



Summer 2013

# *Journal Of* **The Academy Of Veterinary Homeopathy**

*The highest ideal of  
therapy is to restore health  
rapidly, gently, permanent-  
ly; to remove and destroy  
The whole disease in the  
shortest, surest, least  
harmful way, according  
to clearly comprehensible  
principles.*

—Dr. Samuel Hahnemann

**AVH@AHVMA 2013 Kansas City August 25, 2013**  
**BREAKING NEWS! - The AHVMA was voted into the AVMA House  
of Delegates July 19, 2013!**

## **AVH Annual Case Conference April 26-28, 2013 Clearwater, FL** **“Homeopathy: An Enduring Paradigm”**

by Lisa Brien, DVM, CVH [dr-lisa-mercyvet@comcast.net](mailto:dr-lisa-mercyvet@comcast.net)



The AVH Case Conferences just keep getting better! You can really see the results of very fine cases from our group as we study, learn and practice veterinary homeopathy year after year. Every speaker was very complimentary of the high level of homeopathic case taking, management, prescribing and research presented at this year's meeting.

**Susan Beal** reminds us in her talk, *Materia Medica Studies: Remedy States as a Reflection of Dynamic Disease*, to recognize the presence of disease as an avenue of individual expression, that to remove the disease without recognizing and treating the patient's relationship to that disease will lead the patient to find a new manifestation to fill the void. Take into account the life circumstance; realize that the relationship

between the client, the patient, and the disease might be more encompassing than superficial, that a cure might change the dynamics within the relationship of the client family unit.

In *The Homeopathic Approach to Food Animal Stewardship*, Susan strongly urged us to think carefully when we advise our clients to feed organically raised meat to our patients, since at this point in time, we as a profession do not have the infrastructure in place to raise enough animals in an organic manner to provide for the pets' needs. There was a beauty to her discussion of meat and dairy animals, whom she referred to as “animals in service,” inviting us to consider that their service deserves reverent appreciation. She shared

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### **President's Message & Business Meeting Report**

Ann Swartz, DVM, CVH [caswartzdvm@aol.com](mailto:caswartzdvm@aol.com)

Dear Colleagues,

This year we (the AVH Board) wanted to share details of our member's luncheon meeting at our annual case conference in Clearwater, FL, April 2013. We want you to know that the AVH board and committees are working very hard on your behalf, so please renew your membership if you haven't done so! (e-mail Kathy Combs at [avhsupport@gmail.com](mailto:avhsupport@gmail.com))

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# The Academy Of Veterinary Homeopathy

## Guidelines For Submissions

The AVH welcomes submissions dealing with any subject germane to the practice of homeopathic veterinary medicine. A submission is received with the understanding that it has been approved by each author and that neither the article nor any of its parts is under concurrent consideration by any other publication, nor has it been previously published. At least one of the authors of a report dealing with clinical interpretations or treatments should be a veterinarian.

Please provide complete contact information, including telephone, fax, and e-mail address. The AVH reserves the right to reject any manuscript. A report suggesting that animals have been subjected to adverse, stressful, or harsh conditions or treatment will not be published.

Submissions should be sent to [Dr. Lisa Brien](mailto:L.Bernstein@theavh.org) or [Dr. Larry Bernstein](mailto:L.Bernstein@theavh.org) via e-mail or on electronic media:

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# The Academy Of Veterinary Homeopathy



**Larry Bernstein, VMD, CVH *Journal Editor***

## Under the Microscope

July – wow – that seemed to happen quickly – less than 150 days until Christmas so I hope you all have your shopping done. Actually the REAL countdown ended July 19th when the AHVMA was officially voted into the AVMA House of Delegates. Many, including myself have worked for the past 10 years to see this happen, to see holistic veterinary medicine have a more legitimate voice in the AVMA and I consider this a major step for holistic veterinary medicine in the US and the world.

I was reading Shelley's post on the forum about the IAVH and membership and was embarrassed that I had let my membership lapse. Please See the note from Marcie Fallek on page 26 for more about this. Between the AVMA, the FVMA, the AHVMA, the SFVMA, AAVA, IVAS, AVH and VBMA (need to check on VBMA this year) it gets to be quite a lot of money.

I do feel it has become important, even critical, to support the holistic organizations and will be rejoining IAVH. For the last 10 years, there has been discussion about finding a way of joining forces in these separate organizations so we could pay one set of dues that gets distributed to the different holistic organizations in some way. We could also start sharing resources and quit duplicating expenses. Not an uncomplicated idea as we would all need to maintain our discipline's autonomy. This is, most likely, a goal for the long term and not something I am advocating right now but one of those things to unite us in the new brighter future.

I have long felt that we are approaching an important nexus where holistic or CAVM or integrative veterinary medicine is taking a more prominent role. With that increased visibility and scrutiny comes the need to act and practice responsibly. We have often been viewed as the insurgents in veterinary medicine and, as the science behind the anecdotal reveals itself, it behooves us to present ourselves in a more conventionally professional way. I think we need to be aware that every column we write, every blog we post or forum letter we write can have a far-reaching impact. This is doubly true if we are venting or criticizing colleagues, organizations or disciplines.

Yes, I am advocating our sitting back a bit, having manners and allowing the momentum to build. We must be cautious about doing anything to self-gratify in the short term but derail in the long term. As one who has been outspoken over the years (decades now), I never find it easy to practice self restraint but it seems the proper time to do so. We will be under the high power microscope as a new era emerges and the forces opposed to our modalities find themselves struggling to find new ammunition.

Next time we write something, reread it with this in mind before hitting "Send" – remember – in this modern era it is fairly impossible to un-send or un-post. That said, have a wondrous summer.

Larry

# The Academy Of Veterinary Homeopathy

## Notes From The Office

*Kathy Combs*



Dear AVH Members,

Hope you are enjoying the beginning of what will be a beautiful summer. Here in California we are already blessed with warmth and sunshine. Now that June is here, it's time for a midyear update.

**On-Line Membership Renewal:** First, I want to thank those of you who tried out our new on-line renewal option. There were a few glitches, but overall the process went quite well. Unfortunately, the on-line payment option isn't

available in Canada at this time. I have put in a request with Intuit, which handles the on-line payments, to have that changed. Hopefully it will be in place for the 2014 renewals. Now that we have had a chance to test out the process, I will be moving the on-line renewal form to the website rather than emailing a link directly to you. If you chose to use it this year, I will send you a reminder that it's time to renew next March along with a link to the form.

**Homeopathy Working Group Webinar Series Registration:** Recently, I sent out a reminder that your AVH membership includes a series of monthly webinars, held on the first Monday of each month. The webinars are a convenient way to enhance your skills. As a bonus, you will earn one hour of CE credit with AVH for each webinar you attend. If you aren't able to attend, you still have the option of listening to a recording of the webinar. They will be available on the HWG website at <http://vethomeopathyhelp.org/>. To register for the series, click on the Webinar Registration link and fill out the form. I will follow up with the webinar dates and a link to complete your registration.

**New Membership Application Form:** Your queen of the on-line form kept the cyber ball rolling with an on-line form for new members. It's in addition to the .pdf version that may still be downloaded. If your colleagues are interested in joining AVH, please direct them to the "Join AVH" page on the AVH website at <http://www.theavh.org/members/index.php>.

**Data Collection and Sharing:** Now that the busy part of year is done, I will be revisiting the possibility of collecting case and other data that can be stored and shared in a central location. AVH is blessed to have marketing director Peter Gold, who has been very helpful promoting AVH and homeopathy. His latest accomplishment was establishing a connection with *Dogs Naturally* magazine. I'd like to give everyone a gentle push to submit your success stories to Peter and the magazine. This is an excellent opportunity to get the word out about homeopathy. It's encouraging for pet owners interested in embracing alternative care for their furry or feathered friends, as well.

That's all folks. Enjoy your summer!

Kathy Combs



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*Business Meeting Continued from page 1*



The meeting opened with a well deserved thanks to our Conference Committee (Jeff Feinman, Jackie Sehn, Carol Jean Tillman, Larry Bernstein, Doug Yearout) and our Board (Ann Swartz, Pres; Lisa Brien, Pres Elect; George Tarkleson, Treas; Chris Crosley, Secretary; Jeff Feinman; Larry Bernstein; Sid Storozum; Shelley Epstein and Betsy Harrison). Heartfelt thanks went to our sponsors, Petguard (Steve and Sharon Sherman), Whole Health Now, Bravo, Darwin's Natural Pet Products and Washington Homeopathics. We silently raised a glass to Glen Dupree.

