American Board of Homeopathic Medicine

Diplomate Certification for ND Applicants

Bulletin of Information for Applicants:

ABHM Guidelines for Applying for DHANP (DABHM) Credential

Table of Contents

ABHM Case Submission Guidelines DHANP (DABHM) Credential

This document describes the requirements and process for submitting cases as part of the DHANP (DABHM) certification process.

Non-Discrimination Policy

The ABHM does not discriminate on the basis of race, color, age, gender, sexual orientation, political or religious beliefs, disability, marital status, national origin or ancestry.

Disclosure of Principles

The ABHM adheres to the principles and precepts of homœopathy as defined by Hahnemann in *The Organon*, *The Chronic Diseases*, *Materia Medica Pura*, *The Lesser Writings of Samuel Hahnemann*, and *The Life and Letters of Samuel Hahnemann*.

Hahnemannian homœopathy differs from many modern techniques in its insistence on rigorous observation and experimentation and avoidance of speculative theories. Homœopathy[1],[2] is a medical therapy based on the reproducible observation that a disease may be healed by a substance that produces similar effects in healthy individuals[3] (Organon, §24). This observation, known as the law of similars (*Similia Similibus Curantur*), was developed into a therapeutic system by Samuel Hahnemann (1755-1843). A homœopath attempts to prescribe a medicine that has been shown through carefully conducted trials to produce similar effects to those of the patient's illness – the more similar, the more effective the result (*Organon*, §25).

[1] Greek: όμοιον [omoion, similar] + πάθος [pathos, suffering].

[2] Genuine, orthodox Homœopathy is practiced in strict accordance with the method described by Hahnemann in the *Organon of Medicine*, *Chronic Diseases*, and *Lesser Writings* and is void of all speculative reasoning (*Organon*, §6). Homœopathy proper differs from modern techniques, which incorrectly call themselves Homœopathy, yet prescribe mixtures of more than one medication at a time (polypharmacy) and/or utilize speculative theories, such as the doctrine of signatures (as well as other a priori speculations about

substance effects based upon smell, taste, appearance, chemical analysis, or the faculty of imagination) in order to select a medicinal substance (*Organon*, §110).

[3] Carefully conducted trials are termed "provings" in the historical homœopathic literature. Proving is an English transliteration of the German term that Hahnemann used, Prüfung.*

*Hahnemann, S. The Medicine of Experience (1805), *Lesser Writings*, pp. 452-453.

Statement of Ownership

Cases submitted to the ABHM for the purpose of becoming recognized as a DHANP (DABHM) are the exclusive property of the ABHM and may be shared with the HANP or AIH at the discretion of the ABHM board. If a case used for your application has previously been published elsewhere, you must notify the ABHM at the time of submission.

Who is Eligible to Apply?

- A naturopathic doctor currently licensed in the USA or Canada. A photocopy of the naturopathic medical license will be requested.
- Applicants must have practiced homœopathy for a minimum of two (2) years post-graduation.
- Applicants must have accumulated a minimum of 350 hours of homœopathic education and provide documentation with the application.
    - The 350 hours must include the 30-hour DHANP Core Curriculum offered by HANP, or a course approved by the ABHM that meets the Core Competencies (as listed on the ABHM site). ***Currently, the HANP Core Curriculum is the only approved course by the ABHM.***
    - Proof of completion of 350 hours, including an official school transcript and the 30-hour DHANP Core Curriculum, must be submitted as either signed and dated certificates or transcripts.
    - The ABHM highly recommends that you complete the DHANP Core Curriculum prior to submitting your case submissions.
- Applicants must have two (2) letters of recommendation submitted to ABHM on their behalf: one (1) professional and one (1) from a DHANP (DABHM) in good standing (see Letters of Recommendation Guidelines).
- Applicants must submit a current curriculum vitae.

- Applicants must submit an online application and pay the application fee of $500. Click to pay.

Purpose of the Case Submission Process

The purpose of the case submission process is to demonstrate your competence as a homœopathic specialist within the naturopathic profession. The cases you submit must demonstrate competence in the 13 competencies listed in the DHANP (DABHM) competency requirements (see Competency List). The ABHM has deemed these competencies the minimum requirement for being designated a homœopathic specialist.

Academic Integrity

Although your cases are not prepared for publication under proctored conditions, they are nevertheless part of the examination and credentialing process and, consequently, must be completed independently and without assistance from other homœopaths. They must also reflect an honest rendering of the patient care they describe.

Guidelines for Case Submissions

- You must submit a minimum of five (5) cases: two (2) acute, two (2) chronic, one (1) failed case, of your own work that are of a quality suitable for publication.
- You must submit as many cases as are necessary to demonstrate all of the required competencies listed in the competency requirements.
- It is acceptable to demonstrate proficiency of multiple competencies within one case submission, however, be sure to clearly demonstrate proficiency in each of the required competencies. If you are uncertain whether proficiency in a given competency is clearly demonstrated within a case, it is better to submit an additional case where proficiency in that competency is better demonstrated.
- You must indicate which competencies are demonstrated in each case.
- ***The deadline for case submission is September 1st annually.***

- ***Your application expires after one year.***
- To be accepted for review the cases must follow the format and style guidelines listed later in this document.

Case Submission Content

1. Submit a ***minimum of two (2) cases*** that demonstrate successful homœopathic treatment of an ***acute disease***.

2. Submit a ***minimum of two(2) cases*** that demonstrate successful homœopathic treatment of a ***chronic disease***.

3. At least ***two (2) of the cases*** submitted must demonstrate the ***successful prescription of two (2) or more different homœopathic medicines*** during the course of treating a ***chronic disease***.

4. At least ***one (1) case*** submitted must demonstrate one (1) or more ***successful changes of potency without changing the remedy***.

5. At least ***one (1) case*** submitted must demonstrate a ***modification of the posology*** (change in number of pellets, frequency of dosing, etc.) ***and/or use of different remedy forms*** (medicinal solution, olfaction, etc.) as part of successful management of the case.

6. At least ***one (1) case*** submitted must demonstrate the occurrence and successful management of a ***therapeutic aggravation***.

7. At least ***one (1) case*** submitted must demonstrate the ***successful identification and treatment of a dissimilar disease*** occurring during treatment of a ***chronic disease***. This must entail temporarily suspending chronic treatment in order to homœopathically treat an acute illness, an intercurrent illness, or the flare of a latent aspect of the chronic disease (e.g., uveitis in a Crohn's disease or rheumatoid arthritis patient, etc.).

8. At least ***one (1) chronic case*** submitted must demonstrate an understanding of the Hahnemannian concept of ***dynamic versus non-dynamic disease*** through the ***successful management of a case that contains both homœopathic and non-homœopathic treatments within the same patient and case***. Examples of non-homœopathic treatments, include hygiene (i.e. lifestyle medicine), diet, surgery, psychotherapy, exercise & movement therapies, stress management techniques (i.e., meditation, etc.), neuroplastic therapies (i.e., neurofeedback, Tomatis therapy, etc.), nutritional supplementation, etc. ***You must clearly provide the rationale for incorporating the non-homœopathic treatment(s) and how you attempted to differentiate the treatment effects of the homœopathic and non-homœopathic treatments during follow-up.***

9. Submit ***one (1) failed case*** in which you ***critique your own case mistakes in case analysis and case management***. In hindsight, describe what you would have done differently. You may also fulfill this requirement by including a case wherein you initially or repeatedly failed but eventually made a successful homœopathic prescription. If you choose the latter, describe the change in thought process that allowed you to ultimately be successful. ***Citations to the classical homœopathic literature (i.e. Organon, Chronic Diseases, Materia Medica Pura, etc.) that support your critique are highly encouraged.***

Requirements for All Submitted Cases

Note: All cases submitted must adhere to the following requirements.

1. The subjects of treatment must be human (i.e., no veterinary cases.)

2. The applicant cannot be the subject of treatment (i.e., no self-treatment.)

3. The applicant must have managed the entire case on their own (i.e. it cannot be a case that they comanaged as a student or resident). However, if a co-signer to the

case is a legal requirement (e.g. in ND unlicensed states), the applicant still must have made all the case management decisions on their own.

4. The applicant must honor all ethical guidelines for patient protection and confidentiality.

5. The cases must be typed in conformance with the format & style guidelines listed below.

6. The cases must adhere to the *law of similars* per Hahnemann's instructions in the *Organon of Medicine* (see *Organon* §24, §25, §153), *The Chronic Diseases*, *Materia Medica Pura*, and *The Lesser Writings of Samuel Hahnemann*. This process must be void of all speculative reasoning (see *Organon* §6, §110.)

7. The utilization of one remedy at a time.

Format of the Case Submission

Note: All cases submitted must adhere to the following format.

1. Section 1: **Abstract**

a. Each case submitted must begin with an abstract that clearly outlines which competencies are demonstrated in the case to be reviewed.

2. Section 2: **Initial Case History & Analysis**

a. Summarize the salient features of the history of present illness(es), including a brief description of all relevant symptoms in the case, *and*:

b. Any pertinent etiology.

c. Any pertinent psychosocial, past medical, or family history.

d. Physical generals (temperature, energy, appetite/thirst, menses/sex, sleep), only pertinent positive or negative findings need to be included.

e. Mental/Emotional symptoms, only pertinent positive or negative findings need to be included.

f. Any pertinent findings from the review of symptoms.

g. Physical exam findings, only pertinent positive or negative findings need to be included.

h. Any pertinent treatments the patient was taking at the time of initial presentation (e.g., prescription or over-the-counter medications, medical procedures, alternative treatments, such as acupuncture, botanicals, aromatherapy, chiropractic, nutrition, etc.).

i. All known medical diagnoses.

j. If there is no pertinent psychosocial history, past medical history, family history, pertinent physical generals, pertinent mental/emotional symptoms, pertinent findings from the review of symptoms, pertinent physical exam findings, or relevant non-homœopathic treatments, you must state this explicitly in your case write-up.

