Faculty of Homeopathy

PRIMARY HEALTH CARE EXAMINATION (PHCE)

Nursing Guidelines 2017
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1. The examination
The Primary Health Care Examination is a preliminary examination for statutorily registered healthcare professionals that entitles successful candidates to become Licenced Associates (LFHom) of the Faculty of Homeopathy. Specific guidelines are available for dentists, nurses and podiatrists on request from the Faculty’s Education & Quality Officer.

The Primary Health Care Examination is accredited by the Faculty of Homeopathy. Through its Academic Board, the Faculty of Homeopathy monitors the standard of the examination and curriculum. The Academic Board includes representatives of all UK based Faculty-accredited teaching centres – Bristol, Glasgow and London.

The examination paper consists of 100 multiple choice questions. The duration of the examination is a maximum of two hours although many people finish the exam in less than the allotted time.

2. Entry criteria
The PHCE is open to healthcare professionals who hold a qualification that is registrable in the UK, or hold a qualification registrable in an EU country where they practice. When you apply to sit the examination, it is your responsibility to supply the Faculty with details of your professional registration.

3. LFHom qualification
If you pass the PHCE, you may apply to be become a Licenced Associate of the Faculty of Homeopathy. Once your application has been accepted, you may use the letters LFHom followed by a suffix denoting your profession e.g: LFHom(Nurse); LFHom(Midwife) etc.

The examination paper is adapted to meet the needs of specific groups of healthcare professionals. There are papers for dentists, doctors, nurses, midwives (who take the same paper as nurses), pharmacists, podiatrists and veterinary surgeons. The qualification LFHom is awarded to overseas candidates provided that their qualification is registrable within the UK.

If you become a Licenced Associate, your continued use of the qualification LFHom depends on your fulfilling these two requirements:

i) you do not allow your Faculty membership to lapse.

ii) you fulfil the Faculty’s Continuing Professional Development requirement. For LFHoms, currently, this is a minimum of 12 hours per year attendance based activity and self-directed study, averaged over three years. Further details will be supplied to you once you become a Licenced Associate member.
4. Aims and scope of the PHCE
As interest in and demand for homeopathy grows, it is important that healthcare professionals are able to give informed guidance to patients and clients. If you pass the examination, you will have knowledge and understanding of:

i. what homeopathy is  
ii. what it can achieve  
iii. what its limits are  
iv. how it integrates with contemporary health care  
v. when a patient would benefit from referral to a specialist  
vi. how to act supportively while a patient is under specialist care  
vii. how to use homeopathy in a specified number of targeted clinical situations integrated with normal professional practice in day-to-day patient care.

Attendance at a foundation course accredited by the Faculty involves receiving a minimum of 30 hours of teaching. In addition you will normally need a further 120 hours of private study.

Success in the examination denotes a basic level of competence which will enable you to augment your existing professional skills through the practice of sound, basic homeopathy. It does not equip you to analyse and treat chronic or complex cases other than by the circumscribed use of the particular targeted applications defined in the curriculum. Neither will you be able to take referrals from other colleagues. At all times you are expected to practise within the scope and limits of responsibility of your normal professional practice. These limits are fully described in the syllabus on pages 8 to 21.

5. Faculty–accredited training
The examination is based upon the syllabus studied in the Faculty-accredited foundation course. You may apply to sit the PHCE without having undertaken Faculty-accredited training, although it is strongly recommended that you complete the foundation course to avoid the risk of failure in the examination.

6. Results
After the examination, the Faculty of Homeopathy will let you know (i) whether you have passed or failed and (ii) your mark. Results are sent by email within approximately one month of the examination. **Results cannot be given out by telephone.**

If you wish to appeal against your result you must write to the: Education & Quality Officer, Faculty of Homeopathy, CAN Mezzanine Building, 49-51 East Rd, London, N1 6AH or email education@facultyofhomeopathy.org within one month of receipt of your marks.

7. Profile of LFHom(Nurse)
A nurse who has passed the Primary Health Care Exam (PHCE) and qualified as an LFHom (Nurse), may be working in any clinical setting, but will be using their limited homeopathic knowledge and skill only in a delegated role. This is subject to their usual scope of practice and professional accountability. He/she will continue with their normal clinical work as the core activity and the use of homeopathy will be only complementary or supplementary to that activity.

A nurse working at LFHom level will have learned to look at patients from a homeopathic point of view, to 'think homeopathically', and to consider how a homeopathic approach could benefit a pa-
patient’s care. They will not be equipped to practise beyond the limited range of targeted clinical applications defined in the PHCE curriculum, nor beyond the scope of practice appropriate for their existing level of training in homeopathy.