In place of a President's address, I chose to spend the allotted time listing the incredible number of developments undertaken and planned since our last members meeting. Perhaps the best known development is our recent communications and discussions with leadership members of the AVMA. Shelley Epstein and I were positively and inclusively welcomed at the Winter AVMA meeting. Our attendance acted to further enhance our already close relationship with the AHVMA as well as to provide valuable AVMA contacts and insight into how the AVMA governance process functions. Shelley updated us on the AVH status regarding the anti-homeopathy proposal. The Executive Board has asked the Council of Veterinary Service and the Council on Veterinary Research to review information relating to the proposal and to report back. We have contacts and appropriate documents in place. The AVH is better equipped and prepared than ever before to quickly, appropriately, and effectively respond to any and all inquiries.

The AVH has hired a public relations representative. Peter Gold has experience working with the National Center for Homeopathy (NCH) and other organizations. Our goals are to increase awareness about homeopathy, build membership and raise funds for AVH. With these goals in mind he has established a Facebook page (<https://www.facebook.com/healthypetcare>). We encourage everyone to "like" this page and he will like your clinic Facebook page in return, if desired. Your contributions (case testimonials, anecdotes, homeopathy tips etc.) are also needed. We are looking forward to regular input from Peter regarding other areas of growth. We are in the planning stages for the formation of a non-profit - AVH Foundation - with the goal of fund-raising for education and research.

The AVH is coordinating a presence for a second year at the Western States Veterinary Conference in February 2014 in Las Vegas. **We are seeking volunteers among certified members to help man the booth with the chance to attend lectures. The AVH booth comes with four paid conference fees.** The Pitcairn Institute of Veterinary Homeopathy (explained in a following paragraph) will share the responsibility of manning the booth. We are also planning a booth at the North American Veterinary Conference (Jan 18-22, 2014) in Orlando.

Membership Committee (Betsy Harrison, Ann Swartz) reported on several actions aimed at increasing visibility and member numbers. This all inclusive letter is one of those actions. The committee is in the

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## *Business Meeting Continued from page 5*

process of contacting veterinary students in holistic clubs with the purpose of reminding them that we offer new graduates a one-year complimentary membership in the AVH. The same is offered to new grads of the professional course. Jackie Sehn recently was very well received as a speaker for the Washington State University Vet School Holistic Club. We are working even more closely with the Professional Course, which is now the Pitcairn Institute of Veterinary Homeopathy, run by our own Sarah Stieg. The first class of the PIVH

will begin in June 2014. All courses will be held in Portland, Oregon. The PIVH and the AVH are continuing to work even more closely in training and insuring quality veterinary homeopathic care.

The report from the Treasurer (we missed you George Tarkleson!) is that our bank accounts are stable and healthy.

The Certification Committee (Judy Herman, Stephanie Chalmers) presented updates and announced the most recently certified member, Todd Cooney. Congratulations to Todd! The committee is looking forward to receiving more applications. Contact Kathy at [avhsupport@gmail.com](mailto:avhsupport@gmail.com) to



start the certification process.

Sid Storozum (Legal Advisor) gave a wonderful summary of our case against AAVSB which, after four years in process, was lost on appeal at the Virginia State Supreme Court level. There was speculation that perhaps the AVH's stand against AAVSB may have been the instigation for much of the current interest in homeopathy, reorganization of the holistic review committee of RACE and the impetus for other similar suits from holistic veterinary organizations. We are exceedingly grateful to Sid for his guidance, expertise, and tremendous time commitment. As Sid summarized, it was well worth the fight and achieved some worthy goals.

Lisa Brienens updated us on the Journal Committee (Lisa Brienens, Betsy Harrison, Larry Bernstein). Lisa and Betsy's editorial labors combined with Larry's layout have enabled a biannual, very professional publication. The AVH Journal is available to members on-line ([www.myavh.org](http://www.myavh.org)) or in print (extra fee required). Lisa strongly encourages all members to publish their cases and she is looking forward to

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*Business Meeting Continued from page 6*

everyone's submissions (send to [drlisa-mercyvet@comcast.net](mailto:drlisa-mercyvet@comcast.net)).

The Education and Research Committee (Jeff Feinman and Susan Beal) reminded all that monthly webinars and archived recordings are now included with dues. The webinars are typically held the first Monday evening of the month. The webinars have been well attended and are available as recordings in the member's only area of the website.



Next year's conference will be held concurrently with the AHVMA conference. The AHVMA conference takes place in Portland, Oregon September 13-16, 2014.

Finally, there was a call for volunteers. This organization has undertaken huge steps toward supporting all of the veterinary homeopathic community. Please contact any Board member, or our secretary, Kathy Combs ([avhsupport@gmail.com](mailto:avhsupport@gmail.com)) to see what task is just right for you! Any member may serve on a committee. Committee chairs must be certified. Once again, renew your membership if you have not done so already. We

are working very hard for the greater good of veterinary homeopaths so that we may continue to practice veterinary homeopathy.

The luncheon was concluded with a rousing rendition of Happy Birthday sung to the oldest living veterinary homeopath, Arthur Young, now 83 years young!

We all look forward to seeing you in Portland in September, 2014!  
Sincerely, Ann Swartz, AVH President



# The Academy Of Veterinary Homeopathy

## Another Fabulous Advanced Meeting in Veterinary Homeopathy March 7-10, 2013

By Lisa Brien DVM, CVH



Saguaro Ranch, Arizona - hot opening day, beautiful warm swimming pool, thunderstorms, driving rain and hail, horse rides, Sangria, talks around a campfire late into the night, Doug Yearout regaling us with Scottish folk tunes on the bag pipes, gourmet and comfort Ranch food, little red cardinals singing away at the top of Saguaro cactuses. Every Advanced meeting I attend has been memorable, spiritually and intellectually rejuvenating. It is a retreat among like-minded friends. Here is a safe and supportive environment for case and off the grid philosophical presentation. Along the way I am treated to inspiring cases where homeopathy truly distinguishes itself with an ability to cure hopeless and unusual conditions.

We opened with a **round table discussion** comparing practice styles (full service free standing, house call with surgical and lab services, house call with purely homeopathy services), means of charging to make not just a living but a profit, case taking templates and client communication strategies.

**Lisa Melling** shared a case in which one of her patients was sent home to die in an anemic almost comatose state after diagnosis with inoperable bleeding tumors. Her courage and patience in prescribing assisted this very fragile individual to make what so far is a complete

and miraculous recovery. She also presented a variety of interesting cases in which remedies were used to treat car sickness. In her experience, *Cocculus* is often quite helpful. Rubrics to consider: stomach nausea, riding in a carriage – seasickness (Kent) / generals motion, Agg. (Kent) / nausea and vomiting, Agg. – riding, rocking, etc (Boenn.)/ generals, traveling - ailments from (Synthesis).

**Kevin Fenton** with his down to earth sensibility shared several acute vignettes among creatures of all shapes and sizes. His affection for and sympathy with his patients adds a heart-warming dimension. For me the very memorable cases included the following: a precious chameleon holding his arms over his head – after *Nat-sulph* (pressure ameliorates) he moved his arms down; prescribing and surgery for a broken tortoise shell (gorilla glue, picture hangers and *Symphytum*!!); and an angry miniature pony who gave Dr. Fenton a kiss after a dose of *Nux vomica*.

Thanks to **Sarah Stieg** for outlining her practice management strategies and templates. *Taking the Case: The Key to Acquiring the Right History* was a wonderfully detailed tutorial and a good review no matter your expertise level.

**Elise Radebaugh** discussed how she sets up the financial plan and expectations with her clients and also bravely shared a very turbulent case. Her prescription choices led to good discussion about focus on guiding symptoms and symptoms core to the case. If these symptoms continue or return, then you've only found a

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partial remedy.

**Barbara Fishelson** reviewed important guidelines in determining how to find the characteristic symptoms in animals in order to find the similimum. Pay attention to these: (1) disease symptoms - manifestation of any deviation from the original health that can be perceived by the patient and the patient's family; and (2) objective



symptoms - expression of disease in the sensations and functions of that side of the organism exposed to the senses of the physician and bystanders. Look for things that make you hesitate and wonder, what is peculiar to the individual, inciting cause and changes in behavior.

