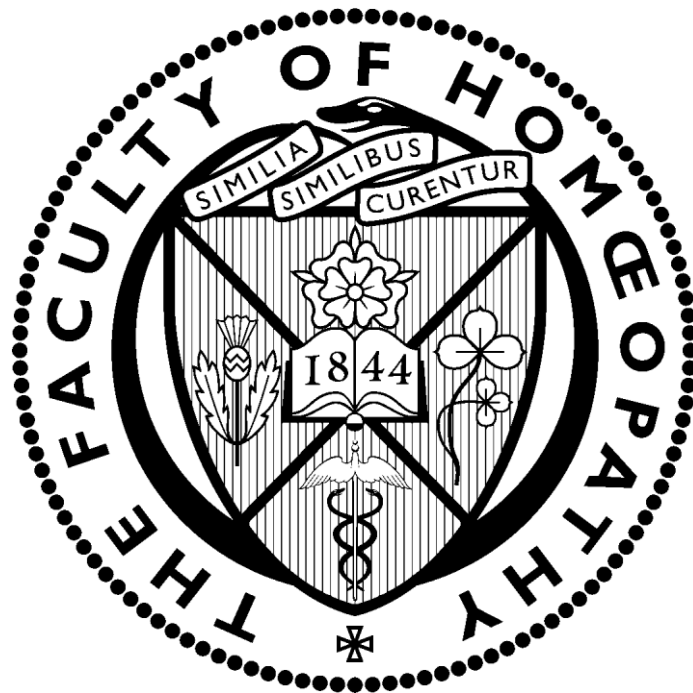


Faculty of Homeopathy
VETERINARY LFHOM EXAMINATION



GUIDELINES

2010

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Faculty of Homeopathy

VETERINARY LFHOM EXAMINATION

SECTION 1

1. The examination

The Veterinary LFHom Examination is a foundation examination for statutorily registered veterinary surgeons and veterinary nurses, which entitles successful candidates to be elected as Licenced Associates of the Faculty of Homeopathy. If you commenced training prior to autumn 2006 then please contact the Faculty Academic Office.

The examination consists of two parts. Part I is the submission of three case histories (see below). Part II consists of 150 multiple-choice questions. Candidates are given up to three hours to complete Part II of the examination.

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

The case book (paper submissions)

- 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 easily be reassembled.
- 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.
- e) All cases should be typed in double line spacing with wide margins.
- f) All cases should be separately numbered.
- 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." This statement should be followed by the signature of the candidate and the date.
- h) 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 the case histories as we may need to photocopy them.

The case book (electronic submissions)

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

- a) Case books should be submitted on CD.
- b) Three identical copies should be submitted on three CDs.
- c) A4 paper format should be used throughout and should be processed in Microsoft 'Word'.
- 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.
- e) All cases should be typed in double line spacing, with wide margins.
- f) All cases should be separately numbered.
- 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."* This declaration should also be printed in hard copy, signed and dated by the candidate.
- h) The candidate's name should not be mentioned in any part of the CD, in order to ensure anonymity during marking.

Choice of cases

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

Each case should indicate:

- a) Species.
- b) The patient's name/number and owner's initials or some other coding for identification. Anonymity should be preserved, so that a client, animal or candidate cannot be identified, either by name or circumstance.
- c) Breed, sex (state whether entire), date of birth, age on presentation, colour/markings, purpose for which kept by owner.
- d) Details of the presenting problem.
- e) The full history, notes on clinical examination and results of investigations necessary for the establishment of a clinical diagnosis and a homeopathic prescription.
- f) The name of the repertory used, where applicable.
- g) Choice of rubrics and reasons, with the page numbers of the repertory used (not necessary for every case – e.g. for an acute patient). (Computer analysis is acceptable, subject to similar constraints.)
- h) An account of the process and rationale of homeopathic medicine selection, to the best of the candidate's ability at this level of training.
- i) History of the subsequent management.
- j) Brief discussion of the reasons for the particular homeopathic management subsequently undertaken.
- k) The presentation of each case should end with an appraisal of the results of the treatment given and of the management employed, to the best of the candidate's ability at this level of training.
- l) Case histories should be presented in a clear and ordered manner. The pattern we offer in the examples is **only one way** in which to present cases. Individuality is encouraged as long as certain criteria are satisfied. Clearly, the presentation should include all required information, demonstrate the usual practice and customary working method of the candidate and enable the examiner to satisfy himself/herself as to the level of competence and understanding of the candidate.

