The patient is palliated in this instance, and it is a suitable palliation for homoeopathic remedies*.

The Eighth Observation

Some patients prove every remedy they get ; patients inclined to be hysterical, overwrought, oversensitive to all things. The patient is said to have an idiosyncrasy to everything, and *these oversensitive patients are often incurable*. You administer a dose of a high potency, and they will go on and prove that medicine, and while under the influence of that medicine they are not under the influence of anything else. It takes possession of them, and acts as a disease does; the remedy has its prodromal period, its period of progress and its period of decline. Such patients are provers, they will prove the highest potencies.

When you find a patient that proves everything you give in the higher potencies go back to the 30th and 200th potencies. Such patients are most annoying. You will often cure their acute diseases by giving them the 30th and 200th potencies. You will often cure their acute diseases by giving them the 30th and 200th, and you will relieve their chronic diseases by giving them the 30th, 200th and 500th potencies. Many of them are born with this sensitivity and they will die with it; they are not capable of rising above this over-irritable and overwrought state.

Such oversensitive patients are very useful to the homoeopathic physician. After they get out of one proving they are quite ready of repeat it or go into another.

The Ninth Observation

The ninth observation is *the action of the medicines upon provers*. Healthy provers *are always benefitted by provings*, if they are properly conducted. It is well to observe carefully the constitutional states of an individual about to become a prover, and to write these down and subtract them from the proving. These symptoms will not very commonly appear during the proving; if they do, note the change in them.

The Tenth Observation

The tenth observation relates to *new symptoms appearing after the remedy*. If a great number of new symptoms appear after the administration of a remedy, the prescription will generally prove an unfavorable one. Now and then the coming of a new symptom will simply be an old symptom coming up that the patient has not observed, and thinks it a new one.

The greater the array of new symptoms coming out after the administration of a remedy, the more doubt there is thrown upon the prescription. The probability is, after these new symptoms have passed away, the patient will settle down to the original state and no improvement take place. It did not sustain a true homoeopathic relation.

The Eleventh Observation

The eleventh observation is *when old symptoms are observed to reappear*. In proportion as old symptoms that have long been away return

just in that proportion the disease is curable. They have only disappeared because newer ones have come up. *It is quite a common thing for old symptoms to appear after the aggravation has come*, and hence we see the symptoms disappearing in the reverse order of their coming. Those symptoms that are present subside, and old symptoms keep coming up.

The physician must know himself that the patient is on the road to recovery, and it is well to say to the patient that this is encouraging; that diseases get well from above downwards, etc. Old symptoms often come back and go off without any change of medicine. *It indicates that the medicine must be let alone*. *If the old symptoms come back to stay then a repetition of the dose is often necessary*.

The Twelfth Observation

We will notice sometimes that *symptoms take the wrong direction*. For instance, if you prescribe for a rheumatism of the knees or feet, or for a rheumatism of the hands, and relief takes place at once in the rheumatism of the extremities, but the patient is taken down with violent internal distress that settles in the region of the heart, or centres in the spine, you see at once a transference has taken place from circumference to centre, and *the remedy must be antidoted at once*, otherwise structural change will take place in that new site.

When diseases go from centre to circumference, going out from the centres of life, out from the heart, lungs, brain and spine, out from the interiors, upon the extremities, it is well. So it that we find most gouty patients get along best when their fingers and toes are in the worst condition. To prescribe for this, and see the heart symptoms grow worse is a most uncomfortable state of affairs, for it is attended with a gradual downward tendency. Eruptions upon the skin and affections in the extremities are good signs.

I remember one time I was discharged from a violent old woman with quite a considerable amount of Billingsgate, who told me that when she called me in she could walk about, and now her ankles were swelled up with rheumatism so that she could not move. *(Note: The word "Billingsgate" according to the Merriam-Webster Dictionary, is "coarse, abusive language". It comes from the name of a fish market in London, England.)* That patient got another doctor, but soon died.

