Faculty *of* Homeopathy

VETERINARY MEMBERSHIP (VETMFHOM) EXAMINATION GUIDELINES (UK) 2019

Contents

SECTION 1

SECTION 2

Faculty of Homeopathy

THE VETERINARY MEMBERSHIP (VetMFHom) EXAMINATION

SECTION 1

1. Introduction

Please read **Section 1** of this document for information on entry qualifications and the procedure for examination applications, how you will be examined, on what you will be examined 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 may test this aspect of your knowledge and understanding.

Section 2 provides detailed information on the veterinary curriculum and three sample case histories.

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.

2. The examination

The Veterinary membership examination (known as VetMFHom) may be taken by veterinary surgeons who have completed a full Faculty-accredited training programme in veterinary homeopathy leading to the VetMFHom examination. These regulations apply to candidates who completed the VetMFHom course in the United Kingdom; candidates' who studied elsewhere will be assessed under separate regulations.

The purpose of the examination is to evaluate the candidate's understanding of homeopathic **principles, practice, therapeutics** and **materia medica**, not merely the candidate's ability to memorise facts. It also expects and tests a high standard of general veterinary medicine. Standards will be commensurate with the status of the qualification as equivalent to 'specialist'.

In terms of passing or failing the examination, the essential criterion is whether or not, in the examiners' view, the candidate has demonstrated competence to practise veterinary homeopathy sensibly and safely in general veterinary practice, to a sufficient standard to accept referrals from colleagues.

At all stages of the examination, general veterinary principles will be deemed to apply, in order to ensure, as far as is possible, the safety of the candidate in the clinical situation and in using homeopathy. A single dramatic or potentially serious breach of accepted safe veterinary practice will merit failure of the examination as a whole.

The language of the examination will be English. It is possible that another language may be used, should there be sufficient demand from a group of candidates and if other specific arrangements are made well in advance that allow Faculty examiners to perform their task to their required standard. **In such cases, any additional costs would be borne by the candidates.**

Candidates must submit a total of ten case histories (examples are given on pages 24 to 35) and attend a clinical and oral examination, both of which will take place on one day.

3. Entry criteria

Important Note: the following regulations apply to all candidates entering the VetMFHom examination. The Faculty reserves the right to refuse admission to any part of the VetMFHom examination.

Applications for entry must be made on the appropriate form, available from the Faculty Membership & Education Officer. The application form, fully completed and accompanied by the appropriate fee and any other documents required, must reach the Faculty office in London before the published closing date. Late or incomplete applications will not be accepted.

SECTION 1: PRIMARY VETERINARY QUALIFICATION

Candidates must hold a veterinary qualification recognised by or registrable with the Royal College of Veterinary Surgeons of Great Britain. In the case of overseas candidates, the Faculty may need to verify equivalence of a candidate's qualifications.

SECTION 2: PRIOR FACULTY MEMBERSHIP

Candidates must have passed the LFHom(Vet) examination and hence been a Licenced Associate of the Faculty of Homeopathy for at least three months prior to applying to taking the examination.

SECTION 3: COMPLETION OF FACULTY-ACCREDITED TRAINING AND COURSE-BASED ASSESSMENT

Candidates must show evidence of having completed a Faculty-accredited course in veterinary homeopathy with a minimum attendance of three years of Faculty-accredited teaching.

This will involve a minimum of 200 hours of Faculty-accredited formal teaching, which must include at least 50 hours of Faculty accredited specialist veterinary clinical teaching including 6 live cases, involving a variety of species.

Veterinary courses shall be led by a VetMFHom holder. Other veterinary teachers should preferably be of VetMFHom status, for teaching the veterinary specialist portion. The non-specialist portion can be taught by the foregoing and/or current medical teachers on accompanying medical courses, or other teachers as appropriate.

Candidates must have spent a minimum of two years of full time practice as a qualified veterinarian.

Candidates must provide a certificate of attendance and a signed testimonial letter from the Faculty-accredited teaching centre where they studied to confirm their readiness to take the VetMFHom examination. The letter must confirm that the candidate has successfully completed a Faculty-accredited course of training and course-based assessment. In the case of candidates whose training has been acquired at more than one centre, certificates for each stage of their training will be required, together with a signed letter from the last teaching centre they attended confirming their readiness to take the VetMFHom examination. Obtaining and supplying this evidence is the responsibility of the candidate.

With prior agreement by the Faculty candidates may present evidence of equivalent study and experience.

<u>Transitional arrangements</u>

Candidates who completed Faculty-accredited training prior to the introduction of course-based assessment, or who embarked on training during the implementation of course-based assessment must also provide a signed testimonial letter from the Faculty-accredited teaching centre at which they completed their training confirming their readiness to take the VetMFHom examination.

Candidates must take the examination within three years of completing Faculty-accredited training. After this time, candidates should obtain an up-to-date testimonial confirming their readiness to take the VetMFHom examination, which would normally be supplied after refresher training, supervision or assessment at a Faculty-accredited teaching centre.

SECTION 4: REFLECTIVE PORTFOLIO INCLUDING CASE HISTORIES

Two copies of a reflective portfolio including ten case histories must accompany the application form and fee. Three of the ten case histories would have been completed as part of the LFHom examination so only seven new cases need to be submitted for the VetMFHom exam. These must be presented by the advertised closing date for submission of examination application forms. Portfolios will usually be completed as part of course-based assessment at a Faculty-accredited teaching centre. Candidates who completed Faculty-accredited training prior to the implementation of course-based assessment or who are admitted to the examination on the basis of equivalent study and experience should seek guidance from the Faculty.

Further guidance about the presentation of case histories can be found on pages 5 to 9 of this document.

Unsatisfactory cases will disqualify the candidate from sitting the remaining sections of the examination.

Entry to the examination premises

- Candidates will be admitted to the examination in their full name, as given in the register of the Royal College of Veterinary Surgeons, or other equivalent register recognised by the Faculty of Homeopathy.

- 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.

- When candidates attend the examination they must produce, upon request, some means of identification such as UK driving license or passport. Admission to the examination will be at the discretion of the administrative staff or chief examiner.

4. Examination format

The examination consists of three elements:

- The presentation of a portfolio and seven case histories
- A clinical examination including long and short cases
- An oral examination

The latter two parts of the examination are usually taken on the same day.

The case histories

The seven case histories must be presented with a critical evaluation of each and may be submitted on paper or in electronic form. These must be new cases and may not include cases previously submitted for the LFHom Vet examination. The deadlines for the submission of case histories and examination applications are stated on the application form and the examination calendar for that year. Candidates must submit case histories of a sufficiently high standard before being invited to proceed to the clinical examination.

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

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.

Electronic submission

a) Case books should be submitted as Microsoft Word documents or equivalent.

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. This document will then need to be scanned and emailed to the Membership & Education Officer. 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 **seven** animal patients illustrating differing clinical diagnoses with investigations, homeopathic medicines and methods of management.

b) Examples from at least **three** species of common domestic animal must be included. In addition one 'exotic' species may be included.

c) There should be no more than **one** acute case and it should **only** be included if it illustrates important homeopathic therapeutic principles.

d) Cases that receive concurrent conventional medication may be difficult to assess, so the candidate is discouraged from choosing these, unless a very well-reasoned appraisal of the role of each therapy and treatment can be supplied and important homeopathic principles illustrated.