3. Section 3: **Case Analysis**

a. Identify the primary health concern:

i. You must clearly and accurately identify the primary complaint requiring treatment, what is sometimes referred to as "the main thing."

ii. In many cases, the primary complaint that requires treatment will be the patient's stated chief complaint. Occasionally, the patient's stated chief complaint is not what you perceive to be most troublesome or problematic. So, for example, a patient may list "rash" as their chief complaint, but upon taking the case you discover that the rash is rather

mild, but the patient is plagued by pervasive and distressing anxiety. In this case you may determine that the main thing requiring treatment is the anxiety and that the rash is merely a concomitant symptom to the anxiety.

iii. Tell us specifically what you determined to be the primary health concern requiring treatment after reviewing the case in its entirety.

b. Complete symptoms:

i. You must demonstrate that you understand the concept of a complete symptom (CoLoMo: Complaint-Location-Modality) by accurately identifying the components of a complete symptom for the primary complaint in the case.

ii. You must describe each of the three (3) aspects of a complete symptom and note if one or more of the aspects is not present (for example, the if a modality is not present or the location is not relevant because it is a general symptom, such as a thermoregulatory symptom or emotional symptom that applies to the person as a whole, and so does not have a specific location).

iii. If all components of a complete symptom are included in the case history, then it does not need to be explicitly described as a complete symptom in order to receive the points.

iv. If one or more aspects of a complete symptom are omitted, your write up must note that this component of the complete symptom was omitted and why it was appropriate to omit it in this case.

c. Repertorization:

i. You must provide a repertorization chart for each new prescription in each case (even if you did not use the repertory to prescribe at the time.)

ii. Repertorizations must demonstrate a direct link between the salient

symptoms reported in the case history and the rubrics selected.

iii. Both hand and computer repertorization charts are acceptable.

iv. You must identify the repertory used.

v. See the Case Submission Examples for samples of an appropriate repertorization chart.

d. Materia medica:

i. Remedy selection must demonstrate the prescriber's best effort to match the symptoms of the case to the symptoms of the materia medica according to the law of similars.

ii. You must list the symptoms from the materia medica that match the symptoms of the patient.

iii. You must explain how your choice of symptoms from the materia medica match the symptoms in the case.

iv. In listing materia medica symptoms you must include the symptom number (Materia Medica Pura, The Chronic Diseases) and maintain the font style used in the original print version (i.e. bold, CAPS, italics, and symbols.) See Case Submission Examples for samples of how to list symptoms.

v. You may use the following materia medicæ only:

a. *Materia Medica Pura* (Hahnemann.)

b. *Chronic Diseases* (Hahnemann.)

c. *Encyclopædia of Pure Materia Medica* (T.F. Allen.)

d. *Guiding Symptoms of Our Materia Medica* (Hering.)

i. You are highly discouraged to submit cases that involve the prescription of homœopathic medicines not contained in the approved materia medicæ. If, despite this warning, you choose to submit a case that involves the prescription of a homœopathic medicine that is not contained in the approved materia medicæ, you must get pre-approval from the Board before submission.

e. Prescription:

i. You must clearly describe your rationale for remedy selection.

a. In giving your rationale, you must differentiate between at least two candidate remedies in order to arrive at a final remedy selection.

b. Provide a logical and well-reasoned explanation for why you selected the remedy prescribed.

c. Provide a logical and well-reasoned explanation for why you did not select the other remedies you considered.

ii. In your case submission you must note the name of the remedy (in enough detail to clearly identify the remedy selected), the potency, the dose, the dosing frequency, the route of administration, and the form of the remedy (dry pellets, water solution, olfaction, etc.) and your rationale for these choices.

4. Section 4: **Case Management**

a. You must demonstrate appropriate follow-up (timely and appropriate to the condition being treated).

i. For acute cases, you must include follow-up until complete resolution of the illness.

ii. For chronic cases, you must include follow-up for a minimum duration of 6 months.

b. You must describe the patient's reaction to the remedy in sufficient detail such that the reviewer is able to clearly determine what happened.

i. If you prescribed any treatments in addition to the homœopathic remedy, you must clearly identify and discuss what aspects of the case and improvement indicates that the response was due to the homœopathic treatment.

c. You must provide a rationale for all case management decisions made at each follow-up. These include:

i. The decision to maintain the current remedy and posology. (Remember: Choosing not to change anything is a case management decision.)

ii. The decision to change the posology or the way in which the remedy is taken (dry, in solution, olfaction, etc.).

iii. The decision to discontinue the remedy or change the remedy.

iv. The decision to change any non-homœopathic treatments.

v. Changes made to the treatment due to aggravation, return of old symptoms, or the appearance of a dissimilar disease.

5. Section 5: **Discussion and Conclusions**

a. In this section you must provide a discussion of what you learned from this case and what you would have done differently in hindsight. You may also include any relevant informal follow-up that has occurred since formal treatment was terminated, why you chose this particular case, and any other points of interest.

Submitting Cases for Review

The ABHM adheres to the requirements for manuscripts as promulgated by the International Council of Medical Journal Editors.

The primary requirements are listed here:

- Privacy/Informed Consent: Authors must be sure to secure the privacy of any patient cases published/submitted – no names, numbers, or identifiers are to be mentioned.

- Writing, Assembling, Sending Cases.
    - All cases must be typed and submitted electronically to your shared folder on Google Docs. You will be assigned your own ABHM Google Doc folder to upload these documents. You can either upload another file form (i.e., Microsoft Word document) that will auto-convert into a Google Doc or you can create it directly in the folder as a Google Doc. **Contact us** if you have questions or need help with this.

    - Margins: Set the margins of your document to 1-inch on all sides.

    - Header: Create a document header that lists the case number and case identifier.

    - Page Numbers: Create a document footer that numbers all pages in the bottom right-hand corner.

    - Spacing: Use 1.5 spacing between lines.

    - Font: Use Arial 12pt font size for text in the body of the submission. Use Arial 10pt font size for footnotes and endnotes.

    - Indent the first line of all paragraphs.

    - Italicize all remedy names and write the full official name of the remedy (e.g., *Apis mellifica, Bryonia alba*.)

    - Use one space following a period to separate sentences.

- Use of Italic or Bold: Use italic sparingly (in the text only) for emphasis.

- Quotations: Please use “double” quotation marks. Use ‘single’ quotation marks for quotes within quotes.

- Footnotes/Endnotes: You may use the footnote or endnote command in your word processing program. This automatically creates consecutively numbered superscripts (1,2,3...) and places the reference text at the bottom of the page (footnote function) or at end of the article (endnote function).
    - This site provides acceptable formatting for citations: https://www.nlm.nih.gov/bsd/uniform_requirements.html

    - All citations of books, articles, websites, etc. are to be placed in the endnotes.

    - Any pertinent commentary on content within the body of the case write up that is important to state but would be obstructive or distracting if left within the body of the case is to be placed within the footnotes.

- All grammatical and spelling errors have been addressed so that spell check and grammatical check are complete in Google Docs.

- Charts, Tables, Illustrations: All graphics (e.g., repertorization charts) are to be embedded within the case write-up.

    - If you are borrowing a graphic from another source, it must be cited within the text. All non-standard abbreviations that are used in a chart, table, or illustration must be explained in the footnotes.

- If you use data or content from another published or unpublished source, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. This includes your own published work.

All questions can be sent to abhm.info@gmail.com

Important Notes

- Application graders are blinded to ensure integrity and objectivity for every application.
- You are permitted three (3) attempts to pass the DHANP(DABHM) case submission process.
- See Appeals section below for details regarding the third and final attempt.
- Due to the time commitment involved in grading case submissions, you must pay the full DHANP (DABHM) application fee for each re-submission.
- Feedback regarding failed general competencies will be provided if your application is not approved. However, should you desire more detailed feedback, a formal written request to ABHM must be submitted within 60 days upon receipt of notification. A fee equivalent to $360 per hour will be charged for the time required to compile this detailed feedback.
- Because ABHM uses a standardized multi-grader approach to grade case submissions, ABHM does not change grades assigned to your case submission.

Appeals

- You may appeal to be granted the third attempt** at the case submission process under the following conditions:
    - A minimum of three (3) years must have passed since your last case submission attempt.
    - You must show documentation that you have completed additional training in homœopathy.
- You must make a compelling case in writing for how the additional training and passage of time has prepared you to successfully complete the case submission process.

**The previous requirements and allowances (4 attempts total) will be granted to applicants who previously submitted their application to the HANP by 12/31/2020.

Maintaining DHANP (DABHM) Status with ABHM

- Diplomates are encouraged to obtain a minimum of 30 hours of continuing homœopathic educational credits every three years.
- ABHM annual membership dues of $75.00.

Competency List

Law of Similars

1. Law of Similars: the candidate will demonstrate the ability to apply the law of similars in patient care by selecting the remedy most similar to the case of disease being treated via case submissions.

Case Taking Skills

2. Elicit Symptoms: The candidate must demonstrate through case submissions the ability to elicit patient symptoms in sufficient detail and with sufficient accuracy to prescribe an effective homœopathic remedy.

Case Analysis

3. Primary Complaint: When submitting cases to be reviewed as part of the DHANP (DABHM) credentialing process, the candidate will accurately identify the primary complaint requiring treatment (i.e, "the main thing").

Complete Symptom: When submitting cases to be reviewed as part of the DHANP (DABHM) credentialing process, the candidate will demonstrate understanding of the concept of a complete symptom (CoLoMo: Complaint-Location-Modality) by accurately identifying the components of the complete symptom present in the case.

Characteristic Symptoms: When submitting cases to be reviewed as part of the DHANP (DABHM) credentialing process, the candidate will identify a sufficient number of symptoms characteristic of the case of disease being treated to distinguish the remedy homœopathic to the case.

Case Management

4. Assessment: After making a prescription, the candidate will demonstrate the ability to accurately evaluate the patient's response to the prescribed remedy.

- Successful Initial Prescription: The candidate will demonstrate the ability to identify a successful prescription and make one of the following decisions:

        - Determine that the patient is continuing to improve and thereby continue with the same remedy and posology; or
        - Recognize that the patient is no longer reacting to the original potency prescribed, that the case is still covered by the original remedy, and that a new potency must be prescribed prior to considering the prescribing of a new remedy.
    - Unsuccessful Initial Prescription: After prescribing a remedy unsuccessfully, the candidate will demonstrate the ability to consider the following hypotheses when presented a submitted case:
        - The remedy was incorrectly chosen and a new remedy is required.
        - The remedy was correctly chosen but the patient is insensitive to the potency given, so the same remedy in a new potency should be considered.
        - The remedy was correctly chosen but the potency was inactive so a new batch of the same remedy and potency should be considered.

5. Aggravation: the candidate will demonstrate the ability to recognize an aggravation and make an appropriate case management decision within a submitted case.

6. Subsequent Prescriptions:
    - After an initially successful prescription the candidate will demonstrate the ability to recognize that a new remedy is required via case submission.
    - After recognizing that a new remedy is required, the candidate will demonstrate the ability to re-analyze the case and to accurately select a subsequent remedy via case submission.

7. Dissimilar Disease: the candidate will demonstrate the ability to recognize dissimilar disease via case submission.

8. Dynamic Versus Non-Dynamic Disease: the candidate will demonstrate the ability (competence) to successfully manage a case that contains both dynamic and non-dynamic elements (i.e. such as hygiene & lifestyle medicine, surgery, nutritional

supplementation for deficiencies, lack of exercise, continuing emotional stress, etc.) via case submission.

Remedy Potencies

9. Potencies: The candidate will demonstrate a clear understanding of the various dilution scales and manufacturing techniques utilized in homeœpathic pharmacy through essay or multiple choice questions.

- Dilution Scales:
  - X = 1/10
  - C = 1/100
  - LM (Q) ~= 1/50,000

Modes of Administration: The candidate will demonstrate an understanding of the various modes of administering homeœpathic remedies, when each is appropriate, and how to use them to achieve better outcomes in patient care.

