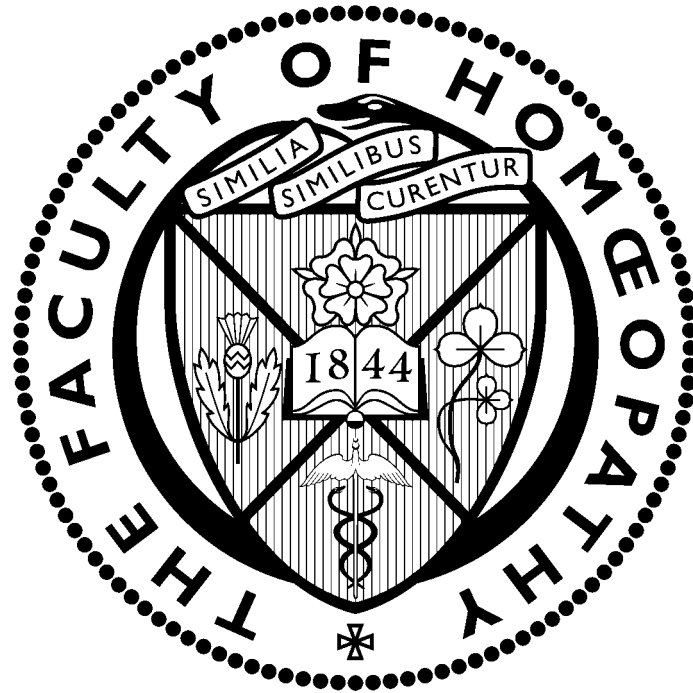


# Faculty of Homeopathy

## PRIMARY HEALTH CARE EXAMINATION



GUIDELINES

2010



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# Faculty of Homeopathy

## PRIMARY HEALTH CARE EXAMINATION

### SECTION 1

#### 1. The examination

The Primary Health Care Examination is a preliminary examination for statutorily registered healthcare professionals that entitles successful candidates to become Licenced Associates (LFHom) of the Faculty of Homeopathy. **Specific guidelines are available for dentists, nurses and podiatrists on request from the Faculty's Academic Office. A separate preliminary examination, the Veterinary LFHom Examination, is available for veterinarians and veterinary nurses and also leads to the LFHom qualification - guidelines are available from the Faculty.**

The Primary Health Care Examination has been developed over a number of years of educational and clinical research by the Academic Departments of Glasgow Homoeopathic Hospital and was piloted in 1994. The Faculty of Homeopathy has accredited the examination.

Through its Academic Board, the Faculty of Homeopathy monitors the standard of the examination and curriculum. The Academic Board includes representatives of all Faculty-accredited teaching centres – Aberdeen, Bristol, Glasgow, London and HPTG in York.

The examination paper consists of 100 multiple choice questions. The duration of the examination is a maximum of two hours although many people finish the exam in less than the allotted time.

#### 2. Entry criteria

The PHCE is open to healthcare professionals who hold a qualification that is registrable in the UK, or hold a qualification registrable in an EU country where they practice. When you apply to sit the examination, it is your responsibility to supply the Faculty with details of your professional registration.

#### 3. LFHom qualification

If you pass the PHCE, you may apply to become a Licenced Associate of the Faculty of Homeopathy. Once your application has been accepted, you may use the letters LFHom followed by a suffix denoting your profession e.g: LFHom(Med); LFHom(Pharm); LFHom(Osteo); otherwise a suitable suffix will be used for your particular profession.

The examination paper is adapted to meet the needs of specific groups of healthcare professionals. There are papers for dentists, doctors, nurses and midwives (who take the same paper as nurses), pharmacists and podiatrists. The qualification LFHom is awarded to overseas candidates provided that their qualification is registrable within the UK.

If you become a Licenced Associate, your continued use of the qualification LFHom depends on your fulfilling these two requirements:

- (i) you do not allow your Faculty membership to lapse.
- (ii) you fulfil the Faculty's Continuing Professional Development requirement. For LFHoms, currently, this is a minimum of 6 hours per year attendance based activity plus 10 hours per year of self-directed study, averaged over three years. This is in addition to the CPD requirement of your own profession. Further details will be supplied to you once you become a Licenced Associate member. Overseas members are encouraged to fulfil the CPD requirement but are not required to do so to retain membership.

