

*Unbelievable!*

## **BACK TO SCHOOL SALE** *on the Best Homeopathic Software!*

### **RADAR 9 & ENCYCLOPEDIA HOMEOPATHICA**

*Endorsed by the National College of Naturopathic Medicine  
& the Southwest College of Naturopathic Medicine!*

<b>EASY REP PRO</b>	<b>\$ 495</b>	<b>NOW \$ 295!</b>
<b>RADAR PKG 1 ESSENTIALS</b> <i>(7 volumes of materia medica)</i>	<b>\$1095</b>	<b>NOW \$ 695!</b>
<b>RADAR PKG 2 ENHANCED</b> <i>(75 volumes of materia medica)</i>	<b>\$1695</b>	<b>NOW \$1045!</b>
<b>EH PACKAGE 3 INTENSIVE</b> <i>(171 volumes of materia medica)</i>	<b>\$2400</b>	<b>NOW \$1460!</b>
<b>RADAR PKG 4 INTEGRATIVE</b> <i>(545 volumes of materia medica)</i>	<b>\$3700</b>	<b>NOW \$2200!</b>
<b>RADAR PACKAGE 5 ULTIMA</b> <i>(681 volumes of materia medica)</i>	<b>\$5400</b>	<b>NOW \$3400!</b>

- All packages include RADAR 9 with the NEW Synthesis 9 Database.
- FREE internet upgrades. • All books in their entirety!
- Search for Remedies, Cases, Pathologies, Family Groupings and much more!
- Repertorize your cases from directly within Materia Medica.
- New unprecedented integration capabilities between Repertory and Materia Medica.
- These special offers allow you to get full credit towards any future upgrades!
- Please visit our website to see a complete list of the contents of each package:  
[http://www.wholehealthnow.com/homeopathy\\_software/prices.html](http://www.wholehealthnow.com/homeopathy_software/prices.html)

*Ask about our payment plans for students! Trade-ins for other software programs available.*

*Offer expires October 25th, 2004!*

#### **FOR QUESTIONS ABOUT RADAR CALL:**

**888-722-5423** (pacific) or EMAIL: **[kim@whnow.com](mailto:kim@whnow.com)**

*For more detailed information  
about our software and services,  
please visit: **[wholehealthnow.com](http://www.wholehealthnow.com)***



# SIMILLIMUM

**Editor:** Neil Tessler ND, DHANP

*Simillimum* is a journal published by naturopathic physicians for all people interested in Homeopathy. It is dedicated to the practice of classical Homeopathy as formulated by Samuel Hahnemann in the *Organon of Medicine*. The editors encourage homeopaths of all professions and backgrounds to write. Accounts of cured cases, essays, articles and letters to the editor are welcomed. The journal is published in March, June, September and December. Material must be submitted eight weeks prior to publication (the first of January, April, July or October) to be considered for the coming issue. General HANP membership is open to everyone, and includes a subscription to *Simillimum*.

**Contact HANP Office:**

LeeAnn Daus, Executive Director  
P.O. Box 8341  
Covington, WA 98042  
info@hanp.net  
Phone: 253-630-3338  
Fax: 815-301-6595

Neil Tessler, Simillimum Editor  
3566 King George Highway  
Surrey, B.C.  
Canada V4P 1B5  
ntessler@telus.net  
Phone: 604-542-9759

**Advertising:** Neil Tessler

ntessler@telus.net

**www.hanp.net**

**HANP Board of Directors:**

John Collins ND, DHANP  
Mona Morstein ND, DHANP  
Gregory Pais ND, DHANP  
Neil Tessler ND, DHANP  
John Millar ND, DHANP  
Pearlyn Goodman-Herrick ND, DHANP

**President:**

Neil Tessler ND, DHANP

**Executive Director:**

LeeAnn Daus

**Fall 2004 Volume XVII Issue 3**

Simillimum (ISSN 1526-1964) is published quarterly by the Homeopathic Academy of Naturopathic Physicians P.O. Box 8341 Covington, WA 98042. The HANP is a non-profit organization with no owners or stockholders. Subscription price in USA is \$50 (\$47 for subscription, \$3 for dues), Canada \$55 (\$52 for subscription, \$3 for dues) and outside North America \$65 (\$62 for subscription, \$3 for dues). Periodicals postage paid at Kent, Washington and at additional mailing offices.

Postmaster: Send Address Changes to Simillimum, c/o HANP P.O. Box 8341 Covington, WA 98042 info@hanp.net.

## CONTENTS

### HANP PRESIDENT'S REPORT:

NEIL TESSLER ND, DHANP.....5

### EDITORIAL:

NEIL TESSLER ND, DHANP.....9

### QUESTIONS AND ANSWERS ON THE HOMEOPATHIC AND NATUROPATHIC PROFESSIONS AND THEIR RELATIONS

BRENT MATHIEU ND, DHANP.....12

### COMPARISON OF PROVINGS OF LARREA TRIDENTATA

TODD ROWE MD, MD(H), CCH, DHT.....19

### MY MIND SHOULD BE OUT OF WAY

INTERVIEW WITH JONATHAN SHORE MD

NEIL TESSLER ND, DHANP.....44

### THE VALUE OF HIGH POTENCIES

LESSER WRITINGS OF BOENNINGHAUSEN (TRANSLATED FROM THE ALLGEM.

HOM, ZEIT., VOL. 61, P. 134).....55

### BROWN PELICAN: AN EXCERPT FROM: BIRDS HOMEOPATHIC REMEDIES FROM THE AVIAN REALM.

JONATHAN SHORE MD, JUDY SCHRIEBMAN AND ANNEKE HOGELAND.....66

### BROWN PELICAN CASE:

JONATHAN SHORE MD.....73

### INTERVIEW WITH LOUIS KLEIN RS.HOM

NEIL TESSLER ND, DHANP.....81

### BELLIS PERRENIS

THERAPEUTIC HINTS FROM NEW, OLD AND FORGOTTEN REMEDIES

EDWARD ANSCHUTZ (1917 EDITION) .....87

### BUILDING A HOMEOPATHIC PROFESSION

TODD ROWE MD, MD(H), CCH, DHT.....90

CALENDAR OF EVENTS.....	94
DIRECTORY OF DIPLOMATES.....	102
AUTHOR GUIDELINES & ADVERTISING RATES.....	106

**Quality Service**  
**1,800+ Remedies**  
**Most from**  
**Ø-10M & Up**  
*Practitioner & NCH discounts*



**Washington  
Homeopathic  
Products, Inc.**  
 Est. 1873 - 33 Fairfax St.,  
 Berkeley Springs, WV 25411  
**1-800-336-1695**  
 Free FAX: 1-877-286-0601  
**[www.homeopathyworks.com](http://www.homeopathyworks.com)**

EDITOR: NEIL TESSLER ND, DHANP

GRAPHIC DESIGN: JASON McMILLAN OF NEOSONIC DESIGN CORP.

COPY PROOFING: JEN GULLY

© 2004 SIMILLIMUM, THE JOURNAL OF THE HOMEOPATHIC ACADEMY OF  
NATUROPATHIC PHYSICIANS. ALL RIGHTS RESERVED.

# HANP PRESIDENT 'S REPORT

*NEIL TESSLER ND, DHANP*



CNCHE Symposium participants:

Standing from left: Nadia Bakir, Chris Sowton, Steven Olsen, John Collins, Neil Tessler, Richard Mann Seated from left: John Millar, Krista Heron, Stephen Messer, Elie Herschberger, Will Taylor

In the spring of this year, the HANP invited the homeopathy department chairs of the six naturopathic colleges to a symposium on homeopathic education in the colleges. Dr. John Collins of the HANP Board acted as coordinator and liaison to the invited participants. As everyone who was contacted agreed on the potential value of a meeting of this nature, a conference call was arranged and later a planning meeting took place at the NCH conference in Portland. Major funding was received from Boiron Laboratories, as well as Hahnemann Pharmacy and the Council for Homeopathic Education. Whole Health Now and Kent Associates also provided valued funds. We offer our sincerest thanks to the continued generosity of our homeopathic businesses that sponsor so many fine community events. We were also deeply grateful to the colleges themselves as they covered some or all of the travel expenses of their department heads.