- Dry pellets or globules
- Water Dosing
- Olfaction
- Topical

Application of Potency in Case Management:

- hypersensitive patient
- hyposensitive patient

Repertory

10. Characteristic Symptoms: When submitting cases to be reviewed as part of the DHANP (DABHM) credentialing process, the candidate will demonstrate proficiency in repertory by selecting rubrics that accurately correspond to the characteristic symptoms in the case.

Materia Medica

11. Materia Medica: the candidate will demonstrate the ability (competence) to apply the primary text materia medicæ (see below) in case analysis by identifying key components of the materia medica to be matched to the case being treated via case submission.

- Hahnemann's *Materia Medica Pura*
- Hahnemann's *Chronic Diseases*
- Allen's *Encyclopædia of Pure Materia Medica*
- Hering's *Guiding Symptoms of our Materia Medica*

12. Remedy Differentiation: the candidate will demonstrate the ability (competence) to differentiate between candidate remedies in case analysis in order to arrive at a final remedy selection.

13. Single Remedy: When submitting cases to be reviewed as part of the DHANP (DABHM) credentialing process, the candidate will at all times prescribe a single substance (remedy) for the case of disease under consideration.

Homœopathic Education: 350 Hours Compliance Check Sheet for DHANP (DABHM) Application

Name: _____License No.:_____ Year:_____

A minimum of 350 hours of homœopathic education must be completed to attain your DHANP (DABHM) status. Submit this completed form along with evidence of homœopathic education completion with your DHANP (DABHM) application. Upload proof of 350 hours of homœopathic education to your Google Drive folder. If you do not have a link to your folder, **contact us**.

Indicate the number of hours completed under each category:

1. Homœopathic Education

All hours must be completed in Homœopathy.

Foundational Education:

A. CNME accredited Naturopathic schools. Hours may be included from didactic and clinical rotation hours that are specific to Homœopathy. Submit official transcript as proof of completed hours or a letter confirming completion of these hours signed by the supervising physician or school official.

B. Homœopathic Academy of Naturopathic Physicians (HANP). 30 hours from DHANP Core Curriculum is mandatory. https://hanp.net/ce-courses/

Continuing Medical Education:

C. CME offerings approved by the American Association of Naturopathic Physicians (AANP) or any of its constituent organizations, including the HANP.

D. Any naturopathic licensing authority in the United States or Canada.

E. Accreditation Commission for Homœopathic Education in North America

(ACHENA).

F. Courses offered by The New England School of Homeopathy (NESH).

_____ Number of Hours Completed in this category. (Submit a copy of certificate of completion which must reflect evidence of approval by one or more of the organizations listed in A, B, C, D, or E above).

2. Supervised Internships, Preceptorships or Postdoctoral Training Programs in Residency or Fellowship

One credit hour may be claimed for each hour of training in a homœopathic internship training program, a homœopathic preceptorship training program, or a homœopathic postdoctoral training program such as a residency or fellowship ***approved by a CNME accredited naturopathic school, the state board, or the HANP board****.*

Note: Preceptorships with homœopaths who do not have a current DHANP (DABHM) status must be approved by the ABHM on a case-by-case basis. Include a letter from the preceptor along with their bio or curriculum vitae.

_____ Number of Hours Completed in this category. (Submit a letter of attendance from the supervising physician being claimed for CE. The letter must be signed by the supervisor).

TOTAL _____ Number of Hours Completed.

I hereby attest to the Board that I am the physician named on this ABHM CE Compliance Check Sheet and the answers provided herewith are true and correct. I will submit the required documentation to the Board.

_____ _____

Signature of Physician **Date Submitted**

ABHM Letters of Recommendation Guidelines for DHANP (DABHM) Certification

Letter of Recommendation Guidelines

- In accordance with federal laws, authors of letters of recommendation are asked to refrain from comments regarding a candidate's race, color, gender, religion, age, physical or mental disability, marital status, sexual orientation, national origin, citizenship, medical condition, or political affiliations, beliefs or activities.
- Letters should indicate the candidate's full name. Preferably in the first paragraph.
- Letters should not be handwritten.
- Letters require the writer's signature in blue or black ink.
- Letters should conclude with legible identifying personal information of the author including full name, title, institution, mailing address, telephone number and email address.
- Letters should be submitted directly to the ABHM by email attachment to: **abhm.info@gmail.com**.

Letter Content Requirements

In general, the more the recommendation reflects real knowledge of the applicant and their performance, the more useful the letter is to the ABHM and the applicant. Letters should address all the following areas:

- **Relationship to applicant**: Within the first paragraph, indicate the nature of your relationship with the applicant, how long you have known the applicant and in what capacity.

- **Personality traits**: Please comment on the applicant's dependability, sincerity, integrity, relations with others, personal adjustment, maturity, initiative, and motivation for a health profession. The applicant's weaknesses as well as strengths should be pointed out.

- **Professional effectiveness**: Is the applicant the kind of person you would choose to consult as a homœopath? If so, please explain why. Does the applicant enjoy the trust and respect of fellow practitioners? What is it that leads you to this conclusion?

- **Suitability for intended specialty designation**: When possible, comment on the applicant's exposure to the realities of the career field and the applicant's suitability for specialty standing in the profession. What is it about the applicant that will make them a good diplomate of the ABHM? What about the applicant might prevent them achieving their fullest potential as a homœopath, healer, and human being?

- **Overall potential**: What is it about the applicant that has left the greatest impression on you? Summary judgments which rank the applicant with past and present candidates are desired.

Letters of recommendation are confidential and will not be shared with applicants.

Case Submission Examples

Please note that example cases may not adhere to current submission guidelines and/or required formatting

Case Submission Sample (Chronic Case):

Jamie Oskin, N.D.

Abstract:

This case submission demonstrates (Competency #):

2. the successful homoeopathic treatment of a chronic disease
3. also, the ability to recognize a new remedy was required and show the reanalysis to select the subsequent remedy, to demonstrate two or more successful homoeopathic prescriptions during the course of treating a chronic disease
4. also, a successful change of potency without changing the remedy
5. also, a modification of posology (from C to Q potency) as part of successful case management
6. also, the ability to recognize an aggravation and make an appropriate case management decision

Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook* method, using TBR_2,[1] the most accurate English translation of the *Therapeutisches Taschenbuch* [TT].

Background Summary & Initial Case History:

September 27, 2016:

This is a case report of a sweet, gentle 11 year old Latino male whose parents brought him to see me for treatment of anxiety and panic attacks (primary complaint). Both parents were licensed therapists, and they had taken the boy for therapy, yet it was not helping.

This young boy's anxiety and panic attacks had been progressively getting worse since he became acutely sick in May of 2016. The panic attacks were becoming so severe that they were keeping him from attending school. They would happen the night before school as well as from the moment he woke up in the morning. The initial panic attacks happened after he got sick with a sinus infection. At that time his mother and brother had also gotten sick. His mother had a difficult time recovering and at one point they talked about going to the emergency department for her, which made the boy anxious (modality, < vexation with fright). His mother previously had a bout with breast cancer and around that time he also began getting anxious. During

the second grade, he visited the nurse frequently at school due to stomach aches and malaise. At the time of consultation, he was in the sixth grade.

Each new school year would cause lots of anxiety before the year started. For example, he was panicked on the first day of school in the third grade. They reported that he had a low level of anxiety all the time, but it would get worse when there was more stress put on him such as state standardized testing. He was a straight A student.

On September 6th, 2016 his therapist brought up the issue of his mother's previous breast cancer, which triggered a significant worsening of his anxiety. He developed intense separation anxiety and would have panic attacks when his parents attempted to drop him off at school. He would start rubbing his hands, biting his nails, pacing, hyperventilating and crying. He would have a diminished appetite and stomach ache along with the anxiety. Even if his mother went to the grocery store five minutes away, he would become anxious. He became afraid to go to birthday parties due to the worry of the unexpected. In the three weeks prior to their initial consultation, the boy was sleeping in his parents' bedroom to be close to them. On Friday nights he would start worrying about going to school on Monday.

Another event that worsened his anxiety was the news of the Sandy Hook elementary school mass shooting. After that event, they started doing safety drills at school and he became frightened as if it was actually happening. One time, he dove and hid under his desk and the teacher had to pry him out because of the level of fear. He became afraid that a catastrophe would happen and his mind would go to the worst case scenario. In addition to therapy, he had tried breathing techniques to reduce his anxiety.

Additionally, he began ruminating and reproaching himself with guilt over trifling things he did or said. "He will beat himself up mercilessly." For example, in middle school, he was experiencing a lot of peer pressure from other kids to use offensive language. He told his parents that he had used bad language and was so upset about it and afraid to let down his parents.

His mother reported that he also worried about his parents and their age because they were "older." He was extremely empathetic. For example, he would notice a homeless person and worry excessively about them.

During his panic attacks he felt safer with his parents than when he was alone (modality, > company, < alone). "I need someone there to help calm me down." Often the school nurse would help calm him down during the school day. He experienced a great deal of anticipatory anxiety about school. When he was anxious he reported that he also experienced stomach aches and would get shaky (concomitants). Overall, he reported not being very thirsty, but he preferred cold drinks with ice (concomitants).

Other pertinent findings in the review of systems included nasal obstruction when he ate dairy and his moods would change drastically after drinking chocolate milk (concomitants). Sometimes he would also have a light cloudy color in his urine, but urinalysis was negative for infection (concomitant).

There was no further pertinent family history, past medical history, psychosocial history, or pertinent findings on the review of systems. At the time he came to see me, the boy was not on any medications, but he was still receiving play therapy and EMDR therapy from a licensed psychologist.

Case Analysis:

The main complaint was uncontrollable panic attacks (i.e. hysterical convulsion) and anxiety that was initially triggered after the boy experienced a vexation with fright. Because the main complaint was an emotional symptom, the specific location was not needed in the case analysis in order to form a complete symptom because mental/emotional symptoms are considered general symptoms. Therefore, the location was inherent in the nature of the symptom and needed no further definition with a specific location. The singular modality to the main complaint that helped further define and characterise the anxiety was the amelioration from company and the aggravation when alone. Concomitants included the loss of appetite and stomach aches with the anxiety as well as the disposition to chronic nasal obstruction, occasional cloudy urine and the desire for ice cold drinks.