#### **4. Aims and scope of the PHCE**

As interest in and demand for homeopathy grows, it is important that healthcare professionals are able to give informed guidance to patients and clients. If you pass the examination, you will have knowledge and understanding of:

- i. what homeopathy is
- ii. what it can achieve
- iii. what its limits are
- iv. how it integrates with contemporary health care
- v. when a patient would benefit from referral to a specialist
- vi. how to arrange a specialist referral
- vii. how to act supportively while a patient is under specialist care
- viii. how to use homeopathy in a specified number of targeted clinical situations integrated with normal professional practice in day-to-day patient care.

Attendance at a foundation course accredited by the Faculty involves receiving a minimum of 30 hours of teaching. In addition you will normally need a further 120 hours of private study.

Success in the examination denotes a basic level of competence which will enable you to augment your existing professional skills through the practice of sound, basic homeopathy. It does not equip you to analyse and treat chronic or complex cases other than by the circumscribed use of the particular targeted applications defined in the curriculum. Neither will you be able to take referrals from other colleagues. At all times you are expected to practise within the scope and limits of responsibility of your normal professional practice. These limits are fully described in the syllabus on pages 8 to 20.

#### **5. Faculty-accredited training**

The examination is based upon the syllabus studied in the Faculty-accredited foundation course. You may apply to sit the PHCE without having undertaken Faculty-accredited training, although it is strongly recommended that you complete the foundation course to avoid the risk of failure in the examination.

#### **6. Results**

After the examination, the Faculty of Homeopathy will let you know (i) whether you have passed or failed, (ii) your mark and (iii) the average mark for those sitting your paper (depending on the number of candidates who sat the exam). Results are sent by post within approximately one month of the examination for sittings in the UK (or two to three months if outside the UK).

**Results cannot be given out by telephone.**

If you wish to appeal against your result you must write to: Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE within one month of receipt of your marks.

## **7. Regulation of standards and safety**

If you become a Licenced Associate (LFHom), the Faculty will ensure safety and quality of clinical care by requiring that you adhere to certain professional standards and remain within the normally recognised limits of practice and competence of your professional discipline. You are also bound to practise within the limits of your homeopathic competence at LFHom level.

If you breach the above, the Faculty may implement its disciplinary procedures which may include those of your professional regulatory body. The Faculty may withdraw your Licenced Associateship.

## **8. Further study**

LFHom level training is limited to familiarisation with homeopathy and targeted clinical competence. For those who wish to move towards the goal of more advanced clinical practice, this level of qualification can be used as the first step in on-going training. Doctors, dentists, nurses, pharmacists and podiatrists may study towards the Faculty's Membership examination and, if successful, use the letters MFHom, MFHom(Dent), MFHom(Nurse), MFHom(Pharm) and MFHom(Pod). In addition, pharmacists and podiatrists may take an intermediate diploma examination and if successful use the letters DFHom(Pharm) and DFHom(Pod). If you would like further information please contact the Faculty of Homeopathy at the address overleaf. Candidates who began training in 2006 or after, will need to have passed the PHCE exam and be a LFHom before applying to sit the MFHom examination.

## **9. Practical details**

Administration is undertaken by the Faculty and queries, application forms and fees should be directed to the Faculty Academic Office at the address overleaf. **Application forms must be submitted by the published closing date.**

The examination is held at Faculty-accredited teaching centres in Aberdeen, Bristol, Glasgow, London, York and locations overseas. Examination sittings and closing dates for applications are listed in the Faculty examinations calendar which can be obtained from the Faculty Academic Office.

### Overseas students

Candidates whose native language is not English may use a foreign language dictionary. Dictionaries will be scrutinised by the invigilator before the exam.

### Withdrawals

Notice of withdrawal from the examination must be given in writing to the Academic Office at the Faculty of Homeopathy (address on page 7). The examination fee less a 10% administrative charge will be refunded when notice of withdrawal is received before the published closing date for return of applications. No other refunds will normally be made. The Faculty will consider a refund less an administrative charge of 10% for withdrawals due to illness or will transfer an application to a later sitting.

### Transfers

Candidates may transfer their application to a future sitting provided that they notify the Faculty in writing before the published closing date for return of applications. **A 10% administrative fee will be charged.** Candidates may not transfer their application more than once unless they have obtained special approval from the Exams Administrator.

