



Faculty of Homeopathy

**DENTAL MEMBERSHIP EXAMINATION – MFHOM(DENT)
GUIDELINES 2019 (UK)**

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Faculty of Homeopathy

DENTAL MEMBERSHIP EXAMINATION

SECTION 1

1. Introduction

This document will assist you by providing:

- ❖ guidance when applying for the MFHom(Dent) examination
- ❖ information about the structure and content of the examination

Please note that a good standard of dental practice will be expected of you and some questions may, in part, test this aspect of your knowledge.

Please read **Section 1** of this document before applying to take the examination. You should retain this document until you have completed the entire examination since you will need to refer to it at various times.

Section 2 provides detailed information about the format of the examination – how you will be tested, what you will be tested on and how your performance will be assessed. To ensure that you are fully prepared for each part of the examination please read this section carefully.

An outline of the core curriculum is provided, as well as sample questions, sample case histories to aid you with expected format and presentation, and recommended texts for further reading.

2. The examination

The MFHom(Dent) examination is a qualification for dentists who have passed the Primary Health Care Examination and wish to develop further their use of homeopathy in their dental practice within the limits of competence defined by the profession.

The examination consists of three elements:

- ❖ a clinical examination including one long and one short case
- ❖ two Objective Standardised Clinical Examinations (OSCE's)
- ❖ an oral examination (Viva)

The long case:

TIMING

The candidate will have a one hour consultation with a patient, followed by half an hour with an examiner during which time s/he will be asked to present the case and discuss the patient's management. Candidates are warned that the time allocated for this section **will be strictly adhered to**.

ASSESSMENT

The candidate will be expected to approach the homeopathic management of the patient within the context of their general dental care, and in relation to any conventional treatment that they are receiving, or may require. The candidate should undertake any examination that is regarded as necessary to elicit symptoms and signs relevant to the general and homeopathic management of the patient.

The candidate will not be expected to have repertorised the case, but should, if possible, leave a little time at the end of the consultation to use the repertory to help them explore key symptoms and possible homeopathic medicines. The candidate should not be concerned if s/he runs out of time and is not able to do this. The candidate should, however, at least have made a note of the key symptoms, and considered the rubrics that might prove useful for case analysis. The candidate should also have considered what their 'differential diagnosis' of possible homeopathic medicines for the treatment plan might be. The candidate will not be expected to have chosen 'the' right prescription, but to have thought critically about the medicines they consider to be indicated, and how they might be employed in a treatment plan.

When presenting the case, the candidate will be expected to review the patient's history at some stage, but should not spend unnecessary time reporting routine information that has no direct bearing on their perception of the patient or the analysis of the case. The candidate may present the case in their own style, giving priority and emphasis to those aspects that are judged important, but without omitting any significant information.

An examiner may spend a little time with the candidate observing the consultation at some stage - if this is the case the candidate should continue as normal. Afterwards, the patient may be asked how they experienced the consultation. You may wish to explain to the patient how the artificial context of the exam may affect the consultation.

The clinical notes made by the candidate may be scrutinised and/or retained by the examiners.

In summary the long case examination will test:

- ❖ The quality of the candidate's relationship with the patient.
- ❖ Whether the candidate has identified the problems that the patient presents after taking an adequate conventional history and full homeopathic history and after the appropriate physical examination.
- ❖ What investigations the candidate would seek and his/her interpretation of these.
- ❖ The candidate's appreciation of the essential homeopathic features of the case.
- ❖ The selection of suitable rubrics for repertorisation.
- ❖ The ability of the candidate to plan the management and homeopathic treatment of the patient's illness.

EQUIPMENT

The candidate must bring a book or computer repertory of their choice into this part of the examination as well as a pen and paper to make notes. Other essential equipment is provided.

The short case:

TIMING

There will be one short case during which an examiner will be present.

ASSESSMENT

Short cases will be chosen to present a circumscribed problem that can be assessed in the time available. A case may involve symptoms or signs that need to be elicited by brief examination, but it may require a verbal history only. The case will have been chosen to allow key prescribing information for the presenting complaint to be elicited in the time available by a competent candidate. Appropriate examination tools will be provided, if the need for examination is anticipated.

The presenting symptomatology will involve oral/dental problems. If a patient has symptoms in other systems, they will have been coached to present only the symptoms of the problem selected for the purpose of the examination, unless the candidate specifically enquires about other symptoms in order to confirm or exclude a choice of medicine. Patients will have been instructed to give information only

in response to direct questions from the candidate. They should not give information about current or previous homeopathic medication.

Candidates will be encouraged to spend 8-10 minutes questioning or examining the patient, as in a brief routine primary care consultation, allowing 5-7 minutes discussion with the examiner. However candidates may tell the examiner if they are ready to discuss the case sooner.

Candidates will be expected to demonstrate awareness of the relevant symptomatology, and the ability to elicit and construe this intelligently in terms of possible, appropriate homeopathic prescriptions. They should not stray beyond the local aspects of the presenting problem, unless they deliberately intend to use general or psychological symptoms, concomitant symptoms or constitutional features to confirm or exclude the choice of a particular medicine.