Take seemingly disparate symptoms and look for what connects them. She referenced Stuart Close's The Genius of Homeopathy, in which there is a discussion of totality, i.e., what cements or brings the symptoms together. Take particulars, find the generals and use deductive reasoning. Boenninghausen first conceived completing the

symptoms by analogy since the materia medicae and case write-ups are incomplete and lacking in a full symptom picture.

She also discussed the method of looking at keynotes of the remedies. Each medicine presents peculiar differences, directs attention, is suggestive – this helps narrow the number of remedies to review. Consider the absence of a symptom as rare.

**Karen Lyons** shared a challenging case and the aphorisms from the Organon that guided her towards the curative remedy. §6: “The unprejudiced observer only perceives the deviations from the former healthy state of the now sick patient which are: felt by the patient himself, perceived by those around him, observed by the physician”; §3: Clearly realize what is to be cured in each single case of disease and realize what is curative in each particular medicine; and §257: Avoid making favorites of certain medicines. She also illustrated a

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variety of graph analyses as she understood more fully what were the key symptoms of the case.

Dr. Lyons reviewed the tongue symptoms from a TCM point of view but Dr. Tasi reminded us that the old masters also carefully observed the tongue and its various coatings as part of their symptom gathering. Repertory of Tongue Symptoms by M.E. Douglas (PHILADELPHIA: BOERICKE & TAFEL. 1896). <http://hpathy.com/e-books/repertory-of-tongue-symptoms/>

There was a nice discussion about the scenario in which a higher potency causes an aggravation, you can move back to a lower potency, or ride out the symptoms. Along these lines we discussed the four outcomes of a remedy. Is there no change, suppression, palliation or cure? Once you've understood the outcome you can make the next step.

She shared her lessons from this case: listen to owners and the patient, the keys to the case are there; try not to think of remedies while you are taking the case (ok to jot a quick note in the margin of the record – but then move on); do not assume you know the remedy from the repertorization, read materia medicae and provings; listen to the response of your patient.

**Andrea Tasi** as always, is the ultimate feline homeopath. Many diseases in cats are “false chronic disease” – caused by poor food, lack of exercise and fresh air, poor husbandry (litter box management). A “lifestyle makeover” will resolve a number of problems. Quick tips: Separate cats when eating, cats will consume more water when it is not right next to the food, minimize scented products (phosphorus is sensitive to strong odors), follow the rules of the litter box (detailed on her website [www.justcatsnaturally.com](http://www.justcatsnaturally.com)). Don't prescribe on normal cat behavior -- prefer warmth, startle from loud noise, hide when frightened, fear/anger in presence of unknown cats, many don't want to be picked up and many only want to be petted on their heads -- unless it is extreme or a change for the individual.

In her discussion of cats that spray (reminder – is a normal behavior), she shared a useful rubric from Boenninghausen for the cat where everything rubs them the wrong way – Mind, Bad Part, takes everything in, easily offended. Helpful remedies in her experience include Nat m, Nux v, Phos, Puls, Staph and Thuja.

Intercat aggression, redirected aggression, ingestive behavior, house soiling and a variety of odd behaviors were also discussed. In her experience, the following remedies are often needed in cat aggression: Acon, Bell, Hyos, Lach, Nux v, Puls, Stram, Staph, Lyssin. For further study regarding behavior, she recommends Kent's Mind section with David Sault's A Modern Guide and Index to the Mental Rubrics of Kent's Repertory .

In *Is it Psora or is it Deficiency?* I really appreciated **Dee Blanco's** extensive research and discussion on nutritional support and its role in homeopathic care. It is very important to understand the quality and origin of the ingredients. Biotics research has stood the test in her opinion.

Also, Dee shared cases to illustrate understanding how to treat behavioral problems with homeopathy. “Translating behavior issues in animals can be tedious, frustrating and often fruitless.” She discussed a

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*Advanced Meeting Continued from page 10*

patient with a persistent and extreme fear of flies, but of course did not forget treat the totality which included poor surgical/anesthetic recovery, itchy/waxy ears and straining with stools. After finding the curative remedy she discussed from hindsight how to interpret the dog's behavior. She discussed how owner's emotions exacerbate behavioral issues, medical and environmental contributing factors and the results of suppressing behavioral symptoms.

**Richard Pitcairn** continues to stretch our perceptions of time and reality. Thought provoking indeed was the discussion of multiple personalities. Some with individual disease processes were definitely confounding. In one personality there would be a documented severe eye injury which would completely and instantly disappear as he shifted to his other personality. Another multiple personality benefitted from staggered sleep and activity cycles (one multiple would sleep, while the others would cook, clean and meditate for



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## *Advanced Meeting Continued from page 11*

her). Some multiples changed eye colors between the personalities. One angle of this discussion is that we shouldn't limit our expectations of homeopathy and remedy response: anything is possible.

In the talk *Hahnemann's Perspective of the Patient* there was an illuminating explanation to help our understanding about the spirit-like life force enlivening the material organism as dynamis (§9). "The function of the dynamis and life force prepare a living healthy instrument that will be used by a higher function, the Geist."

Think of it as a pianist sitting at a piano playing lovely music:

the piano= physical body

the musician= dynamis (acts upon the piano and also works to keep it in tune)

the music= life force

the composer – writes the music to be played=the Geist, pure intelligence

Also discussed, prescribing in an objective way for oneself. Disconnect between what we think on a conscious level and what we believe in on a subconscious level. Step back, come out of yourself and have simple awareness. Also we studied cases of old masters using various repertories, reviewing the remedies and selecting out just the rubrics appropriate for animal cases.

Some words of wisdom that stuck with me when I got home were: "Treat the patient's mistunement, not the cause or perceived cause." "You know what to do and you offer it, step back now; do not get overwhelmed in feeling responsibility to the case." "If you want to do homeopathy you have to change how you think. If you see suffering and you feel fear, then you are running away." "Your feelings (emerge from our unconscious mind unasked for) are an obstacle" in your ability to practice homeopathy. Right after my return from the meeting, I started homeopathy treatment on a very ill patient, I initially felt my own fear but after Richard's guidance, I was able to understand it had come unbidden from my unconscious. The moment I observed this unbidden fear – I shooed it away and was able to move along in a purposeful and confident way without it being an obstacle. Thanks to Richard and the gifted team of speakers for another inspiring and instructional meeting!



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## *AVH Annual Case Conference Continued from page 1*

numerous cases where homeopathy enhanced health and led to increased production: Arnica is helpful after parturition or after a traumatic trailering experience; Sepia helps the droopy-bodied, sprung-uddered, grumpy cow; Nux-vomica helps vomiting pigs after eating contaminated feed; poor milk production in a cow is helped significantly with Calc-carb – she presented the case of a dairy cow who continued to significantly improve in



calving and milk production with each pregnancy, far beyond the age at which cows are usually culled due to old age. Nux-vomica also helps with rectal prolapse in pigs; Carbo-veg is helpful in bloated cattle after too much fresh and green feed. Think Apis or Pulsatilla in udder edema in young cows.

**Sid Storozum** shared with us his favored case analysis tool in *Understanding and Using Remedy Relationships*. He discussed relationships as a means of comparative materia medica study as well as a method to sort out complementary remedies for follow-up prescriptions. One might open a chronic case with a prescription, when indicated, of a vaccinosis remedy or perhaps a medicinal sensitivity remedy; or, if you identify a causation, a ‘never well since’ or ‘ailments from’ remedy might open the case. He recommended study of acute/chronic remedy relationships for a variety of presenting complaints (e.g. cystitis) to build your materia medica knowledge and help customize your response. If you get a curative response during an acute uprising, use an appropriate deep-acting complementary. Working from the opposite direction, if a patient is doing well on a chronic or constitutional remedy, you can look at remedy relationships to help find an acute remedy for treatment of a flare-up.

In repertorizing a case, from the start Sid often looks for complementary remedy pairs (e.g., after Puls, a case might present more Nat-m or perhaps Sil symptoms: after Nux or Ars, the observer might see a stronger Sulph picture arising). As well as complementary relationships, he talked about some of the common inimical/incompatible remedy relationships and possible intercurrents to mitigate the effects of using them too close together: e.g., Merc and Sil (Hep-s useful as an intercurrent); Phos and Caust (intercurrent suggestions include Carbo-veg, Lyc and Sulph).