The American Association of Naturopathic Physicians Annual Conference took place in Seattle this year, so we convened our meeting in the Seattle area on September 11 and 12, near the close of the AANP conference. The HANP suggested that the group title itself the Council of

Naturopathic College Homeopathic Educators (CNCHE) or “Chinchee” as dubbed by Will Taylor and this seemed to be quickly assimilated. The meeting was a tremendous success and from the very start it was apparent that there were many substantial issues to discuss. Dr. Collins had developed a detailed outline, which served as a ready guide until the discussion simply took on it’s own life.

In the opening remarks of the symposium we acknowledged that the participants had differing opinions on homeopathic practice, but that we all agreed on the necessity of a quality foundational homeopathic education. Therefore, we could put our differences aside as we put our shoulders to the common wheel. In fact, the weekend was characterized by camaraderie as well as consensus on the major issues. Discussion on diverse topics seemed to harmonize, complement and contrast in a way that was engaging and very useful for everyone. In other words, we all learned from each other – fitting for a meeting of educators.

On the first day, each of the college representatives discussed the general environment of their institution, as well as various aspects of the program and curriculum. Out of the discussions that arose from these presentations, it was decided that the first action of CNCHE would be to produce a document on the state of homeopathy in the naturopathic colleges, including recommendations. Dr. Stephen Messer has agreed to coordinate this task with a goal of producing the document in six months. The balance of the first day primarily involved identifying the issues to be addressed by this document.

The role of the HANP was discussed and certainly our relationship with the homeopathy departments of the naturopathic colleges was given a tremendous boost. Various ideas were advanced to increase our profile with naturopathic students specializing in homeopathy and our value to professional members.

The second day was primarily focused on teaching methods and tools, as well as special topics including the psychological aspects of practice and the potential for homeopathic research in the increasingly scientifically oriented naturopathic colleges. Plans were also made for ongoing CNCHE communications and another symposium was planned for next year.

We cannot emphasize enough, the enthusiasm and sense of perfect timing that was evoked. Much more was accomplished than anyone had imagined and it was as if CNCHE fell into a position that was simply waiting for it’s emergence. We would like to extend our special appreciation to LeeAnn Daus, HANP Executive Director, for her excellent arrangements, to John Collins for his coordinating role, to the enthusiastic participants and our well-appreciated sponsors.



Recently the Board of the HANP and NASH agreed that in the fall of 2005 we would combine our annual case conference to create an event that we hope will excite a great deal of interest and participation. This is another very exciting milestone that may have many benefits but perhaps most importantly, will go a long way to foster unity between practicing homeopaths with differing professional backgrounds.



The paper by Dr. Mathieu provides a detailed overview of an issue of importance to many practitioners, that is the relationship between homeopathic professionals and the naturopathic profession. In recent years there has been a great deal of concern by professional homeopaths about state-by-state naturopathic licensing efforts. The fear is that naturopaths will attempt to assume themselves the right to practice homeopathy and deny this right to others. The concern is perfectly well founded. Professions like industries have often jealously oppressed or co-opted each other in order to protect their commercial strengths. Also, there have been instances, even recently, where these concerns have been justified by facts.

While much of the anxiety over this issue is perception and not reality, the anger this is causing has forced us to address the problem on a number of occasions in one forum or another. Perhaps the biggest problem was that rumors were swirling around and emotions were high, but no one was directly addressing the HANP or AANP. Recently, we have made a concerted effort to reach out to the professional homeopathic community, to affirm our common ground and our commitment to their practice rights. We have suggested that when issues do arise, concerned parties communicate with us so that we can work together to solve the problem. This latest effort has been well received and I am sure that we are on the road to improved dialogue and better, more effective overall relations.

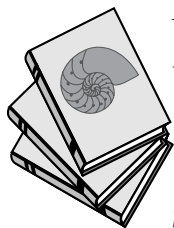
Professional, certified homeopathy is now widely practiced in the United States and Canada. Harry Swope ND, DHANP was one of the primary architects of the Council for Homeopathic Certification, which sets the standards and certification exam for professional homeopaths, who, at present, are largely represented by NASH, the North American Society of Homeopaths. The HANP (Homeopathic Academy of Naturopathic Physicians) also participates with the CHC in planning meetings and by utilizing the CHC exams as a basic aspect of the Diplomate certification process. In other words, homeopathic practitioners of all professional backgrounds are interdependent and working towards, more or less, the

same ends.

The HANP unequivocally supports the rights of certified professional homeopaths. The American Association of Naturopathic Physicians, with whom we are affiliated, has also affirmed their support for the practice rights of professional homeopaths. The current President of the AANP has stated that they will ensure that the legal template they have developed for state naturopathic laws is framed in a way that cannot be interpreted as exclusionary.

We as homeopaths, feel a deep relationship to our friends, students and teachers who are non-licensed homeopaths. May our holistic world view and essential unity as homeopaths serve as the best guide to our relations.

**WholeHealthNow has expanded!**



## DISCOUNT HOMEOPATHIC RESOURCES

*from WholeHealthNow*

*Hundreds of titles are now available, from rare classical works to the most current releases.*

**OFFERING HOMEOPATHIC BOOKS, TAPES  
& VIDEOS AT DISCOUNT PRICES!**

***Call Today!***

**866-599-5950 toll free**  
9-5 Mon-Fri *pacific time*

***Or order on-line!***

**[www.wholehealthnow.com/books](http://www.wholehealthnow.com/books)**





# EDITORIAL:

NEIL TESSLER ND, DHANP

“To the homeopathic physician a new remedy, well proven, is an acquisition of greater importance than honor or wealth, for his sole duty being to relieve the sufferings of humanity, he acquires a new tool with which to accomplish his work. To the degree that the new remedy has peculiar characteristics it’s value is enhanced; to the extent that the pathogenetic effects are different from every other drug its usefulness becomes the more apparent.” ‘

W.A. Yingling M.D.

Todd Rowe’s article comparing his own proving of *Larrea tridentata* with the proving from Southwest College of Naturopathic Medicine published in SIMILLIMUM Spring 2004, is a very exciting and rare occurrence. A single proving is always interesting, but when two high quality provings are compared like this; it becomes a synergistic learning opportunity, enhancing the reliability and practical value of the information offered.

The article by Todd Rowe on the homeopathic profession expresses important and basic truths that the majority of homeopaths will acknowledge. Though I have never regretted the training at the naturopathic colleges I attended, it was very clear to me then, as it is clear to me now, that homeopathy is, in fact, a separate profession, with a significantly different model of health and disease. While naturopathic concepts such as the *vis medicatrix naturae*, represent a general honoring of nature’s healing power, *similia similibus curentur* is recognized as a fundamental therapeutic law whose application follows definite principles.

Modern homeopathic colleges are providing an excellent education for future homeopaths. Along with an excellent education, certification and continuing education hours should be encouraged, if not required. Graduation alone does not ensure competence. All homeopathic students should be prepared to write the CHC exams and achieve the designation, CCH. The HANP utilizes the CHC exams as *part* of its Diplomate process. The designation RS. Hom (NA), that presently only requires membership in NASH, should also engage a similar process.



The excerpt from *Boenninghausen’s Lesser Writings* is a historic

reference of the first order, being Boenninghausen's commentary on an article of Bernhardt Fincke, developer of the Fincke 'fluxion' potencies. The article traces us to the root source of what we know and believe about the use of centesimal high potencies including the use of the single dose. It is rich in potent homeopathic insights and valuable history, including topics still discussed such as the relative value of high vs. low dilutions in acute cases.

In the course of his fascinating discussion of Fincke's point #7, he describes the foundation of his repertory as discovered through higher potency based provings and cures.

In numbers 9 through 13, Fincke and Boenninghausen engage the issue of posology in light of high potency effects. They address the necessity of provings in a range of potencies and they are speaking to the need of potency provings. It happens that this is work that is currently being conducted by Divya Chhabra.

(Number 13 has been rearranged from the torturous translation in order to make it more comprehensible.)



Boenninghausen very often engaged the issue of high potencies. Again and again, he referred to his experiences that confirmed the efficacy of dynamic medicines. Yet many otherwise dedicated and knowledgeable homeopaths preferred to stick to small doses of mother tincture or very low potencies. We read in our homeopathic histories about the conflict between the "lows" and the "highs" in the nineteenth century, perhaps thinking of the lows as bad guys, when, in reality, noteworthy work was done by many practitioners on both sides of the potency issue.