**Limits of competence**
Success in the PHCE examination and qualification at LFHom level marks a basic level of competence. The targeted clinical applications are limited and defined within the curriculum. They augment the nurse’s existing professional skills, but do not entitle him/her to practise as a homeopath. Nurses qualified to LFHom level are not expected to treat patients independently, or know how to analyse and treat chronic or complex cases other than by the circumscribed use of the particular targeted applications defined in the curriculum, and in a delegated role. At all times they are expected to practise within the scope and the limits of responsibility of their normal profession.

**Clinical Governance**
An LFHom (Nurse) undertakes regular CPD as required by the Faculty of Homeopathy and the Nursing & Midwifery Council. He/she should engage in regular clinical supervision from a colleague on the Faculty of Homeopathy specialist register, or other approved tutor, and may be involved in clinical audit and research in his/her own area.

**Ethical and Legal Issues**
If an LFHom(Nurse) is suggesting homeopathic medicines to patients for targeted clinical applications, according to the PHCE syllabus, then authorisation and vicarious liability cover should be obtained from his/her employer. An approved clinical protocol should be in situ and adjusted regularly to accommodate any permitted changes within the practice. Indemnity insurance should also be established.

An LFHom(Nurse) with an independent prescribing qualification annotated on the NMC register, can prescribe homeopathic remedies for targeted clinical applications, according to the PHCE syllabus, providing authorisation and vicarious liability cover have been obtained from his/her employer. Indemnity insurance cover should also be established. An LFHom (Nurse) must follow the NMC “Code of professional conduct” and “Standards of prescribing in practice” which can be found at [http://www.nmc-uk.org](http://www.nmc-uk.org).
8. Regulation of standards and safety

If you become a Licenced Associate (LFHom), the Faculty will ensure safety and quality of clinical care by requiring that you adhere to certain professional standards and remain within the normally recognised limits of practice and competence of your professional discipline. You are also bound to practise within the limits of your homeopathic competence at LFHom level.

If you breach the above, the Faculty may implement its disciplinary procedures which may include those of your professional regulatory body. The Faculty may withdraw your Licenced Associateship.

9. Further study

The Primary Health Care Examination is limited to familiarisation with homeopathy and targeted clinical competence. For those who wish to move from the position of informed primary care practitioner towards the goal of more advanced clinical practice, this level of qualification can be used as the first step in on-going training. Nurses and midwives may go onto MFHom level training which leads to the qualification MFHom (Nurse) or MFHom(Midwife). If you would like further information please contact the Faculty of Homeopathy at the address on page 7.

10. Practical details

Administration is undertaken by the Faculty and queries, application forms and fees should be directed to the Faculty Education & Quality Officer at education@facultyofhomeopathy.org or at the address on page 7. Application forms must be submitted by the published closing date.

The examinations are held at Faculty-accredited teaching centres and by Faculty-accredited course providers in Belfast, Bristol, Glasgow, London and locations overseas. Examination sittings and closing dates for applications are listed in the Faculty examinations calendar which can be viewed on the Faculty website or in the Faculty magazine Simile.

Overseas students

Candidates whose native language is not English may use a foreign language dictionary. Dictionaries will be scrutinised by the invigilator before the exam.

Withdrawals

Notice of withdrawal from the examination must be given by email to the Education & Quality Officer at education@facultyofhomeopathy.org or in writing to the address on page 6. The examination fee less a 50% administrative charge will be refunded when notice of withdrawal is received up to 30 days before the examination is due to take place. No other refunds will normally be made. The Faculty will consider a full refund for withdrawals due to illness or will transfer an application to a later sitting.

Transfers

Candidates may transfer their application to a future sitting provided that they notify the Faculty in writing / by email before the published closing date for return of applications. A 10% administrative fee will be charged. Candidates may not transfer their application more than once unless they have obtained special approval from the Education & Quality Officer.

Re-sitting the examination

Candidates who fail the PHCE may re-sit the examination during the following exam season - for example a candidate who fails the examination in the spring may re-sit it during the autumn. Candidates cannot apply to re-sit the examination at another centre during the same season. Candidates are also limited to no more than three attempts at the examination, unless they can give good reasons for further attempts and are supported by their teaching centre. Please note that if the examination
is cancelled for reasons beyond the Faculty's control, candidates will be allowed to take the exam at the next available sitting. Candidates who re-sit the examination pay a reduced examination fee.

**Membership**
The first year of membership is included in the examination fee; thereafter a separate fee is payable to the Faculty for this and must be paid annually to maintain LFHom status.