### Re-sitting the examination

Candidates who fail the PHCE may re-sit the examination during the following season - for example a candidate who fails the examination in the spring may re-sit it during the autumn. Candidates cannot apply to re-sit the examination at another centre during the same season. Candidates are also limited to no more than four attempts at the examination, unless they can give good reasons for further attempts and are supported by their teaching centre. Please note that if the examination is cancelled candidates will be allowed to take the exam at the next available sitting. Candidates who re-sit the examination pay a reduced examination fee.

### Applying for membership

Candidates who pass the examination will be sent a membership application form inviting them to apply for Licenced Associate membership of the Faculty. A separate fee is payable to the Faculty for this and must be paid annually to maintain LFHom status.

### Faculty contact details

Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE. Tel: 01582 408680 Fax: 01582 723032 Website: [www.facultyofhomeopathy.org](http://www.facultyofhomeopathy.org)

## SECTION 2

### A. Syllabus outline

#### BASIC PRINCIPLES

A basic understanding of historical and contemporary development, concepts and evidence including:

- Auto-regulation, hormesis, similars and minimum dose.
- Sensitivity in the ill person, individualisation, totality of symptoms.
- Materia medica sources: toxicology, provings, clinical.
- Outline of the theory of chronic disease and miasms.
- Scientific evidence: clinical data, trials and meta-analyses, laboratory experiments.
- Integration / relationship to other forms of care including conventional medicine and herbalism.
- Self-healing and placebo responses.

#### PHARMACY

Sources and preparations including:

- Mother tincture, trituration, succussion, serial dilutions
- Dilutional scales: X (D), C, LM
- Low & high potencies
- Hahnemannian & Korsakovian methods
- Biophysical models
- Prescription writing

#### CONSULTATION & CLINICAL SKILLS

A basic understanding of the consultation, history taking and case analysis in homeopathic care:

Perspectives of the illness:

- Presenting problem
- Aetiology
- Diagnosis & pathology
- Patients' disease reactions: the clinical picture
- Constitutional / fundamental reactions
- Constitution
- Biographical & past history including family history
- Typology & drug types
- Basic understanding of the concept of layers
- Concepts of acute and chronic case management

History taking and analysis:

- Understanding and categorising symptoms and their modalities
- Keynotes, totality, essence, strange rare and peculiar reactions
- Hierarchy of symptoms
- The repertories: their development and content, and their role in case analysis

## **THERAPEUTICS AND CASE MANAGEMENT**

A basic understanding in the following topics:

- Clinical applications of low & high potencies
- Speed of responses
- Repetition of the dose
- Changing dosage
- Changing remedy
- Schools of practice including Classical, Pluralistic, Complex and proprietary mixtures
- Clinical reaction patterns
- Acute, chronic and incurable cases
- Initial reactions - aggravations
- Direction of cure (Hering's law)
- Suppression
- Isopathy and tautopathy
- An introduction to nosodes

## **GENERAL CLINICAL APPLICATIONS**

Materia medica as listed, in the context of, the specified clinical conditions, modified by the boundaries of each professional discipline

Legal and ethical aspects of homeopathic prescribing within the context of different healthcare professions, including non-medical practice.

## B. PHCE medicines syllabus

### Learning objectives and outcomes

#### 1. TARGETED CLINICAL APPLICATIONS

Students will acquire the materia medica knowledge necessary to enable effective prescribing of a limited range of homeopathic medicines giving reliable results in a limited number of specified clinical applications in Primary Care.

OUTCOME: *Students will be able to apply their materia medica knowledge to prescribe the named medicine effectively in given clinical conditions.*

#### 2. KEY CHARACTERISTICS

Students will be able to recognise the key characteristics indicating named medicines in specific clinical conditions.

OUTCOME: *Students will know the essential outline of the clinical picture on which a prescription for the named medicine in the specified clinical conditions will be based.*

Students will be able to differentiate between named medicines indicated for the same specified clinical condition. Students will understand the significance of detailed symptomatology in making the differentiation of the homeopathic prescription in individual patients.

OUTCOME: *Students will be able to identify the key individualising characteristics of the named medicines.*

#### 3. DIFFERENTIATION OF MEDICINES

Students will be able to differentiate between the indications for the use of a number of named medicines in specified clinical conditions.

