

Faculty of Homeopathy

**VETERINARY LFHOM EXAMINATION
Guidelines 2019**

Contents

SECTION 1

1. The examination.....	3
2. Entry criteria.....	7
3. LFHom qualification.....	7
4. Faculty-accredited training.....	8
5. Faculty membership.....	8
6. Results.....	8
7. Aims and scope of the examination	8
8. Limits of competence defined by the curriculum.....	8
9. Regulation of standards and safety.....	9
10. Further study.....	9
11. Practical details.....	9
- Overseas students.....	9
- Withdrawals.....	9
- Transfers.....	10
- Re-sitting the examination.....	10
- Applying for membership.....	10
- Faculty contact details.....	10

SECTION 2

A. Veterinary LFHom Examination syllabus outline.....	11
B. Materia medica A-Z.....	13
C. Sample case history.....	17
D. Sample questions.....	21
E. Further information.....	23

Faculty of Homeopathy

VETERINARY LFHOM EXAMINATION

SECTION 1

Introduction

This document provides information on entry qualifications and the procedure for examination applications, how you will be tested, on what you will be tested and how your performance will be assessed.

Please note that a **good standard of general veterinary medicine and veterinary practice will be expected of candidates** and some parts of the examination will test this aspect of your knowledge and understanding.

The Faculty of Homeopathy is the regulation body for statutorily registered health care and veterinary professionals in the UK. It sets the academic standards, devises curricula and administers examinations. The Faculty-accredited teaching centres are independent enterprises that provide teaching and guidance to students who aspire to the Faculty's qualifications.

1. The examination

The Veterinary LFHom Examination [LFHom(Vet)] is a foundation examination for statutorily registered veterinary surgeons and veterinary nurses (or holders of equivalent qualifications, recognised by the Faculty of Homeopathy) which entitles successful candidates to be elected as Licenced Associates of the Faculty of Homeopathy. If you commenced training prior to autumn 2006 then please contact the Faculty Membership & Education Officer.

The examination consists of two parts. Part I is the submission of three case histories (see below). Part II consists of 120 multiple-choice questions. Candidates are given up to two hours to complete Part II of the examination.

Three case histories must be presented, showing typical examples of the candidate's day-to-day practice work. The candidate should attempt a critical evaluation of each. They may be submitted on paper or in electronic form. The deadlines for the submission of case histories and applications for the written paper are stated on the examination application form and the examination calendar for the current year. Candidates must submit case histories of a suitable standard before being invited to proceed to the written examination.

In order to conserve paper and to reduce Faculty administration, candidates are encouraged to use electronic means of submission.

The Case Book (paper submission)

- a) A4 paper should be used.
- b) The casebook should be held together by a convenient method (such as treasury tags) that ensures secure assembly of the papers. All pages should be numbered to ensure that if casebooks are photocopied the pages can be reassembled easily.
- c) Two identical copies should be submitted.
- d) The whole presentation should be prefaced by an informative index of cases, which makes it easy for the examiner to obtain an overview of clinical spread and species representation (including

case number, patient's name, owner ID, species, presenting problem, final prescription and page number).

- e) All cases should be typed in double line spacing with wide margins.
- f) All cases should be separately numbered.
- g) No information provided in the body of the case book should give away the candidate's identity to the examiners.
- h) The last page of the presentation shall consist of a declaration that the work has been undertaken by the candidate in the words: "I declare that the cases presented here are a record of my own work and management and I agree to their retention, use and possible publication by the Faculty of Homeopathy for educational purposes."
- i) The above statement should be followed by the signature of the candidate and the date. The candidate's name should not be mentioned in any other part of the document, in order to ensure anonymity during marking.

Please do not bind case histories as they may need to be photocopied.

The Case Book (electronic submission)

- a) Case books should be submitted by email
- b) A4 paper format should be used throughout (processed in Microsoft 'Word' or equivalent).
- c) The whole presentation should be prefaced by an informative index of cases, which makes it easy for the examiner to obtain an overview of clinical spread and species representation (including case number, patient's name, owner ID, species, presenting problem, final prescription and page number).
- d) All cases should be typed in double line spacing, with wide margins.
- e) All cases should be separately numbered.
- f) No information provided in the body of the case book should reveal the candidate's identity to the examiners.
- g) The last page of the presentation shall consist of a declaration that the work has been undertaken by the candidate in the words: "*I declare that the cases presented here are a record of my own work and management and I agree to their retention, use and possible publication by the Faculty of Homeopathy for educational purposes.*" **Do not sign this or provide your name on the document.**

This declaration document should also be printed in hard copy, which should be signed and dated by the candidate, scanned in and emailed to the Membership & Education Officer with your cases. The candidate's name should not be mentioned in any part of the electronic document in order to ensure anonymity during marking.