My favorite reading of the season comes from the "lows". *New, Age Old and Forgotten Remedies* by Edward Anshutz, has many similarities to the eclectic *materia medicas* of that era. Originally published in 1900, the volume is a collection of journal selections offering provings and clinical findings on a wide range of less used remedies. It was meant to be an extension of Edwin Hale's works, published in the 1860's. Hale had introduced many of American botanicals into homeopathic use. The doses used in the provings in the book are heroic, that is to say, controlled poisonings, and the cases mostly involve very low potencies. Yet it is highly engaging reading and full of practical therapeutic hints. It certainly speaks to an era when the continuum from botanical medicine to homeopathy was more apparent than it is today. The writings of Matthew Wood (*Seven Herbs*, among others) would be a good example of a modern work blending something of a herbal and homeopathic perspective. The

excerpt from an article on *Bellis perrenis*, from Anschutz' book, is offered for its useful clinical insights. Clearly *Bellis perennis* has more utility than is generally realized.

This issue also features the new work on bird remedies by Dr. Jonathon Shore a book that is sure to become the standard reference on the subject. It is a beautifully designed volume and brilliantly structured in a way that leaves no doubt as to the sources of the information offered. Jonathon very generously invited us to publish detailed excerpts so that our readers could have a first hand look. A book review will appear in the winter issue.

Thank you to Louis Klein for taking some time from his busy schedule to give us a personal update and share thoughts.



The last issue has a few glaring errors and omissions. Most notably an excerpt appeared from Dr. Judyth Reichenberg-Ullman's forthcoming book though no reference was given or biography added at the end.

The book is *A Drug-Free Approach to Autism and Asperger's: Homeopathic Medicine for*

*Exceptional Kids* by Judyth Reichenberg-Ullman, ND, LCSW, Robert Ullman, ND, and Ian Luepker, ND.

Bio:

**Judyth Reichenberg-Ullman, ND, DHANP, LCSW** is co-author of seven books on homeopathy, including the best-selling *Ritalin-Free Kids*. She and her husband, Robert Ullman, ND, have treated over 3500 children with behavioral, learning, and developmental problems. She practices at The Northwest Center for Homeopathic Medicine in Edmonds and Langley, WA where she treats patients by phone as well as in person. Dr. Reichenberg-Ullman can be contacted at [www.ritalin-freekids.com](http://www.ritalin-freekids.com) or by calling (425) 774-5599.



**Neil Tessler ND, DHANP** is a Diplomate of the HANP since its founding year. He is a lecturer at the Vancouver Homeopathic Academy and has been in full-time practice in British Columbia since 1983.

# QUESTIONS AND ANSWERS ON THE HOMEOPATHIC AND NATUROPATHIC PROFESSION AND THEIR RELATIONS

BRENT MATHIEU ND, DHANP

Introduction: Naturopathy and Homeopathy share a common vitalist heritage. Hahnemann's *Organon* has deeply influenced the principles and practice of naturopathic medicine. Since its inception in the late 1890s, the naturopathic profession has included homeopathy in its educational curriculum and scope of practice. All states that license naturopathic medicine list homeopathy or the use of homeopathic preparations in their scope of practice.

Homeopathic medical colleges either closed or evolved into conventional medical colleges in the early decades of the 20<sup>th</sup> century. In the last twenty-five years, naturopathic colleges became a primary means for the continuation of the education of homeopaths in the United States. The author recalls attending National College of Naturopathic Medicine in the late 1970s with several students whose main reason for enrollment was to study homeopathy.

Since the late 1970s, there has been a renaissance in homeopathy with the development of many educational programs and schools for the training of homeopaths. At the same time, more naturopathic colleges have opened, naturopathic student enrollment and graduates have greatly increased and new states have licensed the practice of naturopathic medicine. Only two states regulate homeopathic medicine.

These trends have increased the potential for "turf battles" and conflict has arisen between elements of the homeopathic and naturopathic professions. This article will present some of the issues and facts.

There are reports of some homeopathic practitioners and organizations opposing new naturopathic state licensure because of the belief that naturopathic license requirements might make the practice of unlicensed homeopathy illegal.

In 2004, there has been an instance of a Certified Classical Homeopath in good standing with the Council for Homeopathic Certification, being contacted by a naturopathic state licensing board because of the individual's

advertised practice of homeopathy might be construed as the practice of naturopathic medicine without a license. The matter is under investigation, and the state board is seeking a legal interpretation of the statute's bearing on the homeopath's practice.

Q: What education in homeopathy does a naturopathic physician receive?

A: All naturopathic students in naturopathic medical schools are required to take courses in homeopathy. For instance, National College of Naturopathic Medicine requires 5 courses in homeopathy for a total requirement of 12 credit hours, or 144 class hours minimum plus a minimum of 1 homeopathic clinic shift of 50 hours. NCNM provides another 3 elective courses in homeopathy and most students take more than one homeopathic clinic shifts. Most schools offer specialty programs and some of the basic programs are quite extensive.

Q: What is the difference between a licensed naturopathic physician and a DHANP?

A: A licensed naturopathic physician is a graduate of an accredited 4 year naturopathic medical college, that has passed NPLEX, the naturopathic physicians' licensing exam, and been licensed by one of the states or provinces of the United States or Canada. Licensed naturopathic physicians practice diverse approaches to natural healing. Many use homeopathy for acute prescribing, though it is more common for naturopathic physicians to use homeopathic combination remedies.

A DHANP is a Diplomate of the Homeopathic Academy of Naturopathic Physicians. A DHANP is board certified by the HANP in classical homeopathy. A DHANP now must document a minimum of 500 academic or clinical hours of homeopathic education, be a licensed naturopathic physician, pass the Council for Homeopathic Certification's Multiple Choice exam, the CHC's Case Analysis exam, and a peer's oral exam on 5 long-term cases. Diplomates are licensed naturopathic physicians that emphasize classical homeopathy in their practices.

Q: What are the AANP and the HANP, and explain their relationship?

A: Founded in 1985, the American Association of Naturopathic Physicians (AANP) is the national professional society representing naturopathic physicians who are licensed or eligible for licensing as primary care providers. (Source: AANP 2004 Website: [www.naturopathic.org](http://www.naturopathic.org))

The Homeopathic Academy of Naturopathic Physicians (HANP), a specialty society within the naturopathic profession, is affiliated with the AANP. The mission of the HANP is to further excellence and success in the

practice of Homeopathy by naturopathic physicians. (For more information please refer to [www.hanp.net](http://www.hanp.net))

Q: What is the position of the AANP concerning homeopathy?

A: The AANP adopted a position paper on Homeopathy in 1993. An excerpt reads:

“WHEREAS homeopathy has been an integral part of naturopathic medicine since its inception and is a recognized specialty for which the naturopathic profession has created a distinct specialty organization, the Homeopathic Academy of Naturopathic Physicians,.... [Other findings follow]

“THEREFORE, LET IT BE RESOLVED that it is the position of the American Association of Naturopathic Physicians that:

1.Homeopathy is taught in the Naturopathic Colleges and its practice should be included in the naturopathic licensing laws. Naturopathic physicians recognize other licensed practitioners of the healing arts who are properly trained in homeopathy.”

2.[Other resolutions follow.]

The American Association of Naturopathic Physicians position paper on homeopathy may be read in its entirety at: <http://www.naturopathic.org/positions/homeopathy.html>

Q: The above 1993 AANP position paper refers to homeopaths who are “other licensed practitioners”. What about professional homeopaths that are not licensed in another health field (other than MDs, DOs, DCs, RNs, LAc, etc)?

A: Since the adoption of the AANP position paper on Homeopathy, the homeopathic profession has developed many educational programs independent of other licensed professions, and its own certification exam via the Council for Homeopathic Certification. The following letter from the AANP leadership updated the AANP’s position.

\*\*\*\*\*

July 12, 2003

Neil Tessler, ND, DHANP  
HANP President  
6187 – 132<sup>nd</sup> St.  
Surrey, B.C.  
Canada V3X 1M9

Dear Neil,

On behalf of the American Association of Naturopathic Physicians, we are writing this letter regarding the position of the AANP on state naturopathic licensing legislation and its effect on qualified homeopathic practitioners. While the AANP does not engage directly in state licensing efforts (as the individual state associations direct these), the AANP does help coordinate and foster communication among state associations and their respective licensing efforts. The AANP does not support or promote any proposed legislation that would prevent qualified homeopaths to practice their profession in any jurisdiction.