Here was my initial repertorization on September 27, 2016 using the computerised version of Bönninghausen's *Therapeutic Pocketbook*, through its most accurate English translation, TBR_2:[1]

Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 | Rep 6 | Rep 7 | The Bönninghausen Repertory 2.1

	Rubrics	Phos.	Zinc.	Con.
1765	Modalities - Mind - Vexation (disturbed, put-out, troubled), from - fright, with	3	1	-
1882	Modalities - From Situation & Circumstance - Company, in (+ amel. by being Alone) - amel. (+ aggr. by being Alone)	3	1	2
307	Systemic - Alimentary - Digestive Dysfunctions - Hunger & thirst - Anorexia (loss of appetite)	2	1	3
1810	Modalities - From Foods & Drinks - Milk	3	1	4
468	Systemic - Urinary - Urination (micturition) - Urine - Colour - whitish (milk-coloured) - sediment	4	1	3
1101	General - Generals - Spasms (cramps, convulsions) - hysterical (convulsions)	1	1	4

The top contender for the case was *Phosphorus*, however, *Zincum metallicum* also came through in the repertorization. Both remedies matched many symptoms of the case, however the main problem in the case (anxiety and vexation with fright) seemed to me to be well described by *Phosphorus.* The concomitant thirst for cold drinks helped me select *Phosphorus* over *Zincum.*

My initial prescription was *Phosphorus 30c*, 2 pellets (dry) dissolved in his mouth, once per day.

Symptoms of *Phosphorus* from Hahnemann's *Chronic Diseases* (CD) that correspond via similarity to symptoms of the case include: [2]

Introduction: apprehensiveness when alone; anxiety about the future; … timidity

19 Anxious sensation of oppression.

21 Apprehensiveness, like the foreboding of misfortune.

30 Fearfulness and horror, in the evening.

32 Great anxiety and irritability on being alone.

54 Vexed at every trifle, so that he is beside himself.

55 She would get vexed very readily.

61 Disagreeable occurrences cause anguish, mixed with fear and vexation, and she becomes disposed to weep.

617 Diminished appetite. [*Gr.*]

618 Lack of appetite, in the morning, with tongue coated white, and fullness in the scrobiculus cordis, while food has its normal taste. [*Gr.*]

622 Diminished appetite, with lassitude. [*Htb.*]

627 **Lack of appetite.**

628 No appetite, no thirst.

609 **Sour taste in the mouth, immediately after drinking milk.**

640 After drinking milk, sour eructation. [*Gr.*]

1039 Pale, yellow urine, which soon shows a cloud (3d d.). [*Ng.*]

1045 **Urine with a white sediment, like curds.**

Followup:

September 30, 2016:

His mother called to report that he was more anxious than prior to starting treatment. I assessed that he may be experiencing a therapeutic aggravation so I had him stop the remedy for a few days.

October 3, 2016:

His father called me on the after hours emergency call line to report that his son was still having extreme anxiety and had a meltdown at school that day. Dad requested to keep him home from school the next day. His chronic anxiety was continuing and had not improved since stopping the remedy, making it likely that he was not responding to *Phosphorus.*

October 4, 2016:

I called the boy's mother to check-in on his progress. He remained anxious. He did not want to go back to school. He was worried that the other kids judged him for his anxiety and that other kids were making fun of him. She reported that he had been crying a lot. He was confessing nonstop about trifling things that he felt guilty

about. His parents would validate him. Along with the frequent crying, his stomach was upset. The day prior he had a full blown panic attack and they could not get him to calm down to breathe. He refused to eat breakfast because his stomach was so “knotted up.” He felt very nauseous and felt like vomiting. His mother reported that he was worse when he was too hot (modality). When he became anxious, he would radiate a lot of heat and would not be able to focus when he got too hot. She reported that he did not like to be in a room that was too hot (modality). Despite this, he did not drink a lot of water and it was hard to get him to drink water in general (concomitant).

Case ReAnalysis:

It was clear that he did not respond to the *Phosphorus* and his anxiety was progressively getting worse. Despite my initial thinking that *Phosphorus* was a good homoeopathic prescription, I was humbled by the reality of the patient’s lack of response. I re-assessed the case. It was now clear that with the anxiety he would consistently weep. He was experiencing concomitants with the anxiety of nausea, stomach aches, radiating heat and thirstlessness. He was aggravated in a warm room.

Here was my repertorization on October 4, 2016 using the computerised version of Bönninghausen’s *Therapeutic Pocketbook*, through its most accurate English translation, TBR_2:[1]

Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 | Rep 6 | Rep 7 | The Bönninghausen Repertory 2.1

	Rubrics	Puls.	Nux-v.	Sulf.	Ign.	Sep.	Plat.	Calc.	Bry.
1765	Modalities - Mind - Vexation (disturbed, put-out, troubled), from - fright, with	3	3	2	4	1	3	2	-
307	Systemic - Alimentary - Digestive Dysfunctions - Hunger & thirst - Anorexia (loss of appetite)	3	4	3	3	4	3	3	3
780	General - Mind - Disposition - Anxiety - physical (felt in the body, apprehensiveness, etc.)	4	4	3	1	3	1	3	3
1101	General - Generals - Spasms (cramps, convulsions) - hysterical (convulsions)	2	2	2	4	2	3	1	3
1727	Modalities - Temperature, Seasons, Weather - Warm - becoming (+ amel. Cold, becoming)	4	1	3	2	1	1	1	4
1739	Modalities - Temperature, Seasons, Weather - Warm - room, in a	4	1	2	1	1	2	1	1
313	Systemic - Alimentary - Digestive Dysfunctions - Hunger & thirst - Thirstlessness (adypsia)	4	2	2	1	3	1	1	1

After reassessing the case, *Pulsatilla* was the clear front runner in the repertorization. Although other remedies like *Nux vomica*, *Sulfur*, and *Ignatia* reperorized well, they did not match the nature of the anxiety with weeping, consistent aggravation from heat, and thirstlessness as well as *Pulsatilla* upon reading them in the materia medica.

I changed the prescription to *Pulsatilla 30c* , 2 pellets (dry) dissolved in his mouth, twice per day.

Symptoms of *Pulsatilla* from Hahnemann’s *Materia Medica Pura* (MMP) that correspond via similarity to symptoms in the case include: [4]

311 Want of appetite on account of tastelessness of the food and fullness of the stomach.

312 **Adipsia.**

387 Sensation of anxiety about the gastric region.

973 Cannot get to sleep in the evening owing to anxious feeling of heat (aft. 4 h.).

976 At night anxiety as from heat.

977 Feeling of heat at night without thirst (aft. 36 h.).

1002 Nocturnal anxiety on awaking, as if he had committed a crime.

1065 Sensation of warmth as if in an overheated room (aft. 3 h.). [*Hbg.*]

1083 Anxious heat all over the body, but so that chiefly the hands are hot and burning, with tearing pain in the occiput.

1085 **External warmth is intolerable to him, the veins are distended.**

1100 Anxiety as if he were in a hot atmosphere.

1101 Anxious heat as if water were thrown over him, with cold forehead.

1113 Anxiety, he knows not how to calm himself (before 1 h.).

1114 Anxiety, thinks he will be ruined (aft. 1 h.).

1129 Very discontented, weeps for a long time, in the morning after waking from sleep.

1131 On hearing some disagreeable news he became affected with sadness and despondency (aft. 20 h.).

1135. Sullen, lachrymose, anxious. [*Stf.*]

October 6, 2016:

After being on *Pulsatilla* 30c BID for only two days, his mother reported that he was beginning to improve. She reported that he was more calm and did great that morning when Mom dropped him off at school. Additionally, his appetite was improving and he ate a protein shake that his Mom made him for breakfast instead of refusing it. He got a little anxious when they got to school and the bell rang, but his mother had himdo some deep breathing, she consoled him and he responded well.

November 10, 2016:

His mother reported that “he’s doing great.” His anxiety diminished and he was doing really well on Tuesday through Friday. On Monday’s he was still experiencing some anxiety. He was not having any panic attacks. Mom reports that his overall anxiety decreased from a 9-10/10 to a 4-5/10.

His mother reported that he was now walking to class on his own. He was no longer crying. He wasn’t feeling the need to escape out of the car on the way to school. He was no longer ruminating on Sunday’s in anticipation of school starting on Monday. He started sleeping in his own area in the living room on a futon and had not been sleeping in his parents room at all since starting the *Pulsatilla* . His mother reported that prior to starting the *Pulsatilla* he could not even go into the living room because it made him too anxious. He had been now able to walk around the neighborhood

and ride his bike on his own without his parents being with him. He even walked about a mile from home to Starbucks on his own and was not afraid. He had an overnight sleepover at a friend's house and was a little nervous, but he did "great." He was no longer having stomach aches. His appetite had improved and he was now eating breakfast. His mother reported, "It's been a surge of independence." It appeared that he had reacted positively to *Pulsatilla* 30c BID and was still reacting, so we continued the medicine as prescribed.

February 28, 2017:

His mother reported, "He's been doing phenomenally well until about a week ago." She reported that recently he had not wanted to take the *Pulsatilla*. The teacher called his mother and told her that he had been talking too much in class, which was unusual for him. On Sunday night, he told his mother that he was anxious about going to school on Monday for the first time since November.

His anxiety remained much better and he could even walk alone to class. He had not had any stomach aches due to anxiety. He was no longer having panic attacks with crying. Overall, he was doing much better but had slightly regressed in the prior week. It appeared that he had previously reacted positively to *Pulsatilla* 30c BID and was no longer reacting. The case was still well covered by *Pulsatilla*, so we went up in potency to *Pulsatilla* 200c*,* 2 pellets (dry) dissolved in his mouth, once per day.

The patient followed up again on March 28th, April 25th, and June 1st. During that time period he had initially aggravated to *Pulsatilla* 200c so we changed the potency to *Pulsatilla* Q1, 2 pellets (dry) dissolved in his mouth, once per day on March 28th. The reason I suspected that he had aggravated to the *Pulsatilla* 200c was that nothing significant had changed, yet he had started becoming anxious again and was not sleeping through the night. Because he responded so quickly and gently to the *Pulsatilla* 30c for a sustained period of four and a half months, the response to the *Pulsatilla* 200c appeared to be a therapeutic aggravation (*Organon*[3] §§157-161, 280-282). That was my reasoning for modifying the posology from a C potency to a Q potency in an attempt to have a more gentle and sustained response to the remedy.

He responded well to *Pulsatilla* Q1 QD for a period of time and then I subsequently prescribed *Pulsatilla* Q2, 2 pellets (dry) dissolved in his mouth, once per day. He responded well to these Q potencies without an aggravation. Overall, he had done quite well with a diminishing of his anxiety and no panic attacks.

August 3, 2017 :

Mom reported that he was about to start school again for the fall the next Monday. She reported that the week prior when they registered him for school, they had a talk with him about another child who was arrested for marijuana. That made him very

anxious and worried in an obsessive way. He became very worried that his parents would think that he is a bad person or that he would do something wrong. He became very anxious about school starting and had been worrying a lot about if he was doing things right or wrong.

His mother reported that some aspects of his anxiety still remained better and had not yet regressed. His separation anxiety was still better and he was more willing to take some risks. He was now able to go to a movie theater, which he had previously been afraid to do for a long time after the Aurora, Colorado theater shooting that was reported in the news. A new movie came out that he wanted to see and he asked to go without a second thought. He was still sleeping in his own bed and sleeping well throughout the night. He was no longer having panic attacks. However, he was experiencing a queasy feeling in his stomach when he felt anxious.