OUTCOME: *Students will be able to differentiate between the symptom pictures of the named medicines in the specified clinical conditions. Minimal symptom picture only required of secondary medicines, shown in brackets.*

#### 4. 'SEE ALSO'

An aide memoir of medicines with similar uses. The differentiation of these medicines will not be tested in the exam.

## C. Materia medica A-Z

### Materia medica listed by medicine name

(Medicines for comparison and differentiation are shown in relation to each targeted clinical application)

#### ACONITE

Targeted applications	Differentiation	See also
CROUP		
URT; CORYZA		Allium, Ars alb
SHOCK	Arn	
ANTICIPATORY ANXIETY [PANIC, FEAR]	Arg nit; Ars Alb; Gels	
FEVER	Bell; Ferrum phos	

#### Key characteristics

Acute conditions. Sudden or violent onset. Intense fear (death)

Restlessness, excitement, agitation

Fever. Thirst

Ailments from shock, fright, fear

Ailments from exposure to cold, dry wind

Modalities: < violent emotions, cold dry wind, night, especially around midnight; > open air

#### APIS MELLIFICA

Targeted applications	Differentiation	See also
ACUTE M/SKEL CONDITIONS	Bryonia; Puls; Rhus; (Ledum)	
CONJUNCTIVITIS	Arg nit; Euphr; Puls	
ACUTE ALLERGIC REACTION		

#### Key characteristics

Hot, red, swollen, shiny, acutely painful joint(s)

Red, swollen painful conjunctiva and/or lids

Photophobia

Acute dysuria, frequency, painful urging

Oedema of face and/or eyes

Swelling eruptions and reactions to bites and stings

Swelling/oedema

Stinging and burning pains

Heat

Thirstless (in acute state)

Modalities: < heat, touch, pressure, afternoon; > cool air, cold applications

**ARGENTUM NITRICUM**

Targeted applications	Differentiation	See also
ANTICIPATORY ANXIETY	Acon; Gels; Lyc	
CONJUNCTIVITIS	Apis; Euphr; Puls	
GIT: DYSPEPSIA	Lyc; Nux	
DIARRHOEA, NERVOUS	Ars alb; Gels	

**Key characteristics**

High energy

Impulsive and hurried

Anxiety, anticipatory; phobia – with restless agitation

Diarrhoea; sweat; palpitation; flatulence (burping)

Purulent, acrid conjunctivitis

Pains like splinter

Modalities: < heat, stuffy, stress, sweets; > cool, open air, motionFood: Desires sweets AND salt < sweetsTemp and weather: hot, craves fresh air > cool air**ARNICA MONTANA**

Targeted applications	Differentiation	See also
TRAUMATIC SHOCK	Acon	
TRAUMA: PRE/POST-OP, DENTAL, POST-PARTUM; OVER-EXERTION (CRAMP)	Staphys	Rhus; (Hyp); (Led); (Ruta); Symph
BLEEDING	Ferrum phos; Phos	

**Key characteristics**

Bruising

Soft tissue damage

Capillary bleeding

Soreness

Stiffness

Mental state: denies problem, resents interference. Aetiology of trauma

Modalities: < touch, avoids touch; jarring, motion; > lying, rest**ARSENICUM ALBUM**

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
HAY FEVER; CORYZA	Euphr; (Allium); (Ambrosia); (Sabadilla)	
GIT: D AND V	Arg nit; Gels	

**Key characteristics**

Anxiety: insecurity, health, trifles, worrier; agitated restless; fastidious

Burning pains &gt; warmth

Acrid, scanty, watery (nasal) discharges; nasal discharge alt. obstruction; sneezing. Very chilly

Modalities: > warmth, hot applications, hot food, motion; < rest, midnight to 2 am; all cold, incl. cold food and drink, exertionFood: Thirst warm drinks, small amounts. Desires: sour things; Averse: fat; < fruit

## BELLADONNA

Targeted applications	Differentiation	See also
FEVER	Acon; Ferrum phos	
ACUTE OTITIS	Cham; Ferrum phos; Merc; Puls; (Hepar)	
PHARYNGITIS	Lach; Lyc; Merc; (Hepar)	
ABCESS	(Hepar)	
SUNSTROKE		
TEETHING	Cham	