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) Unfinished cases will only be accepted if they illustrate an **important and well-reasoned homeopathic principle,** in a way that cannot be illustrated in other cases. A maximum of **two** such cases will be acceptable.

g) 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, gender (state whether entire or neutered), 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, (this may not be necessary for every case – e.g. for an acute patient). If a written repertory is used, name of repertory and page numbers should be included; if a computer repertory is used it should be named and the repertorisation included.

h) A clear account of the **process and rationale** of homeopathic medicine differentiation and selection.

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 objective appraisal of the results of the treatment given and of the management employed.

l) Case histories should be presented in a clear and ordered manner. The template offered in the appended examples is not the only way in which to present cases. Individuality is encouraged as long as **all the required information is included**, the cases demonstrate the usual practice and customary method of working of the candidate and **enable the examiners to satisfy themselves of the competence and clinical and homeopathic understanding of the candidate**, thereby justifying continuation to the clinical examination.

Please see Section 2B (pp 24 to 35) for examples of case histories that illustrate 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 the marks awarded will count towards the candidate's overall examination performance. The examiners will need to be satisfied that the case histories demonstrate an adequate standard on all points. **If the case histories are not considered satisfactory, the candidate will not be invited to proceed to the remainder of the examination and the remaining proportion of their examination fee, less the cost of assessing their case histories will be refunded.**

The criteria listed below will be used by the Faculty when assessing case histories at VetMFHom level. You are advised to use these criteria to augment the examples given in Section 2B.

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 further investigations might be appropriate and the rationale behind these 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 value (weighting).

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 and competent use of the repertory and/or materia medica.

i) Include appropriate and intelligent discussion of the differential diagnosis of the homeopathic prescription.

j) Explain clearly the rationale for the choice of medicine, potency and dosage regime

k) Demonstrate adequate and intelligent follow-up.

l) Provide intelligent and critical appraisal of the case and its management.

Ownership
Case histories presented for the VetMFHom 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. Nevertheless the candidate will receive prior notification of the Faculty's intention.

Clinical/oral examination
The clinical/oral part of the examination will take place once a year. The month in which the examination will take place will be published at the beginning of the academic year, although the specific date on which it will be held will usually be announced two months prior to the examination. Extra examination dates may be arranged *ad hoc* for overseas candidates, depending upon circumstances.

While the reflective portfolio and case book will provide some guidance, this part of the examination is the main opportunity for examiners to assess the level of knowledge and understanding of principles, practice and materia medica attained by the candidate.

The clinical/oral day will comprise:

One long case, for which the candidate must

i. take a full general veterinary and homeopathic case history, in front of an examiner
ii. assess/ analyse (and attempt repertorisation of) the case in a separate room
iii. present the case to the examiner, during which the examiner may question the candidate on this and any allied topics.

- If available, veterinary history and results of any relevant investigations will be given to the candidate, upon request.

- The patient will usually be a dog or cat.

- The allotted time will be split into three sections (taking the history and clinical examination of the patient; repertorising; presenting the case to the examiners) and each section will comprise 30 minutes (with additional time for changeover of candidates and cases).

- It is **not** expected that a candidate will complete a full repertorisation in 30 minutes, but a proper and competent case analysis and brief repertorisation should be possible and a strategy should be devised that can be explained to the examiners.

- Candidates may bring their own book or computer repertory (the examiners reserve the right to inspect any book or computer), or a repertory will be provided for them (*Synthesis* unless otherwise specified by the candidate). If repertorising the long case by computer, the candidate must inform the examiners to that effect. Candidates may not bring a Materia Medica into the clinical examination.

- Candidates will be expected to share observations and thoughts on the case and propose a logical and reasoned plan for initial homeopathic case management. Time allocations will be strictly observed, so marks will be lost for failure to complete necessary work in any section. **The long case will provide a major proportion of the marks and assessment for the day**.

Three short cases, including at least one farm/equine species. During these sessions, the candidate will be advised of the relevant aspects of the patients' illnesses and will be given the opportunity to discuss the cases, surrounding principles, possible homeopathic management, implications etc. with the examiners. On occasions, a 'paper case', with photographs may take the place of a live short case.

Candidates will rotate around a number of stations, attending each for approximately fifteen to twenty minutes, and will be questioned by the examiner(s). Attention will be paid by the examiner(s) to the candidate's approach to and consideration for the patients, techniques in eliciting physical signs, interpretation of the available information and ability to choose suitable management and homeopathic treatment (within the constraints imposed by the brief encounter). Throughout the examination, the candidate's grasp of homeopathic principles will be examined.

These cases will not comprise a major proportion of the marks for the day but, as with all **stages of the examination, there is a potential for failure in the event of a serious breach of accepted safe veterinary practice, appropriate animal handling or safe homeopathic methodology.**

An oral examination, usually lasting 30 minutes will be held at the end of the day.

Timetabling of the Clinical/Oral day can be complex with a number of different elements of the examination to be co-ordinated for each candidate. Gaps during the day are an inevitable consequence. The viva voce section will take place at the end of the day and all candidates are asked to assemble at the start of the appointed time, as timing for each candidate can vary.

Equipment
Candidates should if possible bring their own stethoscope, auriscope/otoscope, ophthalmoscope, thermometer and **clean** wellingtons to the clinical examination. It may be possible to borrow some of these items, on the day, upon prior request. Candidates should also bring any writing equipment they require for taking case notes. Protective clothing/gloves will be provided if necessary. Candidates will be responsible for bringing suitable outdoor clothing, appropriate to the prevailing weather conditions.

Pro-forma type history-taking sheets will not be permitted for any stage of the clinical/oral day.

Assessment

A candidate who passes in all three sections of the examination (long cases, short case and oral) will be judged to have passed overall. A candidate will fail the examination if he/she:

- fails even marginally in both long case and short case sections
- fails clearly in either of these sections
- fails marginally in either of these sections and does not compensate for this by their performance in the other two sections.
- demonstrates a serious failure of general veterinary or homeopathic safety/competence at any stage.
- fails clearly in the oral section of the examination

At all stages the safety of the candidate's skills, methodology and technique in the clinical situation will be assessed. A single serious breach of accepted safe veterinary practice, appropriate animal handling or safe homeopathic methodology may merit failure of the examination as a whole. Assessment will also place emphasis upon veterinary relevance of answers

Warning: For obvious reasons, discussion of any part of the examination between candidates before all proceedings of the day are concluded is expressly forbidden. Any candidate found breaching this rule will automatically be deemed to have failed the examination as a whole.

5. Examining

The Veterinary Dean will assess case histories and ensure that they are of sufficient standard. He/she may enlist the help of a second examiner in marginal cases.

The clinical/oral day will be examined by a *minimum* of two examiners, one of whom will be the Veterinary Dean or a Faculty - accredited veterinary examiner of equivalent experience. Other examiners may participate by Skype or other such internet communication, as deemed appropriate. Observers and trainee examiners may also be present, on some occasions but will not examine the candidate. The sessions on the day will be designed to offer the candidate the chance to demonstrate knowledge, understanding and safe conduct in veterinary homeopathy.