**Faculty contact details**
Faculty of Homeopathy, CAN Mezzanine, 49-51 East Road, London, N1 6AH.
Tel: 020 3640 5903 Email: education@facultyofhomeopathy.org
Website: www.facultyofhomeopathy.org
SECTION 2

A. Syllabus outline

BASIC PRINCIPLES

A basic understanding of historical and contemporary development, concepts and evidence including:

- Auto-regulation, hormesis, similars and minimum dose.
- Sensitivity in the ill person, individualisation, totality of symptoms.
- Materia medica sources: toxicology, provings, clinical.
- Outline of the theory of chronic disease and miasms.
- Scientific evidence: clinical data, trials and meta-analyses, laboratory experiments.
- Integration / relationship to other forms of care including conventional medicine and herbalism.
- Self-healing and placebo responses.

PHARMACY

Sources and preparations including:

- Mother tincture, trituration, succussion, serial dilutions
- Dilutional scales: X (D), C, LM
- Low & high potencies
- Hahnemannian & Korsakovian methods
- Biophysical models
- Prescription writing

CONSULTATION & CLINICAL SKILLS

A basic understanding of the consultation, history taking and case analysis in homeopathic care:

Perspectives of the illness:

- Presenting problem
- Aetiology
- Diagnosis & pathology
- Patients’ disease reactions: the clinical picture
- Constitutional / fundamental reactions
- Constitution
- Biographical & past history including family history
- Typology & drug types
- Basic understanding of the concept of layers
- Concepts of acute and chronic case management
History taking and analysis:

- Understanding and categorising symptoms and their modalities
- Keynotes, totality, essence, strange rare and peculiar reactions
- Hierarchy of symptoms
- The repertories: their development and content, and their role in case analysis

THERAPEUTICS AND CASE MANAGEMENT

A basic understanding in the following topics:

- Clinical applications of low & high potencies
- Speed of responses
- Repetition of the dose
- Changing dosage
- Changing remedy
- Schools of practice including Classical, Pluralistic, Complex and proprietary mixtures
- Clinical reaction patterns
- Acute, chronic and incurable cases
- Initial reactions - aggravations
- Direction of cure (Hering’s law)
- Suppression
- Isopathy and tautopathy
- An introduction to nosodes

GENERAL CLINICAL APPLICATIONS

Materia medica as listed, in the context of, the specified clinical conditions, modified by the boundaries of each professional discipline

Legal and ethical aspects of homeopathic prescribing within the context of different healthcare professions, including non-medical practice.
B. PHCE medicines syllabus

Learning objectives and outcomes

1. TARGETED CLINICAL APPLICATIONS
Students will acquire the materia medica knowledge necessary to enable effective prescribing of a limited range of homeopathic medicines giving reliable results in a limited number of specified clinical applications in Primary Care.

OUTCOME: Students will be able to apply their materia medica knowledge to prescribe the named medicine effectively in given clinical conditions.

2. KEY CHARACTERISTICS
Students will be able to recognise the key characteristics indicating named medicines in specific clinical conditions.

OUTCOME: Students will know the essential outline of the clinical picture on which a prescription for the named medicine in the specified clinical conditions will be based.

Students will be able to differentiate between named medicines indicated for the same specified clinical condition. Students will understand the significance of detailed symptomatology in making the differentiation of the homeopathic prescription in individual patients.

OUTCOME: Students will be able to identify the key individualising characteristics of the named medicines.

3. DIFFERENTIATION OF MEDICINES
Students will be able to differentiate between the indications for the use of a number of named medicines in specified clinical conditions.

OUTCOME: Students will be able to differentiate between the symptom pictures of the named medicines in the specified clinical conditions. Minimal symptom picture only required of secondary medicines, shown in brackets.
C. Primary Medicines A-Z

Materia medica listed by medicine name
(Medicines for comparison and differentiation are shown in relation to each targeted clinical application)

ACONITE

<table>
<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
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<tbody>
<tr>
<td>CROUP</td>
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<tr>
<td>URT; CORYZA</td>
<td>Allium, Ars alb</td>
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<tr>
<td>SHOCK</td>
<td>Arn</td>
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<tr>
<td>ANTICIPATORY ANXIETY [PANIC, FEAR]</td>
<td>Arg nit; Ars Alb; Gels</td>
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<tr>
<td>FEVER</td>
<td>Bell; Ferrum phos</td>
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Key characteristics
Acute conditions. Sudden or violent onset. Intense fear (death)
Restlessness, excitement, agitation
Ailments from shock, fright, fear
Fever. Thirst
Ailments from exposure to cold, dry wind
Modalities: < violent emotions, cold dry wind, night, especially around midnight; > open air

APIS MELLIFICA

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<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
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<tbody>
<tr>
<td>ACUTE MUSCULOSKELETAL CONDITIONS</td>
<td>Bryonia; Puls; Rhus tox</td>
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<tr>
<td>CONJUNCTIVITIS</td>
<td>Arg nit; Euphr; Puls</td>
<td></td>
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<tr>
<td>ACUTE ALLERGIC REACTION</td>
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</tbody>
</table>