Please see Section 2C (pages 16-17) for an example case history that illustrates an acceptable format. It is emphasised, however, that the format and style of required presentation is not rigid. Candidates are encouraged to present their cases in a style that adequately represents their own way of working in the clinical situation.

Assessment

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

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

Within a flexible framework, a good case study should:

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

Ownership

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

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

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

2. Entry criteria

The Veterinary LFHom Examination is open to veterinary surgeons and veterinary nurses who hold a qualification that is registrable in the UK. When applying to sit the examination **it is the candidate's responsibility to provide the Faculty with their professional registration details.**

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

3. LFHom qualification

Candidates who pass the Veterinary LFHom Examination can apply to become a Licenced Associate of the Faculty of Homeopathy. Once elected, the candidate may use the letters LFHom(Vet) and LFHom (Vet Nurse).

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

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

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

4. Faculty-accredited training

The examination is based upon the syllabus studied in the first 12-18 months of Faculty-accredited veterinary courses. A candidate may apply to sit the Veterinary LFHom Examination without having undertaken Faculty-accredited training, although it is strongly recommended that he or she completes at least the Foundation course, to avoid the risk of failure in the examination.

5. Faculty membership

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

(i) continued maintenance of Faculty membership

(ii) fulfilment of the Faculty's Continuing Professional Development requirement. For LFHom(Vet)s this is currently a minimum of 6 hours per year attendance based activity plus 10 hours per year of self directed learning, averaged over three years. This is in addition to the CPD requirement of the veterinary profession. Further details will be supplied upon request.

6. Results

After the examination, the Faculty of Homeopathy will inform the candidate of (i) the mark achieved (ii) whether that constitutes a pass or a fail and (iii) the average mark for those sitting the paper. Results are sent by post within approximately one month of the examination for sittings in the UK (two to three months if outside the UK). **Results cannot be given out by telephone.**

In case of appeal, applications must be addressed to Academic Office, Faculty of Homeopathy, Hahnemann House, 29 Park Street West, Luton LU1 3BE within one month of receipt of marks.

7. Aims and scope of the Veterinary LFHom Examination

- to provide a basic introductory qualification in veterinary homeopathic principles and practice
- to encourage enrolment on Faculty-accredited veterinary homeopathic courses
- to provide a tangible goal for first or second year students
- to provide an early opportunity for students to assess their own progress in homeopathic training and development
- to demonstrate to the public a commitment to veterinary homeopathic study and a basic grasp of the subject
- to act as an incentive to continuing study and as a stepping-stone towards the VetMFHom examination

Further details can be found on pages 10-11.

8. Limits of competence defined by the curriculum

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

- Candidates who pass the examination will be deemed to have a basic preliminary grasp of homeopathic philosophy, principles and practice as they apply to veterinary medicine and surgery.
- Candidates will not be expected to deal with chronic cases and constitutional prescribing unless they are enrolled in further Faculty-accredited veterinary training and receiving guidance from a named veterinary tutor who holds the VetMFHom or higher qualification. (See also section 9 below, which will apply whether the candidate is under supervision or not.)
- Successful candidates will NOT be in a position to invite or to take 'referrals' from other veterinary practices and such activity is not permitted at LFHom(Vet) level.
- The Faculty does not support the practice of human medicine by its veterinary members and veterinary certificate holders.

9. Regulation of standards and safety

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

In the case of any breach the of above, the Faculty may implement its disciplinary procedures, which may include those of the RCVS. The Faculty may withdraw the Licenced Associateship.