Evidence of this can be found in the states that currently license naturopathic doctors, where there exists no exclusionary language in these laws. Additionally, in the current efforts to pass a naturopathic practice act in California, there is also no intent or proposed language that would prohibit any qualified homeopath from practicing their profession. Nor is there any such prohibitive language in any other naturopathic licensing legislation being considered in other jurisdictions, such as Idaho, New York, North Carolina, Massachusetts, Missouri, New Mexico, Florida or Washington DC.

We trust this letter serves to reassure the Homeopathic Academy of Naturopathic Physicians, the National Center for Homeopathy and our homeopathic colleagues throughout the United States that the AANP supports the rights of qualified homeopaths to practice their profession.

Sincerely,

Michael Traub, ND, DHANP, CCH  
Jane Guiltinan, ND  
President  
Chair, Alliance for State Licensing  
American Association of Naturopathic  
Physicians

Cc: Brent Mathieu, ND, DHANP  
Harry Swope, ND, DHANP, CCH  
Todd Rowe, MD, MD (H), CCH, DHt  
Stephen Messer, ND, DHANP

\*\*\*\*\*

Q: The AANP's letter regarding its position on homeopathy states there is no "exclusionary language" in current naturopathic laws. What does this mean and what are some examples?

A: This article's author was a co-author of the AANP's model naturopathic licensing law adopted in the late 1980s that is the current basis of recently enacted laws and current legislative efforts for new licensure. To the author's knowledge, all naturopathic laws enacted since 1991, which includes Montana, Vermont, New Hampshire, Puerto Rico, District of Columbia, Utah and California, include health freedom exemption clauses that allow persons other than licensed naturopathic physicians to use naturopathic therapies, such as homeopathy, without a license to practice naturopathic medicine. Two examples are the Montana and California statutes:

The 2003 Montana Code Annotated, TITLE 37. PROFESSIONS AND OCCUPATIONS, CHAPTER 26. NATUROPATHIC PHYSICIANS Part 3. Scope of Practice.

37-26-301. Practice of naturopathic health care -- alternative health care formulary committee.

(2) Naturopathic physicians may prescribe and administer for preventive and therapeutic purposes the following natural therapeutic substances, drugs, and therapies, as well as drugs on the natural substance formulary list provided for in subsection (3):

(a) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (pitocin);

(b) topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, and nonprescription drugs; and

37-26-302. Exemptions. (1) This chapter recognizes that many of the therapies used by naturopathic physicians, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopathic physicians, and their use, practice, prescription, or administration by persons not licensed to practice naturopathic medicine is not prohibited by this chapter.

(2) This chapter does not restrict or apply to the scope of practice of any other professions licensed, certified, or registered under the laws of this state.

The MT statute may be viewed at:

[http://data.opi.state.mt.us/bills/mca\\_toc/37\\_26\\_3.htm](http://data.opi.state.mt.us/bills/mca_toc/37_26_3.htm)

\*\*\*\*\*

California Chapter 8.2, Naturopathic Doctors Act  
3640.

(c) A naturopathic doctor may dispense, administer, order, and prescribe



or perform the following:

(1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and non-prescription drugs as defined by the Federal Food, Drug, and Cosmetic Act.

3644. This chapter does not prevent or restrict the practice, services, or activities of any of the following: [Non-applicable subsections deleted]

(a) A person licensed, certified, or otherwise recognized in this state by any other law or regulation if that person is engaged in the profession or occupation for which he or she is licensed, certified, or otherwise recognized.

(d) A person who makes recommendations regarding or is engaged in the sale of food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, dietary supplements, and nonprescription drugs or other products of nature, the sale of which is not otherwise prohibited under state or federal law.

(g) A person who provides the following recommendations regarding the human body and its function:

(1) Nonprescription products.

(2) Natural elements such as air, heat, water, and light.

(3) Class I or class II nonprescription, approved medical devices, as defined in Section 360c of Title 21 of the United States Code.

(4) Vitamins, minerals, herbs, homeopathics, natural food products and their extracts, and nutritional supplements.

3643.5. (a) This chapter may not be construed to limit the practice of a person licensed, certified, or registered under any other provision of law relating to the healing arts when the person is engaged in his or her authorized and licensed practice.

(b) This chapter may not be construed to limit an activity that does not require licensure or is otherwise allowed by law, including the practice of naturopathy, when performed consistent with Sections 2053.5 and 2053.6. [California Codes granting exemptions to licensure to alternative health practitioners.]

California naturopathic codes may be viewed at:

<http://www.leginfo.ca.gov/cgi-bin/calawquery?codesection=bpc&codebody=&hits=20>

Q: If there is exclusionary language that exempts homeopaths from the requirement of naturopathic licensure, then why was a Certified Classical Homeopath under recent investigation for practicing naturopathy without a license in Hawaii?

A: All the facts of that case are not known by the author. It appears that that Hawaii's naturopathic statute likely did not include the usual exemptions. Current proposed naturopathic licensure acts are "Title Acts", that require any practitioner claiming to be a naturopathic physician to be licensed. Older licensure acts, based on the Medical Acts, were "Practice Acts", that required anyone engaging in the practice of naturopathic medicine to be licensed whether they claim to be a naturopath or not, unless otherwise exempt.

It appears the statute in this instance is an older "Practice Act". As the practice of naturopathic medicine is defined in all naturopathic licensure acts to include the use of homeopathy, in a Practice Act, the practice of homeopathy may be interpreted to be the practice of naturopathic medicine without a license. Please note the "may", whether it will be interpreted is dependent upon the individual state board, and their legal counsel. To the author's knowledge, in all of the states that license naturopathic physicians except Hawaii, homeopaths are exempt from the naturopathic licensure requirement. The HANP has written the Hawaii Board of Naturopathic Examiners, and requested that they reconsider their interpretation's application to homeopathy. The HANP has also been in close consultation with the AANP over this case and the general issue of supporting the rights of professional homeopaths. The AANP has assured the HANP board that they do support the rights of professional homeopaths to practice.

#### Conclusion:

As stated above, the AANP, and its affiliate organization, the HANP, recognize and support the right of qualified professional homeopaths to practice homeopathy without licensure as naturopathic physicians. The current leadership of both organizations have affirmed this position in private communications in July and August, 2004. The HANP is pleased to serve as a bridge between the naturopathic and homeopathic professions.

\*\*\*\*\*

Disclaimer: The author is not an attorney. The author's opinion is not to be construed as legal counsel or opinion. Homeopathic practitioners are recommended to read the statutes of the state in which they practice, and consult an attorney for a legal opinion.

**Brent Mathieu ND, DHANP** is a current board member of the HANP and CHC. He is a past President of the HANP, a past Executive Director of the HANP, a former Speaker of the House of Delegates of the AANP, and the 1991 recipient of AANP's President's Award in part for his contribution to the model naturopathic law and Montana legislation. He practices homeopathy and naturopathic medicine in Boise, Idaho.

# COMPARISON OF PROVINGS OF LARREA TRIDENTATA (CREOSOTE)

TODD ROWE MD, MD(H), CCH, DHT

## Introduction

This article is a comparison between two provings done on the new remedy *Larrea tridentata* (*Creosote* or *Chapparal*). These were conducted during 2002-2003 by Dr. Stephen Messer et al., at Southwest College of Naturopathic Medicine and Dr. Todd Rowe, et. al., through the Society for the Establishment of Research in Classical Homeopathy (SERCH). The provings were done independently and with no knowledge of the other proving. The proving of Dr. Messer was published in *Simillimum* (Spring 2004). The SERCH proving is available through Desert Institute Publishing and homeopathic book sellers. Because of space limitations, I am unable to include much of the data from our proving.

SERCH is a non-profit organization that is dedicated to promoting quality research in classical homeopathy. We have conducted and published proving research on the following homeopathic medicines: *Heloderma suspectum* (*Gila Monster*); *Carnegeia gigantea* (*Saguaro Cactus*); *Urolophus halleri* (*Round Stingray*); *Cathartes aura* (*Turkey Vulture*); *Argemone pleicantha* (*Crested Prickle Poppy*); *Alligator mississippiensis* (*American Alligator*); *Turquoise*; *Larrea tridentata* (*Creosote*) and *Geococcyx californianus* (*Roadrunner*). The *Larrea* proving material will also be available in a book that we will be publishing in the next year called *Desert Medicine*, which is a compilation of our desert provings.