6. 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 provided by email within four weeks after the due date for submission.

Final results

Final results of the VetMFHom examination will normally be provided by email within one week of the clinical examination. **It is unlikely that results will be announced on the day of the Clinical/Oral examination.**

For unsuccessful candidates, in order to assist with study for further examination, the Veterinary Dean will summarise the areas of the examination where weaknesses were most significant. Detailed correspondence will not be undertaken. Candidates intending to re-sit should seek the assistance of their course tutors.

7. Practical details

Venues and fees
The clinical/oral examination will normally be held at a veterinary centre selected by the Faculty.

Details of the fees payable on entry to the examinations are published annually and are obtainable from the Faculty office. Cheques should be made payable, in pounds sterling, to the Faculty of Homeopathy. Fees for overseas and foreign-language examinations may be different and will be fixed on an individual basis as appropriate.

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 exam 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.

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

Re-sitting the examination
The examination may be re-taken, without the need to re-submit case histories if these were successful at earlier attempt. Candidates will pay a reduced fee to reflect this.

Appeals
If you wish to appeal against your examination results, you must send your written appeal to the Membership & Education Officer by email to education@facultyofhomeopathy.org. Appeals should be sent within one month of receipt of results. **No appeals will be dealt with while that particular examination round is still in process.**

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

8. Faculty membership

Candidates successful in the VetMFHom examination are eligible to apply for Veterinary Membership of the Faculty of Homeopathy.

The candidate's name will be presented to the Faculty Council and, upon election, the candidate will be awarded Veterinary Membership of the Faculty of Homeopathy (VetMFHom).

Veterinary Members of the Faculty of Homeopathy are elected subject to the Faculty of Homeopathy Act 1950, including its current byelaws and regulations.

Continued use of the qualification VetMFHom depends upon fulfilling these two requirements:

(i) continued maintenance of Faculty Membership

(ii) fulfilment of the Faculty's Continuing Professional Development procedure. This is independent of the RCVS CPD requirement of the veterinary profession. Further details will be supplied upon request.

9. Regulation of standards and safety

If the successful candidate is elected VetMFHom 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. 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. If deemed appropriate, the Faculty may withdraw Faculty Membership.

10. Review of the examination

After every examination, the Faculty of Homeopathy will audit that sitting. In the light of its findings, modifications to future examinations/curricula will be made where considered necessary. The teaching centres are consulted on any changes, via the Faculty's Academic Board.

In the interests of maintaining standards (or improving them where necessary), the examination and curriculum are subject to continuous evolution.

Anonymous information about performances in the examination will also be passed back to teaching centres, via the Academic Board, to ensure that there is informed evolution both of veterinary homeopathic education and of interpretation of the curriculum.

SECTION 2

A. Veterinary curriculum

The Faculty's curriculum in veterinary homeopathy sets out the scope and syllabus of the examination. It is the responsibility of the candidate to ensure that all aspects of the curriculum are studied. Help should be sought from teachers and tutors, if required, to ensure a full understanding of each item specified therein. Teachers and tutors can, in turn, check or clarify items with the Veterinary Dean, if necessary.

INTRODUCTION

Candidates should be aware that the examination has always placed emphasis on veterinary relevance of answers, at all levels of the curriculum. The Faculty does not adhere exclusively to one doctrine, with regard to the practice of homeopathy but encourages diversity of philosophies within the homeopathic framework. While the work of individual teachers is respected (and may be taught during Faculty-accredited training courses), it is not the Faculty's policy to subscribe to or favour any individual doctrine of teaching. Basic homeopathic principles and practice will be deemed important throughout the examination. **Furthermore, the Faculty does not countenance rejection of modern conventional therapeutic and diagnostic techniques, at the expense of the patient.**

GENERAL CONTEXT

- The development of veterinary homeopathy within the science and art of veterinary medicine
- The scope and limits of homeopathy
- The clinical and legal bounds of competence of different practitioners
- The integration/inter-relationship of homeopathy with other forms of treatment
- The development of homeopathy internationally
- The various 'schools' of homeopathic thought and international variations

PHARMACY

Aim: to gain a working knowledge of the preparation of homeopathic medicines, potentisation methods, prescription writing and essential aspects of pharmacy practice

- Source materials
- Methods of preparation of plant medicines, mineral medicines, animal medicines, soluble materials and insoluble materials
- Potentising *(including trituration, Hahnemannian and Korsakovian potentising; decimal potencies; centesimal potencies; LM potencies; their properties and their Continental European and UK terminology; combination/complex remedies)*
- Pharmacy terminology
- Storage, handling and dispensing of medicines

PHILOSOPHY, PRINCIPLES AND CONCEPTS

Aim: to have a broad knowledge of the concepts of the homeopathic approach

<u>Homeopathic concepts of health and illness, disease and cure</u>

- Definitions and clear understanding of the terms: homeopathy, allopathy, isopathy, antiopathy and tautopathy
- The law of similars
- The minimum dose
- Acute disease
- Chronic disease and acute phases of chronic disease
- Miasmatic theory as a means of case analysis and as an insight into disease patterns
- Constitutional prescribing: the history and evolution of the concept and its meaning and application
- The vital force; modern interpretation s

- Primary and secondary action of medicines
- Dynamic nature of disease and patterns of progression
- Aetiology of disease
- The definition, significance, meaning and implications of 'symptoms' and 'signs'
- Hierarchy of symptoms (including symptom hierarchisation)
- Totality of symptoms
- The 'essence' of the patient
- Modalities (including pitfalls in interpretation of modalities)
- Patient susceptibility and reactivity
- Pathways to recovery and direction of cure (incl. Hering's Law)
- Obstacles to recovery
- Incurability

Hahnemann and the history of homeopathy and veterinary homeopathy

- '*Organon*', '
- *'Chronic Diseases*'
- '*The Homœopathic Science of Healing Domestic Animals*' (c 1813 Lecture to Leipziger Ökonomische Gessellschaft),
- Bönninghausen
- Hering
- Kent
- Burnett
- Awareness of the veterinary contributions of Lux, Schaeffer, Moore, Ruddock, Rush, Macleod etc.

The Organon and later developments

Especially definitions of:

- Homeopathy
- Allopathy
- Isopathy
- Antiopathy
- Tautopathy
- Primary and secondary actions of medicines
- The definition and meaning of health, disease and cure

Knowledge of both the historical literature and modern texts

Concerning:

- Materia medica
- Provings
- Research

N.B.: From time to time, the examiners may specify set books to be studied in a given academic year, subject to due notice.

The relationship of homeopathy to conventional medicine and medicines

- The use of homeopathy alongside conventional medicine
- Interactions of the two systems
- Symptom suppression
- The origin and meaning of side effects
- The role of surgery and its implications
- The role of homeopathy in treating patients before, during and after surgery
- The relationship between the modern conventional approach and the homeopathic approach

to a case and its diagnosis and management, including the relevance and meaning of diagnostic tests and the naming of diseases

Miasm theory

Both the historical basis and modern interpretation/evaluation:

- The three main miasms: Psora, Sycosis, Syphilis
- The possibility of and rationale for inclusion of Tuberculosis, Cancer etc.
- A basic understanding of the typical patterns of pathology to be expected in the main miasms
- The value of miasmatic considerations in case assessment and analysis.