### Key characteristics

Acute condition. Suddenness, intensity

Red, hot and dry. Thirst +/- High fever

Intense, throbbing, burning pain. Bright red face (flushed), ear drum or throat

Dilated pupils. Throbbing head. Febrile convulsion. Jerks and spasms

Oversensitiveness - all senses. Irritability. Night terrors, hallucinations, delirium, confusion

Modalities: < draft, light, noise, touch, jarring

Food: Desires lemons

## BRYONIA ALBA

Targeted applications	Differentiation	See also
ACUTE M'SKEL CONDITIONS	Apis; Puls; Rhus; (Ledum)	

### Key characteristics

Irritable, wants to be left alone. Joints red, swollen, hot

Stitching or bursting pains. Dry, thirsty

Modalities: < least motion; touch; heat; eating > pressure; lying on painful side; cool, open air

Food: Thirst for large amounts, cold drinks

## CALCAREA CARBONICA

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		

### Key characteristics

Anxiety/depression: fearful, state of mind, being observed, duty

Family cares

Characteristic morphology. Slow, sluggish – mind and body

Overweight, chilly, sweaty

Constipation (feels better)

Lymphadenopathy

Delayed development

Modalities: < cold, physical and mental exertion, pressure of clothes, milk, dentition; > rubbing, lying on back, dark

Food: Desires eggs, ice cream, sweets, indigestible things; averse coffee, meat. < milk

## CHAMOMILLA

Targeted applications	Differentiation	See also
TEETHING	Bell	
ENT: ACUTE OTITIS	Bell; Ferrum phos; Merc; Puls; (Hepar)	
COLIC	Coloc	

### Key characteristics

Frantic, angry, intolerance of pain; ugly, cross, uncivil and quarrelsome

Twitchings and convulsions during teething

Modalities: < evening/night, anger; > warm wet weather, being carried

Food: < Coffee

## COLOCYNTHIS

Targeted applications	Differentiation	See also
COLIC	Cham	

### Key characteristics

Cramping pain - > pressure, doubling up, warmth

Diarrhoea: watery, < after eating/drinking

(Ailments from) Anger

## EUPHRASIA OFFICINALIS

Targeted applications	Differentiation	See also
CONJUNCTIVITIS	Apis; Arg nit; Puls	
HAY FEVER; CORYZA	Ars alb; (Allium); (Ambrosia); (Sabadilla)	

### Key characteristics

Acrid tears, bland nasal discharge itching eyes, photophobia

Modalities: < evening, indoors, warmth, light; > open air, dark

## FERRUM PHOSPHORICUM

Targeted applications	Differentiation	See also
FEVER	Acon; Bell	
ENT: ACUTE OTITIS	Bell; Cham; Merc; Puls; (Hepar)	
BLEEDING	Arn; Phos	

### Key characteristics

Early stages of febrile illness and inflammation

Slow onset. Full, soft, flowing pulse. Flush/pallor

Dull red ear drum

Thirsty, sweaty, shivery

Modalities: < exertion, open air, jarring; > gentle motion

## GELSEMIUM SEMPERVIRENS

Targeted applications	Differentiation	See also
ANTICIPATORY ANXIETY	Acon; Arg nit; Lyc	
URT: FLU	Merc	
DIARRHOEA, NERVOUS	Arg nit; Ars alb	

### Key characteristics

Weakness. Anxiety, anticipatory, stage fright; phobia

'Paralysis' of mind, voice or body; heaviness, tremor, incoordination

Flu: shaky, listless, heavy, drowsy, dull, headache; thirstless

Gradual onset, low grade fever

Modalities: < damp weather, heat, thinking of symptoms; > sweating, urinating, open air, motion

## IGNATIA AMARA

Targeted applications	Differentiation	See also
EMOTIONAL AILMENTS	Nat mur; Staphys	

### Key characteristics

Grief - silent, sighing

Volatile emotions. Disappointed love

Contradictory/paradoxical symptoms

Sensation of a lump. Spasm

## IPECACUANHA

Targeted applications	Differentiation	See also
URT: COUGH	Phos	
GIT: NAUSEA; VOMITING	(Cocculus)	