*How Do We Practice in a Skeptical Environment* was an inspirational and informative treatise on strengthening our professional and practice management position as well as legal safety within the veterinary community. He strongly encouraged us in these steps: identify allies and strengthen solidarity through sharing of resources; reach out and connect with veterinary organizations – professional, regulatory, media-related; stay connected

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## *AVH Annual Case Conference Continued from page 13*

and supportive of AVH to enable it to stand as a united front; practice excellent (“defensive”) medicine with informed consent and complete records; rally behind the AVH Standards Of Practice (SOP); adopt a meaningful Code of Conduct; and be extremely mindful regarding the information we disseminate via electronic media and otherwise. He also stressed the absolute importance of informed consent, meticulous record keeping and following the AVH SOP.

**Kim Elia** took us on a wonderful journey through *Old and Forgotten Remedies*. He asked our opinions regarding the question of whether new remedies are needed, reminding us that there are numerous well-proven remedies from the old masters. He suggested that perhaps we could even practice with just the 125 remedies found in Boenninghausen’s *Therapeutic Pocket Book*. He did point out that limiting ourselves to this small number would probably require more “zig-zagging,” and that the most direct path to cure might be a smaller, newer, less-proven remedy. The case examples brought each remedy to life as we discussed the prominent and peculiar symptoms of each remedy, comparing the old and forgotten remedies to more commonly used polychrests. He encouraged us to study and learn remedies by *comparison*, not just reading them individually. For examples, he showed a case of Calc-aceticum (acetate of lime) in which one might be tempted to give Calc-carb; a “perfect child” case of Asarum (wild ginger) which could have been mistaken for Carcinosa, Nat-m, or Aur; an eczema case that looked a lot like Phos or Ars but required Bismuth. There were a couple of other interesting cases delivered in Kim’s inimitable manner – presentations that will not be soon forgotten by those privileged to witness Kim portraying a Moschus state!

Also, many thanks to Kim for the Friday night **tutorial session for Radar Opus**. Within just the hour and a half I progressed from not one idea how to work this program to being quite comfortable navigating around the menus and repertorizations.

See **Shelley Epstein’s** *Updates in Research in Veterinary Homeopathy* as a separate article.

**Sue Armstrong** presented an interesting quandary in *The More We See*. Homo sapiens, as a vision dominant species, have an ingrained sense to think and respond quickly; our brains are wired to the dominance of immediacy. To truly apply homeopathic principles to healing one must slow down, take time for a deeper type of thought to foresee long-term consequences. She referenced the book by Daniel Kahneman *Thinking Fast and Slow* in relation to the importance of thinking slow: using type 2 thought, which is a deliberate and effortful thought process, is more effective in addressing complex issues and avoiding mistakes as compared to type 1 thought, which is intuitive, automatic and reactionary thinking. We are still faced with expectations of a rapid response; this is how people have been trained that medicine works. For many, as long as a problem responds to a superficial and rapid means of treatment, there is no driving desire to look deeper at the long-term consequences of a symptom(s). This is a serious issue in the Western world. Using type 2 thought, we look at the time line and evaluate how health/symptoms have unfolded as a result of each treatment choice.



Consistent with Type 1 (“fight-or-flight”) thought is that disease is an outside enemy looking to attack the individual. We have witnessed the progressive discoveries of bacteria, viruses, and recently DNA, each reinforcing the concept

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of external, tangible agents of disease. We've marched through the ages striving to "see" the infectious agents and then go about destroying them, which can have dire consequence when these agents are an inherent part of ourselves. Let's look at Aphorism 11 of the Organon: "...initially only the spirit-like, autonomic life force...is mistuned... Only the life principle...can induce in the organism the irregular functions that we call disease." We know this, but it is still easy to get lost in the perceptions of material agents as causes of disease. When we use vision in homeopathy, it is not to observe the causal agent but to perceive the *effects* of this disturbance of the life force.

Regarding parasitism, overuse of dewormers has led to the development of resistance. Poor animal husbandry plays a definite role as well. Sue encourages, rather than removing parasites, use their presence as an indicator of underlying imbalance both in the animal and its environment, and treat this imbalance. To paraphrase Hahnemann: the presence of worms stem from psora paired with an unhealthy lifestyle. Improve the lifestyle and cure psora with homeopathy, then no worm will remain. If chemical dewormers are used, don't stop there: treat the patient and environment nonetheless.

During the discussion about bacteria and the introduction of antibiotics, Sue pointed out that the spectrum of disease presentation has merely shifted and now we have the serious dilemma of antibiotic resistance as well as a host of ailments *created by* multiple antibiotic therapies. Science is uncovering the complex interaction between mammalian cells and bacteria. Microbes, it is now acknowledged, provide compounds needed by our cells as well as ones that function to modulate cell reaction to outside threats. When these beneficial microbes are destroyed, conditions such as autoimmune disease can result. In homeopathy we understand the suppression of external expression of disease without addressing the mistunement has negative consequences on the individual. Louis Pasteur late in life acknowledged that host resistance, "the terrain" (heredity, stress, nutrition, psychological state) was all-important.\*

The discussion of the discovery of viruses involved multiple concepts. Viruses are a source of evolutionary variation through the spread of genes among bacteria and animal cells; they promote divergence and weed out less resistant host populations. The erroneous notion continues that vaccines can eradicate viral disease, while we know that the ill effects of vaccination include chronic disease, over-stressing the immune system, allergies and hypersensitivity reactions as well as the development of autoimmune disease. Vaccines have the potential to trigger hereditary conditions and suppress normal development. Suppression of diseases in young may lead to consolidation of an inherited miasmatic state. Exacerbation of disease may occur after inappropriate treatment of vaccine-induced symptoms.

In conclusion, Sue covered the discovery of DNA and the effects of diet, disease and environment on genetic and protein expression. Homeopathy is right in the mix with a growing evidence base to show that homeopathic preparations can affect gene expression. While gene expression is in the physical realm, it can be altered via an energetic medicine. In summary Sue reiterates that homeopathy has remained true to its original laws and foundational principles. What is ever changing is our practice environment, with patients in ever increasing states of system compromise by medicines, vaccines and environment, as well as the insatiable hunger for immediacy including results offered by present day drugs and procedures. She urges us to hold to the beacon of homeopathy and its requirement to think more slowly and deeply.

**Robin Canizarro** shared three exceptional cases with us. First, we followed the treatment of Royal, a three-year-old miniature stallion. He presented with acute and persistent seizure activity which occurred a week

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after a rabies vaccination coupled with a very traumatic tooth floating experience. The complementing video clips clearly demonstrated the symptoms, patient care and the progression to full recovery!

Jade Poo, a two-year FS, mixed breed dog presented after an array of suppressive and intensive therapy (including a ligated carotid artery) for a chronic purulent and bloody nasal discharge. Once every(!) diagnostic and therapeutic technique had been tried, they turned to homeopathy. Robin, using Aurum, guided Jade and her guardian through the re-emergence and eventual clearing of suppressed skin, emotional, digestive and nasal symptoms.

Finally, we meet Bibsy, a MN, DSH. A family crisis results in a serious symptom emerging: a suspected nasal squamous cell carcinoma. Robin stays with the remedy that has served him well for other ailments. Gradual, ascending potencies (along with nutritional support from CoQ10, Standard Process Cataplex ACP and Feline Immune Support) resolved all symptoms. Since the last remedy, he has remained well for over a year. Robin references Aphorism 17 regarding cure: *“through taking away the entire complex of perceptible signs and befallments of a disease, the internal alteration of the life force which is lying at its base (consequently the totality of the disease) is simultaneously lifted.”*

In summary, Robin shared these thoughts:

*“The ability to look at each case in totality, in detail, listen carefully to the pattern of mistunement and possible causation thereof, enables us to heal at a level that may not be possible with allopathic prescribing. We grow in depth with every case, with every mistake and with every success. My desire is to remove the crowded cloud of confusion that first walks through my door, keep it simple, open my senses, see the mistunement before me and choose with confidence the prescription that I see most clearly. We are called to use compassion, wisdom, and communication to pursue the highest degree of health achievable for those in our care - and to be kind to ourselves in the process.”*

*\*The quote where Louis Pasteur recants the germ theory before his death is as follows: “**Bernard was right; the pathogen is nothing; the terrain is everything.**”* This is an interesting link with a historical description leading to this quote: <http://www.susandoreydesigns.com/insights/pasteur-recant.html>

***We very much look forward to seeing you next year at the AVH meeting held concurrently with AHVMA in Portland, OR, September 13-16, 2014.***



# The Academy Of Veterinary Homeopathy

## **Introducing the Pitcairn Institute of Veterinary Homeopathy and its new director Sarah Stieg**

*By Richard Pitcairn, DVM, PhD*

It was in 1992 that the first Professional Course in Veterinary Homeopathy was introduced. Before that I had presented yearly seminars, three or four days in length, to whoever was interested — lay or professional. Gradually it became clear that interest was building within the veterinary profession and there were several asking for a more complete training program, so the first one was scheduled. Since that time, the courses have been approximately one a year (with a few extra spaces here and there).

