



# Council for Homeopathic Certification

## Selection and Preparation of Submitted Cases

Cases that continue for years of various remedies before finally finding a simillimum do not need to be tracked through the entire history; a presentation of the effective remedy with adequate six month follow-up is sufficient. Some cases are decided by analytical repertorization, others by outstanding keynotes or clear miasmatic patterns, others by intuition or suggestion from another practitioner. Some are easier to explain than others; the cases selected for submission should be of the easier to explain type because no matter how successful a case was, if it is hard to explain the thought process, it will be hard for the reviewers to understand and approve it.

This is not a directive to use a specific narrative style in your case submissions. Our professional journals today display many different styles of presentation but the well-presented cases share the common successful characteristics noted above, and these are what the reviewers are looking for.

The following table of DOs and DON'Ts summarizes considerations for the candidate to use in selecting and preparing cases for submission. Reviewing this carefully will provide candidates with specific guidelines and help them to see how to prepare their cases in a way that assures acceptance.

- > Select cases with clear explanation
- > Presentation style is unimportant as long as the case is professional and is explained well
- > An inability to successfully communicate a reasoned evaluation of remedy selection for the case is one of the most common causes for cases to be rejected by the reviewers

### Successful Case Preparation Factors to Consider

	<b>DO</b>	<b><u>DON'T</u></b>
<b>Anonymity</b>	Keep it anonymous. Remove identifying details and any initials, name, or contact information from the case.	Don't include any clear identifiers of the subject. It is acceptable to alter or omit case details to preserve anonymity as long as the rest of the case remains factual.
<b>Content of Case</b>	Choose cases with clear indications where only one or two remedies were given.	Avoid cases where many different remedies were given over a short period of time, or the results from the remedy were unclear.  Do not submit your own case if you prescribed for yourself; even if successful, you cannot be completely objective about your own symptoms.

<b>Marked Improvement</b>	Select cases where marked, sustained, undeniable improvement was evidently attributable to successful homeopathic care. In the follow ups, demonstrate your abilities in case management. Where applicable, identify the intensity of the original symptom, and the degree of improvement.	Stay away from cases which have no concrete evidence of improvement, e.g. if the subject says he is feeling better, but there is no improvement in physical or general symptoms.
<b>Authorship</b>	Submit cases of your own work, done without assistance from a tutor or supervisor.	Do not submit cases that were done as part of a supervised school clinical program.
<b>Duration</b>	Submit cases with a minimum of six months duration AFTER a remedy that has acted well. Cases with follow-ups of up to one year are preferable, when the duration covered shows a well documented, cured case.	Avoid cases that cover several months of incorrect remedies followed by a successful remedy in month five or six.  Do not submit acute cases.
<b>Length</b>	Submit the relevant information from the initial case taken, including the language of the client, family history, review of general and particular symptoms. This is to demonstrate your ability to take a thorough case. Cases should be clear and simple enough that they can be presented in 5 pages or less, including analyses and follow ups.	Do not include digressions or details unrelated to the case.  Do not choose cases that are unavoidably long.
<b>Classical</b>	Use cases that demonstrate the effective use of classical homeopathy, following classical homeopathic principles	Avoid cases that include non-classical approaches such as the use of combination remedies or the use of multiple remedies given at the same time, or remedies chosen without analysis matching symptoms to known remedy.
<b>Explanation</b>	Choose cases that involved evaluation and analysis that can be clearly explained. Detailed discussion of how the practitioner thought about the case and the remedies involved is very important.	Skip cases that, though clearly successful, do not involve an explainable thought process. Cases that were determined by unexplainable intuition or serendipitous coincidence do not provide the reviewers with an opportunity to evaluate the homeopath's skills.
<b>Professional</b>	Submit cases that would be suitable for publication. The case must be typed with correct grammar, spelling and punctuation.  Be sure to put your name, an identifier for the case, and a page number on each page. All cases must be in electronic format. This can be submitted in the body of an email or as a document attached to an email.	Do not submit cases that are hand-written, or contain spelling, punctuation, or grammatical errors that could lead to misinterpretation.