Key characteristics
Swelling/oedema/heat
Hot, red, swollen, shiny, acutely painful skin / joint(s)
Red, swollen painful conjunctiva and/or lids
Oedema of face and/or eyes
Photophobia
Swelling eruptions and reactions to bites and stings
Stinging and burning pains
Acute dysuria, frequency, painful urging
Thirstless (in acute state)
Modalities: < heat, touch, pressure, afternoon; > cool air, cold applications
## ARGENTUM NITRICUM

### Targeted applications | Differentiation | See also
--- | --- | ---
ANTICIPATORY ANXIETY | Acon; Gels; Lyc |  
CONJUNCTIVITIS | Apis; Euphr; Puls |  
GIT: DYSEPSIA | Lyc; Nux |  
DIARRHOEA, NERVOUS | Ars alb; Gels |  

### Key characteristics
- High energy
- Impulsive and hurried
- Anxiety, anticipatory; phobia – with restless agitation
- Diarrhoea; sweat; palpitation; flatulence (burping)
- Purulent, acrid conjunctivitis
- Pains like splinter
- Modalities: < heat, stuffy, stress, sweets; > cool, open air, motion
- Food: Desires sweets AND salt, < sweets
- Temp and weather: hot, craves fresh air > cool air

## ARNICA MONTANA

### Targeted applications | Differentiation | See also
--- | --- | ---
TRAUMATIC SHOCK | Acon |  
TRAUMA: PRE/POST-OP, DENTAL, POST-PARTUM; OVER-EXERTION (CRAMP) | Staphys, Bellis | Rhus; (Hyp); Symph
BLEEDING | Ferrum phos; Phos |  

### Key characteristics
- Bruising
- Soft tissue damage
- Capillary bleeding
- Soreness
- Stiffness
- Mental state: denies problem, resents interference / being examined. Aetiology of trauma
- Modalities: < touch, avoids touch; jarring, motion; > lying, rest
### ARSENICUM ALBUM

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<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
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<tr>
<td>CONSTITUTIONAL PICTURE</td>
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<tr>
<td>HAY FEVER; CORYZA</td>
<td>Euphr</td>
<td></td>
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<tr>
<td>GIT: D AND V</td>
<td>Arg nit; Gels</td>
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**Key characteristics**

Anxiety: insecurity, health, triles, worrier
Agitated, restless; fastidious
Burning pains > warmth
Acrid, scanty, watery (nasal) discharges; nasal discharge alt. with obstruction; sneezing.
Very chilly

**Modalities:** > warmth, hot applications, hot food, motion; < rest, midnight to 2 am; all cold, incl. cold food and drink, exertion

**Food:** Thirst warm drinks, small amounts. Desires: sour things; Averse: fat; < fruit

### BELLADONNA

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<tr>
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<th>See also</th>
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<tbody>
<tr>
<td>FEVER</td>
<td>Acon; Ferrum phos</td>
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<tr>
<td>ACUTE OTITIS</td>
<td>Cham; Ferrum phos; Merc; Puls; (Hepar)</td>
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<tr>
<td>PHARYNGITIS</td>
<td>Lach; Lyc; Merc; (Hepar)</td>
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<tr>
<td>ABSCESS</td>
<td>(Hepar)</td>
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<tr>
<td>SUNSTROKE</td>
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<td>TEETHING</td>
<td>Cham</td>
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</table>

**Key characteristics**

Acute conditions. Suddenness, intensity of onset
Red, hot and dry. Thirst +/-. High fever
Intense, throbbing, burning pain. Bright red face (flushed), ear drum or throat
Dilated pupils. Throbbing head. Febrile convulsion. Jerks and spasms
Oversensitiveness - all senses. Irritability.

Night terrors, hallucinations, delirium, confusion

**Modalities:** < draft, light, noise, touch, haircut, jarring

**Food:** Desires lemons
**BRYonia Alba**

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<tr>
<th>Targeted applications</th>
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<tbody>
<tr>
<td>ACUTE MUSCULOSKELETAL CONDITIONS</td>
<td>Apis; Puls; Rhus</td>
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</table>

**Key characteristics**
Irritable, wants to be left alone.
Joints red, swollen, hot
Stitching or bursting pains. Dry, thirsty

**Modalities:** < least motion; touch; heat; eating; > pressure; lying on painful side; cool, open air

**Food:** Thirst for large amounts, cold drinks

**CalCAREA Carbonica**

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<th>Targeted applications</th>
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<tbody>
<tr>
<td>CONSTITUTIONAL PICTURE</td>
<td>Baryta carb</td>
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**Key characteristics**
Anxiety/depression: fearful state of mind, < being observed, sense of duty
Family cares
Characteristic morphology. Slow, sluggish – mind and body
Overweight, chilly, sweaty
Constipation (feels better for it)
Lymphadenopathy
Delayed development