As time did its inexorable thing, several other teachers participated in the course and their contributions were valued. It was always a factor, however, that practice came first and it was difficult to give the teaching program the quota of life energy it needed to thrive.

An opportunity arose with the class of 2008 in which several very enthusiastic members agreed to teach the following year. This was remarkable in that this was still new to them as well, but the dedication and intention carried them through. These were Lisa Melling, Lisa Pesch (from an earlier class), Todd Cooney, Elise Radebaugh and Sarah Stieg. They taught in the next course and again in the one just completed (therefore two years) and were a wonderful addition to the course value.

I had been thinking for some time now that it would be most appropriate to find someone that would take over directorship of the program and it was an unexpected and very welcome event that Sarah Stieg contacted me making that very offer. Needless to say, it was the perfect moment and we have been in the process of making this transition over the last year.

I first knew Sarah in Oregon, when she was a veterinary practice manager and prior to her attending veterinary school. She reminds me that we talked and I encouraged her in her interest to become a veterinarian and to focus on homeopathic work. This she has done, having completed veterinary school and a homeopathic practice internship in England with Susan Armstrong. She now has a home-call practice in the UK but with the priority of management of this educational program.

Starting in 2014, the next course, with Sarah as the director, will be held in Portland, Oregon. The schedule is:

June 26-29, 2014

Sept 18-21, 2014

Nov 6-9, 2014

Feb 5-8, 2015

April 9-12, 2015

The plan is to continue utilizing several teachers, emphasizing the ones that have been teaching the last two

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# The Academy Of Veterinary Homeopathy

## Updates in Research in Veterinary Homeopathy from Dr. Shelley Epstein

*By Lisa Brien DVM, CVH*

**Shelley Epstein** shared the latest, cutting edge research related to homeopathy this year at the 2013 AVH Case Conference in Clearwater, FL. This lecture was presented in two parts. Part one detailed updates in basic science and part two outlined veterinary clinical trials.

We have moved well beyond *whether* homeopathy can be measured, into being able to measure nanoparticle quality control issues among the starting homeopathic products; measure specific frequency differences between remedies and their potencies; measure variation in particle and aggregate size and shape; and measure elemental composition of the homeopathic particles. Studies are finding out how nanoparticles remain dispersed in solution via the hypotheses that trituration generates nanofraction formation, lactose acts as stabilizer to prevent aggregation, dilution allows larger raw particles to settle out and nano-clusters to disperse freely in the medium. Other research involves remedies as nanomedicines and how their dissolved silicate structures carry remedy information into the body.

She moved on to a discussion of hormesis and the stress response. In hormesis, a phenomenon in the field of toxicology, there is an initial dose dependent toxicity response followed by a compensatory rebound response. In this context homeopathy is a low dose stress (an initial action on the life force) which enhances repair and recovery (counteraction). When a low dose stress is administered, the resulting compensatory biologic process also confers a protective effect against exposure to a subsequent more severe stress.

Shelley detailed the multiple pathways the body uses to respond to stressors and the resulting multi-factorial repair and return to function. A balanced stress response network keeps the body functioning normally; however when there is an overwhelming accumulation of stressors, there is dysregulation in the stress response network and the body becomes stuck in chronic disease.

Back to the concept of homeopathy as nanoparticles; because of their properties of increased bioactivity and bioavailability, only a small quantity of remedy is needed to produce an effect. This small quantity (low dose stressor) that causes a reparative response means that homeopathic remedies are *hormetins*. Also recall that the resulting compensatory response to a low dose stressor confers protection to future exposure of more severe stress...and may confer future protection to an unrelated stressor (cross-adaptation).

Further research by Bell and Koithan<sup>1</sup> has led to the model of Time Dependent Sensitization (TDS) – exposure to a hormetic agent (homeopathic remedy) initiates compensatory changes that amplify over time, do not require the continued presence of the initiating agent and are independent of specific pharmacological action on receptors. In observing homeopathic treatment of fibromyalgia in people, repeated intermittent doses of individualized remedies amplified electroencephalographic alpha activity, reduced local pain and improved overall health.

In the discussion of veterinary clinical trials, Shelley outlined the challenges: how to demonstrate efficacy while following the principles of classical homeopathy (individualization of remedy prescription); prescriber skill; and the difficulty of the randomized clinical trial model (RCT) of one medicine for one diagnostic condition without consideration for co-morbidities. She outlined the ideal RCT for homeopathy including the following: “randomization and placebo or drug controlled; adequate number of test subjects to provide statistically meaningful results; individualization of prescription and ability to select from all available homeopathic remedies; adequate screening time to determine a similimum and medicine adjustment; adequate

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# The Academy Of Veterinary Homeopathy

## Treatment of Distemper-Like Symptoms and Ill Effects from Vaccination with Cuprum

by Betsy Harrison DVM, CVH



**Sport's case demonstrates the value of client persistence in spite of practitioner fumbling.** Admittedly, this was a zigzag to cure, and perhaps a better remedy earlier in the game might have taken care of the case in the first month (or year!). I am still and evermore learning. I'm just grateful that, in the very long run, Sport was restored to full function.

My first consultation regarding Sport, a Lab / Beagle mix was on October 12, 2005. He was approximately eight months old; at 23 pounds, he was a little skinny. His history is as follows:

9/8/05 Sport was vaccinated by the SPCA for DHLPP and Rabies virus.

9/27/05 At adoption he seemed healthy, but by the time the new guardians arrived home with him, he didn't want to eat. He also had a slight runny nose, with watery discharge from both nostrils. Not wanting to play, he just lay in the sun. After just a few hours, they took him to the emergency clinic where x-rays were done and he was diagnosed with pneumonia (although the guardians had heard no cough). He was hospitalized on intravenous fluids and antibiotics. After three days he went home with Metronidazole, Baytril, and Albon. He was having diarrhea but otherwise seemed OK, though quite weak.

10/8/05 At his follow-up exam he received a booster vaccination. Within the hour post-vaccine, he began to twitch, starting at the top of his head, and occasionally in the right foot. Upon return to the veterinarian's office, he was given a steroid injection and sent home with Benadryl capsules.

He soon developed thick green nasal discharge as well as bilateral ocular discharge that shifted between green and yellow. It was moderately thick but did not run down the face. He ate occasionally, but only peanut butter. He refused to drink water, and would in fact turn away from it. Other than that, he mostly slept. Although the clients were trying to keep him separate, at any opportunity he dashed out of his isolation room, wanting to be with them and the other dogs. At night he wanted to sleep near them. During the day, he wanted to be outside in the fresh air, in the shade. He was very weak.

A return visit to the doctor yielded a diagnosis of distemper and a recommendation for euthanasia. The homeopath was called on 10/12/05.

When asked about his general nature and disposition, the client would just say "sweet...he is so sweet, so very friendly with everybody, with other animals and at the vet's office. Just sweet."

10/12/05 At this point I considered Silicea, Sulphur, Thuja and Arsenicum album (as major post-vaccination remedies).

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## *Cuprum Distemper Case Continued from page 19*

Analysis: Based on the strong desire for peanut butter, the desire for company, desire for cool open air, aversion to water and also as a grade one for post-vaccination ailments, I chose Pulsatilla.

Plan: **Pulsatilla 30c** was recommended, as a dry dose, with instructions to dissolve a pellet in water in case we wanted further doses.