The boy's mother reported that he was still quite empathetic, but not as intensely as before starting homoeopathic treatment. For example, he could see a homeless person and he would feel bad about it, but he could let it go. Previously he would dwell about the homeless person long after he saw them. His mother reported that he was having obsessive thoughts with anxiety of conscience. He was having thoughts and would want to make sure that his mother was not upset with him and would not reprimand him, even for trifling things that happened years prior. He was very worried that his parents would get angry with him. He had been also worrying about his mother's health because she had recovered from breast cancer. His mother reported that interestingly, she experienced extreme anxiety of conscience while pregnant with her son, yet she didn't experience it before or after the pregnancy.

Because his anxiety returned and had some new features, at that visit I reassessed the case. Here was my repertorization using the computerised version of Bönninghausen's *Therapeutic Pocketbook* , through its English translation, TBR_2:[1]

Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 | Rep 6 | Rep 7 | The Bönninghausen Repertory 2.1

	Rubrics	Caust.	Ign.	Lyc.	Plat.	Acon.	Cham.	Nux-v.
385	Systemic - Alimentary - Digestive Dysfunctions - Nausea & Vomiting - Qualmishness (queasiness, 'unsettled stomach')	4	4	4	3	3	3	3
1747	Modalities - Mind - Anxiety (also fear & fright), from	3	4	2	3	4	2	3
2429	Concordances - PULS.	3	2	4	4	2	4	3

I changed the prescription to *Causticum 30c* , 2 pellets (dry) dissolved in his mouth, twice per day.

When reassessing the case, the most striking symptoms were the qualmishness of the stomach that was aggravated by his anxiety (modality). Using that symptom along with the concordances in TBR_2 for remedies that follow *Pulsatilla*, the repertorization pointed to a group of remedies that I investigated in the materia medica. I discuss the concordances (related remedies) in more depth in the discussion portion of this case submission. Upon reading *Causticum*, it appeared to

be a very good match via *similars* to the symptoms of the case. Causticum well matched the physical qualmishness with the anxiety, but it also well matched the specific nature of his anxiety with the tendency towards excessive empathy and anxiety of conscience.

Symptoms of *Causticum* from Hahnemann's *Chronic Diseases* (CD) that correspond via similarity to the symptoms in case include:[2]

3 The child is apt to cry at every trifle.
4 Excessively compassionate, at the relations of the others and of the cruelties inflicted upon them, she is beside herself for weeping and cruelties inflicted upon them she is beside herself for weeping and sobbing, and cannot content herself.
6 Anxiety the whole day, as if he had done something wrong, or had to fear it, or as if a misfortune had happened. [*Lgh.*]
13 Anxiously careful as to all occurrences.
14 Great apprehensions as to whatever happens.
16 Lack of courage.
18 Timidity, at night.
39 Unbounded inclination to take things ill.
544 Qualmishness about the stomach (aft. several h.).
547 Qualmishness (at once).
548 Qualmishness, with anxiety.

August 31, 2017:

Four weeks later, he returned for a follow-up visit and they reported that he was "doing pretty well." The qualmishness in his stomach was gone and he had not had it at all. He reported that school had been going pretty well. Occasionally he would have obsessive or guilty thoughts that would make it difficult to concentrate in class. Overall his separation anxiety was much better and they reported that it's, "Great! There's none." Overall, his anxiety of conscience was much less, he was sleeping through the night without a problem, and his appetite was better. He had not had any panic attacks.

At this point, it appeared that he reacted positively to *Causticum* 30c BID and was continuing to react, so we continued the medicine.

September 11, 2017:

The patient's mother emailed me to indicate that he had a slight regression in his anxiety. It appeared that he was no longer reacting to the *Causticum* 30c BID, so we went up in potency to *Causticum* 200c, 2 pellets (dry) dissolved in his mouth, once per day.

October 10, 2017:

He returned a month after starting *Causticum* 200c QD. His qualmish stomach remained better and he was not having any symptoms of stomach aches. His anxiety had been better overall, yet he had been having some OCD thoughts recently, which initially were better after going up in potency. Two weeks prior, his basketball coach intimidated him by being aggressive and "benched him because of the shoes he was wearing." This was the first time he had participated in group sports since the age of 5 because of his anxiety and he had done quite well until that vexation. After that, the OCDlike symptoms returned and he stopped going back to basketball practice.

He was also frightened by the news of the Las Vegas shooting and was having obsessive thoughts. He feared that he would become like the shooter. He didn't know why he was having these obsessive thoughts because he was not a mean or vengeful person. He heard about these news stories at school and it would really bother him when other kids would talk about it. Then the thoughts would loop in his mind over and over again. He reported that these types of obsessive thoughts had improved initially to a 3-4/10, until a couple of weeks ago when they began regressing again. He reported being empathetic towards the people affected by the Las Vegas shooting. He said that he has lots of "what if" questions. He was no longer having as much anxiety of conscience. He still had not had any panic attacks return. His appetite remained better and most days he was eating breakfast. However, he was having a little harder time falling asleep and staying asleep. Overall, his mother reported that he had been doing well, but was slightly regressing in the past 2 weeks.

It appeared that he had reacted positively to the *Causticum* 200c QD and was no longer reacting. The case was still well covered by the same remedy, so we went up in potency to *Causticum* 1M, 2 pellets (dry) dissolved in his mouth, once per day.

November 15, 2017 :

He returned after about 5 weeks on *Causticum* 1M and they reported that overall he was doing well. His anxiety was now down to a 2/10. He was no longer having any qualmishness in his stomach or stomach aches. When asked about the obsessive thoughts he said, "They've kinda gone away." His anxiety of conscience was better and he was now hardly confessing to his parents about trifling things. He had not had any panic attacks. His sleep had improved and he only had trouble sleeping once or twice due to anxiety. His appetite was much better and he reported, "I've been eating a lot." His mother reported that he was regularly eating breakfast, not skipping lunches, he was hungry at dinner, and was even snacking on healthy snacks. They reported that the excessive empathy was not a problem and he was no longer getting an overwhelming heavy sense of empathy that caused him to suffer. His mother reported that his empathy had, "gone in the opposite direction."

His mother reported that he was doing really well in school and was doing well overall. It appeared that he was reacting positively to *Causticum* 1M and was continuing to react to the remedy, so we continued the same dose and potency. Overall, he had done very well with homoeopathic treatment. Due to financial circumstances and the distance drive to the clinic, his mother requested a referral to another homoeopath. She was very grateful for how much her son had improved with Homoeopathy, since he was not getting better with therapy prior to coming for treatment.

Discussion/Conclusions:

This case submission demonstrates the successful homoeopathic treatment of a chronic disease (Competency #2). This case submission demonstrates two or more successful homoeopathic prescriptions during the course of treating a chronic disease (Competency #3). This case submission also demonstrates a successful change of potency without changing the remedy (Competency #4). This case submission also demonstrates the ability to recognize an aggravation and make an appropriate case management decision (Competency #6). Additionally, this case demonstrates a modification of the posology (change from C potency to Q potency) as part of successful management of the case (Competency #5). After an initially successful prescription, this case submission demonstrates the ability to recognize that a new remedy was required. After recognizing that a new remedy was required, this case submission demonstrates the ability to reanalyze the case and to accurately select a subsequent remedy. Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook* method, using TBR_2,[1] the most accurate English translation of the *Therapeutisches Taschenbuch* [TT].

In this case I used the rubric for related remedies (i.e. concordances) that follow *Pulsatilla* in TBR_2 (rubric 2362), which is often useful in the treatment of chronic diseases that require a succession of remedies. Hahnemann discusses the method for prescribing remedies in succession in the *Organon* in §172-184. Specifically, in §184, Hahnemann writes the following:

> "In like manner, after each new dose of medicine has exhausted its action, the state of the disease that still remains is to be noted anew with respect to its remaining symptoms, and another homoeopathic remedy sought for, as suitable as possible for the group of symptoms now observed, and so on until the recovery is complete."

Bönninghausen's made practical application of Hahnemann's §184 by recording rubrics that clinically had been noted to follow each other in succession with verified homoeopathic cures. Bönninghausen describes the use of these rubrics in the Forward to the original *Therapeutisches Taschenbuch* (TT), which was reproduced in TBR_2 on page 69.[1]

> "I may therefore hope, that nobody will consider this section as useless and superfluous, now, that is has been improved and cleared as much as possible from errors. To me, who for the last fifteen years have considered the Materia Medica Pura the head point of Homoeopathy and made it my personal study, these Concordances have been of the most decided importance, as they not only led me to understand the Genius of the medicines, but also to secure the choice of the different remedies and to fix their order, particularly in chronic diseases."

Bönninghausen further expands on this idea with the following description,[5]

> "If we have selected a remedy for the patient which best corresponds homoeopathically to the group of symptoms (it consequently is *related* to the drug first taken), we will find as a rule that it has not only recently produced drug symptoms but it has also extinguished curatively all the complaints within its sphere of action. This experience appears to be the principal explanation of what doubtless has been observed by every attentive homoeopathic physician, viz,. that *some remedies act far more curatively when they have been preceded by certain other* (related) *medicines…* The importance of a knowledge of the relationship of the remedies early occured to me, and caused me to institute comparisons, particularly in the last two years; and in my numerous cases to constantly direct my attention thereto…
>
> For the first intimation of this (as of all other demonstrated truths in Homoeopathy) we are indebted to the sagacious and observant founder of our school. See Organon, section 172 *et sequstus*, on the method of treating one-sided or partial diseases. For example, we may mention the proved efficiency of *Calcarea carb.* after *Sulfur*; of *Causticum* after *Sepia*; of *Lycopodium* after *Calcarea…* What homoeopath has not had the opportunity of emonstrating the truth of his observations, presuming that in so doing he has always scrupulously observed the fundamental principle of Homoeopathy, Similia. Some have claimed that it was essential that the order in which related remedies are administered should be observed, for example that A. must not be preceded by B. and so on. But if we carefully examine all the cases which seem to bear this out we will find that some contraindications have been overlooked and that thus the fundamental principle of Homoeopathy has not been strictly observed. This was asserted particularly of *Calcarea* and *Lycopodium,* but I can assure you that I have very often seen *Calcarea* accomplish good results after *Lycopodium,* when the symptom-complex was such at first that *Lycopodium* should be selected and after it had exhausted its action that *Calcarea* corresponded to the remnant of the case, which does not

always occur."

To summarize the theory, the first remedy prescribed homoeopathically effects a change in the totality of symptoms. Thus, it paves the way for the next most indicated remedy. Remedies relate to each other through similarity of proving symptoms and from clinical confirmations in their usefulness in succession. As such, Bönninghausen's careful observations and records leave hints for remedies that follow well and complete the action of the former prescription.