Choice of cases

- a) Candidates should choose **three** animal patients illustrating differing clinical diagnoses with investigations, homeopathic medicines and methods of management.
- b) Examples from at least **two** species of common domestic animal must be included.
- c) The cases can be acute or chronic and they should **only** be included if they illustrate important homeopathic therapeutic principles.
- d) Unsuccessful cases are as acceptable as successful ones, where they demonstrate a good understanding and reasoning of therapeutic principles and patient care and the candidate's ability to learn lessons and develop, irrespective of outcome.
- e) Cases in which the advice of a tutor or another colleague has been obtained can properly be included, if that involvement is clearly recorded but, generally, the management should be by the candidate alone.
- f) Human cases will not be accepted.

Each case should indicate:

- a) Species.
- b) The patient's name/number and owner's initials or some other coding for identification. Anonymity should be preserved, so that a client, animal or candidate cannot be identified, either by name or circumstance.
- c) Breed, sex (state whether entire), date of birth, age on presentation, colour/markings, purpose for which kept by owner.
- d) Details of the presenting problem.
- e) The full history, notes on clinical examination and results of investigations necessary for the establishment of a clinical diagnosis and a homeopathic prescription.
- f) The name of the repertory used, where applicable.
- g) Choice of rubrics and reasons, with the page numbers of the repertory used (not necessary for every case – e.g. for an acute patient). (Computer analysis is acceptable, subject to similar constraints.)
- h) An account of the process and rationale of homeopathic medicine selection, to the best of the candidate's ability at this level of training.
- i) History of the subsequent management.
- j) Brief discussion of the reasons for the particular homeopathic management subsequently undertaken.
- k) The presentation of each case should end with an appraisal of the results of the treatment given and of the management employed, to the best of the candidate's ability at this level of training.

- l) Case histories should be presented in a clear and ordered manner. The pattern we offer in the examples is **not the only way** in which to present cases. Individuality is encouraged as long as certain criteria are satisfied. Clearly, the presentation should include all required information, demonstrate the usual practice and customary working method of the candidate and enable the examiner to satisfy himself/herself as to the level of competence and understanding of the candidate.

Please see Section 2C (pages 17-20) for an example case history that illustrates an acceptable format. It is emphasised, however, that the format and style of required presentation is not rigid. Candidates are encouraged to present their cases in a style that adequately represents their own way of working in the clinical situation.

Assessment

Case histories will be assessed by the Veterinary Dean in consultation with other examiners as appropriate and will count towards the candidate's overall examination performance. The examiners need to be satisfied that the case histories demonstrate an adequate standard on all points, demonstrating development of homeopathic rationale and methodology. If the case histories are not considered satisfactory, the candidate will not be invited to proceed to the remainder of the examination. In this case 70% of the examination fee will be refunded.

The criteria listed below will be used by the Faculty when judging case histories submitted by Veterinary LFHom Examination candidates. You are advised to use these criteria to augment the example given in Section 2C.

Within a flexible framework, a good case study should:

- a) Be complete - that is sufficiently comprehensive in respect of the presenting problem.
- b) Discuss the tests and investigations performed and whether more might be appropriate and the rationale behind the suggestions.
- c) Demonstrate competence in conventional clinical investigation and management.
- d) Show the quality of rapport with the client and awareness of non-verbal cues from the patient.
- e) Clearly identify key symptoms (signs) and their relative importance.
- f) Emphasise the individualising characteristics of the patient, the illness and the case.
- g) Show appropriate symptom selection for case analysis or repertorisation.
- h) Demonstrate appropriate use of the repertory and/or materia medica, to the best of the candidate's ability at this level of training.
- i) Include appropriate and intelligent discussion of the differential diagnosis of the homeopathic prescription, to the best of the candidate's ability at this level of training.
- j) Explain clearly the rationale employed for the choice of medicine, potency and dosage regime, to the best of the candidate's ability at this level of training.
- k) Demonstrate intelligent follow-up.
- l) Provide intelligent and critical appraisal of the case and its management, to the best of the candidate's ability at this level of training.

Ownership

Case histories presented in Part 1 of the examination will become the property of the Faculty of Homeopathy. The Faculty reserves the right to publish any of these, for educational purposes, in any of its publications. Should a submitted case history be published, it will be closely scrutinised and, if necessary, slightly altered, to ensure the absolute anonymity of candidate, client and animal.

Through its Academic Board, the Faculty of Homeopathy monitors the standard of the examination and curriculum. The Academic Board includes representatives of all Faculty-accredited teaching taking place in the UK – currently Bristol, Belfast and London.

NB: The examination forms part of the training path leading to the VetMFHom qualification and is an essential prerequisite for application to that examination. Any case histories accepted as of the requisite standard for this examination will count towards those required for the VetMFHom examination.

2. Entry criteria

The Veterinary LFHom Examination is open to veterinary surgeons who hold a professional qualification that is registrable in the UK. However it may also be taken by a student engaged on a course leading to such a qualification. When applying to sit the examination **it is the candidate's responsibility to provide the Faculty with the appropriate professional registration details.**

The examination is designed to be taken at a stage to suit the candidate, subject to sitting dates, following the first year of Faculty-accredited training. However this is advisory information only and the examination may be taken at any stage of homeopathic training (see section 4 below).