Scientific basis for homeopathy

- Role of research
- Analysis of important research work, whether in clinical (human and veterinary), bio-energetic or other fields
- Significant published meta-analyses
- Hormesis, Arndt-Schultz, dose-response relationships

MATERIA MEDICA & THERAPEUTICS

Aim: to gain a critical understanding of the development of homeopathic materia medica and knowledge of a wide range of homeopathic medicines.

To gain a profound understanding of how the homeopathic method can be used to enhance the therapeutic interaction; to learn how to use the therapeutic relationship to achieve a rapport with and depth of understanding of the patient that will enhance the quality of the consultation and the case-taking process; a detailed working knowledge of the features of the consultation, history taking and analysis skills in homeopathic care.

Materia medica study **(see lists A, B & C on pp 20-23)** should emphasise both the acute and 'local' aspects of homeopathic medicines, their clinical applications and their chronic and constitutional aspects in animals, including miasmatic interpretation, 'essence' of the homeopathic medicine, interpretation of 'human' signs and symptoms, an understanding of animal 'mind' symptoms/signs and their importance, determination and reliability.

NB: The homeopathic medicines discussed on courses cannot represent a comprehensive list, nor can the detail given be exhaustive. Courses are envisaged as a guide to the 'battery' of available medicines and the attached lists of 'advised' homeopathic medicines are designed to act, again, as a guide only.

The sources and development of homeopathic materia medica

- Toxicology
- Provings
- Clinical findings
- The relative reliability of available material

Materia medica of specified homeopathic medicines

- Veterinary first-aid and trauma medicines

- Comparative materia medica *(human-to-animal and species-to-species differences where appropriate; the difficulties presented in transferring materia medica from humans to animals; the contribution that both knowledge of animal toxicology and veterinary materia medica experience can make to homeopathy in general.*

- *Nosodes in general – their definition, classification, uses, limitations; small animal use of nosodes in both treatment and homeoprophylaxis; farm use of nosodes in both treatment and homeoprophylaxis; jurisprudential aspects of nosode regimens, particularly in the context of homeoprophylaxis.*

- *The history, development and use of bowel nosodes, their properties and knowledge of their associated homeopathic medicines.*

- Homeopathic medicine groups and their 'patterns', both as a way of understanding the materia medica in a way which makes it easier to learn, but also as a means of case analysis in order to more closely match the dynamic of the patient with that of the remedy. This should include:
- For mineral remedies an understanding of the use of the periodic table as a basis for understanding the materia medica and its use in case analysis; knowledge of the features of the following groups and their leading remedies and salts will be required:
- *Calcarea, Kali, Magnesium, Mercurius, Natrum, Carbon compounds, the 'acids', the 'metals'*. However a more general understanding of the periodic table will incorporate at least rudimentary knowledge of groups such as the *Lanthanides,* in order that use of these and other mineral remedies will be facilitated as they become more widespread in veterinary homeopathy.
- For animal remedies knowledge of group features and more detailed knowledge of the leading members of the individual *'snake' medicines, 'spider' medicines, mammal remedies (in particular the 'Lac' remedies); the 'sea' medicines.*
- For plant remedies knowledge of the group features and more detailed knowledge of the leading members of the individual of the *Ranunculaceae, Asteraceae (Compositae), Loganaceae, Solananceae, Umbelliferae, Anacardiaceae (but not limited to these families)*

- Syndromes *(discussion of common clinical syndromes, highlighting assessment, management, therapeutic strategy and possible key homeopathic medicines and their application. It is meanwhile important to emphasise the potential pitfalls of both learning and becoming reliant on so-called 'specifics' or the naming of diseases. This part of the course should include main syndromes and conditions in the following categories, as a framework and guide to the study of therapeutics: behavioural, head, eye, ear, nose, mouth, face, throat, URT, pulmonary, cardiovascular, mammary and lactational, digestive, urinary, reproductive (male and female, parturition), skin/hair disorders, locomotor, nervous, endocrine, cancer, trauma and surgical conditions and complications).*

- Doctrine of signatures *(an awareness of the principles contained in the so-called 'Doctrine of Signatures', out of historical interest and as a possible tool for aid in memorising properties and patterns in certain medicines).*

<u>Repertories and repertorisation</u>

Using *Synthesis* as the main model but other repertories should be addressed, including:
Current limitations of the repertory for veterinary prescribing and in general terms

- The evolution of a Veterinary Repertory
- Implications of using human material
- Species variation and idiosyncrasy in symptomatology and the implications of this phenomenon for rubric selection
- Physiological and anatomical analogy and variance
- Computer repertorisation and its application and contribution to prescribing.

Consultation and clinical skills

- Acute case-taking, assessment and prescribing.
- Chronic case-taking and prescribing, including consultation, techniques of history-taking, clinical skills, case analysis, patient individualisation.
- Individualisation of both symptoms/signs and prescription
  Symptom/sign organisation (*symptoms/signs of mind; emotion; demeanour general symptoms/signs; 'strange, rare & peculiar' symptoms/signs; particular/local symptoms/signs; pathological symptoms/signs; ætiological and historical symptoms/signs; modalities; paradoxical symptoms/signs; constitutional aspects; sexuality; miasmatic aspects; family aspects.)*
- Methodologies or rationales of prescribing, depending upon the case and its needs *(historical (including 'never well since'); local / presenting sign; pathological; constitutional; miasmatic; specific; organotropic; regulatory / detoxifying; prevention).*
- A clear understanding of the factors that affect the likelihood of 'cure' or success in a case, including: *endogenous healing capability; removal of obstacles to healing; stimulation of healing capability; effect of previous medication.*
- A clear understanding of the meaning of 'obstacles to recovery' and necessary actions to deal with them, in application to all common domestic species.
- Isopathic and tautopathic prescribing, their meaning and how they may relate to or complement homeopathy.
- The relationship and possible interactions between conventional medicines and homeopathic medicines and the implications for a case that may be 'jointly' managed with a combination of both.
- A clear understanding of the difficulties inherent in attempting to extrapolate from observed behaviour in animal patients to symptoms of the mind, as recorded in the repertory and materia medica; strategies to expand on such information.
- A clear understanding of the modalities in animals, their importance, determination and reliability.
- Posology *(potency, frequency, duration; factors governing selection of these variables; factors governing route of administration and methodology for various species or circumstances).*
- The second prescription *(patient and response evaluation at the first follow-up; interpretation of possible sequelæ and possible courses of action, based upon these various possibilities).*

Comparative therapeutics

- Posology and adapting the methodology of administration, in different species and circumstances
- The challenges and difficulties presented in transferring homeopathy to animals
- The particular challenges of dealing with the farm situation and the application/adaptation of homeopathic therapeutic principles to this arena
- The benefits that a knowledge of animal materia medica and therapeutic experience can bring to homeopathy

Herd medicine

- Application of homeopathy to groups of animals, whether farm or other context including compromises that may be needed and the various strategies that may be employed, compatible with sound homeopathic principles.