Practically speaking, after a first remedy's usefulness has ended, the homoeopath must review the totality of remaining (distinguishing/characteristic) symptoms, while including any new symptoms in order to prescribe the next most indicated homoeopathic remedy. When using the repertory, the homoeopath need only to consider the specific characteristics not accounted for, or that are now so troublesome to become the new main concern(s) requiring treatment. In addition, consider the list of remedies given relating to the first correctly prescribed remedy, which already covers, by similarity, the first symptoms of the case, though not as well as the first remedy selected in the original case presentation.[6] This system gives a shorthand method of using the repertory to quickly point to the next most likely indicated remedy. In this case I used two rubrics that summarized the remaining symptoms in the case plus the rubric for the concordances to *Pulsatilla.* This efficient repertory method pointed towards *Causticum*, which upon reading in the materia medica, matched quite well to the symptoms of the case at hand via *similars*.

Here I will give a word of caution when using the concordances rubrics. Homoeopaths must not forget that the concordances rubrics are just a guide. They are to be used as guidelines only and not as hard and fast rules. These concordances reflect (and are limited to) Bönninghausen's clinical experience. The most similar remedy to the case must always be prescribed, even if it is not listed in Bönninghausen's concordances.

Endnotes to Chronic Case:

1 Dimitriadis G.: The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English retranslation of Bönninghausen's *Therapeutisches Taschenbuch* carefully corrected with reference to his original manuscript [TBR_2]. Sydney: Hahnemann Institute; 2010.

2 Hahnemann S.: *The Chronic Disease, Their Peculiar Nature and Their Homoeopathic Cure*. 2nd ed. Translated by Tafel LH [1895]. Indian Reprint, New Delhi: B. Jain Publishers; 2011.

3 Hahnemann S. *Organon of Medicine* . Translated from the Sixth German edition by Künzli and Naudé: Blaine, Washington; 1982.

4 Hahnemann, Samuel, *Materia Medica Pura* , translated by R.E. Dudgeon, 1880. Indian reprint, B.Jain, Delhi, 1990. [MMP]

1908 Tafel translation of *The Lesser Writings of C.M.F. von Bönninghausen* in the B. Jain 2005 reprint edition.

5 *The Relationship of Remedies* , a translation of Bönninghausen's introductory comments in BE (*Versuch über die Verwandschaften der homoöpathischen Arzneien…)*, by A. McNeil, in TIHA, Wisconsin, June 69, 1893; 14, 200-205.

6 Dimitriadis, George, *Homoeopathic Diagnosis Hahnemann through Bönninghausen, Repertory Lineage* , Sydney: Hahnemann Institute, 2004, p. 59. [DHD]

Case Submission Sample (Acute Prescription):

A case of acute Influenza A effectively treated with homoeopathy

By Jamie Oskin, N.D.

Abstract:

This case submission demonstrates the successful homoeopathic treatment of an acute infectious disease (Competency #1). Additionally, this case illustrates the efficiency of utilising Bönninghausen's *Therapeutic Pocketbook* method, using TBR_2,[1] the most accurate English translation of the *Therapeutisches Taschenbuch* [TT].

Disclosure:

This case was published by me as the sole author within an article, "Polarity Analysis, A Critical Examination," in the *American Journal of Homoeopathic Medicine* (AJHM), Winter 2014, Vol 107, Number 4, pp. 182-194. It is submitted here (revised) as a sample case submission for the HANP application as a sample of the homoeopathic treatment of an acute infectious disease (Competency #1). This case shall not be republished without my consent or the AJHM's consent.

January 14, 2014:

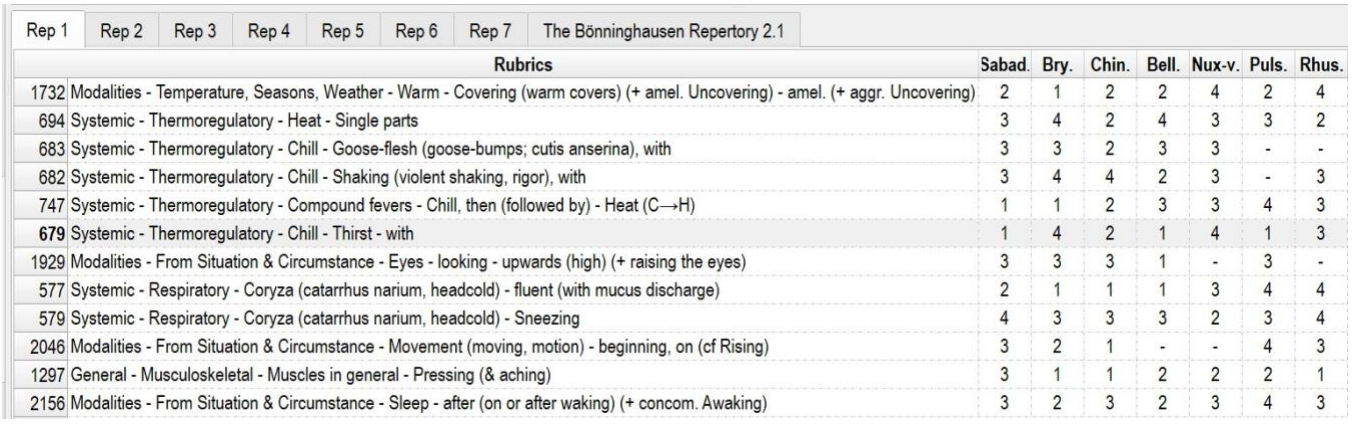
A 31-year-old male, presented with acute *Influenza A* confirmed by laboratory analysis in a local emergency department the previous night. The symptoms started two days prior with a fairly steady cough and fever. This patient presented to me at 4 p.m. on January 14, 2014 with symptoms including an initial fever of 102.5°F (39.2° C) with intense chill that caused goosebumps and shivering, together with a dry cough – all worse by uncovering (modality). The most intense and problematic complaint in the case was his fever. In addition to the characteristic chill with goosebumps and shivering, the succession of stages of the fever were quite characterising. The chill would be followed by heat without perspiration. The chill and goosebumps were worse upon first changing position and upon waking from a nap (modalities). The chill was throughout the body, yet he had a sensation of heat in the face (location). He had moderate thirst for cool water with the chill. There was a

concomitant headache with an outward pressure that was worse only during the cough (modality). He experienced aching pain in the muscles of the eyes when looking upwards or laterally (modality), and a profuse, watery, fluid coryza accompanied by violent paroxysmal sneezes (concomitant).

There was no pertinent emotional etiology and there was no pertinent psychosocial, past medical, or family history that was relevant to this acute infectious disease. There was no further pertinent history for this acute disease in the review of systems. The patient was not taking any over the counter treatments when he presented to me for treatment. He was familiar with homoeopathy and had tried *Phosphorus*, *Belladonna*, and *Sulfur* on his own without significant relief.

My prescription was based on the repertorisation (Figure 2) below using the computerized *Programme* version of TBR2,1 with reference to the symptoms that correspond via *similarity* in the materia medicæ listed below:

Figure 2: *Sabadilla officinalis* case using the computerized *Programme* version of



Rep 1 | Rep 2 | Rep 3 | Rep 4 | Rep 5 | Rep 6 | Rep 7 | The Bönninghausen Repertory 2.1

	Rubrics	Sabad.	Bry.	Chin.	Bell.	Nux-v.	Puls.	Rhus.
1732	Modalities - Temperature, Seasons, Weather - Warm - Covering (warm covers) (+ amel. Uncovering) - amel. (+ aggr. Uncovering)	2	1	2	2	4	2	4
694	Systemic - Thermoregulatory - Heat - Single parts	3	4	2	4	3	3	2
683	Systemic - Thermoregulatory - Chill - Goose-flesh (goose-bumps; cutis anserina), with	3	3	2	3	3	-	-
682	Systemic - Thermoregulatory - Chill - Shaking (violent shaking, rigor), with	3	4	4	2	3	-	3
747	Systemic - Thermoregulatory - Compound fevers - Chill, then (followed by) - Heat (C→H)	1	1	2	3	3	4	3
679	Systemic - Thermoregulatory - Chill - Thirst - with	1	4	2	1	4	1	3
1929	Modalities - From Situation & Circumstance - Eyes - looking - upwards (high) (+ raising the eyes)	3	3	3	1	-	3	-
577	Systemic - Respiratory - Coryza (catarrhus narium, headcold) - fluent (with mucus discharge)	2	1	1	1	3	4	4
579	Systemic - Respiratory - Coryza (catarrhus narium, headcold) - Sneezing	4	3	3	3	2	3	4
2046	Modalities - From Situation & Circumstance - Movement (moving, motion) - beginning, on (cf Rising)	3	2	1	-	-	4	3
1297	General - Musculoskeletal - Muscles in general - Pressing (& aching)	3	1	1	2	2	2	1
2156	Modalities - From Situation & Circumstance - Sleep - after (on or after waking) (+ concom. Awaking)	3	2	3	2	3	4	3

TBR2

Sabadilla officinalis – Allen's *Encyclopædia of Pure Materia Medica*:[2]

29 Painful pressure in the whole head, as if it were forced asunder, lasting threequarters of an hour (after half an hour),[4].

76 Pressure upon the eyeballs, especially when looking upward; less when looking down,[2].

91 Copious, thin, and thickish, whitish, transparent, nasal mucus, sometimes coming out in large lumps, on blowing slightly, without catarrh, for several days; afterwards he has to blow his nose frequently, because it is filled with viscid, yellowish-grayish mucus,[10].

92 Violent sneezing from time to time, shaking the abdomen; followed by lachrymation (after three hours),[10].

272 Violent cough (immediately),[8].

273 *Short dry cough, produced by a scraping in the throat,*[8].

274 A few light paroxysms of short cough, with lachrymation,[10].
451 Fever; chilliness, at 9.30 P.M., so that he goes to bed; followed by shaking chill, so that the feather bed which was usually too much for him, did not suffice…[10].
453 Chilliness, with gooseskin and moderate thirst,[6].
454 Chilliness, all day,[10].
455 He is shaken and waked from sleep by a momentary chill, at 1 P.M.; he feels warm without sweating, with fine pricklings in the forehead (second day),[10].
457 Shuddering over the whole body, for ten minutes (immediately),[4].
458 Shuddering over the whole back; he feels chilly through the whole body (after three hours),[8].
459 Febrile shivering through the whole body (after half an hour),[5].
468 Heat in the head, which is not felt externally, with internal chilliness,[13].
474 Burning heat in the face, with chilliness over the body, especially in the extremities (after two hours),[3].

Sabadilla officinalis – Hering's *The Guiding Symptoms of Our Materia Medica*:[3]

- | Epidemic influenza: great sleepiness during day; chilliness, shivering and horripilations, pressure in eyes, particularly when moving them and when looking upward; pressing headache, particularly in forehead; hoarse cough, all the symptoms agg from cold; heat of face with chilliness and coldness of limbs or chilliness running up back, returning every ten minutes; cough immediately on lying down.
- Warm stove: chilliness amel.
- Chilliness and sensitiveness to cold.
- | Dry spasmodic cough with pain in ribs and tearing in all bones, during chill.
- | Chill: afternoon or evening, returning at same hour; often without subsequent heat; predominates particularly on extremities, with heat of face; runs from below upward.
- Heat in head not felt externally; internal chilliness.
- | Spasmodic sneezing. *θ* Influenza.
- | Fluent coryza. *θ* Influenza.
- Violent sneezing from time to time, shaking abdomen; followed by lachrymation.
- | Coryza with severe frontal pains and redness of eyelids; violent sneezing;

  copious watery discharge from nose.
- | Cough: dry, from scratching or roughness in throat; during chill; with stitch in vertex.
- | Cough agg: from cold, or becoming cold;

- Cold: agg all symptoms; cough agg; sensitive to.