<b>Repertori- zation</b>	Submit a repertorization covering main elements or essence of the case, according to the analysis style you use. Specify which repertory was used. Write the rubrics with correct notation, exactly as listed in the repertory. Include the repertorization even if it did not finally lead you to the remedy. Cases that have been repertorized by hand or by computer are equally acceptable.	Don't list the symptoms rather than a specific rubric, leaving reviewers to guess which rubric was chosen.  Don't omit the repertory section name or subrubric details when writing rubrics.
<b>Materia Medica Differential</b>	Review 2 - 5 remedy choices considered for the initial case, and show the reasoning for selection of one over another, using concrete arguments for or against each one. These should be the final, serious choices for the case. Specify the sources you used to write the differential.	Avoid cases where only one remedy was considered. Do not use opinion statements such as "I felt this remedy was the best for the case," without supporting arguments to explain why that opinion was held.  Do not present 7 - 25 remedies in a differential using everything that was identified by repertorization. This shows inexperience in narrowing the field of possibilities to serious choices.
<b>Remedy Selection</b>	Clearly state which remedy / potency and method of administration was finally selected, along with the date the subject took the remedy.	Don't give the remedy name without posology or date information.
<b>Follow-Ups</b>	Specifically identify the date of each follow-up. Include information on the status of the chief complaint, and each of the features of the case that led to the initial remedy selection as well as any new features in the case. Use a scale to rate how much better or worse each symptom is. Review the general symptoms of the case.	Don't omit the dates for each encounter.  Avoid cases where there is not clear follow-up showing improvement of the important aspects of the case.

# An Example Case

An example is given of a sample case that would easily be approved as a case submittal. The case given is concise with clear symptoms. The practitioner has provided a good summary of the relevant features of the case, a solid repertorization and an effective materia medica differential. Through each step of analysis, the practitioner has explained what the thinking was behind each decision, given reasons for any assumptions made, and quoted references used for materia medica and philosophy. With the initial consultation and follow-up, the practitioner's evaluation and actions are explained with justifications for each decision. The improvement of the subject is unmistakable, covering more than six months. The cases presented for certification should have these characteristics. Cases written this way represent the best of cases published in our professional journals today.

*A description of the subject is included.*

*The case is given in the words of the subject, edited as necessary for brevity, but including the important aspects of the case.*

The subject is a 42 year old male with fair skin, dark eyes and hair, with an awkward, self-conscious presentation. He is a large, muscular man. He complains of joint pain and depression.

## **His case as given February 3, 1999:**

I have trouble with my knees, hips, elbows, shoulders. They ache and feel sore and stiff. I take anti-inflammatory medication (Ibuprofen) which helps, but I don't like taking it. It seems like I am taking poison or something. I have had this since I was in my teens. It comes and goes, but I have not seen any pattern to why. The ones on the right side hurt more often, but they all hurt. Sometimes I have some swelling around my right knee and my left elbow.

My life feels flat - I feel like I am dead inside - sometimes I think I am just an empty corpse walking around, with no living soul in me at all. There is nothing I care about, nothing that inspires me or excites me. I just go through each day, getting through it. I just don't care. I go to work, I go home, it is all the same, nothing matters. Even sex doesn't interest me much, I have almost no sex drive. My brother has a wonderful wife and family, a job he loves, and I feel jealous of him often. I am envious of the joy he has in his life. I wonder why his life seems so different from mine because we were not that different as kids. I avoid him if I can.

So many things irritate me. Traffic, dumb things the government does, politics at the office, my neighbor who plays loud music, waiting in line. I am probably the least patient person on the planet, and the longer I have to stand in line, the more annoyed I get. I don't like being touched, and it is irritating to walk in a crowd where people bump against me. It seems like I am mad about something most of the time. It is a lousy way to spend my life.

Despite the pain in my joints, I stay active. My energy level is good. I work out regularly and I ride my mountain bike on the weekends. Maybe that is part of why my joints hurt. I am pretty clumsy, I guess, always have been. Have never been very well coordinated, and I fall off my bike with annoying regularity, or run into things. But my joints hurt even when I haven't been injured lately.

I get styes in my right eye about twice a year, they really hurt, swell, and burn. I am always thirsty, it feels like I drink gallons every day but it is never enough.