**Modalities:** < cold, physical and mental exertion, pressure of clothes, milk, dentition

**Food:** Desires eggs, ice cream, sweets, indigestible things; averse coffee, meat. < milk

**Chamomilla**

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<tr>
<td>TEETHING</td>
<td>Bell</td>
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<tr>
<td>ENT: ACUTE OTITIS</td>
<td>Bell; Ferrum phos; Merc; Puls; (Hepar)</td>
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**Key characteristics**
Frantic, angry, intolerance of pain; ugly, cross, quarrelsome; capricious children
Twitchings and convulsions during teething

**Modalities:** < evening/night, anger; > warm wet weather, being carried

**Food:** < Coffee
**GELSEMIUM SEMPERVIRENS**

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<tr>
<td>ANTICIPATORY ANXIETY</td>
<td>Acon; Arg nit; Lyc</td>
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<td>URT: FLU</td>
<td>Merc</td>
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<tr>
<td>DIARRHOEA, NERVOUS</td>
<td>Arg nit; Ars alb</td>
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**Key characteristics**
Weakness. Anxiety, anticipatory, stage fright; phobia
‘Paralysis’ of mind, voice or body; heaviness, tremor, incoordination
Flu: shaky, listless, heavy, drowsy, dull, headache; thirstless
Gradual onset, low grade fever
Modalities: < damp weather, heat, thinking of symptoms; > sweating, urinating, open air, motion

**IGNATIA AMARA**

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<th>Targeted applications</th>
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<tbody>
<tr>
<td>EMOTIONAL AILMENTS</td>
<td>Nat mur; Staphys</td>
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**Key characteristics**
Grief - silent, sighing, then sobbing
Volatile, changeable emotions. Disappointed love
Contradictory/paradoxical symptoms. Extreme aversion to tobacco smoke
Sensation of a lump, especially in throat. Spasms / twitching muscles
Modalities: < emotions, grief, fright, touch; > lying on affected part, swallowing
Food: < coffee, tobacco; > cold food

**LACHESIS**

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<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
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<tr>
<td>PMT AND MENOPAUSE</td>
<td>Nat mur; Puls; Sep</td>
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<tr>
<td>ENT: PHARYNGITIS</td>
<td>Bell; Lyc; Merc; (Hepar)</td>
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**Key characteristics**
Anger, jealousy, tirades, loquacity. High libido
Bloating, < tight clothes. Purplish discolouration
Flushes of heat. Left sided. Hot. Intolerance of tight clothes especially around neck
Pharyngitis: L sided, < warm food/drinks, < liquids cf solids
Modalities: > free discharges, e.g. onset menstrual flow, cool air; < after sleep/waking, morning, heat (sun), alcohol
### LYCOPODIUM CLAVATUM

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<tr>
<td>ANTICIPATORY ANXIETY</td>
<td>Arg nit; Gels</td>
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<td>GIT: FLATULENCE</td>
<td>Arg nit</td>
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<tr>
<td>ACUTE DYSPPEPSIA</td>
<td>Arg nit; Nux</td>
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<tr>
<td>ENT: PHARYNGITIS</td>
<td>Bell; Lach; Merc; (Hepar)</td>
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**Key characteristics**

Anxiety, anticipatory, lacks confidence, but performs well – conscientious, irritable, hypochondriacal

GIT symptoms: heartburn, fullness, distension, flatulence (belching, passing flatus; both ameliorate) Pharyngitis: R sided, > warm drinks

Impotence

Modalities: < 4pm - 8pm, eating; > after midnight, cool air, motion, urinating, belching

Food: Desire sweets; < Onions

### NATRUM MURIATICUM

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<td>EMOTIONAL AILMENTS</td>
<td>Ign; Staphys</td>
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<tr>
<td>PMT AND MENOPAUSE</td>
<td>Lach; Puls; Sep</td>
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</table>

**Key characteristics**

Grief, ailments from grief – can’t cry or weeps alone, < consolation; hides feelings

Irritable, resentful, critical, dwells on upsets; self-doubt/self-criticism

Greasy skin and hair. Cold sores

Modalities: < sympathy, sea air, exertion, before menses, morning and forenoon; > fresh air, gentle exercise

Food: Desires salt or averse salt. Aversion to fat and slimy food. Thirsty

Temp and weather: Desires fresh air; chilly but intolerant of heat

### NUX VOMICA

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<td>OVER-INDULGENCE</td>
<td>Staphysagria</td>
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</tr>
</tbody>
</table>
Key characteristics
Anger, irritability, impatience, hard working (workaholic), hard living, fastidious, desires stimulants
Driving, efficient type A personality. Oversensitive: noise, smells, light
GIT symptoms: indigestion, nausea (> vomit), spasmodic pains, constipation

