1. The Life Force Concept: Health, Disease and Homeostasis

The homeopathic approach to chronic disease treatment applies a disciplined protocol for assessing patients, making prescriptions and evaluating responses to inform the subsequent steps in treatment. Patients come to us in various stages of declining health. This can be readily understood in the context of a “life force,” which I understand as the body’s innate homeostatic mechanism. This life force manifests in the body on a dynamic level, i.e., it exists above the biochemical mechanistic level, that, when it is properly “tuned” or in balance, pushes the body toward healing and repair in response to the stresses that impact health. Many of the chronic disease signs that we observe in our patients are the result of “inappropriate” efforts of the body to heal itself. For example, the laying down of exostotic bone around an inflamed joint might ultimately leave the joint immobile and thus reduce pain, but is not an acceptable outcome in most cases. Another common example is FIP infection, where it is the body’s inflammatory response, rather than direct effects of the virus itself, which damage vital tissue and threaten the patient’s life.

Conventional treatments are largely aimed at suppressing innate body responses by disrupting cellular and biochemical pathways that can lead to pathology. Homeopathic treatments are believed to stimulate and re-direct the dynamic response to disease so as to favor appropriate innate healing mechanisms, comparable to the way that vaccines are designed to capture the attention of cellular components of the innate immune response to augment resistance to infectious diseases.

Homeopaths speak of a patient’s vitality as being a measure of the health of their life force, which is reflected externally as vigor, mental alertness and disease resistance. Patients with high vitality have a low susceptibility to any form of life force disturbance, whether to morbid disease influences or to homeopathic medical stimulation. Thus, as will be discussed later, the more vital the patient, the stronger the medicine (or disease influence) needs to be in order to “break through” and disturb the life force. Likewise, weak patients are easily sickened, but they are also easily suppressed and palliated.
Highly vital patients tend to manifest chronic disease as *surface* issues (e.g., skin and ear problems) and as *functional* disturbances (e.g., IBD diarrhea or cystitis/urolithiasis), rather than progressing on a path to end stage pathology. Eventually, untreated or repeatedly suppressed chronic disease of this nature reduces vitality, resulting in a greater susceptibility to deeper forms of disease and tissue pathology, including mental and emotional disorders. Homeopathic theory ties these observations together by postulating that each individual has only one chronic disease, which manifests through a progression of signs (referred to as separate *diseases* by conventional nomenclature) under the influence of the life force. That is why homeopathy is truly a “holistic” form of medical practice, which requires individualization in both diagnosis and treatment.

2. The Homeopathic Intake for Chronic Disease Complaints

The initial visit usually lasts an hour or more. It should include a complete physical examination and the usual accoutrements employed in assembling a useful database, including, e.g., laboratory and radiographic evaluations when indicated. The client is interviewed in detail about the animal’s current and previous medical history. Prior records are reviewed, with special emphasis on the doctors’ notes and observations during the earliest stages of various complaints, i.e., before treatments were applied, as these “pure” signs are a more reliable indication of the life force status than signs masked or altered by medicines and other treatments. The treatments previously given and the responses are also relevant.

Of special interest while collecting the patient history are symptom modifiers, referred to as “modalities,” which help distinguish the nature of a patient’s response patterns, a critical element in selecting the correct homeopathic remedy. For example: Does an injured or painful part obtain relief by warm (vs. cold) applications? By firm (vs. gentle or no) pressure? Does the lameness become progressively worse with exercise or does the patient “warm out of” the lameness? Are the seizures triggered by excitement, or do they always come on during sleep or upon awakening? Did the itching flare up

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1 The term “symptom” is used interchangeably with “sign” in homeopathic and older conventional medical jargon
following a vaccination? In other words, it is important to identify those factors that trigger, exacerbate or ameliorate one or more particular symptoms.

Another historical characteristic to be looked for are themes that run through multiple symptoms, which belong to the “general symptoms” of the patient. For example: time of day, periodicity, seasonal or weather related flare-ups, tendency to left or right-sided symptoms, and a tendency for excoriating (vs. bland) discharges. These themes often have a great impact in distinguishing patients and the medicines they need. In preparing for the analysis phase of the patient workup, the goal is to first gain a cohesive picture of the patient that characterizes the nature of his disease expression and responses when subjected to stresses and noxious influences.