## **Initial Assessment:**

This man has come for relief from the chronic pain he has in his joints, but his mental/emotional state is more of a concern for me as a practitioner. He describes himself as apathetic, death-like, irritable, impatient, jealous. Along with the joint pain and occasional swelling, he mentions that he has styes in his eyes that burn and swell. He notes that he has unquenchable thirst.

*The dates of each encounter are recorded - this is necessary to determine that the minimum 6 month time frame has been covered.*

*The case has been edited to allow a full explanation of the symptoms within a typed page.*

*A summary is given of the main features that the practitioner noted in the case.*

*Be sure to provide a discussion of what was important in the case. Note any important key note symptoms or prominent miasmatic indications if they are present.*

*The practitioner indicates which repertory was used.*

*A list of seriously considered remedies has been developed based on keynotes, repertorization, miasmatic terrain, etc., whatever the practitioner felt was important.*

*Confirmations in the case, apart from the features that were repertorized, are identified.*

*The homeopath's thinking about the remedies is shown with this materia medica differential.*

*The practitioner notes other texts referred to in the investigation that may have influenced ideas about the case or the remedies.*

*Date of follow-up consultation is given.*

### **Repertorization using Kent's Repertory:**

Mind, Delusion, dead, that he himself was dead  
Mind, Irritability  
Mind, Indifference, apathy  
Mind, Impatience  
Mind, Jealousy  
Eye, Styes  
Stomach, Thirst, unquenchable  
Extremities, Pain, joints

The remedies seriously considered based on this repertorization were Apis, Bryonia, Phosphoric Acid.

**Apis** was the only remedy of the final set I considered that was listed in the rubric for delusion of being dead. It covers the joint pains, styes, mental symptoms and thirst. It was interesting to find Apis in italic type in the rubric for unquenchable thirst, because thirstlessness is a keynote for this remedy. In addition to the rubrics chosen, Apis demonstrates a fear of being poisoned that he mentioned in reference to the medication he takes for the joint pain. He also refers to himself as clumsy; Apis is listed in bold type for the rubric 'Extremities, awkwardness'. The swelling he mentioned for the styes and occasional elbow and knee joints is characteristic of this remedy as well. These additional confirmations make Apis the strongest choice.

**Bryonia** was one of the remedies I thought of while listening to the case, hearing him recount joint pain, irritability and great thirst, and it did come through in the repertorization. However, the indifference, jealousy, and feeling of being dead are not covered by this remedy. This remedy is a good match for the physical symptoms (joint pain, thirst, styes) but there is not a close enough match on the mental/emotional plane to select this remedy for this case. I suspect that if Bryonia were given it would be only palliative.

**Phosphoric Acid** was characteristic of the apathetic, irritable mental state, even noted in the rubric for jealousy. Although it was not included in Kent's rubric for delusion of being dead, Roger Morrison's *Desktop Guide* describes the mentals of phosphoric acid as "Depressed, apathetic patients - almost dead inside." It also covered the joint pain, styes and thirst. However, Phosphoric Acid, like many acids, is more typically associated with states of collapse and depletion, and this fellow is energetic, working out and riding a mountain bike. That is not to say that an energetic Phosphoric Acid case could not be found, but that the typically low energy that could confirm this remedy is missing. The additional verifications found for Apis (poisoning, awkwardness, inflammatory swelling) are not found for phosphoric acid, making it a less likely candidate. However, there is still much similarity to the case, and it is my second choice remedy.

**Based on my evaluation, Apis was selected.** It was given in a 200c potency. The fellow was generally in good health, his symptom picture was clear and he had no limiting conditions that would have led me to choose a low potency. This is the potency I generally start a case with unless there is a reason to go higher or lower. **He took a single dose February 10, 1999.**

### **Follow up - April 4, 1999**

He reports: About two weeks after I took the remedy, I got a stye in my right eye that was very painful and lasted for over a week. The joint pain came and went as normal until three weeks ago, and then it stopped. This is the longest I have gone without any trouble with my joints for at least 10 years. I am still thirsty often, but don't drink as much as I used to. I don't have that feeling of always being thirsty no matter how much I drank.

I have taken up a new hobby that quite interests me - I have begun to do some wood-carving and have signed up for some classes. Nice to have something to do that I look forward to after work.