10/13/05 The next morning his ocular discharge was decreasing and the nasal discharge was thinner and lighter in color. There was still some weakness in the hind-quarters, as if drunk, when walking. He was more alert, more interested in his surroundings, and ate a little bit of chicken from the owner's hand. On a scale of 1-10 (with 10 being perfectly healthy), he was a 3 or maybe 4.

Analysis: Some improvement.

Plan: I recommended that she dissolve one pillule of Pulsatilla 30c, succuss 10 times, and wet his mouth with it.

Response: That evening he was up and about, playing with the other dogs, greeting her when she came home and drinking some water. His ocular and nasal discharges were thinner. He was still quite weak in the rear limbs. I wondered if this weakness was from lack of food, or were we seeing Silicea.

Plan: Wait and watch, with the plan to repeat the Pulsatilla 30c in water if his condition regressed, and update me as needed.

10/17/05 Yesterday he had a forceful liquid diarrhea. This morning it was runny but did not shoot out. Both times he felt better afterwards. His energy was good this morning and he drank some water. Rear limbs appeared stronger. Eye and nose discharges were still light green and diminishing.

Analysis: Pulsatilla has been helpful.

Plan: Feed goat's milk and boiled chicken, with a multi-vitamin and extra Vitamin C 500 mg daily. Recommended that client obtain Pulsatilla 200c and Silicea 200c, both to be held until we talk again.

10/19/05 Sport still had some greenish ocular and nasal discharges. He was very energetic, was eating four to five times a day, had diarrhea a few times and felt better after. He was twitching on both sides of his head and right rear quarters. The weakness in his rear limbs was getting better, but was still present when first rising and after rest. His overall health had improved (was eating, drinking, playing) and on a scale of 1-10 his owner placed him at a 5 or 6. She felt that he was not, however, continuing to improve.

Analysis: There has been a favorable response from Pulsatilla, which is at a standstill.

Plan: Give a single dose of **Pulsatilla 200c** from liquid.

10/19/05 PM Appetite, energy and alertness, weakness in the rear limbs, diarrhea -- all improved. However, his nasal discharge was worse as was his head and right rear leg twitch. The twitching was increasing in severity and frequency.

Analysis: Although I don't like to see the CNS symptoms worsening, he is overall improving.

Plan: Unsure what to do, we **wait**.

10/24 - 10/31/05 The client was checking in regularly. In sum: His energy and appetite were good. The ocular and nasal discharges were still present, though thinner, and noticeably worse at night. The discharges were more pronounced on the right side. He was still wobbly in the rear limbs and his right leg was especially weak. His head twitching and bobbing were worse, especially in the evening.

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## *Cuprum Distemper Case Continued from page 20*

Analysis: In retrospect, repetition of the Pulsatilla 200c in water would have been a good idea.

Plan: **Wait.**

11/9/05 Sport was very wobbly, unable to sit up to eat, frequently falling. Right hind leg appeared to be inwardly rotated. His nasal discharge continued to be green (worse right side). New symptom: he had a similar-looking, green discharge around his penis.

Analysis: Pulsatilla 200c was partially curative, but the disease is progressing. The penile discharge is new.

Plan: **Pulsatilla 1M** dry; recommended that she obtain Thuja 30c and 200c to be set aside.

11/14/05 Dramatic overall improvement after the Pulsatilla 1M! He was still a little wobbly in his rear limbs, but better. His nasal discharge was now clear. His head bobbing remained, but the twitching between his ears was less pronounced. His body condition - good from the ribs up, but he had an emaciated abdomen and rear quarters.

Analysis: Again, with hindsight, there are indications of Lycopodium here ... but we are proceeding slowly, and the dramatic improvement from the Pulsatilla is giving us a chance to rest and watch.

Plan: wait.

12/14 PM - Frantic phone call: His penis had swelled three times normal size and was fire engine red. It looked like a balloon about to burst. His head and the right side of his body, especially his right rear leg, were twitching frequently. His body exuded a horrible, offensive odor. His other symptoms were about the same.

Analysis: genital affinity, green discharge from penis, horrible odor - time for remedy change.

Plan: **Thuja 30c** dry.

Reaction: The paraphimosis resolved within two hours and his odor went from "horrible to just fine overnight."

1/1/06 Sport was still weak in his rear limbs and his right rear leg was weaker. His back appeared stronger and he was gaining weight and overall strength. His head was still twitching and bobbing. After the Thuja, his nose ran clear for a couple of days, and there was increased discharge from his right eye. A new symptom, the right ear now had a profuse, flowing, oily, thick and dirty discharge.

Analysis: His overall condition is better from Thuja, and there is a discharge consistent with the remedy.

Plan: **Wait.**

2/8/06 Sport had gained weight and appeared much stronger. His overall appearance was improved and he was happier. A new symptom: a few, mild patches of thinning hair on the right side of his trunk and on his nose, demodectic mites were seen on skin scraping. His right ear still had a waxy, dirty discharge.

Analysis: We are seeing symptoms moving outwards to the level of the skin and there is an overall improvement in energy and attitude.

Plan: **Wait.**

4/14/06 His overall condition has remained the same.

Analysis: Four months of improvement or stability.

Plan: **Thuja 30c** (2<sup>nd</sup> dose) in water.

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## *Cuprum Distemper Case Continued from page 21*

8/4/06 Sport still had head twitches and weakness of his right rear leg. The right ear still discharged wax. New symptoms: On the phone call the client said it looked like he had a grayish ring of soot around his nostrils. (Rubric: Nose, nostrils sooty.) He was sometimes possessive, needy and, at times, bossy, barking at you if he wanted to play ball. "He can be very demanding." Although there had been no repeat of the dramatic penis swelling, he sometimes extruded his penis when he sat down.

Analysis: right-sidedness, atrophy of muscles, possessive, bossy, "sooty nostrils"

Plan: **Lycopodium 30c** dry.

9/4/06 The inner surface of the right pinna demonstrated a diffuse maculopapular, erythematous rash. The client remembered that this condition was also present for a few days when he was first ill, then resolved. No ocular or nasal discharge. His ear discharge had improved this past month. His nose, which had been rough and scaly, was smoother. His head and right rear leg were still twitching. The last 3 days, he had been strong enough to pull himself onto the couch.

Analysis: Return of an old skin symptom, improving in strength and overall condition.

Plan: **Wait.**

9/13/06 He was still twitching on the right side, but no worse. The ear discharge on the right side became heavy but was now almost resolved, and the recurrence of the right ear rash had also resolved. His left ear now had some discharge. Today he hopped up on a low step outside the door.

Analysis: Lycopodium 30c has appeared curative in action for 5 weeks. Since the twitching persisted I decided to try a higher potency.

Plan: **Lycopodium 200c** dry.

9/20/06 Client reported some really big changes. The rough patches on his nose were nearly resolved and his eye discharges were now almost gone. His right ear was dirtier and greasier than the left. He was much more energetic than before Lycopodium 200c. His rear end strength was improving day by day. The sooty nostrils were better. The paraphimosis was rare. He had urinated in the house a couple of times.

Analysis: Better energy, many symptoms improving, house soiling may be an aggravation consistent with the remedy.

Plan: **Wait.**

11/16/06 He was overall much stronger, jumping on the couch and developing improved musculature over the right hip. The head twitching remained about the same. His ocular and nasal discharges were scant. His ears were much cleaner. The crusts on the nasal pad were completely resolved and the color had changed to brown instead of black. The nasal pad had been pink when he was sickest. Belly and groin used to be pink; now they are black.

Analysis: Lycopodium 200c has been effective. At this point, repetition would have been advisable.

Plan: **Lycopodium 1M** dry.

12/07/06 There had not been much change since Lycopodium 1M three weeks ago. His ears were stable and mildly waxy. Nose occasionally had that sooty look. His other symptoms remained the same.

Analysis: Increase in potency of Lycopodium may have been too soon. I was fumbling; feeling desperate ... go back to Lycopodium 200? Try something different? A tautode, perhaps?

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## *Cuprum Distemper Case Continued from page 22*

Plan: **Distemperinum 30c** single dry dose.

12/30/06 His head twitching was more pronounced, mostly on the right. The right back leg was held up more often, as it had been in the beginning; but the strength was still there and the musculature appeared less atrophied. The sooty nasal discharge returned for a few days then resolved. He had a clear bilateral nasal discharge. All else was the same: his energy, appetite and ears all fine, stools normal and he appeared happy. Analysis: There is some worsening on the neurological level, but his other systems are stable and he is happy, so I would like to wait long enough to observe a full remedy response.