There is great danger in selecting a remedy on external symptoms alone, i. e., selecting a remedy that corresponds only to the skin and ignoring all the symptoms that the patient may have, ignoring the whole economy and general state of the patient; because it is true that the remedy that is related to the skin alone may drive in that skin disease and cause it to disappear while the patient himself is not cured. *Such a patient will remain sick until that eruption comes back again or locates in another place.*

Questions on Reading Assignment

From Reading of Chapter 35 in Kent's Lectures on Homeopathic Philosophy — on the prognosis after the remedy action. Can also reference the corresponding lecture notes in your handout on page 13 of the Prescription Evaluation Section.

1. What is it that Kent says that, once we have given our prescription and assuming that it is a carefully determined prescription, we can take for granted?

2. After a remedy has been given, in terms of evaluating that prescription, what information is of value?

3. What are the two kinds of aggravations? Contrast them in your answer.

4. If we are evaluating a patient that is returning after a prescription, we have several sources of information available. We have the client's report and evaluation, we might have the evaluation of another veterinarian, we have the symptoms in the case, we may have laboratory data, and we have your perception of the appearance of the animal. In all of this, what is the most important and reliable evidence as to the progress of the case? Why?

5. As we treat our patient and observe the action of the medicines, how will we know if the case is incurable?

6. Kent gives 12 possible responses that will follow from administration of a remedy homeopathic to the case. In the responses that are listed below, give the meaning or interpretation in terms of evaluation of the prescription and of the patient.

a) Several new symptoms appear:

b) The relief of symptoms is too short in an acute disease:

c) The relief of symptoms is too short in a chronic case:

d) A long aggravation but finally a slow improvement:

e) The patient is greatly helped or cured, yet there was no aggravation:

f) There is a prolonged aggravation with final decline of the patient:

g) The aggravation is quick, short, and strong with rapid improvement of the patient:

h) There is amelioration of the symptoms, but no improvement of the patient:

i) Old symptoms reappear:

j) There is an initial amelioration and then aggravation:

k) The patient develops many of the symptoms of the remedy, new symptoms not seen before. This continues on just as if it were a disease with a beginning, full development and then a decline in the symptoms:

l) The symptoms change, affecting more interior organs or moving upwards towards the head:

7. What is the best type (most favorable indication) of amelioration in an acute disease?

8. What is the best type (most favorable indication) of amelioration in a chronic disease?

9. If we have what appears to be a very favorable response to the prescription—an aggravation with quick improvement of the patient—what is the significance if the improvement does not last very long?

10. What is the problem with prescribing on the basis of an external symptom only?

Part 6: Study Material

Study this material. If any questions, or concepts not clear to you, then use the student 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 15–16.*
2. *This handout, Theory & Principles Section, pages 41–60.*
3. *This handout, Making A Prescription Section, pages 79–102.*
4. *This handout, Prescription Evaluation Section, pages 5–19.*
5. *This handout, Materia Medica Section, pages 23–34.*
6. *This handout, Case Study Section, pages 109–164.*
7. *This handout, Business Forms Section, pages 27–29.*
8. *Kent's Lectures On Homeopathic Philosophy:*

❑	Lecture XXX	Individualization (pages 251–254).
❑	Lecture XXXI	Characteristics (pages 255–260).
❑	REVIEW Lecture XXXII	The Value of Symptoms (pages 261-267, *Review from M2)*
❑	Lecture XXXIII	The Value of Symptoms*, Continued* (pages 270–276). *Note the discussion of grading is opposite to the grading in the actual repertories.*
❑	Lecture XXXIV	The Homeopathic Aggravation (pages 277–288).
❑	Lecture XXXV	Prognosis after Observing the Action of the Remedy *[Homework Part 5: READING ASSIGNMENT]*
❑	Lecture XXXVI	The Second Prescription (pages 305–314).
❑	Lecture XXXVIII	Essentials of Successful Repertorisation (pages 318–323).

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

❑	Chapter VIII	The Similimum (pages 50–52).
❑	Chapter IX	The Second Prescription (pages 53–58).
❑	Chapter X	Hahnemann's Nosology (meaning the classification of diseases).

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

❑	Chapter 7	Susceptibility Reaction & Immunity (pages 95 -107)
❑	Chapter 16	The Logic of Homeopathy (299-331)

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

❑	Chapter 17	Susceptibility (pages 148–155).