Organic farming

- An understanding of the needs of 'organic' farming enterprises and how homeopathy may satisfy some of those needs.

Species covered

- Companion animals (dogs and cats)
- Aspects of cattle, sheep, pigs, horses
- Aspects of cage pets and 'exotic' species should nonetheless be covered, so some expertise in these various species will be represented in the teaching team, in order to guide students satisfactorily

The curriculum emphasises the requirement that candidates must demonstrate competence in general veterinary principles and practice, safe sound homeopathic principles and methodology and appropriate animal handling.

The homeopathic medicine list (pages 20-22) is advisory only. There is no requirement for full coverage during teaching courses of the listed homeopathic medicines, or for the examination to be restricted to these medicines alone. It is the responsibility of the individual student to ensure a good working knowledge of homeopathic materia medica. However, where unlisted homeopathic medicines may be involved in any part of the examination, **detailed** knowledge of them will not be expected. It is recommended that while some detailed knowledge of materia medica is necessary, teaching and learning should reflect an understanding of the relevant groupings of remedies with a strategy on focussing onto the individual remedy rather than simple knowledge of lists of symptoms.

ADVISORY LISTS OF HOMEOPATHIC MEDICINES

The following three lists indicate the homeopathic medicines suggested by the board of veterinary examiners as those with which a candidate for the Veterinary Membership examination should be familiar, at the specified levels. Candidates should be aware of the possibility of species variation and of the specifically human aspects that may not be relevant to the veterinary situation. **Emphasis is given to the veterinary relevance of answers, rather than repetition of 'human' symptoms which may be of questionable relevance.**

The division of the list into three sections is intended to be helpful in prioritising study.

LIST A

Contains the medicines of which a comprehensive and detailed working knowledge is expected. This knowledge should include source, familiarity with possible clinical applications, constitutional implications, 'miasmatic' tendencies, functional properties, 'family' associations, related homeopathic medicines, modalities etc., in addition to the effects upon the mind and upon the various organ and tissue systems.

LIST B

Contains those medicines whose source, key materia medica and basic prescribing features (including common clinical and pathological indications) candidates will be expected to know.

LIST C

Contains those medicines for which source and important local/pathological and clinical indications is recommended.

None of the lists is intended to be definitive, nor should it be assumed that the lists distinguish remedies in order of importance;

These lists are issued purely as a guide and <u>some</u> knowledge of other homeopathic medicines may be expected during the examination. The student of veterinary homeopathy will inevitably encounter other homeopathic medicines during practice and study and will need to be acquainted with a greater range than this, during his or her career.

VETERINARY LIST OF MEDICINES (REVISED 2016)

Plant remedies

List A	List B	List C
Aconitum napellus	Allium cepa	Abrotanum
Arnica montana	Aloe socotrina	Actaea spicata
Belladonna	Anacardium	Agnus castus
Berberis vulgaris	Apocynum cannabinum	Æsculus hippocastanum
Bryonia	Adonis vernalis	Aristolochia clematitis
Carbo vegetabilis	Bellis perennis	Baptisia
Chamomilla	Berberis	Arum triphyllum
Conium	Cactus grandiflorus	Baptisia
Dulcamara	Camphora	Cistus canadensis
Gelsemium	Carduus marianus	Calendula officinalis
Ignatia amara	Caulophyllum	Cannabis sativa
Lycopodium	Cicuta virosa	Capsicum
Nux vomica	Cimicifuga racemosa	Cina

Pulsatilla Rhus toxicodendron Ruta graveolens Staphisagria Stramonium Thuja occidentalis Veratrum album	Chelidonium majus Cinchona officinalis (China) Cocculus Colchicum autumnale Colocynthis Convallaria Cratægus Digitalis Drosera Euphrasia Hamamelis virginica Helleborus Hydrastis Hyoscyamus Hypericum Ipecacuanha Iris versicolor Kreosotum Lathyrus sativus Laurocerasus Ledum Lilium tigrinum Mezereum Opium Phytolacca Podophyllum Sabadilla Symphytum officinale Urtica urens	Clematis Coffea cruda Cyclamen Croton tiglium Dioscorea Dolichos puriens Equisetum Echinacea Eupatorium perfoliatum Flor de piedra Fragaria Ginkgo biloba Helonias Kalmia latifolia Lobelia inflata Lycopus virginicus Millefolium Myristica Nux moschatus Passiflora Paeonia Raphanus Rheum Rhododendron Sabina Sarsparilla Scutellaria Senega Senna Solidago Spigelia Strophanthus Ranunculus bulbosus Rumex crispus Sabal serrulata Sambucus nigra Sanguinaria Syzigium Tabacum Taraxacum Thlaspi bursa Uva ursi Valeriana Verbascum Viburnum opulis Veratrum viride Viscum album Wyethia

Animal remedies

List A	List B	List C
Apis mellifica	Ambra grisea	Asterias
Calcarea carbonica	Bufo rana	Bothrops
Lac caninum	Cantharis	Carbo animalis
Lachesis	Cenchris contortrix	Elaps corallinus
Sepia	Crotalus horridus	Latrodectus mactans
Tarentula hispania	Coccus cacti	Murex purpurea
	Naja tripudians	Mygale
	Spongia tosta	Serum Anguilla
	Tarentula cubensis	Vipera
	Theridion	

Mineral remedies

List A	List B	List C
Alumina	Acetic acid	Baryta muriatica
Ammonium carbonicum	Alumen	Benzoic acid
Antimonium crudum	Borax	Bromium
Antimonium tartaricum	Calcarea sulphurica	Calc sil
Argentum metallicum	Fluoricum acidum	Cinnabaris
Argentum nitricum	Kali sulphuricum	Glonoinium
Arsenicum album	Kali iodatum	Gunpowder
Arsenicum iodatum	Kali muriaticum	Hecla lava
Aurum metallicum	Kali phosphoricum	Kali arsenicum
Baryta carbonica	Kali sulphuricum	Kali bromatum
Calcarea fluorica	Mercurius cyanatus	Lapis albus
Calcarea phosphorica	Mercurius dulcis	Magnesia carbonica
Causticum	Muriatic acid	Magnesia muriatica
Cuprum metallicum	Natrum carbonicum	Mercurius iodatus (flavus & ruber)
Ferrum metallicum	Natrum phosphoricum	Natrum arsenicum
Ferrum phosphoricum	Natrum sulphuricum	Palladium
Graphites	Stannum metallicum	Picricum acidum
Hepar sulphuris calcareum	Uranium nitricum	Radium bromatum
Iodum		Sanicula aqua
Kali bichromicum		Sulphuricum acidum
Kali carbonicum		Tellurium
Magnesia phosphorica		Uranium nitricum
Mercurius corrosivus		
Mercurius solubilis		
Natrum muriaticum		
Nitricum acidum		
Petroleum		
Phosphoricum acidum		
Phosphorus		
Platina		
Plumbum metallicum		
Silica		
Sulphur		
Zincum metallicum		

Nosodes

List A	List B	List C
Carcinosin Medorrhinum Psorinum Syphilinum Tuberculinum bovinum	Bacillinum Lyssin	Hippozænium Malandrinum Variolinum

Fungal remedies

List A	List B	List C
Agaricus muscarius	Secale cornutum Ustilago	Bovista

Miscellaneous

List B
Bowel Nosodes Pyrogenium

B. Sample format for case histories

These selected case histories are not intended to act as a strict model or template for candidates' presentations; they are merely a selection taken from previous examinations. Opinions expressed therein are not necessarily the opinion of the Faculty.