As can be seen by the symptoms listed from the materia medicæ above, the symptoms produced by *Sabadilla* are strikingly similar to my patient's symptoms in this case of influenza. Most notably, the fever symptoms with succession of stages, chill, goosebumps, worse uncovering, heat in the head, coryza, dry cough, eye pain worse looking upward, and concomitant violent sneezes were very similarly matched by *Sabadilla*. Additionally, the clinical confirmation of this grouping of symptoms in a historical cured case of influenza in Hering's *Guiding Symptoms* was a very similar match to my patient's symptoms.

By comparison, here I will list the symptom of *Bryonia* that is worse from looking upward in Hahnemann's *Materia Medica Pura* (MMP).

> 51 In the morning, before day-break, pain as if the head were bound round, with weight in it, mingled with stitches; on account of pain she could not raise her eyes [konnte sie nicht wieder in die Höhe], and when she stooped she could not rise up again (aft. 60h).

As can be seen in *Bryonia* symptom 51 (MMP), the patient could not raise their eyes due to the pain of the headache. By comparison, AE symptom 76 listed above for *Sabadilla* far more similarly matched the exact symptom experienced by my patient, which was a pain in the eyes from looking upwards. This concomitant symptom in the case was quite characteristic due to the clear and consistent modality. Because the symptoms of *Sabadilla* so similarly matched the totality of symptoms of my patient's, this concomitant symptom of eye pain worse looking upwards, was sufficient for me to differentiate between *Sabadilla* and *Bryonia* because it was a much closer match to *Sabadilla*.

The patient was prescribed *Sabadilla officinalis* 30c, 3 pellets, dissolved in the mouth, dry, 3 to 4 times per day. See the addendum to this case for a more complete explanation of this method of repeat (unchanged) dry dosing posology.

The patient was significantly better by the next morning. He slept through the whole night, his fever reduced to 99.7°F (37.6° C) by 10:30a.m. when I called to check in on him the very next morning. His chills resolved and he could uncover. The violent sneezing was better and coryza was significantly better. He had much more energy and overall felt better. His symptoms were almost completely resolved within two days of starting the homoeopathic remedy. With homoeopathic treatment, this patient went on to fully recover from *Influenza A* uneventfully within in a shortened course compared to no treatment or treatment with neuraminidase inhibitors used in conventional medicine.[4]

Endnotes to Acute Case:

1 Dimitriadis, George, *The Bönninghausen Repertory, Therapeutic Pocketbook Method, Second Edition, The most accurate English re-translation of Bönninghausen's Therapeutisches Taschenbuch carefully corrected with reference to his original manuscript*, [TBR_2], Sydney: Hahnemann Institute, 2010.

2 Allen TF. *Encyclopædia of Pure Materia Medica, A Record of the Positive Effects of Drugs Upon the Healthy Human Organism* [1874] [AE]. Indian Reprint. New Delhi: B. Jain Publishers; 2000.

3 Hering, C.: *The Guiding Symptoms of Our Materia Medica*, Philadelphia, 1891, vol.10. Reprint. New Delhi: B. Jain Publishers, 1997.

4 Jefferson T, Jones MA, Doshi P, Del Mar CB, Heneghan CJ, Hama R, Thompson MJ. *Neuraminidase inhibitors for preventing and treating influenza in healthy adults and children*. Cochrane Database Syst Rev. 2012 Jan 18;1:CD008965.

"Time to first alleviation of symptoms in people with influenza-like illness symptoms (i.e. ITT population) was a median of 160 hours (range 125 to 192 hours) in the placebo groups and oseltamivir shortened this by around 21 hours (95% confidence interval (CI) - 29.5 to -12.9 hours, P < 0.001; five studies) but there was no evidence of effect on hospitalisations based on seven studies with a median placebo group event rate of 0.84% (range 0% to 11%): odds ratio (OR) 0.95; 95% CI 0.57 to 1.61, P = 0.86)."

ADDENDUM:

An explanation of the repeat (unchanged), dry dosing posology technique based on evidence with citation to its origin in our homoeopathic literature.

The repeated dry dose posology used in this case is a deviation from *Organon* §247 wherein Hahnemann warns against giving repeat doses of the exact same medicine without modifying the dose. This deviation is based on the research of Francisco Eizayaga, M.D. who methodically treated cases for 24 months collecting data on 95 cases treated with the "pure Plus Method" described in §247 versus 250 cases treated with repeat dosing of dry pellets (unchanged) with the same potency. Approximately 16% percent of cases treated with the "Plus Method" experienced an initial therapeutic aggravation, whereas only 10% experienced an initial aggravation in the cases treated with the repeat, dry dosing method. The "Plus Method" group experienced 3.15% late aggravations (*Organon* §161), while the repeat dry dosing group experienced less than 4% late aggravations. Here was the summary of their results from page 217 of Eizayaga's *Treatise on Homoeopathic Medicine*:[a]

"*Therapeutic result:* high efficacy in all cases studied. Without appreciable differences to the Plus Method, but with results very superior to those obtained with the unique dose followed by placebos. **We *do not think we* are cheating ourselves if we affirm that we have obtained the highest satisfactions of our life as physicians by employing this simple, positive method.**

> We do not ignore that these conclusions will cause surprise and will even be resisted by many traditional homoeopaths who blindly believe in **Kent**'s and in some of **Hahnemann**'s statements. But **Hahnemann** has already proved the benefits of the Plus Method during the last years of his life. To support our statements we could add that more than a thousand (1,000) cases should be added to these 250 "pure" cases thoroughly studied by us. The later started with the method of a unique dose and followed the repeated potency method which we now use systematically. At the time of writing this edition, the cases thus treated are more than 4,000. We beg our colleagues who read this work, before approving or rejecting it, to put the method of the progressively ascending repeated potency into practice with their patients, as their patients' symptoms require it, and we are sure they will adopt it upon seeing its results."

I will add here that I have safely tested Eizayaga's method of repeat (unchanged) dry dosing of remedies with thousands of homoeopathic prescriptions (both acute and chronic) and have been quite happy to verify his positive results in cases like the one presented herein. I have found that it is only an occasional sensitive patient who does not respond well to this method and then requires an alternate posology strategy such as using Q potencies in water with the "Plus Method" described by Hahnemann in §247 or by another technique such as olfaction.
It is evident by Hahnemann's published cases and the various editions of the *Organon*, that he was constantly experimenting with posology, even to the time of his death in 1843. Had he continued to live, he likely would not have stopped with the posology that he developed in the 6th edition of the *Organon*. Over a span of more than 47 years (1796 to 1843), Hahnemann never wavered in the application of the *Law of Similars*. However, over that same span of time, he was constantly experimenting with the manufacturing process of remedies as well as the dose and potency strategies for administration of medicines. This experimentation was likely an attempt to live up to his ideals of safety expressed in *Organon* §2 in order to minimize therapeutic aggravations that he observed as his homoeopathic prescriptions became more accurate (i.e. more *similar*). In 1796, he was giving crude doses (*Hahemann's Lesser Writings* (HLW), "In Search of a New Principle," 1796, pp. 249-303; "Case of Rapidly Cured Colicodynia," 1797, pp. 303-307). By 1815 he was giving drop doses of crude medicines (Hahnemann, *Materia Medica Pura* (MMP), Vol I, Preamble, p. 21). By about 1830 he was routinely giving 30c (MMP - see introductions to Cannabis, Cantharis, Cina, Dulcamara, Nux vomica: all recorded in 1830 and were recommended in the 30th potency).

Then Hahnemann went on a stint of giving olfactionb doses for several years before developing the Q potency method that was recorded in §270 of the 6th edition of the *Organon* (although not available for publication until 1921, 78 years after

Hahnemann died and 5 years after Kent died). However, these techniques for posology are merely that. They are techniques for giving the remedy that was already selected based on a solid foundation of *similars*. As evidenced by Hahnemann's almost 50 years of experimentation, the *Law of Similars* is a generalizable principle in nature. *Similars* has been proven by experience to be efficacious whether a medicine is taken in various preparations including crude dose, C potency, or Q potency, as well as in various delivery mechanisms such as by olfaction, water dose, or topical application (HLW, "On the Treatment of Burns," 1816, pp. 635-645). And, despite the resistance from many homoeopaths to test this method for themselves, it is evident by the facts presented in Eizayaga's research and in my case herein that *similars* works even with repeat (unchanged) dosing of dry pellets.

I urge my colleagues to test the method of repeat (unchanged) dry dosing of homoeopathically selected remedies for yourselves. As a lover of science, I urge you to please apply this experiment with critical observation, yet with an unbiased and unattached perspective, so that you can come to your own conclusions on the matter from the most valuable experiment, the test of experience. Then you will not have to trust Hahnemann, Kent, Eizayaga, me or any other teacher or authority figure on the matter. After purely experimenting, you will no longer have to hold an opinion based on belief or hearsay, but rather from the wisdom of experience. Please share with me your results, whether or not they confirm Eizayaga's (and my) experience or if they contradict it. This manner of open minded experimentation with critical observation is the only way that our "Science of Therapeutics" (Dunham, 1877) will progress.

Endnotes to Addendum:

a *Eizayaga*, F. *Treatise on Homoeopathic Medicine*, *Third Edition in Spanish, corrected and updated, First Edition in English*. Ediciones Marecel, Buenos Aires: 1991, pp. 211 - 219.

b *MMP*, II:

i P. 346 under Pulsatilla: "The proper dose is a small globule moistened with the thirtieth potency, repeated at most every twenty-four hours; in acute diseases the olfaction of a globule the size of a mustard seed is preferable."

ii P. 391 under Rheum: "A very minute globule moistened with the thirtieth dilution (X) suffices for all homoeopathic curative purposes, to be repeated if necessary. The olfaction of a globule the size of a mustard seed moistened with this dilution is almost always sufficient."

Acute Case Sample

A Case of Idiopathic Urticaria

Gregory Pais, ND, DHANP

Abstract:

This case illustrates the successful homeopathic treatment of an acute disease (Competency #1). Additionally, this case demonstrates the use of the medicinal solution and a
modification of posology. (Competency #5).