Plan: **Wait.**



1/22/07 There were no changes. Sport appeared happy and relatively healthy, with an occasional waxy right ear. His nose and eyes were mostly clear, and he had been gaining strength as well as weight.

At this point, although Sport appeared stable in most other ways, the head, face and right leg twitch continued. Through the next year, I stumbled about. He had Lycopodium 10M, which was not helpful in any way. A higher potency of Thuja showed no response. He had a dose of Silicea 200c, which was not helpful. Based on the twitch being worse when lying or resting, we tried Menyanthes 1M, which resulted in a very short-term improvement in the twitch.

1/10/08 There had been no change. Sport's head, face and right rear leg were twitching all the time, both when he was awake and asleep. Every Sunday for three weeks his eyes had a slight discharge and occasionally his eyes turned red after he has been in the wind. The color of his abdomen was now normal. His thirst and appetite were good. His right hind limb was still weak, but there was palpable improved muscle definition.

Analysis: Because of the redness and the Sunday aggravation, Sulphur comes to mind. Perhaps we are seeing the anti-psoric coming up, to finish the case.

Plan: **Wait.**

6/12/08 He still had head, face and right rear twitching, now his right front paw twitched as well. He was frequently scratching his body, chewing on his thigh and the right flank. The muscles in the right thigh were not as strong as the left; but the atrophy was improving. He became easily overheated and preferred to lie on the cool floor. According to his owner he "doesn't know a stranger and wants to be the life of the party."

Plan: **Sulphur 30c** dry.

7/14/08 Sulphur helped with the itching for a few days, but he had returned to scratching all day and night. He stayed

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## *Cuprum Distemper Case Continued from page 23*

in the house if the temperature outside was over 95° F. He also was intolerant to cold weather. Recently, he had started “guarding” the neighbors – just sat and stared at them, from 3:4-5 PM until the client called him in at night.

Analysis: The action was too short after the 30c; this new symptom of “guarding” is peculiar. What to do with it?

New prescription: **Sulphur 200c** dry.

10/12/08 Nothing to report. No changes. The scratching may have improved briefly, but nothing dramatic. At this point, the client was basically satisfied with Sport’s condition, grateful for his lively energetic and happy disposition, and had resigned herself to his itching and twitching.

6/25/09 The client brought some new plants home. Sport “guarded” the plants. He simply stood and watched them, not letting the other dogs or his owners near them. He stared down the June bugs. And he continued to stand guard over the neighbors in the afternoon.

Analysis: I still wasn’t sure what to do with this information. Having just read Homeopathy and the Elements (about homeopathy as it relates to the periodic table) by Jan Scholten, I began to wonder about the defense metals of the task series. Which of those is known for guarding, as well as spasms and twitching?

Plan: **Cuprum 30c**

12/20/09 For Christmas, I received a card from Sport. He was “happy to report: No twitching, no head bobbing.”

6/25/10 In response to my question regarding the twitch: “What twitch?” She elaborated: “No twitching since the cuprum. His right ear still gets dirty, but not as dirty and not as often. He is the All American boy. Nobody ever asks any more what’s wrong with him. He does have an itch, mostly on the right side; but it doesn’t bother him much. Knowing how weak and sickly he was, it’s just amazing.”



I still get a Christmas card from Sport every year. He has continued to be well, happy and twitch-free.

In reviewing Sport’s case, I ask myself these questions:

(1) Was Cuprum indicated all along, and I didn’t see it?

(2) Is Scholten’s model of the periodic table one which is viable and might be used in other animal cases as a guide to a materia medica study?

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## *Cuprum Distemper Case Continued from page 24*

In his book, *Homeopathy and the Elements*, Scholten has presented a fascinating model of the periodic table, with “series” (rows) delineated as developmental phases (applicable to the pattern of human development as well as the unfolding of the cosmos). Within each series, there are “stages” (the columns). Row 4 has to do with “security and task” -- protection, threats, defense, and attack. If this model were to be found applicable to our animal cases, we might expect to find here cases of dogs that are focused on protection and defense.

(Row 3 is focused on developing identity and establishing relationships... will we find more of our companionable cases here? Row 5 deals with creativity and performance... will these be more applicable to show animals?) It is an interesting postulation, and bears examination. All I can say at this point is that it was a useful tool in this case, and I am grateful to have been exposed to it – for Sport’s sake.

(3) Is the case cured? Will there be a remedy called for to address the occasional itch that he has on his right flank, and possibly return his nose pad to black? Although Cuprum is listed as one of Hahnemann’s anti-psorics, it appears that the case is not completely finished. At this point, however, the client is happy, and we are waiting and watching.

*Editor’s note: Cuprum was definitely a fitting prescription for this patient with its tissue affinity for nerves and characteristic jerks and spasms. An analysis of several features of this case shows Cuprum in the top repertory choices.*

|   | Nit-ac. | Sep. | Phos. | Cupr. | Rhus-t. | Nux-v. | Sulph. | Ars. | Lach. | Bry.  | Merc. | Sil. | Puls. | Arn.  | Bell. | Carb-v. | Hep. | Lyc.  | Nat-c. | Kali-c. | Acon. | Caut. | Dulc. | Plb. | Thu.j. |
|---|---------|------|-------|-------|---------|--------|--------|------|-------|-------|-------|------|-------|-------|-------|---------|------|-------|--------|---------|-------|-------|-------|------|--------|
| Total   | 12      | 12   | 12    | 13    | 12      | 11     | 11     | 10   | 10    | 11    | 13    | 11   | 10    | 9     | 9     | 9       | 9    | 9     | 9      | 10      | 9     | 8     | 8     | 8    | 7      |
| Rubrics   | 9       | 9    | 9     | 8     | 8       | 8      | 8      | 8    | 8     | 8     | 7     | 7    | 7     | 7     | 7     | 7       | 7    | 7     | 7      | 8       | 8     | 8     | 8     | 8    | 8      |
| Analysis  | 100     | 100  | 99    | 75    | 75      | 74     | 74     | 74   | 74    | 73    | 65    | 62   | 61    | 61    | 61    | 60      | 60   | 60    | 60     | 52      | 50    | 50    | 50    | 50   | 50     |
| Family  | Blue    | Red  | Blue  | Blue  | Green   | Green  | Blue   | Blue | Red   | Green | Blue  | Blue | Green | Green | Green | Blue    | Blue | Green | Blue   | Green   | Blue  | Green | Green | Blue | Green  |
| HEAD; TWITCHING of muscles of the head (101)      | 1       | 2    | 1     | 2     | 1       | 1      | 1      |      | 1     | 1     | 1     | 1    | 1     | 1     | 2     | 1       | 1    | 1     | 1      | 1       | 1     |       | 1     | 1    |        |
| HEAD; MOTIONS; of, shaking, nodding, waving (122) | 1       | 1    | 1     | 3     | 1       | 1      | 1      | 1    | 1     | 1     | 1     | 1    | 1     | 1     | 1     | 1       | 1    | 2     | 1      | 1       | 1     | 1     |       | 1    |        |
| EXTREMITIES; TWITCHING; Lower Limbs (75)          | 1       | 1    | 3     | 2     | 2       | 2      | 2      | 1    | 1     | 1     | 1     | 2    |       | 1     | 1     | 2       | 1    |       | 1      | 2       |       | 1     | 1     |      | 1      |
| NOSE; DISCHARGE; green (100)                      | 2       | 3    | 2     |       | 2       | 1      | 1      | 1    |       | 2     | 3     | 2    | 3     | 1     |       | 2       | 1    | 1     | 2      | 2       |       |       | 2     | 1    | 2      |
| MALE; PHIMOSIS; Paraphimosis (18)                 | 3       | 1    |       |       | 2       |        |        | 1    | 2     |       | 3     |      |       | 1     | 1     |         |      |       |        | 1       |       |       |       |      | 1      |
| MALE; SWELLING; Penis (82)                        | 1       | 1    | 1     | 1     | 2       | 1      | 1      | 2    |       | 1     | 2     | 2    | 1     | 3     |       |         | 1    | 1     | 1      | 1       | 1     |       |       | 1    | 1      |
| EXTREMITIES; EMACIATION (69)                      | 1       | 1    | 1     | 1     | 1       | 1      | 3      | 1    | 1     | 1     |       | 1    | 1     |       | 1     | 1       |      | 1     |        |         |       | 1     | 1     | 3    | 1      |
| GENERALITIES; WEATHER; hot agg. (44)              | 1       | 1    | 1     | 2     |         |        |        |      | 2     | 2     |       |      | 2     |       | 2     | 1       | 1    |       | 2      |         | 2     |       | 1     |      |        |
| GENERALITIES; WEATHER; cold, dry; agg. (91)       | 1       | 1    | 1     | 1     | 1       | 3      | 1      | 2    | 1     | 2     |       | 2    | 1     |       | 1     | 1       | 3    | 1     | 1      | 3       | 3     | 3     | 1     | 1    |        |
| DICTATORIAL, domineering, dogmatic, despotic (30) |         |      | 1     | 1     |         | 1      | 1      | 1    | 1     |       | 2     |      |       | 1     |       |         |      | 2     |        |         |       | 1     | 2     |      |        |