### Key characteristics

Cough: wheezy, spasmodic, causing vomiting, < movement

Nausea, constant; vomiting (doesn't relieve) – nothing ameliorates, clean tongue

< smell of food, movement; salivation

## LACHESIS

Targeted applications	Differentiation	See also
PMT AND MENOPAUSE	Nat mur; Puls; Sep	
ENT: PHARYNGITIS	Bell; Lyc; Merc; (Hepar)	

### Key characteristics

Anger, jealousy, tirades, loquacity. High libido

Bloating, < tight clothes. Purplish discolouration

Flushes of heat. Left sided. Hot. Intolerance of tight clothes

Pharyngitis: L sided, < warm food/drinks, < liquids cf solids

Modalities: > free discharges, e.g. onset menstrual flow, cool air; < after sleep/waking, morning, heat (sun), alcohol

## LYCOPodium CLAVATUM

Targeted applications	Differentiation	See also
ANTICIPATORY ANXIETY	Arg nit; Gels	
GIT: FLATULENCE	Arg nit	
ACUTE DYSPEPSIA	Arg nit; Nux	
ENT: PHARYNGITIS	Bell; Lach; Merc; (Hepar)	

### Key characteristics

Anxiety, anticipatory, lacks confidence, but performs well – conscientious, desire to be in control, irritable, hypochondriacal

GIT symptoms: heartburn, fullness, distension, flatulence (belching, passing flatus; both ameliorate) Pharyngitis: R sided, > warm drinks

Modalities: < 4pm - 8pm, heat (exc throat), eating; > after midnight, cool air, motion, urinating, belching

Food: Desire sweets; < Onions

## MERCURIUS SOLUBILIS

Targeted applications	Differentiation	See also
URT: FLU	Gels	
TEETHING	Cham	
ENT: ACUTE OTITIS	Bell; Cham; Ferrum phos; Puls; (Hepar)	
PHARYNGITIS/TONSILLITIS	Bell; Lach; Lyc; (Hepar)	

### Key characteristics

Fever: sweat ++, offensive, < heat and cold, tongue swollen and indented, metallic taste

Teething: sweaty, salivation ++. Offensive sweat, breath, discharges. Mouth ulcers

Modalities: < night, sweating, lying on right side, when heated, drafts, damp cold; > moderate temperature, rest

## NATRUM MURIATICUM

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
EMOTIONAL AILMENTS	Ign; Staphys	
PMT AND MENOPAUSE	Lach; Puls; Sep	

### Key characteristics

Grief, ailments from grief – can't cry or weeps alone, < consolation; hides feelings

Irritable, resentful, critical, dwells on upsets; self-doubt/self-criticism

Greasy skin and hair. Cold sores

Modalities: < sympathy, sea air, exertion, before menses, morning and forenoon; > fresh air, gentle exercise

Food: Desires salt or averse salt. Aversion to fat and slimy food. Thirsty

Temp and weather: Desires fresh air; chilly but intolerant of heat

## NUX VOMICA

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
GIT: DYSPEPSIA	Arg nit; Lyc	
OVER-INDULGENCE		

### Key characteristics

Anger, irritability, impatience, hard working (workaholic), hard living, fastidious, desire stimulants

GIT symptoms: indigestion, nausea (> vomit), constipation

Driving, efficient type A personality. Oversensitive: noise, smells, light

Modalities: < early morning, dry cold, open air, uncovering, high living, slight causes; > warmth, damp (exc before rain), lying

Food: Desires alcohol, spices, tobacco

Temp and weather: Chilly; intolerant of wind, < wind

## PHOSPHORUS

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
URT: COUGH	Ipecac	
BLEEDING	Arn; Ferrum phos	

### Key characteristics

Sympathetic, affectionate and very sensitive to others' feelings

Desires company; > reassurance and consolation

Anxious; Fears - something will happen, imaginary things, dark, thunderstorms

Cough: tickling, < cold air, talking; painful laryngitis. Burning pains > cold. Tendency to bleed

Modalities: < lying on left side, emotions, cold, evening; > eating; sleep

Food: Desires cold food, cheese, ice-(cream), salt, spices. Thirst for cold drinks

## PULSATILLA NIGRICANS

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
URT/ENT: ACUTE CATARRH	Merc	
OTITIS MED	Bell; Cham; Ferrum phos; Merc; (Hepar)	
CONJUNCTIVITIS	Arg nit; Euphr	
ACUTE M/SKEL CONDITIONS	Apis; Bryonia; Rhus; (Ledum)	
PMT AND MENOPAUSE	Lach; Nat mur; Sep	