3. LFHom qualification

Candidates who pass the Veterinary LFHom Examination [LFHom(Vet)], provided they are fully qualified as veterinarians or veterinary nurses, can apply to become a Licenced Associate of the Faculty of Homeopathy. Once elected, the candidate may use the letters LFHom(Vet) and LFHom (Vet Nurse).

Success in the examination denotes a basic level of achievement only. It does not equip the candidate to practise beyond the limited range of applications described in the syllabus below. At all times the candidate is also required to practise homeopathy within the bounds of competence appropriate to the candidate's registered profession.

Candidates will be expected to demonstrate safe and ethical principles and a good standard of practice of modern veterinary medicine at all times. The examination will judge candidates not only according to sound homeopathic knowledge and understanding but also according to best veterinary or veterinary nursing practice.

When deciding upon the depth of teaching (and study) of materia medica, it should be borne in mind that, in the examination, emphasis will be placed upon acute, local or pathological properties and indications for use of the medicines. Their use in chronic disease or in constitutional prescribing will not be an important aspect of study. It will be impossible, however, to shield a practising veterinary surgeon from public demand for help in chronic disease. A basic understanding of the nature of chronic disease and its treatment will therefore be required. It should be made clear in teaching, nonetheless, that the proper handling of chronic disease with homeopathy is best achieved by referral to a colleague holding the VetMFHom qualification.

4. Faculty-accredited training

The examination is based upon the syllabus studied in the first 12 months of Faculty-accredited veterinary courses. While not obligatory, it is recommended that the candidate will have to have completed at least the Foundation course or equivalent, to avoid the risk of failure in the examination.

5. Faculty membership

If the successful candidate is elected as a Licenced Associate, continued use of the qualification LFHom(Vet) or LFHom(VetNurse) depends upon fulfilling these two requirements:

- (i) continued maintenance of Faculty membership
- (ii) fulfilment of the Faculty's Continuing Professional Development requirement.

6. Results

After the examination, the Faculty of Homeopathy will inform the candidate of (i) the mark achieved and (ii) whether that constitutes a pass or a fail. Results are sent by email within a maximum of one month of the examination. **Results cannot be given out by telephone or in person.**

In case of appeal, applications must be addressed to Education & Quality Officer, Faculty of Homeopathy, CAN Mezzanine, 49-51 East Road, London, N1 6AH or sent by email to education@facultyofhomeopathy.org within one month of receipt of marks.

7. Aims and scope of the Veterinary LFHom Examination

- to provide a basic introductory qualification in veterinary homeopathic principles and practice
- to encourage enrolment on Faculty-accredited veterinary homeopathic courses
- to provide a tangible goal for first or second year students
- to provide an early opportunity for students to assess their own progress in homeopathic training and development
- to demonstrate to the public a commitment to veterinary homeopathic study and a basic grasp of the subject
- to act as an incentive to continuing study and as a stepping-stone towards the VetMFHom examination
- The candidate will understand:
 - what homeopathy is
 - what it can achieve
 - what its limits are
 - how it integrates with contemporary health care
 - when a patient would benefit from referral to a specialist
 - how to use homeopathy in most of the clinical situations they may encounter in normal day-to-day veterinary care.

Further details can be found on pages 11-12.

8. Limits of competence defined by the curriculum

The Faculty wishes to make clear to all Veterinary LFHom Examination candidates the levels of skill and competence required and those areas of activity which it will not endorse.

- Candidates who pass the examination will be deemed to have a basic preliminary grasp of homeopathic philosophy, principles and practice as they apply to veterinary medicine and surgery.
- Candidates will not be expected to deal with chronic cases and constitutional prescribing unless they are enrolled in further Faculty-accredited veterinary training and receiving guidance from a

named veterinary tutor who holds the VetMFHom or higher qualification. (See also section 9 below, which will apply whether the candidate is under supervision or not.)

- Successful candidates will NOT be in a position to invite or to take 'referrals' from other veterinary practices and such activity is not permitted at LFHom(Vet) level.
- The examination is restricted to small animal practice. While prescribing for other species is not excluded for the candidate it is advised that further study be undertaken to enable competence in the more specialised field of large animal and equine practice, which is a necessary part of the Veterinary Membership curriculum.
- The Faculty does not support the practice of human medicine by its veterinary members and veterinary certificate holders.

9. Regulation of standards and safety

If the successful candidate is elected as a Licenced Associate LFHom(Vet) the Faculty will promote safety and quality of clinical care by requiring adherence to certain professional standards and observance of the normally recognised limits of practice and competence of the veterinary profession or veterinary nursing profession. The successful candidate is also bound to practise within the limits of his or her homeopathic competence.

In the case of any breach of the above, the Faculty may implement its disciplinary procedures, without prejudice to those of the RCVS. The Faculty may withdraw the Licenced Associateship.

10. Further study

The Veterinary LFHom exam is limited to familiarisation with homeopathy and targeted clinical competence. For those who wish to move from the position of informed basic care towards the goal of more advanced clinical practice, this level of qualification can be used as the first step in on-going training. Veterinarians may study towards the Faculty's membership examination and, if successful, use the qualification VetMFHom, of which this examination is a qualifying criterion.