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 the demonstrated form, they may be in the form of a narrative of the owner's responses to the candidate's questions, they may take the order dictated by the particular consultation or any other format, so long as all the required information (outlined on pages 4 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.

Case history 1

Owner ID: **MarT**

Species: **Canine**

Breed: **GSD x Border Collie**

Name: **Molly**

Sex: **Female - neutered**

Age: **3 years**

Molly is a working seizure alert dog

Presenting Problem: **Chronic Vomiting**

PAST HISTORY AND TREATMENT

RSPCA Stray - Spayed at 6 months - haemorrhage complication - thickened flank scar line.

Travel sickness as a young dog - only OK if her head was out of the car window.

01/02/93 Chosen by current owner and trained as a seizure alert dog. The owner chose her because of her temperament and her very acute hearing and responsiveness in set tests.

10/02/93 Vaccinated and wormed

25/05/93 Fungal otitis externa - Rx Surolan

06/01/94 Vomiting diagnosed as low-grade gastritis - Rx Metronidazole t.i.d. x 30 days/Prednisolone 4mg s.i.d

22/01/94 Improved but grossly enlarged right SMLN - Rx Metronidazole t.i.d x 30 days, Drontal Plus Wormer

04/02/94 Rx Metronidazole t.i.d. x 30 days

09/06/94 Vomiting again - Rx Dexamethasone inj/ Metronidazole t.i.d. x 30 days

13/11/94 Vaccinated

21/12/94 Referred for homeopathy

PARTICULARS / LOCALS

Vomiting: bile / frothy green

<morning - most mornings at the time of consultation

Occasionally during the day, but intermittent

When given access to the outside in the morning she ate grass and vomited

A lot of high pitched squeaking sounds in the abdomen during the preceding night

'Violent, long stomach contractions when vomiting'

> owner holding her belly

Once she had vomited, she sat for several minutes, then was back to normal

Stomach/Appetite: Wanted tinned food - would eat Pedigree Chum with relish

Picky with other food, picking out the meat first

She would often break off half way through her meal to 'socialise'

Easily satisfied

No flatus / flatulence

Loved highly spiced meat / curry - loved to cover herself with the smell of curry - tips it up and rolls in it.

Likes dairy products

Disliked fruit

Thirst ++++ - lots of little drinks

Stool / Urine: stool and urine normal

Sleep / Dreams: Sleeps well but always quick to wake and respond if owner in any trouble. Dreams ++++ whines, yelps, foot twitching, more recently

Other: Right ear - recurring itch with little to no discharge- > if held NOT usually at the same time as the stomach symptoms

MENTALS

'Molly works very hard in her job, she is very smart with a big vocabulary. She is tightly bonded to me. She likes her space and can get a bit down if things get on top of her. She is very sociable, and very nosy.'

Barks at strangers at the door - but is keen to meet them. She would bring them a soft toy very gently with her mouth. She would always want to play with children and Asians. The owner thought that she was probably in an Asian family home as a puppy.

Her way of relaxing was to hold a soft toy with her feet and suck it - she would put her whole mouth over it.

She has protected the owner when she was assaulted in the street - going full in to attack the assailant. Molly went through a period of refusing to work when they were in a situation of 'extreme threat' - i.e. windows were broken and vandal attacks were a norm for a period of several months until they were re-homed. Molly's reaction to this was to withdraw, and appear tired.

Molly could be aggressive towards other dogs who were bigger than her. She particularly disliked certain dogs, and she would not forget them.

She generally loved affection and would return it although she did not demand it - always being aware of the owner's needs and appearing not to want to overburden her.

She was not sure about fears - she thought that she was uncomfortable about things like thunder, but that Molly 'holds it in'.

GENERALS

Very active - loved exercise and running fast - but would lie totally calmly for as long as she was asked to in her job.

She adored water outside although hated the bath - she had to watch the owner when in the bath, and would always do it from outside the bathroom door.

She liked the rain - using it to cool off.

She disliked the heat - always staying in the shade, never by the fire. Her bed always had to be in an airy place. She was very distressed if the car heater was on.

She loved breezy, windy days.

IMPRESSIONS

Molly was an instantly likeable dog - coming in to the consulting room with her tail wagging, with an 'open' friendly face and manner.

She worked hard - e.g. answering the 'phone, pulling the plug out of the bath, pulling the owner to safety in the seizure, and alerting help. I had the feeling that Molly needed a holiday - with stress

being a major factor.

RUBRICS

Synthesis page number:	3	**Mind,** Affectionate
	37	**Mind,** Courageous
	31	**Mind,** Concentration, active
	1550	**Generals,** Air, open air
	626	**Stomach,** Desire for pickles
	674	**Stomach,** Vomiting, morning
	680	**Stomach,** Vomiting, green
	685	**Abdomen,** Contraction
	749	**Abdomen,** Rumbling, night

TREATMENT

23/12 /94	Phosphorus 30C b.i.d. x 5 days

FOLLOW UPS

03/01/95	All signs of vomiting and abdominal discomfort stopped after the third dose. The owner discontinued the treatment.
21/06/95	They had moved house one month previously, and the vomiting had restarted. She has become worried if left alone, the owner feels it is because she is worrying about her, rather than worrying about herself. She is more tense and getting tired easily. She had a repeat divided dose of Phosphorus 30C which quickly settled her down, and improved her vitality and ability to cope.
09/95	The owner has had enough of the UK and is emigrating to the USA. Molly had to go into kennels for a month while the owner settled, and was given a dose of Ignatia M, as she found the separation from her owner very difficult to deal with. As far as we know all is now well.

APPRAISAL

I approached this case on a constitutional basis and felt very confident with the choice on all levels.

Case history 2

OWNER:	**Mr C**
SPECIES:	**Feline**
BREED:	**Domestic short haired cat**
DoB:	**September 1987 (age when seen 7 years)**
SEX:	**Female (neutered)**
NAME:	**Vodka**
PRESENTING PROBLEM:	**Polydypsia and weight loss**
SOCIAL HISTORY:	**An only pet, lives at home with Mr and Mrs C**

HISTORY OF PRESENT COMPLAINT

Seen as a routine 10 minute appointment on 30.11.94 with a history of polydypsia over several months, recently associated with weight loss and now with total anorexia. The appetite until recently had been excessive despite the weight loss.

PAST HISTORY

Vaccinations against cat flu and enteritis have been done regularly. A minor anal sacculitis in 1994 was treated with antibiotics. No other health problems.

FAMILY HISTORY

None available.

HOMEOPATHIC HISTORY

Appearance: was in very poor condition with marked emaciation and evident dehydration. Weak. Staring coat, unkempt. Reported to be too weak to jump up.

Demeanour: looked worn out, too weak to complain about handling, although some resistance to blood collection was encountered.