### Key characteristics

Timid, shy, weepy, desires company and consolation/affection; changeable, obstinate, flirtatious  
Catarrh, snuffles – profuse, bland, yellow/green (and all discharges). Conjunctivitis. Styes - upper lid Symptoms changeable. Onset of symptoms at puberty

Modalities: < warmth, rest, beginning of motion, twilight, rich foods, fat; > cold, continued gentle motion, open air; after crying, lying on back

Food: Thirstless. Desires pastry and rich food, cold food. Averse to fat, hot food < bread, fat, fruit, pastry, rich food

Temp and weather: >open air, < heat, and stuffy/warm rooms

## RHUS TOXICODENDRON

Targeted applications	Differentiation	See also
ACUTE M/SKEL CONDITIONS	Apis; Bryonia; Puls; (Ledum)	

### Key characteristics

Joint pain and stiffness: Any joint

Restlessness. Cold sores

Essential modality cluster: temperature + weather + movement

Food: Desires milk

## SEPIA

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		
PMT AND MENOPAUSE	Lach; Nat mur; Puls	

### Key characteristics

Depressed, apathetic, irritable, put-upon, weary/worn out, averse loved-ones; < consolation

Libido low or lost. Never well since child birth

Pelvic bearing down pain. Sweaty. Sallow complexion

Modalities: < cold air, before menses, afternoon and/or evening, before storm; > dancing, strenuous exercise, warmth, thunderstorm

Food: Desires vinegar, pickles and acids. Aversion to meat, fats and rich food which <

## STAPHYSAGRIA

Targeted applications	Differentiation	See also
TRAUMA: SURGICAL, INVASIVE, -OSCOPIES, -OTOMIES	Arn; (Hypericum); (Ruta)	
EMOTIONAL AILMENTS	Ign; Nat mur	

### Key characteristics

Incised wounds, surgical trauma, invasive procedures; cystoscopy, shincterotomy, etc.; pre-/postop care Cystitis after intercourse; Recurrent styes

Ailments from anger, grief and disappointed love, 'mortification' and humiliation, anger, suppressed anger/indignation

## SULPHUR

Targeted applications	Differentiation	See also
CONSTITUTIONAL PICTURE		

### Key characteristics

Lazy, selfish, philosophical, opinionated, untidy, hoarding

Redness of orifices. Hot feet - has to stick them out of bed

Faint sinking feeling (in abdomen) about 11am

Eruptions: itchy (< scratching, washing, at night), hot, red, excoriated

Conjunctivitis, blepharitis and styes: burning, itching, hot, red

Diarrhoea - driving out of bed in the morning

Modalities: < 11 am, bathing, becoming overheated, overexertion, standing, milk, >dry, warm weather, open air, motion

## D. Secondary target medicines

For 'usefulness' in targeted clinical applications only

MEDICINE	APPLICATION	KEYNOTES - FOR DIFFERENTIAL DIAGNOSIS
ALLIUM CEPA	Coryza, Hay fever	URT and conjunctiva: Watery eyes; excoriating watery nasal discharge; sneezing; rasping, spasmodic cough Modalities: < evening, warm room; > open air, cold room
AMBROSIA	Hay fever	URT and conjunctiva: Wheezing; watery discharge, eyes and nose; itching lids; sneezing
CANTHARIS	Insect bites (inflamed), burns	Burning vesicular eruption
COCCULUS INDICUS	Nausea and vomiting	Nausea with vertigo
CUPRUM METALLICUM	Cramp, night	Cramp in the calves and feet at night
HEPAR SULPHURIS CALCAREUM	Septic states: abscess, otitis, pharyngitis	Sudden, intense, foul discharge, offensive sweat, chilly, extremely irritable, oversensitive, thirsty. Helps abscess to mature/discharge. Sensitive to drafts
HYPERICUM PERFORATUM	Injury	Damage to sensitive/nerve-rich tissues; penetrating wounds; spinal injuries. Centripetal spread of pain
ISOPATHIC MEDICINES - HOUSE DUST MITE - MIXED POLLENS AND GRASSES	Homeopathic immunotherapy	
KALI BICHROMICUM	Acute catarrh	Sticky, stringy catarrh; maxillary sinus pain, root of nose
LEDUM PALUSTRE	Injury; puncture wounds; eye injury; insect bites, stings Acute m/skel conditions	Painful joints, > cold, pale; ascending progression. Chilly patient, symptoms > cold
RUTA GRAVEOLENS	Injury/strain: tendon, periosteum, joint	Temp and weather modalities as Rhus tox
SABADILLA	Hay fever	Profuse watery nasal discharge and sneezing; < cold room, cold drinks; > warm room, warm food and drink
SILICEA	Abscess, suppuration. Splinters, foreign bodies	Later stages of suppuration: aids resolution Sweats: Foot sweat foul. Chilly but sweaty Modalities: < cold air, damp, change damp to dry, pressure; > warmth, warm wraps
SYMPHYTUM OFFICINALE	Fractures; injury to bone, periosteum. Injury to eye and orbit	