Attention will be paid by the examiner to the candidate's technique in eliciting symptoms and physical signs, to their approach to, and consideration for the patient as well as to their interpretation of the information available and their ability to choose suitable management and homeopathic treatment.

EQUIPMENT

The candidate must bring a book or computer repertory of their choice as well as a pen and paper to make notes.

Objective Standardised Clinical Examinations (OSCEs):

TIMING

There will be two short cases or specific clinical scenarios presented as OSCEs and twenty minutes will be allowed for the candidate to prepare each OSCE. An examiner will then ask the candidate to answer the set questions on each case.

ASSESSMENT

Objective Standardised Clinical Examinations will be chosen to present a range of clinical dental conditions, tasks and scenarios. Cases will usually take the form of written accounts but may also include photographs or video clips where appropriate.

Each case/scenario will be presented in the following format:

Presentation of the case or scenario – including the conventional diagnosis, history of treatment, age of the patient, clinician's observations and clinical examination.

The patient's description of their illness, usually in their own words.

After reading each case or scenario the candidate will be expected to consider:

->Various tasks to perform and scenarios/management decisions: e.g. the indicated homeopathic medicine, potency and dose regime, relevant rubrics, totality of symptoms, strange rare and peculiar symptom, hierarchy of symptoms.

->Patient management (relevant to the case presented) including integration of conventional and homeopathic treatment, assessment of vitality, anticipating or managing a homeopathic aggravation, consideration of evolving clinical scenarios after initial management and obstacles to cure.

Tasks and questions may cover any part of the core curriculum including principles of practice.

In this part of the examination candidates will achieve marks for each step or task they perform correctly rather than an assessment based on their overall performance.

EQUIPMENT

The candidate must bring a book or computer repertory of their choice as well as a pen and paper to make notes.

The oral examination (Viva voce):

This will follow the clinical examination. It will normally last approximately 30 minutes but may be extended or reduced, according to the need to determine the outcome, including the award of distinction. All examiners will attend the oral examination but will not necessarily all question each candidate. The candidate may be asked to use their book or computer repertory during this part of the examination. General questions on any aspect of homeopathic principles, therapeutics and case management may be asked. It may include questions about the case histories submitted by the candidate.

The pass mark for the Clinical Examination is 50%. A candidate whose grades in the examination show overall excellence will be awarded a pass with distinction.

3. Entry criteria

Important note: the following regulations apply to all candidates entering the MFHom(Dent) examination. The Faculty reserves the right to refuse admission to any part of the MFHom(Dent) examination.

Applications must be made on the appropriate form available from the Teaching Centre, Membership & Education Officer or the Members Only area of the Faculty website. The application form, fully completed and accompanied by the appropriate fee and any other documents required, must be received by the Membership & Education Officer preferably by email at education@facultyofhomeopathy.org or at the Faculty Office in London before the published closing date (usually two months prior to the examination). Late or incomplete applications will not be accepted.

The black boxes show evidence that must be provided with the MFHom(Dent) application form.

APPLICATIONS

Section 1: Primary Dental Qualifications

Candidates must:

- ❖ possess a university degree, or equivalent, in dentistry
- ❖ hold a dental qualification recognised by, or registrable with, the General Dental Council

Candidates must provide their GDC registration number or evidence that their primary dental qualification is registrable with the GDC (for example a photocopy of their dental degree certificate).

Important – overseas candidates

Your primary dental qualification must be registrable with the General Dental Council. Candidates must provide a photocopy of their dental degree (if it is not in English, an official, stamped translation must be provided).

Section 2: Prior Faculty Membership

Candidates must have passed the Primary Health Care Examination for dentists, and must have been Licenced Associates of the Faculty of Homeopathy for at least three months in order to apply for the MFHom(Dent) examination. In addition, candidates must have had at least one year's experience post-PHCE.

Section 3: Completion of Faculty-Accredited Training

Candidates must have received formal teaching approved by the Faculty of Homeopathy or, by prior agreement with the Faculty of Homeopathy, present evidence of equivalent study and experience.

Candidates must obtain a signed testimonial letter or certificate from the Faculty-accredited teaching centre where they studied, to confirm completion of a full course of training leading to the MFHom(Dent). In the case of candidates whose training has been acquired at more than one centre, certificates or letters for each stage of their training will be required.

ENTRY TO THE CLINICAL EXAMINATION

Proof of Identity

Candidates will be admitted to the examination in their full name as given on their original dental registration certificates, or dental qualification documents, or official translations of these, or as in the current edition of the Dental Register of the General Dental Council of the United Kingdom. When candidates attend the examination, they must produce upon request some means of identification. Admission to the examination will be at the discretion of the exam day coordinator.

Change of Name

Candidates who change their name by marriage or deed poll must submit documentary proof of this if they wish to be admitted to the examination in their new name.

4. Results

Results may not be collected from the Faculty office, nor can they be given over the telephone.

Case histories

Results of the assessment of the case histories will normally be notified within four weeks of the due date for submission.

Final results

Final results of the MFHom(Dent) Clinical Examination will be sent by email within one week of the viva voce.

5. Practical details

Venues and fees

The examination will be held in one of the Faculty of Homeopathy teaching centres in Glasgow, Bristol or London.