## *Updates in Research in Veterinary Homeopathy Continued from page 18*

follow up to monitor decreased symptoms, remission and collateral health benefits.” She finished with a series of clinical trials in different animal species in which remedy effects were clearly demonstrated and quantified.

<sup>1</sup>Bell IR, Koithan M. A model for homeopathic remedy effects: low dose nanoparticles, allostatic cross-adaptation, and time-dependent sensitization in a complex adaptive system. BMC Complement Altern Med 2012;12(1):191 [Epub ahead of print]

# The Academy Of Veterinary Homeopathy

## **Solidarity - Time to Join (or Re-Join) the International Academy of Veterinary Homeopathy**

To all my AVH Colleagues:

I want to encourage each and every one of you to join hands with our veterinary homeopath colleagues around the world, by becoming a member of the International Academy of Veterinary Homeopathy (IAVH).

By joining, you will be expanding exponentially your knowledge of homeopathic medicine. There is an extremely active forum, with hundreds of years cumulatively of collective experience, and literally at your fingertips. You will gain a wealth of wisdom and expertise that will help with your prescribing. Everyone who is a member now will attest to the tremendous benefit professionally that they gain from this forum. Our friends around the world are more than generous with the help and support that they offer.

In addition, you will receive the wonderful BAHVS mag (magazine) with your dues, which are minimal compared to the benefits you will enjoy.

Also, politically it is so important for us in these troubled times for homeopathy to have allies around the world whom we can turn to for support, information and advice both professionally and emotionally.

Let us not repeat the history of the 1900's in the 21<sup>st</sup> Century. There is power in numbers.

The benefits will begin as soon as you join! Hope to see you all on the forum; you won't regret it!

Best wishes to all,

Marcie Fallek  
National Representative of the USA to the IAVH

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*PIVH Continued from page 17*

courses. I will be teaching in two of the sessions (the current plan).

The last thing to mention is the change of name. When the program was transferred to Sarah and the other teachers, it was their opinion (I put it this way because I am embarrassed) that the name should be changed from ANHC Education Programs to the Pitcairn Institute of Veterinary Homeopathy [www.pivh.org](http://www.pivh.org). It was thought, and I must agree, that putting my name on the new "front" will be more recognizable and attractive to the new students coming along.

In closing, I thank all of you that have supported this course, the AVH for accrediting it, the several teachers over the years, and especially the last crop of young and eager teachers. I think it is all good.

# The Academy Of Veterinary Homeopathy

## **The Use of Cuprum in Chronic Vomiting**

*by Jacqueline Sehn, DVM, CVH, VetMFHom*

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The following is presented in the format of case submission required by the Faculty of Homeopathy for the VetMFHom qualification process (line spacing has been modified for purposes of publication). Details of obtaining this qualification can be found in VetMFHom - an Educational Journey, in the Winter 2013 AVH Journal.

Signalment: Parker B., Canine, Blue Heeler, male neutered, born Summer 2006.

Chief complaint: Vomiting.

We first met Parker on 7/19/07. The owner had just adopted this young, stray dog taken in by a rescue organization. He had recently been neutered and vaccinated. He saw us as a wellness visit.

He returned 1/22/08 for vomiting and appetite loss since getting into the bathroom trash two days earlier. Physical exam was unremarkable and survey abdominal radiographs within normal limits. The radiographs were submitted for radiology review, and the patient was sent home for observation. Later, he defecated a piece of a ballpoint pen and a sewing needle (not visible on radiographs, perhaps they were behind the pelvic bones?) Parker seemed to improve after that. However, by 1/29, less than a week later, he started vomiting at night after dinner. Retching would continue for about an hour, continuing off and on until 4 am. He vomited fabric and thread. He also ate a piece of a couch. He is anxious when alone.

On 1/31/08, we performed a barium series on Parker. He was sedated with Propofol and 350 ml of barium was delivered via stomach tube. Radiographs were taken at zero, 5, 15 and 30 minutes, with full barium gastric retention. We continued hourly exposures. Finally, by hour five, there was a significant amount of barium being allowed into the duodenum. At minute 15, Parker vomited some of the barium. At hour 6, he had diarrhea in the cage.

Tentative diagnosis: pyloric stenosis.

Homeopathic intake occurred on 2/4/08. The owner described Parker's history of chronic, intermittent vomiting. At first, vomiting would happen between two and four in the morning. Later the episodes were very random. There was minor heaving, almost as if regurgitating. Vomiting is sudden, but would be preceded by a few moments of restlessness and whimpering. The appetite and stools are good. He has episodes of separation anxiety – when left alone – ever since his adoption six months ago. Episodes are characterized by chewing something and sometimes defecation. He's a jumpy guy – with strangers and with noises of TV ("thinks they're strange people"). He has a pronounced flight instinct: "...was hard to catch as a stray. It was hard to catch him at home in the beginning."

*Continued Page 28*

# The Academy Of Veterinary Homeopathy

## *Cuprum Vomiting Case Continued from page 27*

Case analysis: repertorization using 5 rubrics:

- - Stomach, vomiting, general, nervous
- - Stomach, constriction, pylorus
- - Mind, strangers, in presence of, agg.
- - Mind, anxiety, alone, being
- - Mind, escape, desire to

Top remedies are Ars, Stram, Phos, Cupr, Bry.

Rx Cuprum 200C, one dose given 2/4.

## Cuprum metallicum

Why it was chosen – this remedy’s keynote is spasm - spasms leading to cramps, to convulsions; colic with tense abdomen. Vomiting does not relieve. It also has periodical attacks of vomiting, spasms of the stomach leading to nausea and vomiting. Interestingly, Cuprum is grade 4 in Mind, desire to escape, and a 3 for presence of strangers aggravate. Murphy’s chapter on Cuprum metallicum is very interesting, but doesn’t elucidate this desire to escape; “confusion, afraid of everybody who approaches him” is the closest but wouldn’t necessarily fit this case.

Report 2/12 – no vomiting until 2/10, when vomited twice

Report 2/18 – owner reports some intermittent vomiting, but not the prolonged multiple episodes as before; more random now. Seems to feel ok but eats much slower. Rx repeat Cuprum 200C

3/21 – owner called, hadn’t vomited since last dose, but now is vomiting and hacking, just foam. Seems to be in good spirits.

3/23/08 – owner reports Parker was hacking and gagging so much that they took him to an emergency clinic. It was thought he had a gastric or esophageal foreign body, so he was anesthetized for an exploratory. Upon trying to intubate, the veterinarian found a string wrapped around the base of his tongue. The string was removed and he had an uneventful recovery.

Last follow up was 12/4/09 when records were provided to the owner as they were moving away. Parker was doing fine. Since he had eaten a needle and later thread, they had affectionately changed his name to Parker Taylor.

## Discussion

Parker’s case was particularly nice because the remedy most likely indicated for the specific physical condition (vomiting due to a spasm or contracture of a [smooth] muscle) also to a large extent covered his mental symptoms. He was not the stereotypical Cuprum, one who is malicious, who mimics, who can have attacks of rage. But he did have these peculiar reactions around strangers, and the TV and who knows what had happened to him early on when he was a stray. The owner knew he was hard to catch and the language of the repertory offered desire to escape. Thank you!