It is remarkable that both groups chose the same substance to be proven at the same time. These provings were done completely independently. One could argue that this was simply a coincidence. However, I suspect that this more likely underscores the healing potential of this particular homeopathic medicine.

## Opportunity to Compare Provings

This also provides an important opportunity to compare provings. Too many provings are done in isolation without the opportunity to compare and contrast with other provings. Repetition of provings provides an opportunity to deepen our understanding of our medicines. These provings of *Larrea tridentata* provide an opportunity to compare methodologies as well as to examine the provings for concordance and divergence of symptom pictures.

The comparison of provings is a challenging and daunting

task. Methodologies vary and it became necessary to make a variety of assumptions in order to compare the provings in this case. In particular, the Messer proving did not create rubrics and I found that the only way to really compare the proving data was to generate rubrics from the Messer proving data and then compare these to our own. Inevitably, something is lost in the translation. However, we felt that the comparison was still a very useful exercise.

### Natural History

Dr. Messer's paper describes the natural history of the plant. This is also available in our proving book. There was no mention in Messer's paper that *Larrea tridentata* is a member of the Zygophyllaceae plant family. We feel that this is important and provide some basic information about this plant family below.

The Zygophyllaceae (Lignum) family consists of 22 general and 160 species. The plants are shrubs or herbs, with a few trees. They are largely tropical and subtropical family, many of which are adapted to dry or salty habitats.

Zygophyllaceae leaves are usually opposite or alternate. They are fleshy or leathery. Branches are sometimes jointed at the nodes. Flowers are bisexual, usually regular and borne solitary or paired. The stamens are in one, two or three whorls of five, while the fruits are generally a capsule sometimes splitting into five portions.

There are four previous proven homeopathic remedies from this family: these are *Paloondo (palo)*, *Tribulus terrestris (trib)*, *Guaiacum (guai)*, and *Peganum harmala (peg-h)*.

### Comparison of Methodologies

The Messer proving was an excellent proving. Methodology was fairly similar between the provings. Below is a specific comparison of the various elements of the proving methodologies.

- Style: Both provings were full Hahnemannian provings.
- Posology/Dosage: Messer et al. used three doses per day for up to seven days. In our provings, we use only one dose per day for up to three days. Our experience concurs with that of Sherr that using this methodology achieves about an 80% response rate. The more frequent dosage for a longer period does seem to produce more provers with symptoms and we will consider adopting this in future provings. The remedy was stopped as soon as symptoms appeared.
- Potency: Both provings chose to utilize 30C potencies. Messer et al chose this for convenience. We concur, but also feel that in reading the literature, it is not clear that utilizing other potencies adds much to the value and scope of the proving.
- Blinding: We feel that blinding is central to proving methodology. Both provings were blinded to the provers and supervisors. In addition, we blind

the proving to the proving director by creating a pool of twelve potential remedies from which the homeopathic medicine is chosen at random.

- **Placebo Control:** Placebo control is a controversial area in homeopathic provings. The Messer proving used placebo controls while ours did not. It has been our experience that the usage of placebo in provings is not productive. The first three provings that we conducted all utilized placebo controls. It was our experience that the provers who utilized placebo had identical symptoms with those that took the homeopathic remedy. It was interesting to note that this was also experienced in the Messer proving. For this reason, coupled with the fact that historically the vast majority of homeopathic provings have not utilized placebo, we do not use placebo.
- **Number of Provers:** Messer et. al. used 10 provers (two of these received placebo). Our proving used 18. Their goal was 15-20 but for logistical reasons they ended up with ten. It has been our experience that 15-20 provers is an ideal number for a proving. It is our belief that larger provings produce a repetition of the same symptoms and that smaller provings do not produce as robust of a symptom picture. It has been our experience that there is considerable drop out prior to the initiation of a proving. We usually target finding about 25 provers and end up with 15-20. Finding a stable group of provers can be a challenge.
- **Prover Selection:** Messer et. al. had 3 female and 7 male provers. Our proving had three male and 15 female participants. Both groups endeavored to achieve male/female parity.
- **Inclusion/Exclusion Criteria:** These were similar between both provings. Messer et. al. used a three month wash out from homeopathic remedies prior to the onset of the proving. They recommended at the end of their paper that this be lowered to one month.
- **Remedy Preparation:** No information was presented by Messer et. al. regarding preparation of the remedy. SERCH used standard Hahnemannian methodology in the preparation of the remedy.
- **Proving Conduct:** The process of both provings were similar. This included initial case taking, remedy phase, follow up period and exit interviews. Three distinctions can be made.

Our proving did not utilize a run in period. This was done by Messer et. al., to “allow a baseline of the prover’s current state to be recorded so that any changes that occurred later could accurately be attributed to the remedy.” It has been our experience that this is not necessary and tends to fatigue the provers. We deal with this issue by having our supervisors carefully interview each patient during the proving and exploring whether each symptom developed is new, old or changed. This is then carefully documented in the proving journals.

Individual exit interviews were conducted in both provings by the proving supervisors to ensure accuracy of the data recorded. In addition, we also conduct group proving exit interviews after one month. This practice has been criticized as causing “peer pressure” on provers to report symptoms if they see other provers having them and that there is too much

risk in including invalid symptoms due to suggestion. This has not been our experience. We do not include material from the exit group meetings unless it is also recorded previously in the proving journals. Generally, for logistical reasons, only two thirds of our provers and proving supervisors attend these exit meetings. We have noted little difference between the symptoms described by those that attend these exit group meetings and those that don't. We also find that these meetings are invaluable for the participants. Lingered symptoms of the provers generally disappear after the exit group proving meetings, whereas symptoms may linger much longer in those provers that do not attend. Lastly we have also found that group proving meetings are a very powerful tool for our classes and the homeopathic community to "prove" the validity and power of homeopathy.

In the Messer proving, cured symptoms occurred in the placebo group. Our provers exhibited a variety of cured symptoms. We find cured symptoms invaluable in helping to determine the remedy picture.

We follow our provers beyond the one month mark which was indicated in the Messer proving. Generally we follow all of our provers for up to six months if they exhibit any symptoms (lingering or cured) after the one month mark. This also helps us to determine if cured symptoms are truly permanent and if there are any late developing symptoms.

### Comparison of Proving Symptoms

It is difficult to compare listings of proving symptoms. The Messer proving did not create rubrics. For simplification purposes, we have converted the symptoms generated from both the Messer and Rowe provings into rubrics, which are easier to compare. This was difficult to do as we did not participate in the Messer proving, but necessary for comparison purposes.

"M" refers to the Messer proving, "R" to the Rowe proving and "P" to the placebo control group in the Messer proving. The designations after the symptom refer to the number of provers who experienced this symptom in each proving (ie M3 refers to three provers in the Messer proving).

We have also attempted to synthesize this combined information into a whole. Undoubtedly additional provings would be helpful along with additional symptoms obtained from clinical practice. Rubrics that are marked in bold are ones that were experienced by more than one prover in either the Messer or Rowe provings. This is for visual purposes only and not to suggest that they should be added to the repertory in more than plain grade. In addition we included the placebo symptoms in the listing.

The idea of family groupings of remedies is a controversial one in homeopathy. For comparison interest, we have added other members of the Zygophyllaceae family when they are known for a particular symptom. *Kreosotum* is also added not because it is a member of the Zygophyllaceae family, but because it possesses resins that are quite similar to *Larrea tridentata*.