Details of the fees payable on entry to the MFHom(Dent) examination are available from the Membership & Education Officer (contact details below).

Payment should preferably be made by credit card, debit card or bank transfer. Cheques should be made payable, in sterling, to the Faculty of Homeopathy.

Overseas students

If English is not your native language you may use a foreign language dictionary. Your dictionary will be scrutinised by the invigilator before the exam.

Withdrawals and transfers

Notice of withdrawal from the examination must be given by email.

The examination fee less a 50% administrative charge will be refunded when 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 a full refund on withdrawal because of certified illness or other extenuating circumstances.

Candidates are limited to a maximum of **two** transfers only.

Re-sitting the examination

Re-sits by candidates who fail badly may be deferred at the discretion of the Faculty for a period of time.

If a candidate has failed twice and wishes to re-sit the examination, the approval of the Faculty will be required for them to make further attempts.

Appeals

If you would like to appeal the result of the examination, you must email Lisa Peacock, Membership & Education Officer at education@facultyofhomeopathy.org. Appeals must be sent within one month of receipt of results.

Faculty contact details

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

6. Faculty membership

Candidates who are successful in the examination may use the initials MFHom(Dent) and will be upgraded to full membership status automatically.

Members of the Faculty of Homeopathy are elected subject to the Faculty of Homeopathy Act 1950, including its current Byelaws and Regulations.

SECTION 2

A. Course Based Assessment: Teaching Centres

Students who are enrolled at one of the Faculty-accredited teaching centres will be required to do course work which will be assessed by the teaching centre. Students are only eligible to sit the MFHom(Dent) exam once they have been deemed to have satisfactorily passed the coursework requirements set by their respective teaching centre. This coursework includes a reflective portfolio and ten case histories which are described in more detail below.

The reflective portfolio and case histories

Portfolios will be completed while a candidate undertakes a full course of training at a Faculty-accredited teaching centre. Full guidance on the preparation of portfolios will be given by the candidate's Faculty-accredited teaching centre, however, at minimum, a complete portfolio should contain a record of the following:

- ❖ All Faculty-accredited courses attended
- ❖ Additional homeopathic courses and study sessions attended
- ❖ Dates of sitting in on homeopathic clinics/video clinics
- ❖ Homeopathic articles and books or chapters read
- ❖ Course work marked by the candidate's teaching centre
- ❖ Ten case histories
- ❖ Mixture of formative and summative questions
- ❖ Any other appropriate teaching tools deemed useful by the teaching centre

The candidate's case histories constitute an important part of the portfolio and will be formally assessed and marked throughout their training by their teaching centre. Guidance on the presentation of case histories will be given by the candidate's teaching centre, however the expected content is also shown below.

Each case should be between one and two thousand words, to illustrate different types of patient and clinical diagnoses, repertory rubric selection, case analysis and homeopathic treatment strategies.

Each case should indicate:

- ❖ a fictitious first name, the patient's initials or some other coding for identification
- ❖ sex, age on presentation (**not** date of birth), marital status and occupation
- ❖ the full history, examination and investigations necessary for establishing a clinical diagnosis and a homeopathic prescription
- ❖ choice of rubrics and the reasons for their use with the name and page numbers of the repertory used (not necessary for every case, e.g. acute patients)
- ❖ an explanation and discussion of the reasons for the particular management subsequently undertaken, including its integration with other aspects of the patient's care, where appropriate
- ❖ responses to treatment, history of the management, with at least three months follow-up of chronic cases
- ❖ a full appraisal of the results of the treatment given

A good case study should:

- ❖ Be complete: that is, sufficiently comprehensive in respect of the presenting problem.
- ❖ Be written using the patient's own words as much as possible
- ❖ Demonstrate competence in conventional clinical management.
- ❖ Show the quality of rapport with the patient, and awareness of non-verbal clues.
- ❖ Clearly identify key symptoms, and their relative value (weighting).

- ❖ Emphasise the individualising characteristics of the patient, the illness and the case.
- ❖ Show appropriate symptom selection for case analysis and repertorisation.
- ❖ Demonstrate appropriate and competent use of the repertory and/or materia medica.
- ❖ Include appropriate and intelligent discussion of the differential diagnosis of the homeopathic prescription.
- ❖ Explain clearly the rationale for the choice of medicine, potency and dosage regime.
- ❖ Demonstrate adequate and appropriate follow-up of at least 4 months in chronic cases
- ❖ Provide intelligent and critical appraisal of the case.

A variety of acute and chronic cases may be included of which a maximum of two may be acute. Acute cases should reflect some finer points of acute case analysis and/or management rather than commonplace, if correct, acute prescribing (e.g. 'sudden onset of fever and severe earache with scarlet right eardrum. Prescribed Belladonna' is not satisfactory).

Cases will be assessed not only on outcome but also where they demonstrate a good understanding of therapeutic principles, patient care, obstacles to cure, and integrated with conventional care where appropriate.

The candidate's own choice of repertory is permitted but he/she must ensure that the chosen rubrics are stated in full, and the print-out of the computer repertorisation is included with each case.