10. Further study

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

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

11. Practical details

Administration is undertaken by the Faculty and queries, application forms and fees should be directed to the Faculty Academic Office at Hahnemann House, 29 Park Street West, Luton LU1 3BE. **Application forms must be submitted by the published closing date.**

The examination is held at the Faculty-accredited UK teaching centres in Bristol, Glasgow and London and Leeds and at various 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 first language is not English will be allowed to use a foreign language dictionary. The dictionary will be scrutinised by the invigilator before the examination.

Withdrawals

Notice of withdrawal from the examination must be given in writing to the Academic Office at the Faculty of Homeopathy. The examination fee (minus a 10% administrative charge) will be refunded if 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 refund on withdrawal because of certified illness or other extenuating circumstances.

Transfers

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

Re-sitting the examination

Candidates who fail the Veterinary LFHom Examination may re-sit it during the following season - for example a candidate who fails the examination in the spring may re-sit it during the autumn. Candidates may not 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 provide good reasons for further attempts and they are supported by their teaching centre. Please note that candidates who, for good reason, were prevented from sitting the Veterinary LFHom Examination, will be allowed to take the examination at the next available sitting. The reason for absence, together with a recommendation from the relevant teaching centre is required. Candidates who re-sit the examination pay a reduced examination fee.

Applying for membership

Those candidates who pass the examination will be sent a form inviting them to seek election as a Licenced Associate of the Faculty. A separate fee is due to the Faculty for this, and to maintain LFHom(Vet) status annually.

Faculty contact details

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

SECTION 2

A. Veterinary LFHom Examination syllabus outline

It is expected that this syllabus will be covered in the first 12 - 18 months of Faculty-accredited courses. However, it is the student's responsibility to ensure that he/she has covered the specified subject matter, prior to the examination and the teacher's or tutor's help should be sought where any deficit is perceived to exist. This syllabus specifies the learning objectives required for a basic level of knowledge, understanding and skill in veterinary homeopathy in the following areas:

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

16. The basic principles of veterinary herd/group medication and an understanding of the implications of this type of work; the application of homeopathic principles to groups of animals rather than to individuals; the techniques that need to be applied and the compromises that must be made.
17. The particular needs of the organic farming community.
18. The nature of nosodes, their relationship to homeopathic principles and their role in homeopathic therapeutics. This will include the definition of a nosode, awareness of the various types of nosodes and the use of nosodes in individuals, herds or groups for treatment and for prevention.
19. The distinction between acute disease, chronic disease and acute manifestations of chronic disease.
20. The basic concept of miasms, their significance and their implications for understanding susceptibilities to disease, disease processes and patterns of signs and symptoms. Only Psora, Syphilitis, Tuberculosis and Cancer are considered in this syllabus.
21. The concept of constitution; its application and limitations in basic-level veterinary practice.
22. The doctrine of signatures as a useful 'aide memoire' in homeopathic prescribing.
23. Recognition of the need for and the appropriate procedure for referral to a veterinarian with deeper knowledge, in difficult cases.
24. Homeopathic pharmacy and its terminology. The techniques for the preparation of animal, plant and mineral materials, both soluble and insoluble.
25. The concept of potency, in homeopathic terms. The nature and safe and appropriate use of decimal, centesimal and Korsakovian potencies. **Knowledge of the 'LM' potencies will not be required.**
26. Methods of storage and dispensing of homeopathic medicines.
27. The particular challenges presented by the veterinary application of homeopathy with regard to the delivery of medication to the patient and how to overcome these in all likely practical scenarios.
28. The application of these principles and methods to all common species of farm, equine and pet animals.
29. The 'political' implications of introducing homeopathy into a group veterinary practice, whether as an employee or as a partner, in order to ensure both optimal animal welfare and sustainable practice harmony.
30. The basic principles of the interaction and relationship of homeopathic medicine with conventional medicine.
31. The materia medica of the list of medicines on pages 12-15, in outline detail, as described in the general rubric and in the specifications in that section. The homeopathic medicines listing on pages 12-15 of this document represents the basic materia medica requirement for the examination.