*Rubrics are noted correctly as found in the repertory. If the repertory was used for the case, give the rubrics, explaining why they were included if they are not obvious choices.*

*The materia medica differential is very important, explaining the homeopath's thinking about specific remedies as more or less appropriate for this case.*

*Note which aspects of the case are covered or not covered by a remedy being considered. Identify any contra-indications.*

*Explain your final remedy selection. Indicate what potency was given and why that potency was chosen.*

*In follow-up consultations, present the information given by the subject, and note that symptoms have improved, worsened, been aggravated.*

**In response to questioning**, he indicated that he still felt dead inside and was impatient as ever, though he noted that he was less irritable, improved by perhaps 50%.

*The practitioner has quantified improvement where possible.*

**My assessment based on this information was that the Apis was acting.** The appearance of the stye may have been part of an aggravation, and was followed by relief of the joint pain. He notes that the sense of being dead inside was still the same, but the irritability was less, and he had an interest in something new, which was a marked change from his prior apathy - I saw this as confirmation of improvement. It is not surprising to see the physical symptoms improving first as the mental symptoms were quite deep. George Vithoulkas notes in *The Science of Homeopathy*, that apathy is among the deepest of emotional illnesses.

*Explain any action taken and the reason why that action was chosen.*

Because of the physical improvement in joint pain, and the partial relief of irritability and apathy, I felt that the action of the remedy was in progress and it should be left to do its work. No action was taken and a follow-up was scheduled.

#### **Follow-up May 12, 1999**

He reports:

I am surprised to be saying this but I am even enjoying my life somewhat. I brought a wood carving for you to see. When I first started carving, I was in a hurry to finish whatever I was working on, but I think it has taught me some patience, doing this. When I am carving, it is as if time stops and I focus on the wood completely.

*The subject's comments demonstrate the progress of the case.*

I don't feel thirsty as often. I even declined when someone offered me something to drink the other day! My knees bothered me a little last week, but it wasn't much and it went away after a day or two. It was the first time they had ached since I was here to see you last.

About two weeks ago, I had an outbreak of hives all across my back - it itched like hell. Seems like I had that before when I was in college, but I had forgotten. It happened one night when I couldn't sleep. Lasted for hours. But the next morning it was gone. Couldn't remember eating anything or getting something on my skin - don't know why it happened.

*The practitioner shows how the symptoms that were the initial indications for the remedy have been affected. The symptoms not volunteered have been asked about.*

**When questioned** about the feeling of being dead inside, he said he wasn't sure about it. His jealousy of his brother was unchanged. He continued to be less irritable, and waiting in traffic or standing in line were not as annoying as they used to be. He thought wood carving was teaching him patience.

**My assessment was that he was continuing to improve.** The mental symptoms are improving, with a lessening of the impatience and irritability, and he is no longer certain about the sense of being dead inside. The outbreak of hives is interesting, since it is so characteristic of Apis, and appears to be a repeat of an old symptom. The case still has forward momentum and is still progressing. The reappearance of the knee pain could have been a normal fluctuation, or may indicate that the remedy will need to be repeated if it becomes a continual problem again. A follow-up was scheduled and he was instructed to call in the mean time if the joint pain returned.

*The practitioner's evaluation explains what appears to have happened (relapse) and why (encounter with brother), as well as what was done (repeat).*

#### **Follow-up June 10, 1999**

He reports:

All the joint pain is back and I feel like hell. I feel like I did when I first came to see you in February. I feel lousy, and very discouraged because things were just starting to go well.

*With each follow-up, an assessment is given, showing the practitioner's thoughts on what has improved or changed and how that influences the decisions on the case.*

*Again, the follow-up date is given.*

*The assessment explains the practitioner's considerations for case management: the improved symptoms, the reappearance of an old symptom, the slight return of a symptom that had improved.*

*Date given shows that we are now at 4+ months into the case.*

*The case management decision to repeat the same remedy is based on Kent's writings as noted here, showing why the practitioner made this choice.*

Over the holiday weekend at the end of May, there was a family reunion at my brother's house and I just hated being there. Everyone in the family goes on about how well he's done in his career, such a lovely home he has, how clever his kids are, what a lovely woman his wife is. I know it is all true, especially about his wife, but I just don't want to hear about it. By the time I had been there for an hour or two, my right shoulder was hurting and by the time I left at the end of the day I ached everywhere. Since then I just don't want to do anything. I have stopped carving and just don't see the point of doing anything.