B. Core curriculum

OVERVIEW

Our aim is to:

- ❖ Develop, specify and define the knowledge base, the skill base and the level of competence that a student should have at the membership level.
- ❖ Develop and deepen the student's basic understanding of homeopathic principles, theoretical and practical applications and homeopathic prescribing.
- ❖ Develop an advanced and deeper understanding of homeopathic medicines and their actions.
- ❖ Develop knowledge of an extended materia medica, specifically remedies of interest in the dental field.
- ❖ Develop a specialised knowledge of a dental materia medica relevant for use in dental practice.
- ❖ Develop awareness of the limitations and indications of homeopathy in dental practice, including knowledge of pathologies and states, which can be treated safely with confidence and competence by a candidate who has completed the curriculum.
- ❖ To show an understanding of homeopathic research and techniques and methodology. To further our understanding in homeopathic research and realise the increased importance and the need for continued proactive research in homeopathy.
- ❖ Give clear and concise guidelines regarding what is examinable in the MFHom(Dent)
- ❖ Promote a commitment to life-long learning, encouraging the practitioner to seek a progressive pathway to further homeopathic knowledge and to engage in continuing professional development (CPD) in homeopathy.

The curriculum of basic training is designed to introduce homeopathy to dental practitioners. The MFHom(Dent) was designed to build on that knowledge. It will enable students to broaden and deepen their knowledge of homeopathic principles, and to extend their prescribing repertoire. It will develop a thorough understanding of repertory skills and a fuller knowledge of the relevant materia medica.

METHODOLOGY AND PRINCIPLES OF HOMEOPATHY

- ❖ The similia principle, its history and development - history of provings
- ❖ The 'vital force' and related concepts
- ❖ Constitution and typology
- ❖ The dynamics of health, disease and cure
- ❖ Theories of chronic disease and chronic prescribing - layers
- ❖ Symptomatology Individuality; local symptoms and levels of illness
- ❖ The direction of cure and obstacles to cure - Herrings Law
- ❖ Modalities
- ❖ Tissue affinity
- ❖ Concepts of disease suppression
- ❖ Concept of the minimum dose.
- ❖ Comparison of traditional (e.g., Hahnemannian, Kentian) and more modern approaches to homeopathy.
- ❖ Homeopathic prescribing: The unicist, pluralist and complex approaches.
- ❖ The Organon - Its history and importance in homeopathic principles and contemporary thinking
- ❖ Recent comparison between other CAM

PREPARATION OF REMEDIES

- ❖ Theory and practice of preparing remedies: sources, extraction, dilution, trituration, succussion, Avogadro's Number
- ❖ Different methods of potentisation: Theories and procedures of Hahnemannian centesimal and decimal, LM and Korsakovian scale
- ❖ Dose forms: Tablets, pills, granules, crystals, powders, liquids, topical forms
- ❖ Isopathic preparation of allergens, nosodes and tautopathic remedies
- ❖ Storage and handling of remedies
- ❖ Dispensing of remedies in the surgery
- ❖ Guidelines on the prescription and dose

CLINICAL SKILLS

- ❖ The ability to take a good accurate clinical history and use investigations necessary to identify the dental problem.
- ❖ The ability to identify cases, which are amenable to homeopathic treatment and treat accordingly, recognising the limitation of homeopathic medicine.
- ❖ The ability to take an extended homeopathic history in the dental setting.

- ❖ The ability to define and identify signs, symptoms and modalities using necessary listening skills; to discern the mental, emotional and physical status of the patient when taking a homeopathic case. The ability to evaluate these elements and their importance for case analysis.

On completing the course, the student will be able -

- ❖ To apply repertorisation skills in case analysis.
- ❖ To extend the clinical scope of their use of homeopathy in the dental setting.
- ❖ To understand and apply the principles of direction and depth of cure and prognosis in the individual patient and in different clinical states.
- ❖ To keep comprehensive and accurate records which are clinically relevant for both conventional and homeopathic treatment, in an ethical and sound manner.
- ❖ To recognise and work within the bounds of the practitioner's professional expertise; referring those patients which require more specialised homeopathic treatment to a medical homeopathic colleague.

The table on pages 13-16 outlines how an LFHom and MFHom level dentist would approach certain presenting dental complaints.

DENTAL CLINICAL PRESENTATION	LFHom LEVEL	MFHom LEVEL
Pericorinitis	Based on a pathological prescription using both keynotes and modalities in remedy selection to relieve local symptoms.	No difference.
Apthous ulceration	Prescribe symptomatically using modalities as the main selection for remedy.	Constitutional remedy selection and full extensive dental history for the prescription in cases of recurrent ulceration. To be able to look at repertorisation of the case to prescribe constitutionally.
Herpes labialis	Prescribe on a symptom picture with local modalities and keynotes to find the correct remedy.	To use a pathological prescription for local symptoms. Use of the extended dental history to look at treatments to cure and prevent occurrence. Looking for the constitutional picture to then treat accordingly. To have the knowledge to use and treat with an understanding of the concepts of nosodes. (Autonosodes)
Dry lips	Treat symptomatically using local modalities as an indicator to the correct simmilium and remedy.	Treat symptomatically in simple cases. Be aware the possible need to take an extended history with repertorisation to determine any underlying or deeper pathology. An understanding of possible disease processes which may have triggered the pathology is needed.
Burning mouth	N/A	A full extended history and repertorisation will be needed in this deep pathological state. A level of competence in potency selection and in the follow up and ability to identify direction of cure is paramount. A deep understanding of the repertory and the correct rubric selection is essential in the management of such pathological states.