B. Materia medica A-Z

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

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

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

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

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

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

C. Sample case history

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

- Owner ID: PC
- Species: Bovine
- Breed: Limousin
- Name: None
- Sex: M
- Age :2 Years

PRESENTING COMPLAINT

Multiple Warts

PAST & PRESENT HISTORY

THE PREVIOUS HISTORY

The previous veterinary surgeon was contacted for a case history. This indicated that the patient had presented with warts – initially a wart had been crushed in the hope of producing an immune response and some of the larger warts had been surgically removed. The warts continued to appear so an autogenous vaccine was given that had been made from the surgically removed warts. This also proved ineffective. More warts continued to appear. Sodium Antimony Compounds were also given, to no avail. The patient presented with multiple warts and quite a degree of emaciation.

CASE ORIGIN

This was a final opinion case where all conventional avenues had been tried. The owner's veterinary surgeon felt homeopathy was a waste of time, so it was the owner who contacted me to see the case.

INITIAL IMPRESSIONS AND EXAMINATION

This animal had a questionnaire filled out that provided little information other than what the previous vet had given. Visually we had a patient that had multiple cauliflower warts that had been irritated by treatment, including vaccination, as the number of warts had increased with treatment. This case had a strong active sycotic miasm, therefore I sought a remedy prominent in the sycotic miasmatic group.

The photographs of the patient on the next page (photographs not included in this illustrative example) accurately shows my initial impression of the case and the only signs and symptoms available from the owner were those that could be identified from the history and the photograph. A questionnaire was filled out but went along the lines of N/A for either not available or not applicable for just about every line except for the owner's details and the veterinary surgeon's details and the condition was described as warts.

Note the outlining of the ribs indicating the degree of emaciation

RUBRICS (repertory print-out not included in this illustrative example)

Skin; WARTS

Skin; WARTS; cauliflower, like

Skin; WARTS; pedunculated

Skin; WARTS; groups or crops, in

Generalities; CHRONIC diseases, to begin treatment in

Generalities; CHRONICITY

Generalities; EMACIATION; general

Generalities; VACCINATION; after

Generalities; SYCOSIS

Ideally, a mental symptom or third confirmatory group would have been helpful in this case, but it was not available. The repertorisation table from the Millennium Repertory in McRepertory shows the medicines that came up (printed table not included in this illustrative example).

FIRST PRESCRIPTION

Thuja 200c x 30

PC Bull

3 tablets daily for 10 days

This prescription was based on:

1. Repertorisation. Thuja was present in all rubrics and strongly represented.
2. The fact that the remedy is strongly sycotic.
 - a. On a number of previous successes with the treatment of warts using a 10 day course, but in each case with a remedy relevant to the patient. Although Thuja has often been the remedy Causticum and Calc Carb have also worked among others.

FOLLOW UP

Apparent complete cure with Thuja 200c

APPRAISAL

In my opinion, this case showed:

1. that the right remedy can work in the face of heavy conventional medication and treatment. The conventional treatment had followed all the protocols for the treatment of warts, as laid down in Blood-Henderson-Radostits Veterinary Medicine: A textbook of the diseases of Cattle, Sheep, Pigs and Horses 5th Edition ISBN 0 7020 0718 8 Pages 700 -702, all to no avail.
2. how many rubrics can be found, even in a case with a paucity of information
3. how the local symptoms can be expanded to include an aggravation from autogenous vaccination; that they were chronic, despite conventional therapy; how the local symptoms can indicate the active miasm, whilst also indicating in which miasmatic group the remedy should belong.
4. finally, how a successful case is not always 'successful' for the patient. The owner rang me to say how thankful he was, as the animal had gone from a skinny animal that he couldn't send to the factory to an animal that had killed out at 200kg above the average...