**My assessment at this point was that the case had relapsed**, triggered by the visit with his brother and the strong jealousy he felt there. All of his prior complaints had returned. Following Kent's guidelines on the second prescription, I repeated the same remedy in the same potency. **He took Apis 200c again June 11, 1999.**

#### **Follow-up July 29, 1999**

He reports:

By the next day after I took the remedy, I was feeling better again. The joint pain had stopped and I slept really deeply. My life seemed easier again over the next week or so, I started enjoying wood carving again. My joints aren't hurting.

The last month has been hard though. I have just wanted to be alone. I have felt really down. Feeling dead was easier - now I feel this overwhelming sadness. The truth is that my brother's wife was my girlfriend when we were in college. I played on the university basketball team and it took up so much of my time. Between that and studying, I didn't have much left over. She finally said she felt like one more thing on my list of stuff to do and dumped me. I tried, but she would not go out with me again. I just stopped thinking about it, focused on my studies. About a year later she met my brother and they got married. I think about her all day, every day. She doesn't know and I will never tell her. I can't talk to anyone about this. I take out other women, but it is just to pass the time. I have never met anyone else that holds the attraction for me that she does. And she is my brother's wife. Nothing can ever come of it. What a mess... (Sighing, barely holding back tears)

I am having headaches, like I used to get in my last year of college. I wake up with it, and it is this throbbing pain that stays with me all day. I think they usually go away in the evening; I don't have them at night.

I am getting cold sores around my mouth. They burn and the skin in the corner of my mouth cracks. And for some reason, I seem to have lost my sense of taste - everything tastes really bland. Except salt. I am putting lots of salt on my food and that tastes good.

#### **My assessment of the case is that a new remedy picture has appeared.**

The aspects of the case that pointed to Apis initially (dead feeling, irritability, impatience, jealousy, joint inflammation, styes, thirst) are no longer in the picture. He says that the sadness he feels now is harder than the dead feeling he had previously. The emotion now being described is grief over the loss of his past girlfriend. His discussion did not mention jealousy of his brother at all, only sadness about his sister-in-law that may have been the source of the jealousy. He has a desire to be alone. He is having throbbing headaches during the day, which he wakes up with. He has cold sores around his mouth, a desire for salt, and a loss of his sense of taste.

The keynote of archaic grief, aversion to company, headaches during the day, cold sores, craving for salt, and tastelessness of food are consistent

*Again the date is given for the follow-up. The case has a duration of 6 months now - February through July.*

*Again, the subject's own words are used, edited to be full enough to show the case, but with unimportant details removed.*

*The homeopath shows how the case now looks different from the Apis case seen previously.*

*The practitioner describes the plan of action and gives justification for it.*

*The frequency of follow-ups gives information on how often the practitioner typically follows up on a case.*

*The practitioner's discussions are not stated as simple opinion ("I thought it was time to change remedies") but as a reasoned argument with supporting facts.*

*Instead of a repertorization, the practitioner indicates that remedy considerations at this point in the case were based on keynotes and remedy relationships.*

with **Natrum Muriaticum**, which Boericke notes is complementary to Apis, calling it 'the chronic Apis'. The Apis given previously seems to have taken him back to the state of his college years following the loss of his girlfriend. He notes that he has headaches now like he did his final year in college.

I also considered **Phosphoric Acid** again, because it is well indicated for ailments from grief, but the specific physical complaints of desire for salt, herpetic eruptions around the mouth, and loss of taste do not match. I considered giving **Ignatia** as well because his state of sadness was profound. He was acutely emotionally distraught about his affection for his sister-in-law, his sense of loss because she was married to his brother. As he talked about it, he sighed several times and almost broke down in tears several times. However, because of the complementary relationship between Apis and Nat. Mur., and because of the physical symptoms which confirmed the state of that remedy, Nat. Mur. seemed better indicated.