For further information please contact the Faculty of Homeopathy at the address below.

11. Practical details

Administration is undertaken by the Faculty and queries, application forms and fees should be directed to the Faculty Membership & Education Officer at education@facultyofhomeopathy.org or Faculty of Homeopathy, CAN Mezzanine, 49-51 East Road, London, N1 6AH. **Application forms must be submitted by the published closing date.**

The examination is held at Faculty accredited teaching centres in the UK and at various locations overseas, by arrangement with the Faculty. Examination sittings and closing dates for applications are listed in the Faculty examinations calendar, which is on the Faculty website www.facultyofhomeopathy.org or by contacting the Membership & Education Officer at education@facultyofhomeopathy.org.

Overseas students

Candidates whose first language is not English will be allowed to use a foreign language dictionary. The dictionary will be scrutinised by the invigilator before the examination.

Withdrawals

Notice of withdrawal from the examination must be given by email to the Membership & Education Officer at the Faculty of Homeopathy. The examination fee (minus a 50% administrative charge) will be refunded if notice of withdrawal is received up to 30 days before the examination is due to take

place. No other refunds will normally be made. The Faculty will consider refund on withdrawal because of certified illness or other extenuating circumstances.

Transfers

An application may be transferred to a future sitting, provided that the Faculty has been notified in writing before the published closing date for return of applications. A 10% administrative fee will be charged. Candidates may not transfer their application more than once.

Re-sitting the examination

Candidates who fail the Veterinary LFHom Examination may re-sit it by arrangement with the Faculty and the relevant teaching centre. Candidates are limited to no more than four attempts at the examination unless they can provide good reasons for further attempts and they are supported by their teaching centre. Please note that candidates who, for good reason, were prevented from sitting the Veterinary LFHom Examination, will be allowed to take the examination at the next available sitting. The reason for absence, together with a recommendation from the relevant teaching centre is required. Candidates who re-sit the examination pay a reduced examination fee.

Applying for membership

All candidates who pay the full examination fee will be given one year's free membership of the Faculty of Homeopathy. A separate fee is due to maintain LFHom(Vet) status annually.

Faculty contact details

Faculty of Homeopathy, CAN Mezzanine, 49-51 East Road, London, N1 6AH Tel: 020 3640 5903
Website: <http://www.facultyofhomeopathy.org>

SECTION 2

A. Veterinary LFHom Examination syllabus outline

It is expected that this syllabus will be covered in the first 12 months of Faculty-accredited courses. However, it is the student's responsibility to ensure that he/she has covered the specified subject matter, prior to the examination and the teacher's or tutor's help should be sought where any deficit is perceived to exist. This syllabus specifies the learning objectives required for a basic level of knowledge, understanding and skill in veterinary homeopathy in the following areas:

1. The philosophy, principles and practice of homeopathy in relation to veterinary medicine and its safe and ethical delivery in veterinary practice. There should be a good grasp of veterinary legal, ethical and jurisprudential aspects, along with patient safety and welfare considerations. (In general, this part of the syllabus will refer to a UK setting. If the situation differs widely in another examining country, this should be addressed prior to the examination, to ensure that overseas candidates are not disadvantaged).
2. The method of applying homeopathy successfully as described in §3 of the Organon, and the practical implications of §3.
3. A basic understanding of the tools of patient individualisation, including modalities and the hierarchy of signs/symptoms.
4. The concept of extrapolation from observations of patient behaviour to symptoms of the mind as found in the repertory or materia medica.
5. The principles and methodology of repertorisation, using Synthesis as the basic model. Other repertories will be recognised if a candidate requires this facility.
6. The meaning of the terms homeopathy, isopathy, allopathy, tautopathy and antiopathy.
7. The *scope* and the *limitations* of homeopathy in veterinary practice. The assessment of what is to be cured (or treated) in a patient, what governs the ability to produce a cure and what cannot be cured.
8. The ability to represent this to the public and to colleagues.
9. The meaning of the terms health, disease and cure.
10. The homeopathic understanding of disease process and of the pathogenesis and evolution of the illness, incorporating aetiological considerations.
11. The principles of direction and order of cure (Hering's Law), in a veterinary context, and the practical implications of this, both for the patient and for the first and second consultations.
12. The concept of the homeopathic aggravation, its implications and its explanation to clients and colleagues.
13. The concept of organ medicines and their application, as specified on pages 13-16.
14. Application of homeopathy in first-aid and trauma situations, as commonly encountered in veterinary practice; all the usual first-aid medicines and their application in shock, trauma, bites, stings, fractures, wounds, abrasions, burns, scalds, intervertebral disc prolapse, eye injuries etc.
15. Application of homeopathy in support of surgical patients, especially with respect to preoperative preparation, anaesthesia, trauma, surgical or postoperative complications and anticipatory anxiety.
16. The basic principles of veterinary herd/group medication and an understanding of the implications

of this type of work; the application of homeopathic principles to groups of animals rather than to individuals; the techniques that need to be applied and the compromises that must be made.