D. Sample questions

1. **Which one of the following miasmatic patterns is typified by an excessive (hyper-) reaction to disease?**
 - a) Sycosis
 - b) Syphilis
 - c) Tuberculosis
 - d) Psora

2. **In a case of facial oedema, which medicine is best indicated?**
 - a) Sulphur
 - b) Bovista
 - c) Sabina
 - d) Baptisia

3. **In a case of sudden-onset pyrexia (106oF) in a dog, which medicine is best indicated?**
 - a) Baryta carbonica
 - b) Pulsatilla
 - c) Belladonna
 - d) Gelsemium

4. **In a case of head injury, which medicine is best indicated?**
 - a) Arum triphyllum
 - b) Natrum muriaticum
 - c) Helonias
 - d) Helleborus

5. **Which of the following statements is true?**
 - a) All chronic cases should be started with Sulphur, to clear the picture
 - b) < for heat is a modality of Sulphur
 - c) Young animals do not require Sulphur
 - d) Sulphur should be used to 'clear' previous conventional medication

6. **With the sycotic miasm, which of the following is true?**
 - a) The patient is aggressive
 - b) The animal has been vaccinated
 - c) There is a constant discharge from vagina or prepuce
 - d) There is excessive production of tissues and/or discharges

7. **Which remedy is most clearly associated with exostoses?**
 - a) Calcarea fluorica
 - b) Calcarea carbonica
 - c) Baryta carbonica
 - d) Conium

8. **Which statement is true of the process of repertorisation?**
 - a) It brings a mathematical certainty to remedy selection
 - b) It shows which medicines not to use
 - c) It gives a good indication as to which medicines may be relevant
 - d) It is of no use if fewer than eight rubrics are used

9. In the surgical situation, which statement(s) is(are) correct? Ring the option that shows the correct combination.

1. Staphisagria is a useful post-operative remedy, as it has < stretching and tearing in its remedy-picture
2. Following haemorrhage or shock, administration of Cinchona will avoid the need for fluid replacement therapy
3. Calendula will aid wound healing and help the defence against wound infection
4. Natrum sulphuricum will help to prevent post-operative oedema
5. Opium is useful to aid recovery after anaesthesia, where a dilated pupil is present

- a) 1
- b) 1 & 3
- c) 2 & 5
- d) 4 & 5

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

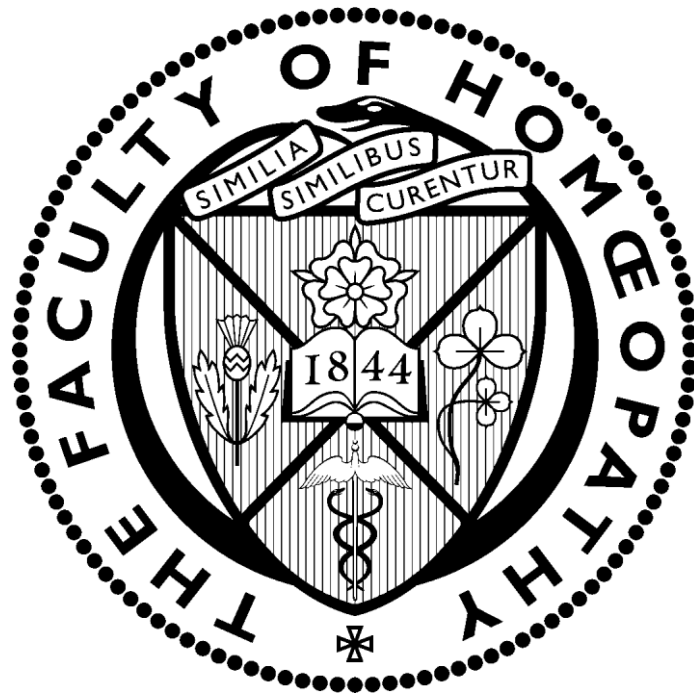
- a) Calendula – liver parenchyma
- b) Sulphur – neurone, esp. peripheral nerves
- c) Ruta – conjunctivæ
- d) Symphytum – periosteum and bone

E. Further information

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

- **your registration as a veterinary surgeon**
- **your Faculty membership**
- **how to apply for the examination**
- **the technical/homeopathic aspect of the examination**
- **election to Licenced Associateship**

please contact the Faculty Academic Office at the address on page 9. We can also supply you with a copy of the Faculty prospectus, which will give you more information about the accredited teaching centres, where you can study for and sit the examination.



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