

HANP Case Submission Guidelines DHANP Credential

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

Non-Discrimination Policy

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

Disclosure of Principles

The HANP adheres to the principles and precepts of homœopathy as defined by Hahnemann in *The Organon*, *The Chronic Diseases*, *Materia Medica Pura*, *The Lesser Writings of Samuel Hahnemann*, and *The Life and Letters of Samuel Hahnemann*. Hahnemannian homœopathy differs from many modern techniques in its insistence on rigorous observation and experimentation and avoidance of speculative theories. For more information refer to:

HANP Mission Statement: <http://hanp.net/about/>

HANP Definition of Homœopathy: <http://hanp.net/about/#homeopathy>

Statement of Ownership

Cases submitted to the HANP for the purpose of becoming recognized as a DHANP are the exclusive property of the HANP. If a case used for your application has previously been published elsewhere, you must notify the HANP at the time of submission.

Who is eligible to apply?

- A naturopathic doctor currently licensed in the USA or Canada. A photocopy of the naturopathic medical license will be requested.
- Applicants must have practiced homœopathy for a minimum of 3 years post-graduation and treated a minimum of 100 new patients.
- Applicants must have accumulated a minimum of 350 hours of homœopathic education and provide documentation with the application.

- Signed and dated certificate or letter of completion.
- Official school transcript.
- Applicants must submit 2 letters of reference: one professional and one from a DHANP in good standing (see guidelines for recommendation letters.)
- Applicants must submit a current curriculum vitae.
- Applicants must submit an online application and pay the application fee.

Purpose of the Case Submission Process

The purpose of the case submission process is to demonstrate your competence as a homœopathic specialist within the naturopathic profession. The cases you submit must demonstrate competence in the 14 competencies listed in the DHANP competency requirements. The HANP has deemed these competencies the minimum requirement for being designated a homœopathic specialist.

Academic Integrity

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

Guidelines for Case Submissions

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

- To be accepted for review the cases must follow the format and style guidelines listed later in this document.

Case Submission Content

1. Submit a minimum of two cases that demonstrate successful homœopathic treatment of an acute disease.
2. Submit a minimum of two cases that demonstrate successful homœopathic treatment of a chronic disease.
3. At least two of the cases submitted must demonstrate the successful prescription of two or more different homœopathic medicines during the course of treating a chronic disease.
4. At least one case submitted must demonstrate one or more successful changes of potency without changing the remedy.
5. At least one case submitted must demonstrate a modification of the posology (change in number of pellets, frequency of dosing, etc.) and/or use of different remedy forms (medicinal solution, olfaction, etc.) as part of successful management of the case.
6. At least one case submitted must demonstrate the occurrence and successful management of a therapeutic aggravation.
7. At least one case submitted must demonstrate the successful identification and treatment of a dissimilar disease occurring during treatment of a chronic disease. This must entail temporarily suspending chronic treatment in order to homœopathically treat an acute illness, an intercurrent illness, or the flare of a latent aspect of the chronic disease (e.g., uveitis in a Crohn's disease or rheumatoid arthritis patient, etc.)
8. At least one chronic case submitted must demonstrate an understanding of the Hahnemannian concept of dynamic versus non-dynamic disease through the successful management of a case that contains both homœopathic and non-homœopathic treatments within the same patient and case. Examples of non-homœopathic treatments, include hygiene (i.e. lifestyle medicine), diet, surgery, psychotherapy, exercise & movement therapies, stress management techniques (i.e., meditation, etc.), neuroplastic therapies (i.e., neurofeedback,

Tomatis therapy, etc.), nutritional supplementation, etc. You must clearly provide the rationale for incorporating the non-homœopathic treatment(s) and how you attempted to differentiate the treatment effects of the homœopathic and non-homœopathic treatments during follow-up.

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

All cases submitted must adhere to the following requirements:

1. The subjects of treatment must be human (i.e., no veterinary cases.)
2. The applicant cannot be the subject of treatment (i.e., no self-treatment.)
3. The applicant must honor all ethical guidelines for patient protection and confidentiality.
4. The cases must be typed in conformance with the format & style guidelines listed below.
5. The cases must adhere to the *law of similars* per Hahnemann's instructions in the *Organon of Medicine* (see *Organon* §24, §25, §153), *The Chronic Diseases*, *Materia Medica Pura*, and *The Lesser Writings of Samuel Hahnemann*. This process must be void of all speculative reasoning (see *Organon* §6, §110.)
6. The utilization of one remedy at a time.