## E. Sample PHCE questions

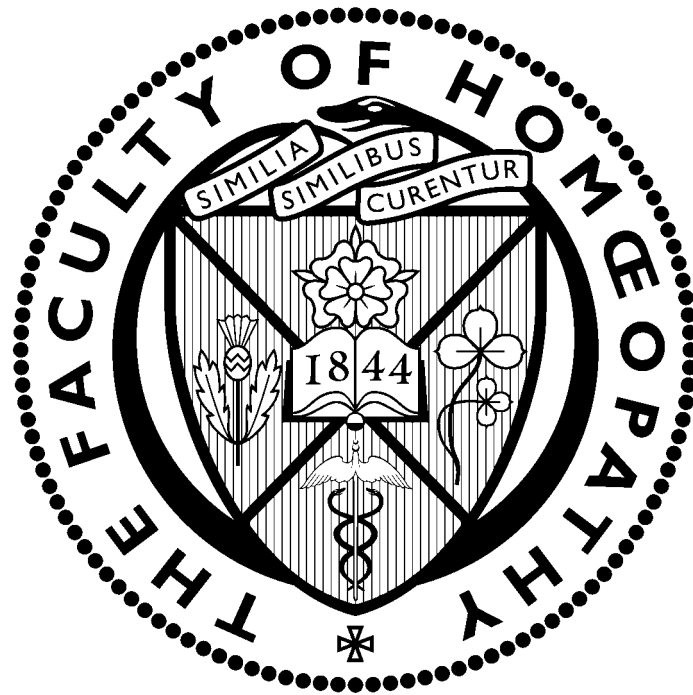
1. **The sensation of a lump in the throat (globus hystericus) is a feature of which of the following medicines?**
  - a) Carbo vegetabilis
  - b) Ignatia
  - c) Natrum muriaticum
  - d) Phosphorus
  
2. **Which of the following statements is FALSE?**
  - a) Nosodes are very deep acting medicines
  - b) Nosodes can be prone to cause aggravations
  - c) Nosodes provide good prophylaxis as travel immunisations
  - d) Nosodes should not be repeated frequently
  
3. **Hierarchy of symptoms means:**
  - a) The more symptoms of a particular type you have, the more important they are
  - b) Every case must have symptoms at all levels before you can prescribe accurately
  - c) Symptoms are related to the central nervous system
  - d) Symptoms are evaluated according to a set order of importance
  
4. **Which of the following groups best represents the picture of *Sepia*?**
  - a) Hyperactive and playful
  - b) Friendly and submissive
  - c) Tired but stimulated by activity
  - d) Aggressive and dangerous
  
5. **Which of the following is a typical feature of *Arsenicum album*?**
  - a) Restlessness
  - b) Aggravation by warm applications
  - c) Midday aggravation
  - d) Profuse salivation
  
6. **In waiting room fear, which one of the following is best indicated?**
  - a) Gelsemium
  - b) Ignatia
  - c) Lachesis
  - d) Nux vomica

## F. Further information

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

- **your registration as a health care professional**
- **your Faculty membership**
- **how to apply for the exam**
- **Licensed Associate membership**

please contact the Faculty Academic Office at the address on page 7. We can also provide you with a copy of the Faculty education leaflet, which will give you details of the accredited teaching centres, and the exam calendar which will tell you where you can sit the exam.



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