17. The particular needs of the organic farming community.
18. The nature of nosodes, their relationship to homeopathic principles and their role in homeopathic therapeutics. This will include the definition of a nosode, awareness of the various types of nosodes and the use of nosodes in individuals, herds or groups for treatment and for prevention.
19. The distinction between acute disease, chronic disease and acute manifestations of chronic disease.
20. The basic concept of miasms, their significance and their implications for understanding susceptibilities to disease, disease processes and patterns of signs and symptoms. Only Psora, Syphilitis, Tuberculosis and Cancer are considered in this syllabus.
21. The concept of constitution; its application and limitations in basic-level veterinary practice.
22. The doctrine of signatures as a useful 'aide memoire' in homeopathic prescribing.
23. Recognition of the need for and the appropriate procedure for referral to a veterinarian with deeper knowledge, in difficult cases.
24. Homeopathic pharmacy and its terminology. The techniques for the preparation of animal, plant and mineral materials, both soluble and insoluble.
25. The concept of potency, in homeopathic terms. The nature and safe and appropriate use of decimal, centesimal and LM potencies; Hahnemannian and Korsakovian methods.
26. Methods of storage and dispensing of homeopathic medicines.
27. The particular challenges presented by the veterinary application of homeopathy with regard to the delivery of medication to the patient and how to overcome these in all likely practical scenarios.
28. The application of these principles and methods to all common species of farm, equine and pet animals.
29. The 'political' implications of introducing homeopathy into a group veterinary practice, whether as an employee or as a partner, in order to ensure both optimal animal welfare and sustainable practice harmony.
30. The basic principles of the interaction and relationship of homeopathic medicine with conventional medicine.
31. The materia medica of the list of medicines on pages 13-16, in outline detail, as described in the general rubric and in the specifications in that section. The homeopathic medicines listing on pages 13-16 of this document represents the basic materia medica requirement for the examination.

B. Materia medica A-Z

Local and acute indications apply, unless otherwise specified. The list has been devised to represent a useful and sufficient selection of medicines as required to conduct acute-medicine and basic farm veterinary practice.

MEDICINE	APPLICATION
ACONITUM NAPELLUS	Acute indications, esp. in relation to fevers, aetiologies, modalities, eye conditions, respiratory problems, hæmorrhage, shock, stress, distress
ALLIUM CEPA	Nasal & URT signs/symptoms, modalities
ANTIMONIUM TARTARICUM	Upper and lower respiratory symptoms, warts
APIS MELLIFICA	First-aid indications, œdema, urticaria, synovitis, pulmonary congestion of cardiac origin, thirst, female indications, modalities
ARGENTUM NITRICUM	Anticipatory anxiety, acute eye conditions, diarrhœa, aetiologies, D & A*, modalities
ARNICA MONTANA	First-aid indications, mentals, aetiologies, antiseptic capability
ARSENICUM ALBUM	Constitutional keynotes, restlessness, diarrhœa, vomiting, gastro-enteritis, dysentery, urticaria, thirst, D & A*, periodicity, modalities
BACILLINUM	Ringworm
BARYTA CARBONICA	Lymphadenopathy and developmental issues
BELLADONNA	Acute conditions, mentals, modalities, eye signs/symptoms, fevers, head signs/symptoms, thirst, general appearance and properties of conditions
BELLIS PERENNIS	Injuries, post-natal
BERBERIS	Lithiasis, neck and spine signs/symptoms, liver and kidney organ support
BOVISTA	Facial and cranial œdema
BRYONIA	Modalities, rheumatism, arthritis, respiratory signs/symptoms, serositis, mastitis, mentals
CACTUS GRANDIFLORUS	Cardiac indications
CALCAREA CARBONICA	Constitutional keynotes, warts, skeletal implications, D & A*, modalities
CALCAREA FLUORICA	Developmental & skeletal indications, glands
CALCAREA PHOSPHORICA	Developmental & skeletal indications, constitutional keynotes
CALCAREA SULPHURICA	First-aid applications & pathological indications