DENTAL CLINICAL PRESENTATION	LFHom LEVEL	MFHom LEVEL
Candida albicans (Denture sore mouth)	N/A	Treatment using local modalities for the pathological prescription. Using local factors to select a remedy with the correct simillimum to fit the case. But to realise that use of a constitutional remedy or the use of a nosode may be required in its long term management.
Angular cheilitis	N/A	Understanding that pathology and causation is not important. Bacterial or fungal. To be able to take a good history and treat the underlying cause. Be able to treat constitutionally if required. A knowledge in the use and principals of nosodes is necessary.
Dental anxiety and dental phobia	To be able to identify patients who would benefit from a homeopathic consultation. To identify problems which would be amenable to homeopathy. To be able to treat a panic attack in the acute phase in the dental setting.	To be able to take a full history and repertorise patients with anxiety and phobias. To treat and prescribe homeopathic remedies with a full understanding of potency selection in this type of pathology. To be able to repertorise the patient and identify key rubrics to enable precise remedy selection. To be able to use remedies in the long term management of patients as well as in the short term. (Prescribe the Psyche)
Teething	Look at modalities and constitutional types. Does it fit the picture to remedies taught at this level?	Ascertain a symptom picture from the parent and be able to identify a suitable remedy to fit the 'symptom picture'. Repertorisation skills will be needed in complex cases. The ability to observe and obtain a relevant history both from the infant and the parents is paramount in the selection of the correct remedy.

DENTAL CLINICAL PRESENTATION	LFHom LEVEL	MFHom LEVEL
Post-operative treatment	To have an awareness of the use of some homeopathic remedies in "Prophylaxis" before dental surgery. Simple pathological prescriptions using knowledge of specific 'tissue affinities' and the associated remedies.	To be able to provide a more accurate medicine according to specific patient modalities. To identify constitutional types of groups of patients which may tend towards these problems eg. Phosphorous- bleeding. Silicea-slow healing.
Periodontics - acute & chronic	To use the materia medica in the specific periodontic problems. To use patients modalities to identify suitable remedies. To appreciate the limitations of homeopathy in the prescribing of periodontal problems at this level.	To use the extended materia medica of the MFHom syllabus both in their use in modalities and in simple cases. To be able to take a full extended dental history in the treatment of chronic and refractory periodontal disease. To be able to identify and understand keynotes and confirmatory symptoms in remedy selection. To use repertory skills in complex cases to find the most suitable remedy thereby requiring a deeper depth and breadth of repertory skills.
Bruxism	N/A	To be aware of the complex nature of the pathology and have a full awareness of its multi-factorial aetiology. A full use of repertory skills will be needed. The full use of the extended dental history will necessitate a fully comprehensive understanding of rubric selection and its relationship in remedy selection.
Accidental trauma	To have a working knowledge of the materia medica at the LFHom level. To treat avulsion and subluxation of teeth in both adults and children using the correct remedies.	To have an understanding and working knowledge of remedies which complement each other when used for certain conditions. To possess an extended repertoire to enable the treatment of all forms of dental trauma from fractured teeth to fractures of bones.

DENTAL CLINICAL PRESENTATION	LFHom LEVEL	MFHom LEVEL
Maxillary sinusitis	N/A	To have the scope and knowledge which will enable treatment of acute and chronic sinusitis. To treat acute problems using modalities and keynotes in remedy selection. Chronic sinusitis will need repertorising with all the skills incumbent in repertory work. The principals of constitutional prescribing and its application with an understanding of potency and frequency of dose will be needed. The use of nosodes and the ethos of this type of treatment and awareness of possible potentised allergens as potential therapeutic remedies.
Non specific inflammatory mucosal diseases	N/A	A deep understanding of homeopathic methodology and principals is required. The application and approach in the treatment of complex pathological states requires a broad and extensive knowledge of repertory skills. These are expected at the advanced level.
TMJ dysfunction	Identify remedies which will help in TMJ muscular pains. Identifying modalities and using remedies which have these specifics.	To be able to treat by keynotes confirmatory symptoms in the relief of muscular pains. To be able to identify deeper pathological states in the causation of TMJ problems. Stress, emotions. Be able to take an extended dental history to identify the importance of history in rubric selection and the importance of repertorisation. Have the knowledge to then prescribe either at a pathological level or to treat at a constitutional level.