**Natrum Muriaticum was given in a 1M potency on July 29, 1999. A higher potency was given because his grief was quite intense. I asked him to call after 1 week and leave a message for me to let me know how he was doing, and a follow-up was scheduled for September.**

#### **Follow-up September 22, 1999**

He reports:

The week after I saw you last was hell. I took the week off from work, called in sick. I thought about my sister-in-law, what an opportunity I missed. Every time I would think of her, I had this pain in my chest. It may sound corny, but it was like my heart was broken. I stayed in the house without going out for almost a week, drank a lot, was as miserable as I can ever remember being. I spent my nights crying and my days bitching. My head ached, but I couldn't tell if it was because I had headaches or I was hung over.

Finally I woke up one morning, looked at myself in the mirror, and told myself I had to get a grip on my life. I had to accept that things were the way they were and I was just going to have to make the best of it. Maybe that week of hell was cathartic, or maybe I just got tired of feeling sorry for myself, but, you know, I started seeing things differently. I went back to work and really put a lot of energy into a project there. My boss was so surprised, and I even enjoyed it. I have been getting along with the guys at work better - even the ones who used to be so annoying, for some reason it doesn't bug me anymore.

The cold sores went away after about 2 weeks. Food tastes like it normally does, and I don't seem to be putting so much salt on everything anymore. I have not had a headache for over a month now. I still think about my sister-in-law sometimes, but it is not the same. I went to their house for my brother's birthday last week, and I noticed for the first time that she nags at him. Maybe he's not such a lucky guy after all. He doesn't seem to mind, but I sure would.

I am taking another wood carving class learning some new techniques. I have started working on a piece with a woman in the class. She is attractive, funny, and I like the time I spend with her. When I take her out, I don't just feel like I am passing time.

**My assessment of the case at this point** was that this man had gone through a normal grieving for the loss of his college sweetheart. He endured a week-long period of intense grief, and then began to go on with his life.

*A materia medica differential is given again for those remedies that were seriously considered at this time.*

*The remedy given, potency, and reason for the potency selection are noted by the practitioner.*

*Again, the case is given through the client's words.*

*The practitioner has met the six month minimum duration for the case, but the case is not finished yet. The case presentation continues through to a point where marked, undisputable improvement is shown. So far the practitioner has shown that the case has changed, not that the fellow is much improved.*

*The practitioner explains how the patient's report led to an assessment of improved health, and what action was taken (none).*

The physical symptoms he had experienced were relieved. He observes that he sees his sister-in-law differently now; perhaps this is sour grapes, but perhaps it is an awareness of her, unclouded by past emotion. Either way, he is no longer stuck in his broken relationship with her; he does not think of her continually now. In fact he has begun to date someone who interests him. I saw all these as movement toward a stronger state of health for this man, indications that the Natrum Muriaticum has done its work. No action was taken.

**Follow-up November 18, 1999**

He reports:

I am doing great. I haven't been having headaches or pain in my joints or anything else, actually. Work is going well. I got promoted, which was a surprise. My boss seems to think I had some big change, asked me if I had gone to a shrink, but I don't know why he would think that. Work is easier.

I finished the wood carving project I was doing with the woman in my class. Things didn't work out so well with her. She is going out with the guy who teaches the classes now. I am seeing a woman I used to live with a few years ago. We are taking a vacation to Mexico over Christmas.

**Upon questioning**, he noted that he had seen his brother and his family over the past month and it was not a problem for him. He no longer felt jealous of his brother, or grief about the situation with his sister-in-law. He was not feeling irritable, and did not have his former indifference to life. He was able to take in stride the ending of one brief romantic relationship and the beginning of another.

**My assessment was that he has continued well** over the past few months, with no physical complaints. His mental and emotional states are stable. He continues to have relationships with other women in his life, no longer focusing on his sister-in-law. His comment about his boss seeing a big change that he doesn't see is interesting. So often when a remedy has acted deeply, the former state is not remembered. No action was taken, and he was asked to call if he had problems in future.

These are in stark contrast to the apathy, irritability, impatience, jealousy, joint pain and styes which first marked the case. The Apis acted well initially to relieve many of these symptoms and then the deeper state that had been laid down in college came forward. Natrum Muriaticum was effective at moving this man forward to present time, letting go of the grief he had carried for many years.

The specific symptoms of the case are used to justify the assessment.

In this final follow up, the practitioner again gives the date and the client's report to show progress.

Along with the final follow-up, the practitioner gives a summary of the full case, clearly comparing the current state with the originally presented case. This demonstrates the successful action of the remedies given.