Format of the Case Submission

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

1. Section 1: Abstract.

- a. Each case submitted must begin with an abstract that clearly outlines which competencies are demonstrated in the case to be reviewed.
2. **Section 2: Initial Case History & Analysis.**
- a. Summarize the salient features of the history of present illness, including a brief description of all relevant symptoms in the case, *and*:
 - b. Any pertinent etiology.
 - c. Any pertinent psychosocial, past medical, or family history.
 - d. Any pertinent findings from the review of symptoms.
 - e. Any pertinent treatments the patient was taking at the time of initial presentation (e.g., prescription or over-the-counter medications, medical procedures, alternative treatments, such as acupuncture, botanicals, aromatherapy, chiropractic, nutrition, etc.)
 - f. All known medical diagnoses.
 - g. If there are no pertinent psychosocial history, past medical history, family history, pertinent findings from the review of symptoms, or relevant non-homœopathic treatments, you must state this explicitly in your case write-up.
3. **Section 3: Case Analysis.**
- a. Identify the primary health concern:
 - i. You must clearly and accurately identify the primary complaint requiring treatment, what is sometimes referred to as "the main thing."
 - ii. In many cases, the primary complaint that requires treatment will be the patient's stated chief complaint. Occasionally, the patient's stated chief complaint is not what you perceive to be most troublesome or problematic. So, for example, a patient may list "rash" as their chief complaint, but upon taking the case you discover that the rash is rather mild, but the patient is plagued by pervasive and distressing anxiety. In this case you may determine that the main thing requiring

treatment is the anxiety and that the rash is merely a concomitant symptom to the anxiety.

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

b. Complete symptoms:

- i. You must demonstrate that you understand the concept of a complete symptom (CoLoMo: Complaint-Location-Modality) by accurately identifying the components of a complete symptom for the primary complaint in the case.
- ii. You must describe each of the 3 aspects of a complete symptom and note if one or more of the aspects is not present (for example, the if a modality is not present or the location is not relevant because it is a general symptom, such as a thermoregulatory symptom or emotional symptom that applies to the person as a whole, and so does not have a specific location).
- iii. If all components of a complete symptom are included in the case history, then it does not need to be explicitly described as a complete symptom in order to receive the points.
- iv. If one or more aspects of a complete symptom are omitted, your write up must note that this component of the complete symptom was omitted and why it was appropriate to omit it in this case.

c. Repertorization:

- i. You must provide a repertorization chart for each new prescription in each case (even if you did not use the repertory to prescribe at the time.)
- ii. Repertorizations must demonstrate a direct link between the salient symptoms reported in the case history and the rubrics selected.
- iii. Both hand and computer repertorization charts are acceptable.
- iv. You must identify the repertory used.
- v. See the document *Case Submission Examples* for samples of an

appropriate repertorization chart.

d. Materia medica:

- i. Remedy selection must demonstrate the prescriber's best effort to match the symptoms of the case to the symptoms of the materia medica according to the *law of similars*.
- ii. You must list the symptoms from the materia medica that match the symptoms of the patient.
- iii. You must explain how your choice of symptoms from the materia medica match the symptoms in the case.
- iv. In listing materia medica symptoms you must include the symptom number (*Materia Medica Pura, The Chronic Diseases*) and maintain the font style used in the original print version (i.e. bold, CAPS, *italics*, and symbols.) See the document *Case Submission Examples* for samples of how to list symptoms.
- v. *You may use* the following materia medicæ only:
 - a. *Materia Medica Pura* (Hahnemann.)
 - b. *Chronic Diseases* (Hahnemann.)
 - c. *Encyclopædia of Pure Materia Medica* (T.F. Allen.)
 - d. *Guiding Symptoms of Our Materia Medica* (Hering.)
 - i. You are highly discouraged to submit cases that involve the prescription of homœopathic medicines not contained in the approved materia medicæ. If, despite this warning, you choose to submit a case that involves the prescription of a homœopathic medicine that is not contained in the approved materia medicæ, you must get pre-approval from the board before submission.