PRESCRIBING - GENERAL PRINCIPLES

- ❖ Prescribing strategies: local remedies and specifics, totality, keynotes, essences, strange and peculiar symptoms
- ❖ Doses and potency
- ❖ Acute and chronic prescribing
- ❖ Pathological and constitutional prescribing-relevance in dental practice
- ❖ Dental prescribing

CONDITIONS AMENABLE TO TREATMENT

Part One

Management of conditions described in the basic training curriculum, with a better understanding and depth of knowledge:

- ❖ Acute dental fear - both in adults and children
- ❖ Management of dental collapse
- ❖ Post-operative pain-post extraction /trauma
- ❖ Haemorrhage
- ❖ Toothache
- ❖ Pericoronitis
- ❖ Teething
- ❖ Dental abscess
- ❖ Dry socket

Part Two

Pathologies which are amenable to treatment at membership level of training:

- ❖ Ulceration
 - ☐ Traumatic
 - ☐ Aphthous
- ❖ Deep seated dental anxiety and phobia
- ❖ Temporomandibular joint dysfunction
 - ☐ Muscular
 - ☐ Stress-related
 - ☐ Migrainous/myo-facial pain
- ❖ Oral mucosal pathology
 - ☐ Lichenoid type reactions
 - ☐ Candidal infections
 - ☐ Herpetic lesions
- ❖ Periodontal disease
 - ☐ Acute (e.g. marginal gingivitis, AUG, pregnancy gingivitis)
 - ☐ Chronic and its complications
- ❖ Conditions of non-specific origins
 - ☐ Burning mouth syndrome
 - ☐ Atrophic glossitis
 - ☐ Taste abnormalities
 - ☐ Post radiation
- ❖ Sinusitis
 - ☐ Acute

- Chronic /recurrent

REPERTORIES

- ❖ A working knowledge of repertories
- ❖ An awareness of the main features of computerised repertories and their limitations

RESEARCH IN HOMEOPATHY

- ❖ A sound understanding and awareness of research methodology design, research protocols, inherent problems of homeopathic research.
- ❖ Good awareness, understanding and critical appraisal of existing homeopathic research, and of the main approaches to conducting research in homeopathy: mechanism of action, randomised clinical trials, placebo studies, attitudes and awareness studies; with particular reference to recent research.

C. Materia medica

Grade 1 remedy

Comprehensive knowledge required

Grade 2 remedy

Knowledge of the key mind, general and local symptoms and common clinical presentations

Grade 3 remedy

Knowledge of important local symptoms and clinical indications required

Elements, Acids and Salts

Grade 1	Grade 2	Grade 3
Argentum nitricum	<i>Alumina</i>	Borax
Arsenicum album	<i>Antimonium crudum</i>	Calcarea fluorata
Aurum metallicum	<i>Cuprum metallicum</i>	Calcarea silicate
Baryta carbonica	<i>Ferrum phosphoricum</i>	Calcarea sulphurica
Calcarea phosphorica	<i>Heckla Lava</i>	Ferrum metallicum
Causticum	<i>Kali bichromicum</i>	Fluoricum acidum
Graphites	<i>Kali phosphoricum</i>	Kali arsenicosum
Hepar sulphuris calcareum	<i>Kali sulphuricum</i>	Kali muriaticum
Kali carbonicum	<i>Magnesia carbonica</i>	Mercurius corrosivus
Mercurius solubilis	<i>Magnesia phosphorica</i>	Mercurius dulcis
Natrum muriaticum	<i>Natrum sulphuricum</i>	Mercurius vivus
Phosphorus	<i>Nitricum acidum</i>	Natrum arsenicatum
Silicea terra	<i>Phosphoricum acidum</i>	Natrum phosphoricum
Sulphur		

The Plants

Grade 1	Grade 2	Grade 3
Aconitum napellus	<i>Chelidoium majus</i>	Arum Trip
Arnica montana	<i>China officinalis</i>	Cheiranthus
Belladonna	<i>Cina</i>	Allium cepa
Bryonia alba	<i>Cocculus</i> (<i>Menispermum cocculus</i>)	Baptisia tinctoria

Chamomilla	<i>Colocythis</i>	Bellis perennis
Gelsemium sempervirens	<i>Dulcamara</i>	Calendula officinalis
Ignatia amara	<i>Hypericum perforatum</i>	Cannabis indica
Lycopodium clavatum	<i>Ipecacuanha</i>	Capsicum
Nux vomica	<i>Ruta graveolens</i>	Clematis erecta
Pulsatilla nigricans	<i>Stramonium</i>	Coffea Crudea
Rhus toxicodendron		Cyclamen europaeum
Staphisagria		Fragaria vesca
Thuja occidentalis		Hamamelis virginica
		Hydrastis Canadensis
		Ledum palustre
		Mezereum
		Myristica sebifora
		Millefolium
		Podophyllum peltatum
		Phytolacca
		Rheum
		Sanguinaria canadensis
		Symphytum officinale
		Tabacum
		Urtica urens

The Animals

Grade 1	<i>Grade 2</i>	Grade 3
Apis mellifica	<i>Cantharis</i>	Coccus cacti
Calcarea carbonica		Crotalus horridus
Lachesis mutans		Theridion
Sepia officinalis		

The Nosodes

Grade 1	<i>Grade 2</i>	Grade 3
Carcinosinum		Bacillinum

Medorrhinum		Herpes Simplex
Psorinum		Candida albicans
Syphilinum		Pyrogenium
Tuberculinum bovinum (Kent)		Staphylococcin
		Streptococcin

The Carbons from organic sources, and other organic compounds

Carbo vegetabilis (Grade 1)

Petroleum (Grade 2)

Carbo animalis, Kreosotum (Grade 3)

The Mycota

Agaricus muscarius (Grade 3)

Miscellaneous

Isopathic nosodes e.g. mixed tree pollens, mixed grass pollens, X Ray (Grade 3)

Topical treatments (all Grade 3)

- ❖ Propolis
- ❖ Calendula officinalis
- ❖ Hypericum perforatum
- ❖ Hypericum and Calendula ('Hypercal')
- ❖ Commiphora Molmol (Myrrhh)
- ❖ Plantago

D. Sample format for case histories

This example is included as a guide, and is not prescriptive. The format may be adapted to reflect your own style of case taking, provided that all the relevant elements of the case history exemplified here are clearly represented, and the case fulfils the criteria set out on pp 9-10. The presentation should use some form of grading to identify those symptoms or other features likely to be of most value for case analysis.