Initial Case History and Analysis:

June 17, 2015:

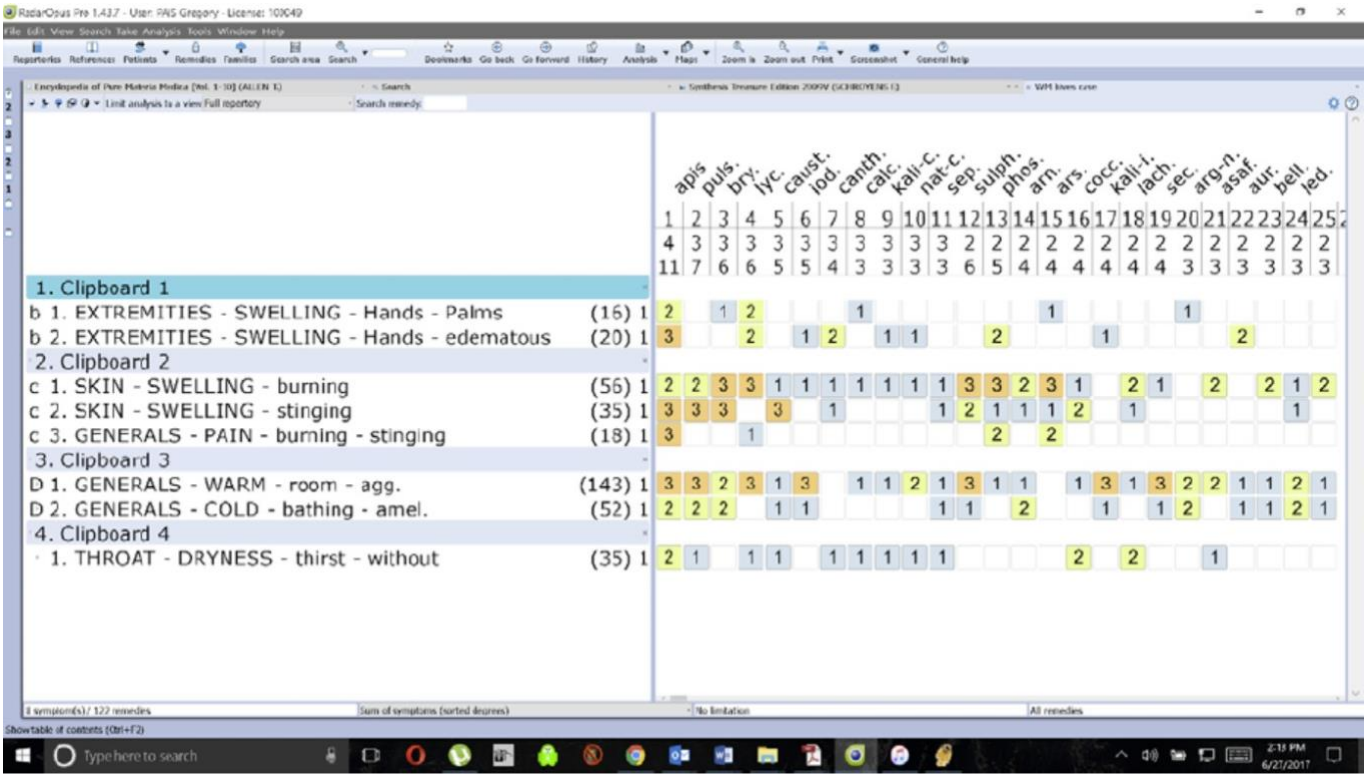
WM, a 57-year-old woman, presented with idiopathic urticaria, non-responsive to oral anti-histamines and topical steroid cream. Recent care was provided by a professional homeopath who prescribed 2 different homeopathic medicines in the previous 3.5 weeks (*Sulphur*, then *Pulsatilla*), both in 30c and 200c potency. Though there was about a 20% improvement with each remedy, each remedy prescription caused her to have intense symptoms (headache with *Sulphur*, nausea with *Pulsatilla*), dissimilar to her acute state, such that she discontinued each medicine. Symptoms started about 4 weeks ago with a general sensation of swelling, especially hands, palms, and arms. Red, raised eruptions then came out on her hands and palms which were sore to the touch. After a day or so there was much burning and stinging of the skin, which continues now. Itching was worse and she felt worse while she was baking in the kitchen. Her palms were intensely itchy and burning whether or not there were raised eruptions. She got some relief washing her hands in cold water. She was less thirsty than normal, even though she complained of having a dry mouth and throat most of the time.
WM came to me for naturopathic treatment as she was reticent to try homeopathy again based on her previous experience. I convinced her to try working with the medicinal solution, letting her know that we would closely manage her dosing.
There was no pertinent etiology identified in this case. Also, there was no pertinent psychosocial, past medical, or family history that was relevant to this acute disease. There was no pertinent history for this acute disease in the review of systems. This patient was not taking any over the counter treatments, supplements, or any alternative therapies when she came to me for care. At the time of her visit, there was no known medical diagnosis other than idiopathic urticaria.
My prescription was based on the repertorization below using the RADAR Opus computer program Synthesis Treasure Edition 2009V. The symptoms chosen correspond via *similarity* in the materia medica listed below.

Case Analysis:

Repertory Used: Synthesis Treasure Edition 2009 (RADAR Opus homeopathic software program)

Idiopathic Urticaria case Repertorization (**Note**-1st 2 clipboards rubrics combined, 3rd clipboard rubrics crossed)

Apis mellifica in *Allen's Encyclopedia of Pure Materia Medica*:



819 Swelling of whole body
823 Painful red swelling
827 Hand, arm, face and head, swell considerably
840 Red blotches with great sensitiveness of skin to contact
844 Sudden, indescribable sensation over the whole body, with a stinging feeling
846 *Elevations on the skin, as after the bite of insects, painfully sore, sensitive to touch*
864 Vivid stinging pain and swelling
866 Stinging, burning, prickling, smarting, itching sensation, all over the skin
872 *Intense burning itching all over his body*
880 Itching *on the hands*, the palms
576 Closed rooms, especially if overheated, are perfectly intolerable to him
696 Burning and stinging in the hands, especially the palms, that became very red…Cold water relieves
369 *No thirst, with dryness of the throat*

My remedy differential included *Pulsatilla* and *Bryonia*. Though *Pulsatilla* is known in the Allen's Encyclopedia to be worse in a warm room and better by cold applications, with *Apis mellifica* the burning and stinging are ameliorated by cold water. Also, the fact that the previous *Pulsatilla* prescription produced new symptoms in the case is an indication that it was an incorrect prescription.

> Aphorism 249: "Any medicine that during its action brings about new and perhaps troublesome symptoms not characteristic of the case, cannot effect a real

improvement and should not be considered to have been chosen homoeopathically."[a]

[a] "*Any aggravation involving new symptoms*—if there has been no error in the patient's mental or physical regimen—*always means only that the previous remedy was inappropriate* to the case…"

Bryonia was dismissed on the basis that it does not cover two aspects of a Complete Symptom. One, it is not represented in the materia medica for swelling of palms or hands (Location/Sensation). And, it is not known to have a dry throat without thirst (concomitant). In fact, it is the opposite. From Timothy Allen's *Handbook of Materia Medica*, "…in region of pit, with thirst, but without dryness of throat"

As can be seen from the symptoms listed from the above materia medica, the symptoms of *Apis mellifica* are remarkably similar to my patient's symptoms in this urticaria case. Especially the swollen painfully sore raised eruptions, the intense burning itching, the itching on the hands and palms, worse in warm rooms, better with cold water, and thirstlessness with dry throat.

WM was prescribed *Apis mellifica* 30c, 1 pellet dissolved in 4 oz. water, succussed 5x
before each dose.

Case Management:

Initial directions were to dose 1 measured teaspoon, 15 minutes apart, for up to 4 doses. If there was a greater than 50% improvement after any dose, she was to stop and check in by email with me. Otherwise, she was to check in 2 hours after the 4th dose.

WM emailed me after the 3rd dose to let me know that the sense of swelling all over, and her itchy, burning palms were at least 50% better. I told her to stop dosing and check back when she felt her current level of improvement waning. She emailed me the next morning to say that she was not any better, and maybe her symptoms were starting to slip back. I told her to dose up to 3 more times, in the same manner, and then check back. WM called the following morning to let me know her symptoms were 95% better ever since the 5th dose (in total) of *Apis* 30c. She still had some slight itching when she worked in the kitchen but, the burning, stinging, and swelling were gone all together. I told her to not take any further doses. When I saw her the following week for her chronic hair loss she reported her symptoms being 100% resolved.

Rationale for use of medicinal solution:

The Organon of Medicine, 6th edition, translated by Jost Kunzli:

Aphorism 246:

“As long as there is a marked, obviously progressing improvement during treatment, no more medicine of any kind must be given, because all the good that the medicine taken can accomplish is speeding toward its completion.

This is not infrequently the case with acute diseases…

...to obtain a far more rapid cure…

...this can be accomplished very felicitously if the following conditions arefulfilled: firstly, if the medicine is very carefully selected so that it is accurately homoeopathic; secondly, if it is highly potentized, dissolved in water, and given in suitably small doses at intervals that experience has shown to be the most appropriate for the speediest possible cure. *But the degree of potency of each dose must be somewhat different from that of previous and that of the following dose,* so that the vital principle, which is to be diverted to a similar medicinal disease, is never roused and incited to untoward reactions, as always happens when unmodified doses are repeated, especially at short intervals.”

Aphorism 247:

“It is inadmissible to repeat, even once, exactly the same dose of medicine without modifying it,[a] let alone many times (and at short intervals, because one does not want the cure to be delayed).

[a] *But when each dose is modified in its degree of dynamization,* as I explain here, then the doses are not a shock to the organism, even if they are repeated frequently, no matter how highly the medicine is potentized, with however many successions. One might almost say that even the most perfectly chosen homoeopathic medicine can remove and extinguish the pathological disturbance of the vital principle in chronic diseases in the best possible way only *if it is used in several different forms*.

The vital principle does not accept such *identical* doses without opposition, i.e., without bringing out other symptoms of the medicine, symptoms not similar to those of the disease being treated … [1]

[1] See comment about reaction to dry doses of *Pulsatilla* and *Sulphur* above.]

… Now the patient can only be made sick in a different way by such an *unaltered* dose, basically more sick than before, because now the only symptoms left to act are the medicinal ones that are not homoeopathic to the medicinal ones that are not homoeopathic to the disease. Therefore no progress toward cure but only a real aggravation of the case can result.

But if one slightly modifies the potency of each new dose by dynamizing it to a somewhat higher degree (para 269 and para 270), the sick vital principle allows itself to be altered further by the same medicine without ill effect (to have its

awareness of the natural disease further reduced) and thereby to be brought nearer to cure.”

Discussion and Conclusions:

This is one of many cases in the author’s experience where Hahnemann’s admonition to refrain from repetition of dry, unmodified doses has been borne out in clinical practice. As stated, previous homeopathic remedies were administered to WM, each one in multiple doses of dry pellets. In each instance, dissimilar symptoms were produced, as described by Hahnemann. WM would have been lost to homeopathic care if not for the utilization of the medicinal solution.