## Mind

Anger(M3, R6) (Kreos, Palo, Peg-h)  
Anxiety(R4) (Guai, Kreos)  
Anxiety, motion ameliorates(R1)  
Anxiety, paroxysmal(R1)  
Anxiety, sitting, while(R1) (Kreos)  
Anxiety, chest in(R1) (Guai, Kreos)  
Audacity(R1) (Guai)  
Censorious(R1) (Guai)  
Codependency(M1, R8)\* (Peg-h)  
Company, aversion to(M3, R8)  
Concentration, difficult(M2,R2,P1)  
Confidence, want of(R1)  
Confusion(M1, R2)  
Confusion of mind, as if in a dream(R3) (Guai)  
Cursing(R2) (Peg-h)  
Delusion, being old(R1)  
Delusion, body, heart will stop beating when sitting(R1)  
Delusion, body, hand separated from the body(M1)  
Delusion, body, separated, body and thoughts are(R5)  
Delusion, cloud, heavy black has enveloped her(P1,R2)  
Delusion, floating(R1)  
Delusion, hole, views world through a(R1)  
Delusion, old, being(R1)  
Delusion, separated, mind and body are(R5)  
Dream, as if in a(R1)  
Dream, accusations, crime, wrongful of(M1)  
Dream, body parts, foot detached(R1)\*  
Dream, amorous(M2)  
Dream, animal, bird(R2)\*  
Dream, animal, horses(R5)  
Dream, blood(R5)  
Dream, children, babies about(R5)  
Dream, clairvoyant(M1)  
Dream, famous people(R3)  
Dream, ghosts(R1)  
Dreams, houses(M2,R9)  
Dreams, houses, victorian(R3)\*  
Dreams, old things(M2,R11)  
Dreams, pursued(M1)  
Dreams, vivid(M2)  
Dreams, water(R4)  
Dreams, water stolen, angry that(R1)\*  
Dullness(M2, R3) (Guai, Kreos)  
Euphoria(M1,P1,R1) (Guai)

Escape, desires to(P1,R2)  
 Excitement(P1)  
 Fear, alone(R1)  
 Fear, needles(R1)  
 Fear, panic attacks, overpowering(R1)  
 Forgetful(M1, R3) (Kreos)  
 Forsaken(R1)  
 Grief(P1,R2)  
 Homesickness(M1)  
 Hurry(M1, R1)  
 Impetuous(R2)  
 Impatience(M1, R4)  
 Indifference(R3) (Guai, Peg-h)  
 Indolence(M1,R2) (Guai)  
 Injustice, cannot support(R2) (Guai)  
 Irresolution(R1)  
 Irritability(M4,P1,R15) (Guai, Kreos, Palo, Peg-h)  
 Irritability, easily(M1, R3) (Palo)  
 Irritability, headache during(R1) (Kreos)  
 Irritability, husband, towards(M1, R3)  
 Irritability, itching from(M1)  
 Irritability, menses during(R1) (Kreos)  
 Irritability, menses during, ameliorates(R1)  
 Irritability, water, feels he does not have enough(R2)\*  
 Jealousy (M1)  
 Laughing tendency(M3,P1)  
 Laughing tendency, sardonic (M1)  
 Laughing, silly(M2,P1)  
 Laughter, tendency, loud(M3)  
 Meditation(R1) (Guai, Kreos)  
 Mistakes, time(R1)  
 Mistakes, words(M1)  
 Mood, changeable(R2)  
 Restlessness(R4) (Guai, Kreos)  
 Restlessness, night(R1) (Kreos)  
 Sadness(M1, R5) (Guai, Kreos, Palo, Peg-h)  
 Sadness, waking on(R2) (Kreos)  
 Sensitive, oversensitive(R1)  
 Sensitive to light(M1,P1,R1)  
 Sensitive to touch(R2)  
 Slowness(R1)  
 Suicidal from pains(R1)  
 Talk, indisposed to (M3)  
 Time, passes too slowly(R1)  
 Tranquility(R4)  
 Vanity(R1)



Weeping(R4) (Guai, Kreos)  
Weeping, morning(R1) (Guai, Kreos)  
Weeping, with difficult respiration(R1)  
Work, aversion to mental(R1) (Guai, Palo)

### Generalities

Morning(R10)  
Morning, waking(R1)  
Evening(R6)  
Night(R5)  
Air, open, ameliorates(R4) (Kreos)  
Cold air, desires(R4)  
Coldness(M2,R3) (Kreos)  
Coldness, evening(M1,R2)  
Coldness, night(R1)  
Coldness, icy(M1,R1)  
Coldness, internal(M1,R1) (Kreos)  
Constriction, internal(R1) (Guai, Kreos)  
Drinking, ameliorates after(R1)  
Dryness, internal parts(M1)  
Flabby feeling(R2) (Kreos)  
Flabby feeling, internal(R2) (Kreos)  
Food, alcohol, aversion(R1)  
Food, beer, aversion(R1)  
Food, chocolate, desires(R2)  
Food, chocolate, aggravates(R2)  
Food, coffee, desires(R1)  
Food, cold drinks, desires(R3) (Guai)  
Food, farinaceous, desires(M1)  
Food, fruit, desires(R4)  
Food, ice cream, aggravates(R1)  
Food, ice cream, desires(R2)  
Food, lemonade, desires(M1)  
Food, oranges, desires(R1)  
Food, pineapple desires(R1)  
Food, refreshing things, desires(R1)  
Food, rich food, desires(R1)  
Food, salt, desires(R1)  
Food, sweets, desire(R1)  
Food, tomatoes, desires(R1)  
Food, vegetables, averse(M1)  
Formication(M1,R1) (Guai, Kreos)  
Full feeling, internal(R2) (Kreos)  
Heat, flushes of(M2,P1,R5)  
Heat, flushes of, daytime(R1)  
Heat, flushes, night(M1,P1,R1)

Heat, vital, lack of(M2,R4)  
 Heat(M1,P1,R4)  
 Heaviness, internally(R2) (Kreos)  
 Influenza(M2,R1) (Palo)  
 Lassitude(M5,P2,R6) (Guai, Kreos, Palo)  
 Lassitude, afternoon(R2)  
 Lassitude, evening(R4) (Palo)  
 Pain, general, night(R1)  
 Pain, aching(R8)  
 Pain, burning(R4)  
 Pain, cutting, internal(R4)  
 Pain, dull(R4)  
 Pain, pressing(R4)  
 Pain, pulsating(R4)  
 Pulsation(R1)  
 Pulse, frequent(R3) (Guai, Kreos)  
 Pulse, frequent, morning(R1)  
 Side, one sided(R7) (Kreos)  
 Side, left(R4) (Guai, Kreos)  
 Side, right(R3) (Guai, Kreos)  
 Side, left, then right(P1,R5)  
 Sleep, ameliorates, after, afternoon sleep(M1)  
 Stiffness(R6)  
 Sudden manifestations(M1)  
 Swelling, general(R4) (Guai, Kreos)  
 Swelling, sensation of(R4) (Guai, Kreos)  
 Wavelike sensation (M1)  
 Weather, cloudy(R1)  
 Weather, warm and wet aggravates(R2)  
 Weather, wet, aggravates(R1) (Guai)  
 Wound, cuts(R3)

## Physicals

### Head:

Electric current sensation, occiput(R1)  
 Fullness(R2) (Guai, Kreos)  
 Heat(M1)  
 Itching, scalp(R2)  
 Heaviness(M1, R1) (Kreos)  
 Perspiration(M1)  
 Pulsating, stooping on(R1) (Guai)  
 Swelling, sensation of(R1) (Guai)

### Head Pain:

General(M4,P1,R4) (Guai, Kreos)

General, afternoon(M1, R2) (Guai, Kreos)  
 General, evening(M1,P1,R1) (Guai)  
 General, night(M1,R2) (Guai, Kreos)  
 General, external pressure, aggravates(M1)  
 General, catarrhal(M1, R4) (Palo)  
 General, moving eyes(M1)  
 General, sleep after, ameliorates(M1)  
 Localization, forehead(M1,R2) (Guai, Kreos)  
 Localization, temples(M1, R1)  
 Localization, temples, extending to eye(M1)  
 Localization, occiput(M3, R4) (Guai, Kreos, Palo, Peg-h)  
 Localization, occiput, extending to eye(R1) (Kreos, Palo)  
 Localization, occiput, extending to forehead(M1)  
 Localization, forehead, eyes above(R5)  
 Localization, forehead, eyes behind(M2, R1)  
 Localization, vertex(M1,R1) (Kreos)  
 Congestive(R4) (Guai, Kreos)  
 Dull(M2,R6)  
 Pressing(R3) (Guai, Kreos)  
 Pressing, vertex(R1) (Kreos)  
 Pulsating(M1, R1) (Guai, Kreos)  
 Stitching(M2,R1) (Guai, Kreos)  
 Stitching, vertex(M1)

Vertigo:

General(R3) (Kreos, Palo)  
 Nausea, with(R1)  
 Riding, carriage, while in, aggravates(R1)

Eye:

Agglutinated(R2) (Guai, Kreos)  
 Agglutinated, morning(R2) (Guai)  
 Discharge(R3) (Guai, Kreos)  
 Discharge, morning(R3)  
 Discharge, glutinous(R2)  
 Discharge, thick(R1) (Kreos)  
 Discoloration, redness(R3) (Kreos)  
 Dryness(M1,R1)  
 Fullness(R1) (Guai)  
 Itching(R3) (Kreos)  
 Itching, morning(R1)  
 Lachrymation(R1) (Kreos)  
 Lachrymation, morning(R1) (Kreos)  
 Pain(R4) (Guai, Kreos, Palo)  
 Pain, burning(R2) (Kreos)  
 Pain, sore(R2)

Pain, stinging, lids(R1)  
Photophobia(M1,P1,R2)  
Sticky lids(R1)  
Swelling, lids(R1) (Kreos)  
Swelling, sensation of(R1) (Guai, Kreos)  
Twitching, lid(M1,R3) (Guai, Kreos)

Vision:

Blurred(R5)  
Foggy(R4) (Kreos)  
Illusion(M1)  
Sparks(R2)  
Spiral(R2)\*  
Tunnel(R1)  
Waving, luminous he sees(R2)

Ear:

Fullness(R6)  
Fullness, morning(R1)  
Heat(M1)  
Itching(R1)  
Itching, right(R1)  
Noises in(M3,R1)  
Noises in, general, headache during(M1)  
Noises in, general, swallowing when, aggravates(M1)  
Noises in, general, vertigo with(M1)  
Noises in, ringing(M3,R1)  
Pain(M1,R2) (Guai, Kreos)  
Pain, general, left(R1) (Guai)  
Pain, general, right(R1)  
Pain, general, lower jaw, motion on, aggravates(R1)  
Pain, general, pressure on ameliorates(R1)  
Pain, general, warmth, ameliorates(R1)  
Pain, cutting(R1)  
Pain, neuralgic(R1)  
Pain, pulsating, throbbing(R1)  
Pulsation, right(R1)  
Scratching in(M1)  
Stopped sensation(M1,R5) (Guai)  
Stopped sensation, right(M1,R3)  
Water in ear, sensation of(M1)  
Water in ear, sensation of, left(M1)

Hearing:

Impaired(M1,R1)

Face:

Chapped, lips(R1)  
Dryness(M1)  
Dryness, lips(M1)  
Eruptions, acne(R1)  
Fullness(R1) (Kreos, Palo)  
Itching, face(R2)  
Itching, chin(R2)  
Numbness, lips(R2)  
Numbness, lips, morning on waking(R1)  
Peeling, lips(R1)  
Pain(R2) (Guai, Palo)  
Pain, general, touch aggravates(R1) (Guai)  
Pain, cheek(R2) (Guai)  
Pain, jaw(M1,R1) (Guai, Kreos)  
Pain, lancinating(M1, R1) (Guai, Kreos)

Nose:

Catarrh(M2, R9) (Guai, Kreos, Palo)  
Catarrh, right(R1)  
Catarrh, morning(R2)  
Catarrh, posterior nares(R1)  
Coryza (M2, R9) (Guai, Kreos, Palo)  
Coryza, annual(R3)  
Discharge, general, morning(R2)  
Discharge bloody(R2)  
Discharge, profuse(R2) (Guai)  
Discharge, yellow(M1,R2)  
Discharge, yellow green(M1)  
Discharge, watery(M1,R4) (Guai, Kreos)  
Dripping(R4)  
Dryness(M1,R1)  
Itching(R1)  
Itching, left(R1)  
Itching, wings(R1)  
Epistaxis(R1)  
Obstruction(M1,P1,R8)  
Obstruction, right(R3)  
Obstruction, left(R2)  
Obstruction, morning(R2)  
Obstruction, morning, fluent during day(R1)  
Obstruction, night(R2)  
Obstruction, night, breathe through nose, cannot(M1,R2)  
Obstruction, air, open, ameliorates(R1)  
Obstruction, coryza with(M1,R1)  
Obstruction, side laid on closes(R1)

Sinuses(M1,R8) (Kreos, Palo)  
Sinuses, frontal(R5)  
Sneezing(P1,R7)  
Sneezing, morning(R2)  
Snuffles(R1)  
Swelling, sensation of (M1,R3) (Guai, Kreos)  
Swelling internal(M1,R4) (Guai, Kreos)

Mouth:

Apthae(R2) (Kreos)  
Coated, tongue(R1) (Guai)  
Dryness(R3) (Guai, Kreos)  
Dryness, morning(R1)  
Dryness, tongue(R2)  
Eruptions, pimples(R2)  
Itching, tongue(R1)  
Mapped, tongue(R1)  
Numbness, tongue(R1)  
Numbness, tongue, morning on waking(R1)  
Pain, sore, tongue(R1) (Kreos)  
Salivation(R3) (Kreos)  
Salivation, evening(R1)  
Sensitive, tongue(R1)  
Swelling, tongue(R4) (Kreos, Peg-h)  
Swelling, tongue, sensation of(R5)  
Swelling, tongue, base of(R3)  
Thick, tongue(R3)

Teeth:

Pain, sore, bruised(R4)  
Pain, cold food(R1)  
Pain, neuralgic(R1) (Guai, Kreos)  
Placque, build up(R1)\*

Throat:

Choking(R1) (Kreos)  
Dryness(M1, R5) (Guai, Kreos)  
Dryness, posterior part(R2)  
Dryness, drinking does not ameliorate(R2)  
Lump sensation(R2)  
Mucous(R2) (Guai, Kreos)  
Mucous, morning(R1)  
Mucous, difficult to detach(R2)  
Mucous, drawn from posterior nares(R1)  
Mucous, tenacious(R2)  
Pain(M1,P1,R8) (Guai, Kreos)

- Pain, General, left(R4)
- Pain, general, right(R2) (Guai, Kreos)
- Pain, general, afternoon(R1)
- Pain, general, waking(R2)
- Pain, general, alternating, ear pain(R1)\*
- Pain, general, cold drinks ameliorate(R1)
- Pain, general, warm drinks ameliorate(R1) (Guai)
- Pain, general, swallowing(P1,R2)
- Pain, stitching(R1)
- Pain, stinging(R2)
- Scraping(R2) (Kreos)
- Scraping, before being able to talk(R1)
- Scratching in(P1)
- Spasm, esophagus(M1)
- Swallowing, difficult(M1,R2) (Kreos)
- Swelling(R3) (Guai)
- Swelling, esophagus(R1)\*
- Thick sensation(R2)

#### External Neck:

- Eruptions, acne(R2)
- Pain, general, side(M1)
- Pain, general, motion on(M1)
- Pain, general, swallowing(M1)
- Pain, general, talking(M1)
- Pain, cervical glands(R1)
- Pain, cramping(M1)
- Pain, cutting(R2)
- Swelling, cervical glands(R1)

#### Larynx and Trachea:

- Catarrh(R2) (Kreos)
- Closed, nearly(R2)
- Dryness, trachea(R2)
- Fullness(R2)
- Inflammation, larynx(R1) (Guai, Kreos)
- Mucous(R2) (Guai, Kreos)
- Mucous, larynx, thick, milky(R1)
- Pain, rawness, trachea(M1,R1) (Kreos)
- Roughness, larynx(M1,R1) (Kreos)
- Tickling(R2) (Kreos)
- Velvety(R1)

#### Voice:

- Hoarse(M1,P1,R5) (Kreos)
- Hoarse, when laughing(M1)

Husky(P1,R2)

Respiration:

Asthma(M2,R2) (Guai, Kreos)  
Asthma, night(R2)  
Asthma, catarrhal(M1)  
Difficult(M1,R1) (Guai, Kreos)  
Difficult, evening, aggravates(R1)  
Difficult, air, open, ameliorates(M1,R1)  
Difficult, expectoration, ameliorates(R1) (Guai)  
Difficult, sitting, ameliorates(R1)  
Difficult, sitting, ameliorates, leaning forward(R1)  
Difficult, talking(R1)  
Gasping(R2)  
Impeded(M1,R1) (Guai, Kreos)  
Wheezing(R2) (Kreos)

Cough:

General(R6) (Guai, Kreos)  
Air, cold, aggravates(R1)  
Cold drinks, ameliorate(R1) (Kreos)  
Dry(R6) (Guai)  
Excitement from(R1)  
Hacking(R1)  
Inspiration(R1)  
Lying, aggravates(R1) (Kreos)  
Mucous, from(R1) (Kreos)  
Short(R2)  
Talking, aggravates(R1)  
Thinking of it(R1)  
Tickling(R3) (Guai, Kreos)