Mrs B

Age on presentation: 32

Married

Occupation: Barmaid

SOCIAL HISTORY

A thirty-two year old lady, who attended as a new patient after marrying an established patient of the practice. Her husband owns his own roofing company and has been married previously and is 20 years older than the patient. Surprisingly on presentation Mrs B appeared a little unkempt and all of the staff noticed her rather greasy sweaty appearance. This seemed at odds with the fact that she works as a barmaid where presentation is important.

MEDICAL HISTORY

She is medically fit and well and has only consulted her general medical practitioner about the warts on her fingers and lip. The appearance of the warts was beginning to affect her socially. A decision was made not to surgically remove a wart on the vermilion border as this would scar and damage the skin mucosal line. No other treatment was offered.

DENTAL HISTORY

Mrs B was born in 1962 and I was surprised to see such periodontal damage and loss of tooth structure. There was gross periodontal loss with large restorations and premature tooth loss. Consequently the patient presented with a poor fitting acrylic denture, mobile teeth and poor oral hygiene. The patient's husband had removed one of her teeth whilst on holiday and poor healing of the socket was evident.

Following discussion 4/8 were extracted. The patient did not want additions to the existing denture so a new partial upper denture was constructed.

Both the patient and I were concerned about the wart on her lip and how it could be removed. She was due for a hospital appointment for the removal of this. After discussion she gave a history of warts during the last 15 years of her life. These had been in her nostril, on the nose and fingers and have now appeared on her lip. This she thought was due to biting the warts off her hand. She was keen for me to try to help her.

HOMEOPATHIC HISTORY

Her outward appearance was rather scruffy. She attended in the same clothes for each appointment and she had a noticeable body odour. She said that she was always very sweaty. The proximity of the warts can be seen on Photographs 1 and 2. The warts on the hands had been present for 4-5 years and the wart on the lip for 18 months. There had been several attempts to remove the warts on her hands with Salicytic acid but with no success. The wart on the lip is particularly interesting.

REMEDY AND FREQUENCY

I elected Thuja 6C twice a day to be taken until the next appointment.

Clinical photographs were taken on 10.2.97

The remedy was started on 26.2.97

Review was on 14.4.97 when a history of progress was taken.

RESULTS

After one week of treatment the wart on the lip healed. (This was the last new lesion). Photographs were taken of the right side of the lip (photograph 3). I asked the patient to return for a review appointment on 21.4.97. At this appointment the long-term warts on her hand were now healing. I followed up the patient on 19.5.97 and the warts on the hand had completely gone. On the photograph there is a scratch that the patient had made some days before. Mrs B is now clear of any warts for the first time in 15 years.

CONCLUSION

Thuja 6C seemed to be the remedy of choice in the total cure of this patient's warts. The patient was extremely pleased with the results. Obviously she did not relish the thought of surgical intervention especially with the problems on the vermillion border of her lower lip.

DISCUSSION

My selection of Thuja 6C was brought about after some repertory work. This was mostly based on the observation of the patient's odours and sweating and the position of the warts. I would not have undertaken wart removal on the lower lip by any conventional practices but I felt that I could offer her a choice by offering a homeopathic option. To me it was a secondary advantage that warts on distant sites were also healed. Interestingly the patient said that the 'Daddy' wart – the wart that came first – was the last to go. The last wart, the one on the lip, was the first to go.

APPRAISAL

The repertory lists many remedies for warts. Main selection of remedy was due to the position of the warts in relation to the thumb and lips and her distinct sweatiness. The patient was staggered by the result and was very pleased to be able to avoid any surgical intervention as homeopathy was a pain free option. If Thuja 6C did not work the alternative I would have used would be Nitric Acid in potency, as this scored highly in the repertory especially for removal of warts on the lip. On reflection I feel that I should have investigated Mrs B's medical history further with regard to previous gonococcal infection and post vaccination problems. My role as her dental practitioner deemed this inappropriate but I am aware of the relevance of these factors to the choice of remedy selection.

E. Sample format – Objective Standardised Clinical Examination

1. OSCE Eczema

Clinical scenario

A 31 year old woman presents with a flare up of her eczema.

Patient: "I'm getting married in 6 weeks and 1 month ago my eczema got the worst it's ever been, especially around my eyes. My eyelids got very dry and swollen, and there was a lot of mucous coming out, the lids were stuck together in the mornings. There were cracks in the outer corners of my eyes, which often happens. There was also a hot spot on my right cheek. On my body it was like a heat rash ... all bumpy on my trunk, and my hands flared up. My right index finger was oozing clear, slightly sticky liquid. When my skin is really bad, it always starts oozing. I developed cracks over the knuckles, and the tip of my right index finger started to flake badly. I got some spots on my arms, red and scabby. It's slightly better now but I'm really worried it'll flare up again before the wedding ... I really want my face to be clear by then."