3. Symptoms, Rubrics and Homeopathic Analysis

The first step of analyzing a case is to select the symptoms that best represent a complete picture of the patient in disease. The selection should ideally include a mixture of general symptoms, particular symptoms (which will likely include the major complaints and sometimes a concomitant symptom), and mental and emotional symptoms (representing any disturbed mentation that tends to accompany the patient’s chronic disease). Symptoms expressing underlying causation (such as grief or anxiety) are usually grouped with the mental/emotional symptoms. Unusual or paradoxical symptoms (if they can be accurately translated into rubrics and are not the side effects of medicines) can be very helpful to individualize the patient (and the needed medicine), when compared to the more common symptoms experienced by many patients with the same “disease.” Some of the modalities mentioned earlier can be found separately among the “generals” in the repertories, while others will be found as rubric modifiers associated with the particular symptoms. It is important to select “high value” symptoms, which are highly reliable, i.e., accurate characterizations, and to balance the selection so as not to unduly weight or skew the analysis. In veterinary medicine we are not able to utilize symptoms of sensations, dreams, delusions, etc., and we have to be careful when objectively interpreting any mental or emotional symptom. While some cases have very few symptoms (one-sided cases), others are replete with potentially useful symptoms. However, it is rare that you will improve your analysis by exceeding ten rubrics, as this
will favor the result of many possible polycrest remedies that simply “cover” many common disease patterns and may prove hard to distinguish.

The next task is to translate your symptom selections into the “rubrics” that are found in the repertories. The various repertories are organized in different ways (and different forms of user friendliness) and vary in their reliability. Some of the more modern repertories have added rubrics from outside the provings and/or include remedies that may not have had complete or proper provings. I use a print repertory called Synthesis and the computer version of The Complete Repertory, from which I will be drawing some examples. The computer program I use to analyze cases is MacRepertory, which is far faster than doing hand analysis. However, starting out by doing some cases by hand is a good way to become familiar with rubrics and the remedies they contain.

The most straightforward analysis method is the totality analysis, in which all the rubrics selected are analyzed to produce a remedy list with ranking and scores for similarity. A keynote analysis considers only the most characteristic symptoms (as related to certain remedies) and is frequently done “off-the-cuff.” An elimination analysis is done by selecting only the most critical and reliable symptoms (often two or three) to narrow the remedy selection to only those remedies that make the cut, i.e., contain all of the selected rubrics.

4. The First Prescription- Selecting Remedy and Potency

The totality analysis becomes a blueprint for making early prescribing decisions. Usually the first ten remedies in rank will contain the remedies you need early in the case. Here is the hardest part of homeopathy (at least for me): learning the remedies and the disease pictures they reflect. At this point you either draw upon your vast experience or you hit the books. There are many types of materia medica from which to choose. They vary in detail, emphasis and style. For example, there are multi-volume sets containing the greatest detail, compact keynote and regional materia medica, and “essence”-type volumes that provide a cohesive picture of the remedy’s action. There are also comparative materia medica volumes to help choose between the best remedies for a particular area of interest.

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2 See bibliography for a list of the more popular and useful clinical repertories.
3 See bibliography for a list of popular materia medica volumes sorted by type.
Once you begin studying materia medica for cases, you will find some of these volumes becoming long term residents on your coffee table, as they make for very engaging reading. When settling upon a remedy choice, you will need to review your case from several different perspectives. In a case with many symptoms, ask: “Does the remedy fully cover the case?” Generally, all reliable, non-medicinal symptoms will be covered. You may need to consult a detailed materia medica to confirm this. Next ask: “Is the focus of the chronic disease within the organ affinity of the remedy?” It is not essential that it be, but this can be a helpful distinguishing feature. Also ask: “Are any keynote or general symptoms of the remedy identifiable in the case?” If yes, this should reinforce your confidence in the remedy choice. Also pay careful attention to the mental and emotional aspects of the case, obviously in a behavioral case, but also in a case where the somatic symptoms are not so clear. In human homeopathic practice the mental and emotional symptoms are often highly emphasized.

If you are feeling confident about your remedy choice for the first prescription, slow down because there are other factors to consider. Chronic diseases become complicated over time by various episodes of causation and by prior interventions. For example, a prior injury (e.g. a snake bite, hit-by-car, or even a tick bite) can set off a unique pattern of responses that may prevent you from clearly interpreting the present case, as distinguished from a more “pure” and predictable case of chronic disease progression. Similarly, a patient that has been heavily medicated with suppressive drugs (as is commonly done to young animals with refractory atopic dermatitis) may display medicinal symptoms and may rapidly progress to deeper levels of chronic disease. The patient’s mental and emotional condition may be an obstacle to successful treatment unless dealt with before general prescribing is begun. For example, cases of abuse, abandonment or grief, if emphasized in the first prescription, may smooth the way for better responses going forward. Repeated (especially polyvalent) immunological challenges to the patient’s body may also produce a distorted picture of disease, sometimes in the form of an immediate trigger or exacerbation, and sometimes in the form of long-term changes in response mechanisms, such as the development of autoimmune diseases or cancer.
At this point, it may be helpful to address the homeopathic concept of *miasms*. These are patterns of chronic disease, i.e., body response patterns, which represent different stages and categories of chronic disease. Hahnemann observed an empirical correlation between the onset of these disease patterns and three common contagious diseases that were prevalent in his day. The first is *psora*, an itchy skin condition (believed by some to be scabies) which is characterized by functional disorders of varying organ systems, such as alimentary or respiratory. The next is *sycosis*, arising from gonorrheal infections, which manifests as proliferative disorders, i.e., disorders of overstimulation, such as exostotic arthritis and many autoimmune diseases. The third is *syphilis*, arising from syphilis infections and producing the most destructive tissue pathology, often involving lysis and ulceration, in the mouth or in bones, for example.