MENTALS

Had stopped playing. Used to like company but now looks very sad and wanted to be on her own all the time. Did not like attention and could get 'stroppy' when disturbed. 'Tired and sad'.

GENERALS

She likes to lay close to a heat source. Time modalities were not noted. Severely emaciated. Appetite had been excessive, now completely absent. Desires and aversions not asked. Thirst was very excessive.

LOCALS AND PARTICULARS

Eyes: Sunken, gelatinous, viscous discharge medial canthi.

Head: Marked muscle wastage evident.

Mouth: Pale dry mucous membranes and tongue. Moderate dental tartar.

Abdomen: Scanty small hard stools could be felt in the colon and rectum despite the anorexia of 3 days duration. Kidneys felt normal, liver not palpable.

Skin and coat: Unkempt; had a slightly greasy feel to it.

Extremities: Again very evident muscle wastage.

Respiratory system: Shallow respiration.

Cardiovascular system: Thin rapid pulse. Heart sounds weaker than usual.

PHYSICAL EXAMINATION

Most aspects of this have been mentioned. Other features include a subnormal temperature, and the obvious marked dehydration. She weighed only 2.2kg.

DIAGNOSIS AND TREATMENT

Vodka first treated with antibiotics and vitamin B12 injection, but was admitted the following day. Blood biochemistry was run and she was put onto normal saline i/v infusions over 24 hours. Antibiotic cover was given.

Blood biochemistry was generally unremarkable except for a blood glucose level of 15.11 mmol/l. A diagnosis of suspected diabetes mellitus was made, but it was unconfirmed at this stage by urinary glucose assessment. The level of glucose in such an emaciated patient was considered to be too high to be purely a stress response. The diagnosis was also consistent with the long history of pd/pu and weight loss.

The suspicion seemed to be confirmed when, the following day, having had 500mls normal saline by i/v infusion over 24 hours, a repeat blood glucose assessment showed a level of 17.89 mmol/l. Her demeanour had improved however, and she began to show a slight interest in food. She was allowed home, with antibiotic cover continuing, but insulin therapy was not considered at this stage, as confirmation of glucosuria had not yet been possible.

HOMEOPATHIC TREATMENT

A split dose of Natrum muriaticum 1m was given (3 tablets 12 hours apart) commencing 1.12.94. This was given after she had become much stronger following the i/v infusion. She had not been presented as a homeopathic patient, and full repertorisation was not carried out. The prescription was based on the following characteristics, which have been put into rubrics (Synthesis repertory):

MIND: Company; aversion to p29
Consolation aggravates p36
Irritability, sadness with p133

GENERALS: Emaciation (marasmus); appetite with emaciation, ravenous p1584

STOMACH: Thirst; extreme p671

FACE: Greasy p506

This would give Natrum muriaticum 18/6, Sulphur 11/6, Sepia 11/5, Lycopodium 9/6, Calcarea carbonica 9/5, China officinalis 9/5.

FOLLOW UP

The owner managed to get a urine sample on 6.12.94, which tested normal with negative glucose. The cat was reportedly vastly improved, so he was brought in the same day to repeat blood glucose assessment. This was done, the result being a level of 6.69mmol/l, well within normal range. She was eating well, had become much more amenable, more like her old self, and had gained 300g (weighing 2.5kg).

Seen again 10.1.95. Reported back to normal, thirst normal for the first time for months, weight 3.1kg (a further 600g increase) and normal activity levels. The dehydration was obviously gone and the muscle wastage was less prominent.

Seen on 22.3.95. Weight now 3.3kg (a 50% since treatment began). No further treatment was given. No further tests were carried out, as it seemed unnecessary.

Seen on 28.12.95. Similar signs were recurring. On this occasion a urine sample was obtained, and was negative for glucose although did show trace haematuria and proteinuria. Antibiotics were given at owner request, but a further split dose of Natrum muriaticum 1m was also given. She weighed 2.9kg.

Seen on 18.4.95 for routine boosters, but she was still 'not right' since December when last treated. She still weighed 2.9kg. No blood or urine assessments were done at this time. The owner agreed to having homeopathy alone, and another split dose of Natrum muriaticum 1m was also given, this time in 10m potency. This apparently improved the cat markedly within a very short time. There has been no recurrence of any problems. Vodka was seen for annual boosters in April of 1997, was in a very good condition and weighed 3.3kg.

DISCUSSION

Although antibiotics were given concurrently in this case, it seemed most likely that there was a diabetic state as the major problem, which would have been unaltered by their usage. It could be argued too that the i/v fluids strengthened the patient sufficiently to overcome months of decline, but again that would seem to be most unlikely. The dramatic response to the remedy, and the reversal of the well-established deterioration, all points to the remedy having fundamentally corrected the malady. The very good response to the same remedy at a later stage, particularly the higher potency when given without concurrent conventional therapy, would also indicate a homeopathic response. There is good reason to have given China officinalis as the first remedy, as it comes out on the repertorising, and is a good support remedy following fluid loss, and I would retrospectively have used this initially while strengthening the patient. The important thing was to challenge a weakened vital force with a high potency preparation until it had been restored to a position where there could be sufficient vital response.

Case history 3

NAME: **Jake**

OWNER: **Mrs S**

SPECIES: **Canine**

BREED: **German Shepherd**

SEX: **Male**

D.O.B.: **February 1989**

AGE: **6 years**

COLOUR: **Black and tan, long coat**

PURPOSE: **Companion**

PRESENTING: **Pannus**

PREVIOUS MEDICAL HISTORY

Jake received a course of 3 puppy vaccinations in May-July 1989. He has had annual boosters (DHLP) most years.

14.10.89 Diarrhoea and vomiting 2-3 days, treated with Emequell, Clamoxyl and dexamethasone.

17.10.89 Face swollen, treated with dexamethasone and B12. No vomiting or diarrhoea.

19.1.90 Lame right hind leg. Left-sided hip dysplasia diagnosed by radiography. This treated with Laurabolin and PLT tablets.

16.5.90 Enduracell 7

10.5.91 Vanguard 7, Lopatol

3.8.93 Yellow diarrhoea for a few days. He was injected with Emequell and Borgal and given Kaobiotic tablets.

26.8.93 Vanguard 7, weight loss, enlarged spleen

7.10.93 Weight gain, spleen normal. The vet had problems examining Jake's right inguinal area because he 'resented' it.

4.2.95 Vanguard 7, Program, Lopatol. The vet made no mention of eyes or stool.

HISTORY OF PRESENTING COMPLAINT

20.7.95 Bilateral pannus with corneal pigmentation, granulation, neo-vascularisation and scarring affecting the mid-lateral cornea i.e. 3 o'clock and 9 o'clock on left and right eye respectively. Fluorescein dye and Schirmer tear tests were normal. It was treated with Predsol-N eye drops 6 times a day to both eyes.

31.7.95 Eyes much improved continue treatment.

31.7.95 Eyes stable. Owner interested in homeopathy.

FAMILY HISTORY

Sire was imported from Germany.
Dam developed pseudopregnancies after Jake's litter.

SOCIAL HISTORY

Mr and Mrs S have a cat and a daughter. Mrs S is completely devoted to her dogs and works from home.