- e. Prescription:
 - i. You must clearly describe your rationale for remedy selection.
 - 1. In giving your rationale, you must differentiate between *at least two* candidate remedies in order to arrive at a final remedy selection.
 - 2. Provide a logical and well-reasoned explanation for why you selected the remedy prescribed.
 - 3. Provide a logical and well-reasoned explanation for why you did not select the other remedies you considered.
 - ii. In your case submission you must note the name of the remedy (in enough detail to clearly identify the remedy selected), the potency, the dose, the dosing frequency, the route of administration, and the form of the remedy (dry pellets, water solution, olfaction, etc.) and your rationale for these choices.
- 4. Section 4: Case Management.
 - a. You must demonstrate appropriate follow-up (timely and appropriate to the condition being treated).
 - i. For acute cases, you must include follow-up until complete resolution of the illness.
 - ii. For chronic cases, you must include follow-up for a minimum duration of 6 months.
 - b. You must describe the patient's reaction to the remedy in sufficient detail such that the reviewer is able to clearly determine what happened.
 - i. If you prescribed any treatments in addition to the homœopathic remedy, you must clearly identify and discuss what aspects of the case and improvement indicates that the response was due to the homœopathic treatment.

- c. You must provide a rationale for all case management decisions made at each follow-up. These include:
 - i. The decision to maintain the current remedy and posology. (Remember: Choosing not to change anything is a case management decision.)
 - ii. The decision to change the posology or the way in which the remedy is taken (dry, in solution, olfaction, etc.).
 - iii. The decision to discontinue the remedy or change the remedy.
 - iv. The decision to change any non-homœopathic treatments.
 - v. Changes made to the treatment due to aggravation, return of old symptoms, or the appearance of a dissimilar disease.

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

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

Submitting Cases for Review

The HANP adheres to the requirements for manuscripts as promulgated by the [International Council of Medical Journal Editors](#).

The primary requirements are listed here:

- Privacy/Informed Consent: Authors must be sure to secure the privacy of any patient cases published/submitted – no names, numbers, or identifiers are to be mentioned.
- Writing, Assembling, Sending Cases.
 - All cases must be typed and submitted electronically to your shared folder on Google Docs. You will be assigned your own HANP Google Doc folder to upload these documents. You can either upload another file form (i.e.,

Microsoft Word document) that will auto-convert into a Google Doc or you can create it directly in the folder as a Google Doc. Email the HANP if you have questions or need help with this.

- Margins: Set the margins of your document to 1 inch on all sides.
- Header: Create a document header that lists the case number and case identifier.
- Page Numbers: Create a document footer that numbers all pages in the bottom right hand corner.
- Spacing: Use 1.5 spacing between lines.
- Font: Use Arial 12pt font size for text in the body of the submission. Use Arial 10pt font size for footnotes and endnotes.
- Indent the first line of all paragraphs.
- Italicize all remedy names and write the full official name of the remedy (e.g., *Apis mellifica*, *Bryonia alba*.)
- Use one space following a period to separate sentences.
- Use of Italic or Bold. Use *italic* sparingly (in the text only) for emphasis.
- Quotations: Please use “double” quotation marks. Use ‘single’ quotation marks for quotes within quotes.
- Footnotes/Endnotes: You may use the footnote or endnote command in your word processing program. This automatically creates consecutively numbered superscripts (1,2,3...) and places the reference text at the bottom of the page (footnote function) or at end of the article (endnote function.)
 - This link provides acceptable formatting for citations:
https://www.nlm.nih.gov/bsd/uniform_requirements.html
 - All citations of books, articles, websites, etc. are to be placed in the endnotes.
 - Any pertinent commentary on content within the body of the

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

- All grammatical and spelling errors have been addressed so that spell check and grammatical check is complete in Google Docs.
- Charts, Tables, Illustrations: All graphics (e.g., repertorization charts) are to be embedded within the case write-up.
 - If you are borrowing a graphic from another source, it must be cited within the text. All non-standard abbreviations that are used in a chart, table, or illustration must be explained in the footnotes.
- If you use data or content from another published or unpublished source, acknowledge the original source and submit written permission from the copyright holder to reproduce the material. This includes your own published work.

All questions can be sent to info@hanp.net.

List of Competencies: <http://hanp.net/competency-list/>

Sample Cases:

http://hanp.net/wp-content/uploads/2017/08/Case_Submission_Examples.pdf