MEDICINE	APPLICATION
CALENDULA OFFICINALIS	First-aid applications and antiseptic properties
CANTHARIS VESICATORA	Cystitis, first-aid applications
CARBO VEGETABILIS	First-aid applications, modalities, collapse, 'corpse reviver'
CAULOPHYLLUM	Birth process
CARDUUS MARIANUS	Liver organotherapy
CAUSTICUM	Nerve injuries and diseases, constitutional keynotes, warts, intertrigo, lead poisoning, modalities
CHAMOMILLA	Mentals, pain, teething
CHELIDONIUM	Liver, jaundice, modalities
CINCHONA OFFICINALIS	Diarrhoea, fevers, dehydration, debility, dyscrasias
COCCULUS	Vertigo, travel
COLCHICUM AUTUMNALE	Arthritis, bloat, diarrhoea, modalities
COLOCYNTHIS	Colic, pain
CONIUM MACULATUM	Hindquarters indications, corneal ulceration, mastitis
CRATAEGUS	Cardiac use
DROSER A	Respiratory, modalities
ECHINACEA	Immune implications, septic states
EUPHRASIA	Eye conditions, nasal signs/symptoms, modalities, aetiologies
FERRUM PHOSPHORICUM	First-aid applications, fevers etc
GELSEMIUM	Mentals, generals, influenza, stifle signs/symptoms
GLONOINIUM	Heat stroke, heat stress, hyperthermia
GRAPHITES	Discharges in skin complaints, constitutional keynotes, modalities
HAMAMELIS VIRGINICA	First-aid applications and hæmorrhage indications
HECLA LAVA	Exostoses, splints, bone and tooth disease
HELLEBORUS NIGER	Head injury
HEPAR SULPHURIS	Septic indications, wet eczema, mentals
HYPERICUM	Nerves, injuries, pain, photosensitisation

MEDICINE	APPLICATION
IGNATIA	Mentals
IPECACUANHA	Respiratory signs/symptoms, gastro-intestinal signs/symptoms, hæmorrhage characteristics and application
KALI BICHROMICUM	Secretions and discharges, URT signs/symptoms, eyes
KALI CARBONICUM	Pain, post-partum debility, twinning debility (bovine), Constitutional keynotes
KALI IODATUM (HYDRIODICUM)	Infections, local/pathological indications: actinobacillosis, 'New Forest eye'
KALI SULPHURICUM	Discharges, skin symptoms
KALMIA LATIFOLIA	Lameness, originating in proximal limb or neck
LACHESIS	Mentals, constitutional keynotes, female indications, appearance of lesions, hæmorrhage indications, modalities
LEDUM	Arthritis, first-aid applications, appearance of lesions
LILIUM TIGRINUM	Female indications, modalities
LYCOPODIUM	Constitutional keynotes, liver, modalities, respiratory, gastro-intestinal
MAGNESIUM PHOSPHORICUM	Metabolic and musculo-skeletal indications
MERCURIUS CORROSIVUS	Eyes, gastro-enteritis, modalities
MERCURIUS CYANATUS	Calf diphtheria
MERCURIUS SOLUBILIS	Sepsis, hot spots/wet eczema, infections, eyes, gastro-enteritis, modalities
NATRUM MURIATICUM	Constitutional keynotes, grief, D & A*, modalities
NATRUM SULPHURICUM	Head injuries, diarrhœa, modalities
NITRICUM ACIDUM	Local/pathological indications, pain characteristics
NUX VOMICA	Constitutional keynotes, liver, PID, spasm, modalities, ætiologies
OPIUM	Post-operative application
PETROLEUM	Travel, modalities
PHOSPHORICUM ACIDUM	Young animals, diarrhœa, modalities
PHOSPHORUS	Constitutional keynotes, D & A*, hæmorrhage indications, dysentery, respiratory signs/symptoms, vomiting, thirst, modalities
PHYTOLACCA	Glands, mastitis, arthritis, pharyngeal signs/symptoms

MEDICINE	APPLICATION
PLUMBUM METALLICUM	Paresis, nerves, colic, kidney indications
PODOPHYLLUM	Diarrhoea, portal congestion
PSORINUM	Indications in skin disease, modalities
PULSATILLA	Constitutional keynotes, female/male indications, D & A*, secretions, thirst, modalities
PYROGENIUM	Fever, sepsis
RHUS TOXICODENDRON	Rheumatism, arthritis, muscles, skin, thirst, modalities
RUTA GRAVEOLENS	First-aid, fibrous tissue e.g. bones, joints, ligaments, aponeuroses, eyeball
SABAL SERRULATA	Prostate
SABINA	Female indications, warts
SARSAPARILLA	Urinary
SECALE CORNUTUM	First-aid (esp. hæmorrhage, circulation) applications, pathology/toxicology, womb, lactation
SEPIA	Constitutional keynotes, female indications, skin indications, prolapse, modalities
SILICA	Constitutional keynotes, mastitis, first-aid applications, pathology
SPONGIA TOSTA	Respiratory and cardiac indications
STAPHISAGRIA	Trauma and insult (physical, mental, emotional, surgical), mentals, ætiologies
SULPHUR	Constitutional keynotes, skin indications, D & A*, mastitis, modalities
SYMPHYTUM OFFICINALE	First-aid applications, bone, eye local/pathological indications
TARENTULA CUBENSIS	Sepsis, fever, appearance of lesions
THUJA OCCIDENTALIS	Warts, secretions, modalities, use in vaccinosis
TUBERCULINUM BOVINUM	Respiratory indications, mastitis, constitutional keynotes
URTICA URENS	Lactation, mastitis, urticaria, first-aid applications, modalities
THE NOSODES FROM MATERIA MEDICA	A knowledge of the existence of these medicines and a superficial knowledge of them and their application will be required (without prejudice to any special mention in the list above)
THE 'BOWEL NOSODES'	A knowledge of the existence of these medicines and a superficial knowledge of them and their application will be required, including the concept of related medicines

N.B.: The abbreviation 'D & A', as used in the text above, will indicate observed 'desires & aversions' in an appetite context. 'Mentals' refers to symptoms/signs of the mind.