HOMEOPATHIC HISTORY - 19.9.95

Appearance Jake was a large dog with a thick, long coat.

Manner Jake was not a dog that I would trust. He would stay close to his owner and growl whenever he was examined. A full physical examination was not performed because I wished to build some trust between myself, Jake and Mrs S. See mental symptoms.

Mental symptoms Mrs S. did not bring Jake to the surgery for nearly 2 years because she was upset by what had happened previously. Jake had apparently growled and turned around on the vet when she had attempted to take his rectal temperature and examine his abdomen. This had resulted in him being muzzled and 'manhandled', which had greatly upset all concerned.

Mrs S described him as being nervy and uptight. Whenever he was upset, he developed diarrhoea. She thought that he tried too hard to please her and got himself into a state. He was 'never naughty'. He was her 'baby boy', her shadow. He was very protective of Mrs S. If possible, he was always with her but did not get upset if he was left on his own in the house. He was lively, intelligent and became upset if he was reprimanded which was rare.

He was jealous of the cat and became 'resentful' if he was reprimanded for chasing the cat. He would become aggressive in response to aggression from another dog and has become especially wary of other dogs since he was attacked by a Labrador. He growled at one of her daughter's friends and would bark and growl at strangers approaching the house. He once pinned a gas man against the wall of the house. He was frightened of lorries, loud noises and domestic arguments.

GENERAL SYMPTOMS

Temperature: Worse for heat, better for cool weather.

Air: Likes cool fresh air.

Water: Doesn't like to swim unless very hot and he was with the children. He would

stand in puddles to drink.

Time: No modality noted.

Food: Fed Chappie tinned food and dry dog food. Desires sweets, cat food, human food, crisps and grass.

Appetite: Picky

Thirst: Not very thirsty. He was very thirsty when fed Pascoe's dog food.

LOCAL SYMPTOMS

Eyes: Bilateral pannus with corneal pigmentation but less inflammation since the Predsol-N drops. Approximately two thirds of each cornea was affected. Mrs S thought that the eye problem began after they moved house, which was 9-10 months ago. Mrs S. thought it was aggravated by an allergy. Aggravated when he has diarrhoea.

Rectum: Yellow/green liquid diarrhoea with mucus, no blood, aggravated by emotion and change in diet e.g. visit to vets, leftovers, eggs, sweets. No flatus or flatulence observed. No control over bowels when he has diarrhoea. He has soiled the house on previous occasions.

Urinary: Never cocks his leg in the garden i.e. squats, but will cock his leg when outside the garden.

Male: Not interested in bitches.

Extremities: Licks in between toes of right fore-paw when stressed. Very sensitive feet i.e. will not allow nails to be cut.

Sleep: Sleeps a lot but is awake and up as soon as Mrs S moves.

PHYSICAL EXAMINATION

Limited to observation, head and thorax at first attempt.

Condition: Very good.
Eyes: As described.
Chest: NAD
Coat: Thick and healthy.
Gait: No lameness observable.

INVESTIGATIONS

Schirmer tear test normal, fluorescein negative.

CLINICAL DIAGNOSIS

Bilateral pannus with nervous diarrhoea.

RUBRICS

Kent's Repertory

Mind, anxiety p4

Jake was obviously an anxious dog

Mind, jealousy p60

He was very protective of Mrs S

Mind, suspicious p85

He did not trust us at the Veterinary Surgery

Generalities, warmth aggravates p1413

Rectum, diarrhoea, fright after p613

He had nervous diarrhoea

Rectum, diarrhoea, indiscretion p613

A change in diet caused diarrhoea

Eye pannus p261

This was the presenting complaint. Other rubrics e.g. Eye, inflammation, cornea and Eye,opacity were considered.

RESULTS OF REPERTORISATION

Pulsatilla 7
Phosphorus 6
Argentum nitricum 5
Sulphur 5
Bryonia 5

MANAGEMENT

Argentum nitricum 200c, one tablet every 12 hours for 3 doses. We did not think that it was appropriate to stop the Predsol-N, so the dosage of the eye drops was decreased to twice daily.

Reference to the Materia Medica led me to choose Argentum nitricum for the following reasons:

1 Anxiety

2 Pannus - clusters of intensely red vessels across cornea.

3 Eye symptoms aggravated by abdominal symptoms.

4 Pterygium of pink colour.

5 Desires sweets and salt.

6 Greenish, watery stools with mucous, after emotional disturbance or sweets.

7 Male, desire wanting.

8 Worse emotions, anxiety, sugar, warmth.

9 Better cold, open air.

Knowledge of the Repertory and Materia Medica were necessary to find the simillimum. If other rubrics had been chosen then it was possible that Argentum nitricum would have been higher e.g. stomach, desires sugar. The simillimum was found.

FOLLOW UP

11.10.95 Mrs S telephoned to say that Jake had one bout of diarrhoea on the second day of treatment, which settled without treatment. She did not bring him in, because she was still concerned that a visit to the vets may aggravate him.

24.11.95 Jake was much more relaxed. He did not growl. His eyes did not look 'active' and there was a decrease in the neovascularisation and granulation. There had been no diarrhoea. I was able to examine a tense abdomen. Mrs S had been applying the eye drops once every 3 days. This was to be discontinued, unless there was an aggravation.

2.3.96 Vanguard 7, Intrac and Drontal-plus. Jake was doing very well. There have been no bouts of diarrhoea and there only pigmentation on the cornea. I was able to examine him and give the Intrac.

24.5.96 There was an aggravation of the pannus with granulation and neovascularisation. It was suspected that there was a pattern of seasonal, allergic aggravation. Argentum nitricum 200c daily, for 3 days and Predsol-N twice daily for 7 days was prescribed.

14.8.96 Jake developed urinary frequency, poor appetite and diarrhoea after mating a bitch 2 days previously. Urinalysis: blood+++ protein+ SG1.030 Ph7. Clinical diagnosis was urethritis. Mrs S felt that the Argentum nitricum 200c that she had given had helped but it wasn't 'holding'. Argentum nitricum 200c every 12 hours for 3 doses and Synulox (amoxcyllin - clavulanate) 500mg twice daily for 7 days was prescribed. Arnica was considered. Mrs S did not bring Jake back in, but reported that he was normal within 48 hours.

14.2.97 Vanguard 7, Intrac and Drontal-Plus. Jake was a different dog! He was much more relaxed and happy to be in the surgery. I was able to examine him without problems. There was a small area of pigmentation in the lateral aspect of his right cornea. There have been no more episodes of diarrhoea. Mrs S has bought a male German Shepherd puppy to keep Jake company. They are about to move to a house with a larger garden to accommodate the dogs.

APPRAISAL

Jake has responded very well to his prescription and was a much more relaxed dog. The improvement in his vision had probably contributed to this. As pannus was regarded as an autoimmune disease, I did not expect it to completely resolve. It was encouraging that the pannus had been controlled without the continual use of topical prednisolone or cyclosporin. Jake can cope better with stress and changes without developing diarrhoea e.g. new dog, visiting the vet. He may need a repeat prescription or a new remedy if he encounters a stressor, which is greater than his ability to adapt.

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