Modalities: < early morning, dry cold, open air, uncovering, high living, stimulants, slight causes; > warmth, rest

Food: Desires alcohol, spices, fat, tobacco
Temp and weather: Chilly; intolerant of wind, < wind

#### PHOSPHORUS

<table>
<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTITUTIONAL PICTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URT: COUGH</td>
<td>Ipecac</td>
<td></td>
</tr>
<tr>
<td>BLEEDING</td>
<td>Arn; Ferrum phos</td>
<td></td>
</tr>
</tbody>
</table>

Key characteristics
Sympathetic, affectionate and very sensitive to others’ feelings
Desires company; > reassurance and consolation
Anxious; Fears - something will happen, imaginary things, dark, thunderstorms
Cough: tickling, < cold air, talking; painful laryngitis. Burning pains > cold.
Tendency to bleed
Modalities: < lying on left side, emotions, cold, evening; > eating; sleep
Food: Desires cold food, cheese, ice-(cream), salt, spices. Thirst for cold drinks

#### PULSATILLA NIGRICANS

<table>
<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CONSTITUTIONAL PICTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>URT/ENT: ACUTE CATARRH</td>
<td>Merc</td>
<td></td>
</tr>
<tr>
<td>OTITIS MEDIA</td>
<td>Bell; Cham; Ferrum phos; Merc; (Hepar)</td>
<td></td>
</tr>
<tr>
<td>CONJUNCTIVITIS</td>
<td>Arg nit; Euphr</td>
<td></td>
</tr>
<tr>
<td>ACUTE M/SKEL CONDITIONS</td>
<td>Apis; Bryonia; Rhus tox</td>
<td></td>
</tr>
<tr>
<td>PMT AND MENOPAUSE</td>
<td>Lach; Nat mur; Sep</td>
<td></td>
</tr>
</tbody>
</table>

Key characteristics
Timid, shy, weepy, desires company and consolation/affection; changeable moods, obstinate, flirtatious
Symptoms changeable, wandering joint pains. Onset of symptoms at puberty
Catarrh, snuffles – profuse, bland, yellow/green (and all discharges). Conjunctivitis. Styes - upper lid

Modalities: < warmth, twilight, rich foods, fat; > cold, continued gentle motion, open air; after crying

Food: Thirstless. Desires pastry and rich food, cold food. Averse to fat, hot food < bread, fat, fruit, pastry, rich food
Temp and weather: > open air, < heat, and stuffy/warm rooms
## RHUS TOXICODENDRON

<table>
<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUTE M/SKEL CONDITIONS</td>
<td>Apis; Bryonia; Puls; (Ledum)</td>
<td></td>
</tr>
</tbody>
</table>

### Key characteristics
- Joint pain and stiffness: any joint
- Restlessness. Cold sores
- **Modalities:** < cold and damp, rest, beginning to move, over exertion; > continued motion, heat
- **Food:** Desires milk

## SEPIA

<table>
<thead>
<tr>
<th>Targeted applications</th>
<th>Differentiation</th>
<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTITUTIONAL PICTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PMT AND MENOPAUSE</td>
<td>Lach; Nat mur; Puls</td>
<td></td>
</tr>
</tbody>
</table>

### Key characteristics
- Depressed, 'black cloud’, apathetic, irritable, put-upon, weary/worn out, averse loved-ones; < consolation
- Libido low or lost. Never well since child birth
- Sensation of stasis; varicose veins
- Pelvic bearing down pain. Sweaty. Sallow complexion.
- **Modalities:** < cold air, before menses, before storm; > dancing, strenuous exercise, warmth, thunderstorm
- **Food:** Desires vinegar, pickles and acids. Aversion to meat, fats and rich food which <

## SILICA

<table>
<thead>
<tr>
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<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTITUTIONAL PICTURE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ABSCESS, SUPPURATION</td>
<td>Hepar sulph</td>
<td></td>
</tr>
</tbody>
</table>

### Key characteristics
- Anticipation anxiety, fastidious.
- Recurrent URTI / chest infections, enlarged lymph nodes
- Sweats: Foot sweat foul. Chilly, cold clammy sweat
- Later stages of suppuration: aids resolution.
- Splinters, foreign bodies: aids expulsion
- **Modalities:** < cold air, drafts; suppressed sweat; > warmth
- **Food:** < mother’s milk; dislikes warm food
## STAPHYSAGRIA