C. Sample case history

N.B.: This case has been edited and adapted from a VetMFHom case. It was a 'referral' case, which is not expected at LFHom(Vet) level. Useful illustrations (photographs and repertory print-out) have been deleted from the original in this illustrative example, for the sake of brevity but would be useful in an actual examination presentation.

In providing this example, the Faculty is not putting it forward as a required template. The Faculty neither desires nor encourages a stereotypic style of case-taking or case presentation. The candidate's individual method and pattern of veterinary practice should clearly be demonstrated by his or her case presentations. They may take any other format, so long as all the required information (outlined on pages 3 to 7) and features are adequately presented. It is generally assumed that repertorisation will be by Synthesis but other repertories are just as acceptable, including computer repertories, provided that the source is specified in the text and that the working is clear.

Owner ID: PG

Name: HHHH

Species: Feline, domestic short hair.

Sex: Neutered Male.

Age: 14 years.

Date of examinations: January xxxx

Presenting complaint: Frequent diarrhoea of 2 weeks duration with occasional blood stained mucus.

Clinical history and Presentation: Henry developed diarrhoea two weeks prior to my examination; he had previously been very healthy. His diarrhoea did not seem to make him 'unwell' he continued eating, and was not losing weight, although his owner felt he was 'down in the dumps'. He already had a bland diet and a probiotic, but after one week neither of these had seemed to make a difference to his condition.

His owner describes him as 'outgoing' 'loves to be around people' and since his illness the only time he really perked up was when visitors came to the house. His owner described his diarrhoea as being 'explosive' and being produced with 'great force', very smelly, pasty rather than just liquid. In the past couple of days his owner had noticed that his anus had become red and he seemed to be in pain when

passing a motion. One thing his owner noted as being particularly odd was that he seemed to be seeking out cool places ie lying on cold tiles in the kitchen rather than by the range (or on top of it!) which had previously been his favourite position. Henry is eating well (no change in his appetite) and loves to drink the remainder of his owner's morning tea.

Examination: On examination heart rate, respiration, mucous membrane colour and capillary refill were all normal. Body condition score was 2/5 (his owner reported that he had not lost weight recently). Rectal temperature was not tolerated and the anus was very inflamed although not bleeding. Abdominal palpation was non-painful, gassy but not distended with some thickening of the intestinal loops palpated. Mr Henry appeared confident, happy to greet me, have some attention and then began wandering off exploring. I advised that the owner continue with his bland diet and probiotic. I also advised that if Henry should start to deteriorate i.e. vomiting, weight loss, or other additional symptoms he should have further investigations e.g. blood sampling, x-rays/ ultrasound, plus perhaps intravenous fluids.

Repertorisation using ISIS vision combined repertory:

STOOL; pasty, papescent

STOOL; forcible, gushing

STOOL; frequent

STOOL; mucous, bloody

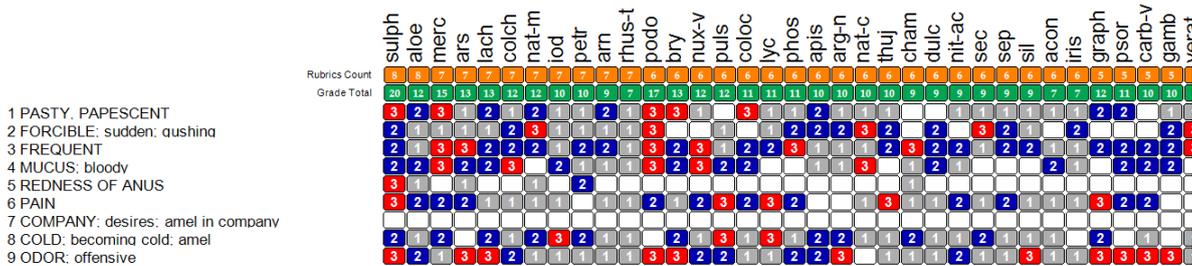
STOOL; odour offensive

RECTUM; redness of anus

RECTUM; pain

MIND; company, desires, ameliorates in company

GENERALITIES; cold, becoming cold ameliorates



I felt that the local symptoms describing the appearance and smell of the stool and mucus, the forceful or ‘explosive’ nature of the diarrhoea and the fact that it was frequent were important. I thought that another important local symptom was the redness of the anus and the pain it seemed to cause the cat. Other important peculiarities of this case were the cat’s enjoyment of company (visitors to the house seemed to ‘perk him up’) as many cats will hide away from strangers as well as Henry seeking out cold places –again unusual for cats and also for him. These two symptoms go slightly deeper into Henry’s character and his emotions ie company and cold places make him feel better rather than being just a local symptom of his illness. I felt that Henry’s appetite was not important to repertorise as it had not changed. He had always drunk his owner’s tea and this was not a new symptom associated with his diarrhoea.