Dr: *When did the eczema start?*

Patient: "After my father died. He also had eczema on his face. We had a good upbringing, we went to church together every week. My father played the organ in the church and so did his grandfather. I still play the piano. My father taught me to play the organ and I played at my sister's wedding, but I find church music can make me feel very emotional and weepy."

Case Analysis Tasks:

- (a) Select the appropriate rubrics and repertorise
- (b) Select one remedy that best covers all of the symptoms

Therapeutic and Clinical Management Tasks:

- (c) What potency and frequency of repetition would you choose in a patient like this with troublesome eczema?
- (d) When would you choose to see her for her first follow up?
- (e) How would you advise her about the direction of cure expected with a well indicated eczema remedy?

Materia Medica Knowledge:

- (f) Name three mental symptoms not mentioned in this case that are very characteristic for this remedy
- (g) What weather / temperature modalities would you expect this lady to describe?
- (h) Name two of the typical food aversions in patients requiring this remedy

2. OSCE Faecal incontinence and haemorrhoids

Clinical Scenario

A 30 year old lady presents in the 32nd week of her first pregnancy complaining of recent incontinence of faeces and four weeks of troublesome haemorrhoids with altered bowel habit. She is clearly very upset. The worst thing is "I am no longer sure of my bottom. I cannot tell clearly whether I wish to pass wind or whether I wish to pass a bowel motion."

She begins to weep ... "I soiled myself 3 days ago at work. I thought that I was going to pass wind and it wasn't – it was faeces – liquid with jelly lumps. Everyone in the office noticed the smell and me rushing out. I felt like a leper." She begins to weep again....

"I have to keep my mind on my bottom all the time as I feel that I will soil myself if I don't. I have to go sit on the toilet every time I think I need to pass wind in case it isn't wind. For the last four weeks I am woken most mornings at about 5 a.m. by an urge to move my bowels. For a few days in a row it is loose like custard with lumps like jelly. Then I miss one or two days and the next day I pass a huge lump then loose jelly and then I bleed a little from my bottom and there is a little lump like a cherry that goes back in by itself or I help it back in.

Are you sure that the homeopathic medicine is completely safe for my baby?..."

Clinical examination reveals:

- normal anal tone
- normal increase in anal tone when asked to grip
- normal sensation to light touch and pin prick in perineum and around anus
- haemorrhoids protrude from anus when asked to push & recede spontaneously

Core Clinical Management Tasks

- Consider how best to answer her question "Are you sure that the homeopathic medicine is completely safe for my baby?"
- Consider whether to offer her homeopathic treatment

Principles of practice – Case analysis tasks

- Identify the totality of symptoms
- Identify any particular, strange rare & peculiar symptom(s)
- Identify which symptoms merit extra weighting in analysis
- Identify appropriate rubrics

Therapeutics & Clinical management tasks

- Identify the most appropriate homeopathic medicine for this patient
- Identify the potency & frequency of dose of the homeopathic medicine to be prescribed

F. Recommended texts

- ❖ Lessell C **The Dental Prescriber** ISBN : 0-946717-00-1
- ❖ Murphy R **Homoeopathic Medical Repertory and Materia Medica** 2nd Edition
- ❖ Vithoulkas G **Science of Homeopathy**
- ❖ Hahnemann S **Organon of the Medical Art** 6th Edition ISBN: 1-889613-01-0
- ❖ Kents JT **Lectures of Philosophy**
- ❖ Crockett **The Unfolded Organon** ISBN: 0-9519893-2-4
- ❖ Coulter C **Portraits of Homoeopathic Medicines** Vols I/II/III ISBN: 1-57626-089-5/ 1-57626-090-9/ 1-57626-091-7
- ❖ Lessell C **Textbook of Dental Homoeopathy** C. 0-85207-281-3
- ❖ Allens **Keynotes with Materia Medica of Nosodes** ISBN: 81-7021-187-5
- ❖ Schroyens **Synthesis Repertory Edition 9**
- ❖ Sankaran **Spirit of Homoeopathy**
- ❖ Sankaran **Substance of Homoeopathy**
- ❖ Barker R **LM Potencies**
- ❖ Scholten **Homoeopathy & Minerals**
- ❖ Morrison R **Desktop Guide Vol I/II**
- ❖ Sankaran **Insight into Plants (Bombay Method) + Schema**
- ❖ Henrique N **Crossroads to Cure**
- ❖ Kaplan B **The Homeopathic Conversation**
- ❖ C Coulter **Portraits of Homeopathic medicines**
- ❖ Ian Watson **A guide to the methodologies of Homeopathy**
- ❖ John Saxton **Miasms as practical tools**

Materia medica

- ❖ Boericke **Materia Medica** ISBN: 1-869975-03-0
- ❖ Vermuelen **Concordant Materia Medica** ISBN: 90800845-7-3
- ❖ Vermeulen F **Prisma Materia Medica** 2nd Edition



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