**Targeted applications**

<table>
<thead>
<tr>
<th>Trauma: Surgical, invasive, -os-copyes, -otomies</th>
<th>Differentiation</th>
<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arn; (Hypericum); (Ruta)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional ailments</td>
<td>Ig; Nat mur</td>
<td></td>
</tr>
</tbody>
</table>

**Key characteristics**

Ailments from anger, grief and disappointed love, ‘mortification’ and humiliation, anger, suppressed anger/indignation
Incised wounds, surgical trauma, invasive procedures: cystoscopy, sphincterotomy, etc.; pre-/post-op care
Cystitis after intercourse; Recurrent styes

**Modalities:**< Emotions, anger, instrumentation procedures

**Food:** desires tobacco, stimulants, sweets; aversion to milk

## SULPHUR

**Targeted applications**

<table>
<thead>
<tr>
<th>Constitutional Picture</th>
<th>Differentiation</th>
<th>See also</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin symptoms: red, itching, eczema</td>
<td>Nat mur</td>
<td></td>
</tr>
</tbody>
</table>

**Key characteristics**

Lazy, selfish, philosophical, opinionated, untidy, hoarding
Redness of orifices. Hot feet - has to stick them out of bed
Faint sinking feeling (in abdomen) about 11am
Eruptions: itchy (< scratching, washing, at night), hot, red, excoriated
Conjunctivitis, blepharitis and styes: burning, itching, hot, red
Diarrhoea - driving out of bed in the morning, eructations like bad eggs

**Modalities:**< 11 am, bathing, becoming overheated, overexertion, standing, milk, >dry, warm weather, open air, motion

**Food:** Desires fat, sweets, highly seasoned food, alcohol; hungry at 11am. < milk.
## D. Secondary target medicines A-Z