Other miasms have been proposed, including those arising from Tuberculosis, cancer, rabies and other afflictions (whether by contracting the active disease or from vaccination with an analog). Consequently, homeopathic remedies have been additionally classified by their general sphere of action, be it *psoric, sycotic, syphilitic*, or some combination of miasms. Thus it is possible to use the miasms as a filter in the process of case analysis, and it often is. For me, it is essentially a tool that helps me recognize groups of symptoms consistent with the staging of the patient’s disease progression and the types of remedies that ought not be overlooked.

The choice of which potency to administer in chronic disease prescribing depends mostly upon your assessment of the patient’s vitality and whether the remedy has been given before to good effect. Most young and middle-aged patients will tolerate a fairly high potency, e.g., 200c, unless they are severely weakened or are vulnerable to a dangerous aggravation. Older and more fragile patients will generally do better with a 30c or an LM potency. A patient that is improving and getting stronger during treatment can be given progressively higher potencies as treatment progresses.

1. **Evaluating the First Prescription; Planning the Next Steps**

   If the first prescription was a 200c potency, you can generally wait about two weeks before assessing the response (sooner for lower potencies). The obvious exception would be a steady worsening of the patient’s condition or a critical aggravation. The
parameters to monitor at the follow up consultations include a) well-being, appetite and energy, b) charting of the significant symptoms, c) occurrence of aggravations, and d) the appearance of new symptoms. From these parameters the clinician determines if the response was a) curative or partly curative, b) palliative, c) suppressive, or d) unresponsive or progressive worsening. The goal of treatment is always to progress toward cure, but in the case of very weakened or incurable patients (e.g. end stage renal disease), a palliative response is often the most that can be achieved.

The next steps are straightforward:

1. If the response is curative and the patient is continuing to improve, then you do not intervene until progress ceases or symptoms begin to relapse.

2. If the response was curative but the patient’s progress has ceased, the remedy should be repeated at the same or higher potency.

3. If the response was partly curative, but one or more significant symptoms have not improved, then a complementary or related remedy should be given. Re-analysis, including remedy relationships, may be needed.

4. An antidoting remedy may be needed if an unacceptably severe aggravation is occurring or the patient is rapidly worsening following the first remedy.

5. If a satisfactory level of palliation occurs (and if this is the goal under the circumstances), the remedy can be repeated as needed in the same manner as one would use a conventional medicine.

6. If new symptoms appear (with or without minor palliation), and there is no evidence of a curative response, then a new remedy must be selected. The analysis should be re-worked, including any new symptoms, and one or more alternate analysis approaches should be considered, e.g., elimination, keynote or miasmatic.

7. If the response is suppressive or if there is simply no change at all in the patient, then the analysis (or materia medica research) must be revisited and a new remedy selected.
This process is essentially repeated after each prescription until a pattern of steady progress has been established. When a patient is progressing toward cure, the potency can be gradually increased, with the effect of lengthening the interval between treatments. But, alas, the life of a physician is never quite so serene. You may need to interrupt constitutional prescribing to deal with a significant acute issue, e.g., an injury, toxicosis, viral infection or dietary indiscretion. If the acute problem is dominating the health picture, treat with the indicated remedy. If you cannot determine a suitable choice, look to remedies that are complementary or related to the most recently employed successful constitutional remedy. Then return to the constitutional remedy when the crisis has passed.

2. Conclusion

What I have presented here are the basic steps and tools that are employed by the homeopathic veterinarian in addressing chronic disease. There is much more to learn to become a successful practitioner of homeopathic medicine. I highly recommend that interested veterinarians consider the 120-hour certification course offered by the Pitcairn Institute of Veterinary Homeopathy.\(^4\) The certifying body for veterinary homeopathy in North America is the Academy of Veterinary Homeopathy,\(^5\) which is an excellent resource for any veterinarian wishing to pursue homeopathic study. A byproduct of homeopathic education is that you can sharpen your conventional skills at the same time. When you view your patients holistically, you will inevitably appreciate the interconnectedness of their various “diseases” and the modalities that bind them together. In my practice, I have replaced the familiar “KISS principle” with the “KICK principle:” *Keep it connected, knucklehead!* It is so much easier to just put your patients in boxes and treat each box the same. You really have to study your patients in order to successfully treat them homeopathically as *individuals*. In doing so, you will reclaim for yourself the physician’s *art*.

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\(^4\) [www.pivh.org](http://www.pivh.org) Dr. Sarah Stieg, director. Contact: info@pivh.org.

\(^5\) [www.theAVH.org](http://www.theAVH.org)
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