Remedy: I dispensed Sulphur 200c

Outcome: After three doses (morning, following morning) the faeces were much improved, Henry’s owner reported that they were a little loose but formed, he had passed no further mucus or blood and did not seem distressed while passing his motions, his anus was still a little inflamed but his owner felt that this too had improved. No further doses were given. After 10 days Henry had normal motions and his anus was no longer inflamed, he was his bright and happy usual self.

Discussion:

Even before I repertorised this case I felt that Sulphur would be a good remedy. Partly because of the explosive nature of the diarrhoea and his character change in seeking out cool places (unusual for a cat) but also one of Sulphur’s characteristics is ‘redness of orifices’. Many of the other remedies in the repertorisation I discounted because they didn’t fit this case e.g. Arsenicum patients tend to be

anxious and nervous which did not fit Henry's character at all. Aloe may have been a good remedy to try had the Sulphur not produced the desired effects, particularly as this remedy has mushy gelatinous stools, oozing blood and mucus from rectum, inflamed red and burning anus as some of its characteristics.

I chose a 200c dose as the level of pain and discomfort Henry was suffering was fairly high and he seemed to have a strong vital force rather than being a weak individual.

This case is fairly straight forward and resolved simply I feel that it shows how useful the main polycrest remedies can be. I think if I were to repeat my repertorisation of this case I would try to reduce the number of rubrics I have used.

D. Sample questions

- 1. Which one of the following miasmatic patterns is typified by an excessive (hyper-) reaction to disease?**
 - a) Sycosis
 - b) Syphilis
 - c) Tuberculosis
 - d) Psora
- 2. In a case of facial oedema, which medicine is best indicated?**
 - a) Sulphur
 - b) Bovista
 - c) Sabina
 - d) Baptisia
- 3. In a case of sudden-onset pyrexia (106oF) in a dog, which medicine is best indicated?**
 - a) Baryta carbonica
 - b) Pulsatilla
 - c) Belladonna
 - d) Gelsemium
- 4. In a case of head injury, which medicine is best indicated?**
 - a) Arum triphyllum
 - b) Natrum muriaticum
 - c) Helonias
 - d) Helleborus
- 5. Which of the following statements is true?**
 - a) All chronic cases should be started with Sulphur, to clear the picture
 - b) < for heat is a modality of Sulphur
 - c) Young animals do not require Sulphur
 - d) Sulphur should be used to 'clear' previous conventional medication
- 6. With the sycotic miasm, which of the following is true?**
 - a) The patient is aggressive
 - b) The animal has been vaccinated
 - c) There is a constant discharge from vagina or prepuce
 - d) There is excessive production of tissues and/or discharges
- 7. Which remedy is most clearly associated with exostoses?**
 - a) Calcarea fluorica
 - b) Calcarea carbonica
 - c) Baryta carbonica
 - d) Conium
- 8. Which statement is true of the process of repertorisation?**
 - a) It brings a mathematical certainty to remedy selection
 - b) It shows which medicines not to use
 - c) It gives a good indication as to which medicines may be relevant
 - d) It is of no use if fewer than eight rubrics are used

9. Which is an essential step towards homeopathic cure?

- a) Diagnosing the disease
- b) Identifying peculiar symptoms
- c) Removing obstacles to recovery
- d) Consulting the repertory

10. Which of the following represents a correct affinity pairing?

- a) Calendula – liver parenchyma
- b) Sulphur – neurone, esp. peripheral nerves
- c) Ruta – conjunctivæ
- d) Symphytum – periosteum and bone

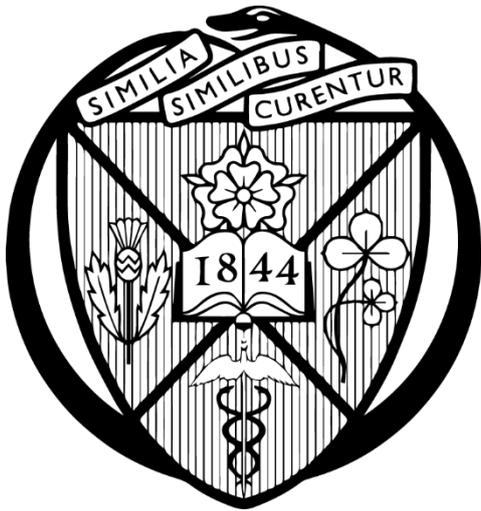
E. Further information

If you have a general enquiry, or would like to know more about:

- **your Faculty membership**
- **how to apply for the examination**
- **the technical/homeopathic aspect of the examination**

please contact the Membership & Education Officer at education@facultyofhomeopathy.org.

Information about the accredited teaching centres, where you can study for and sit the examination is available on the Faculty website www.facultyofhomeopathy.org or by contacting the Membership & Education Officer.



Faculty of Homeopathy

**Faculty of Homeopathy
CAN Mezzanine
49-51 East Road
London
N1 6AH**

020 3640 5903

education@facultyofhomeopathy.org

www.facultyofhomeopathy.org