For ‘usefulness’ in targeted clinical applications only

<table>
<thead>
<tr>
<th>MEDICINE</th>
<th>APPLICATION</th>
<th>KEYNOTES - FOR DIFFERENTIAL DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLIUM CEPA</td>
<td>Coryza, Hay fever</td>
<td>URT and conjunctiva: Watering eyes; excoriating watery nasal discharge; sneezing; rasping, spasmodic cough &lt;br&gt;Modalities: &lt; evening, warm room; &gt; open air, cold room</td>
</tr>
<tr>
<td>CANTHARIS</td>
<td>Insect bites (inflamed), burns</td>
<td>Burning vesicular eruption</td>
</tr>
<tr>
<td>CARBO VEG</td>
<td>Collapse, fainting, weakness</td>
<td>&gt; cool air; being fanned &lt;br&gt;&lt; rich food</td>
</tr>
<tr>
<td></td>
<td>Indigestion, eructations</td>
<td></td>
</tr>
<tr>
<td>COCCULUS INDICUS</td>
<td>Nausea and vomiting</td>
<td>Nausea with vertigo &lt;br&gt;&lt; lack of sleep</td>
</tr>
<tr>
<td>COLOCYNTH</td>
<td>Colic</td>
<td>Cramping pain - &gt; pressure, doubling up, warmth &lt;br&gt;Diarrhoea: watery, &lt; after eating/drinking &lt;br&gt;(Ailments from) Anger</td>
</tr>
<tr>
<td>CUPRUM METALLICUM</td>
<td>Cramp, night</td>
<td>Cramp in the calves and feet at night</td>
</tr>
<tr>
<td>EUPHRASIA</td>
<td>Conjunctivitis, hayfever, coryza</td>
<td>Acrid tears, bland nasal discharge itching eyes, photophobia &lt;br&gt;Modalities: &lt; evening, indoors, warmth, light; &gt; open air, dark</td>
</tr>
<tr>
<td>FERRUM PHOSPHORICUM</td>
<td>Fever (cf Belladonna) &lt;br&gt;Acute otitis media (cf Chamomilla, Pulsatilla) &lt;br&gt;Bleeding (cf Phosphorus)</td>
<td>Early stages of febrile illness &amp; inflammation &lt;br&gt;Slow onset. Full, soft, flowing pulse &lt;br&gt;Flush/pallor &lt;br&gt;Dull red ear drum &lt;br&gt;Thirsty, sweaty, shivery &lt;br&gt;Modalities: &lt; exertion, open air, jarring; &gt; gentle motion</td>
</tr>
<tr>
<td>GRAPHITES</td>
<td>Eczema &lt;br&gt;Skin cracks</td>
<td>Eruptions oozing yellow sticky exudate &lt;br&gt;Hard rough skin &lt;br&gt;Cracks behind ears, canthi, corners of mouth, hands &lt;br&gt;&lt; chilly, cold</td>
</tr>
<tr>
<td>Medicine</td>
<td>Condition</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HEPAR SULPHURIS CALCAREUM</td>
<td>Septic states: abscess, otitis, pharyngitis</td>
<td>Sudden, intense, foul discharge, offensive sweat, chilly, extremely irritable, oversensitive, thirsty. Helps abscess to mature/discharge. Sensitive to drafts</td>
</tr>
<tr>
<td>HYPERICUM PERFORATUM</td>
<td>Injury, crush or puncture wounds</td>
<td>Damage to sensitive/nerve-rich tissues; penetrating wounds; spinal injuries. Centripetal spread of pain</td>
</tr>
<tr>
<td>IPECAC</td>
<td>Cough causing vomiting</td>
<td>Cough: wheezy, spasmodic, causing vomiting, &lt; movement</td>
</tr>
<tr>
<td></td>
<td>Nausea &amp; vomiting, hyperemesis gravidarum</td>
<td>Nausea, constant; vomiting (doesn’t relieve) – nothing ameliorates, clean tongue &lt; smell of food, movement; salivation</td>
</tr>
<tr>
<td>ISOPATHIC MEDICINES</td>
<td>Homeopathic immunotherapy</td>
<td></td>
</tr>
<tr>
<td>- HOUSE DUST MITE</td>
<td></td>
<td></td>
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<tr>
<td>- MIXED POLLENS AND</td>
<td></td>
<td></td>
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<tr>
<td>GRASSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KALI BICHROMICUM</td>
<td>Acute catarrh</td>
<td>Sticky, stringy catarrh; maxillary sinus pain, root of nose</td>
</tr>
<tr>
<td>LEDUM PALUSTRE</td>
<td>Injury; puncture wounds; eye injury; insect bites, stings</td>
<td>Painful joints, &gt; cold, pale; ascending progression. Chilly patient, symptoms &gt; cold</td>
</tr>
<tr>
<td></td>
<td>Acute musculoskeletal conditions</td>
<td></td>
</tr>
<tr>
<td>MERCURIUS SOLUBILIS</td>
<td>Mouth ulcers</td>
<td>Fever: sweat ++, offensive, &lt; heat and cold, tongue swollen and indented, metallic taste</td>
</tr>
<tr>
<td></td>
<td>Pharyngitis, tonsillitis</td>
<td>Offensive sweat, breath, discharges.</td>
</tr>
<tr>
<td></td>
<td>Influenza</td>
<td>Modalities: &lt; night, sweating, lying on right side, when heated, drafts, damp cold; &gt; moderate temperature, rest</td>
</tr>
<tr>
<td></td>
<td>Teething: sweaty, salivation ++</td>
<td></td>
</tr>
<tr>
<td>RUTA GRAVEOLENS</td>
<td>Injury/strain: tendon, periosteum, joint</td>
<td>Temp and weather modalities as Rhus tox</td>
</tr>
<tr>
<td>SABADILLA</td>
<td>Hay fever</td>
<td>Profuse watery nasal discharge and sneezing; &lt; cold room, cold drinks; &gt; warm room, warm food and drink</td>
</tr>
<tr>
<td>SYMPHYTUM OFFICINALE</td>
<td>Fractures; injury to bone, periosteum. Injury to eye and orbit</td>
<td>Pain from bony metastases in cancer</td>
</tr>
</tbody>
</table>
1. **The sensation of a lump in the throat (globus hystericus) is a feature of which of the following medicines?**
   a) Carbo vegetabilis
   b) Ignatia
   c) Natrum muriaticum
   d) Phosphorus

2. **Which of the following statements is FALSE?**
   a) Nosodes are very deep acting medicines
   b) Nosodes can be prone to cause aggravations
   c) Nosodes provide good prophylaxis as travel immunisations
   d) Nosodes should not be repeated frequently

3. **Hierarchy of symptoms means:**
   a) The more symptoms of a particular type you have, the more important they are
   b) Every case must have symptoms at all levels before you can prescribe accurately
   c) Symptoms are related to the central nervous system
   d) Symptoms are evaluated according to a set order of importance

4. **Which of the following groups best represents the picture of Sepia?**
   a) Hyperactive and playful
   b) Friendly and submissive
   c) Tired but stimulated by activity
   d) Aggressive and dangerous

5. **Which of the following is a typical feature of Arsenicum album?**
   a) Restlessness
   b) Aggravation by warm applications
   c) Midday aggravation
   d) Profuse salivation

6. **In waiting room fear, which one of the following is best indicated?**
   a) Gelsemium
   b) Ignatia
   c) Lachesis
   d) Nux vomica
F. Further information

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

- your Faculty membership
- how to apply for the exam

please contact the Education & Quality Officer at the email address on page 6.

The exam calendar, details of accredited teaching centres and course providers and more information about the Faculty can also be found on our website www.facultyofhomeopathy.org.
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