Expectoration:

Difficult(M1,R1) (Kreos)  
Salty(R1)  
Viscid(R1) (Kreos)

Chest:

Anxiety in(R1) (Guai, Kreos)  
Atrophy, mammae(R2) (Kreos)  
Constriction(M1,R1)  
Constriction, band(R1)  
Constriction, side, left(R1)  
Eruptions(R3) (Kreos)  
Emptiness, heart(R1)  
Eruptions, pustules(R1)



Fullness(M1,R2)  
 Fullness, mammae, sensation of(R1)  
 Heat(M1,R1)  
 Inflammation, lungs(R2) (Kreos)  
 Inflammation, bronchial tubes(R1) (Guai, Kreos)  
 Itching(R1)  
 Oppression(R2) (Kreos)  
 Pain(R3) (Guai, Kreos)  
 Pain, night(R1)  
 Pain, general, eructations, ameliorate(R1)  
 Pain, general, pressure, ameliorates(R1)  
 Pain, general, mammae(R2) (Guai, Kreos)  
 Pain, general, mammae, menses before(R1)  
 Pain, general, mammae, pressure, ameliorates(R1) (Kreos)  
 Pain, general, mammae, under(R1)  
 Pain, general, ribs(R1) (Guai, Kreos)  
 Pain, aching(R3) (Kreos)  
 Pain, drawing (R1) (Kreos)  
 Pain, drawing, mammae(R1) (Kreos)  
 Pain, drawing, mammae, nipples(R1)  
 Pain, rawness(R1)  
 Pain, sore, bruised(R2)  
 Pain, sore, bruised, ribs(R1)  
 Palpitations(M1, R1) (Guai, Kreos)  
 Sensitive, slightest touch(R1)  
 Swelling(R2)  
 Swelling, mammae(R1)  
 Weakness, sensation at or about the heart(R1)  
 Weakness, heart, emotional complaints from(R1)

#### Stomach:

Appetite, increased(R2) (Guai, Kreos)  
 Appetite, wanting(M2, R1) (Guai, Kreos, Palo)  
 Appetite, wanting, morning(M2)  
 Emotions, felt in(M1)  
 Eructations, waterbrash(R2) (Kreos)  
 Heartburn(M1,R5) (Guai)  
 Heartburn, afternoon(R1)  
 Heartburn, evening(R1)  
 Heartburn, eating, aggravates, after(R1)  
 Heartburn, chocolate(R1)\*  
 Nausea(R4) (Guai, Kreos, Palo, Peg-h)  
 Nausea, fatigue with(R1)\*  
 Pain, general, coffee after, aggravates (M1)  
 Pain, general, palpitation with(M1)  
 Pain, general, wine, ameliorates(M1)

- Pain, cramping(R1) (Guai, Kreos)
- Pain, cramping, evening(R1)
- Pain, soreness(R1) (Kreos)
- Retching(R1) (Kreos)
- Retching, cough with(R2) (Kreos)
- Thirst(M1, R9) (Guai, Kreos)
- Thirst, desire to drink, without(R1)
- Thirst, extreme(R3) (Guai, Kreos)
- Thirst, unquenchable(R2)
- Ulcer(M1)
- Vomiting(R3) (Guai, Kreos)
- Vomiting, general, on waking(R1) (Kreos)
- Vomiting, general, violent(R1)
- Vomiting, general, diarrhea during(R2) (Kreos)
- Vomiting, midnight, after(R1)

#### Abdomen:

- Diaphragm, ailments of(R1)
- Distension(M3, R2) (Kreos, Palo)
- Distension, night, aggravates(M1)
- Distension, menses before(R1) (Kreos)
- Inflammation, diaphragm(R1)
- Inflammation, gallbladder(R1)
- Pain(R4) (Guai, Kreos)
- Pain, night(R1) (Kreos)
- Pain, pressure ameliorates(R1)
- Pain, while standing aggravates(R1)
- Pain, aching(R1)
- Pain, cramping(R3) (Guai, Kreos, Palo)
- Pain, cramping, hypochondria, right(R1)
- Pain, cutting(R1) (Guai, Kreos, Peg-h)
- Pain, drawing, inguinal(R1) (Guai, Kreos)
- Pain, inguinal, right(R2)
- Pain, stabbing(R1)
- Pain, stitching (R1) (Guai)
- Pain, stitching, iliac region(R1)

#### Rectum:

- Constipation(M2,R3) (Kreos, Palo, Peg-h)
- Constipation alternating with diarrhea(R1)
- Diarrhea(R4) (Guai, Kreos, Pal, Peg-h)
- Diarrhea, evening(R1)
- Diarrhea, violent(R1) (Guai)
- Itching(R1)
- Flatus(M1)
- Flatus, evening(M1)

Pain, burning (R1) (Kreos)  
Pain, burning, diarrhea during(R1)  
Pain, stitching(R1) (Kreos)

**Stool:**

Color, green(R1) (Kreos)  
Color, yellow(R2)  
Dark(R1)  
Dryness(R1) (Guai, Kreos)  
Frequent(R3) (Kreos)  
Loose(R2)  
Small(M1)

**Bladder:**

Catarrh(R1)  
Inflammation(R1) (Guai, Trib)  
Irritability(R1) (Guai, Kreos)  
Urging to urinate, urination after(R1)  
Urination, frequent(R3) (Kreos, Trib)  
Urination, frequent, morning(R1) (Guai, Kreos)  
Urination, frequent, night(R1)  
Urination, involuntary, urination after(R1) (Guai)  
Urination, seldom(R1)

**Urethra:**

Discharge, urination, after(R1) (Guai)  
Pain, general, anterior part, urination during(M1)  
Pain, general, urination, during(M1)

**Kidney:**

Pain(R2) (Kreos)  
Pain, aching(R1)  
Pain, cramping(R1)

**Male:**

Sex, desire increased(R1) (Kreos, Peg-h)

**Female:**

Heat, uterus(R1)  
Itching(R3) (Kreos)  
Itching, leucorrhea from(R1)  
Leucorrhea(R2)  
Leucorrhea, white(R1) (Guai, Kreos)  
Menses, clot(R1)  
Menses, frequent, too early, too soon(R3)  
Menses, scanty(R2)

Menses, short, too(R2) (Kreos)  
 Menses, thick(R1) (Kreos)  
 Metrorrhagia, general, between the menstrual periods(R1)  
 Pain, ovary(R2) (Guai, Kreos)  
 Pain, uterus, cramping, menses, before(R1)  
 Pain, aching, ovary(R2) (Guai)  
 Pain, burning(R1) (Kreos)  
 Pain, burning, leucorrhea from(R1) (Kreos)  
 Sensitiveness(R2) (Kreos)  
 Sexual desire, increased(R4) (Kreos, Peg-h)  
 Swelling(R1) (Kreos)  
 Swelling, edematous(R1)  
 Swelling, vagina(R1) (Kreos)

Back:

Heaviness(R1)  
 Heaviness, lumbar(R1)  
 Itching(M1,R3) (Kreos)  
 Pain(P1,R6) (Guai, Kreos)  
 Pain, waking(R1)  
 Pain, cervical(R4) (Guai)  
 Pain, cervical, left(R2)  
 Pain, general, dorsal(R2) (Guai, Kreos)  
 Pain, general dorsal, scapulae(R3) (Guai, Kreos)  
 Pain, general, dorsal, scapulae, between(R2) (Guai, Kreos)  
 Pain, general, lumbar(P1,R6) (Guai, Kreos)  
 Pain, general, lying, amel(R1)  
 Pain, general, menses during(R1)  
 Pain, general, extending thighs(R1)  
 Pain, aching(R5)  
 Pain, burning(R2)  
 Pain, burning, dorsal, scapulae(R1)  
 Pain, lancinating(R2)  
 Pain, stitching(R2) (Guai, Kreos)  
 Pain, stitching, dorsal(R1)  
 Prickling(R1)  
 Spasm(R1)  
 Stiffness(R4) (Guai, Kreos)  
 Stiffness, cervical(R5) (Guai, Kreos)  
 Stiffness, cervical, warmth ameliorates(R1)  
 Tension, dorsal region(M1)

Extremities:

Coldness, hand(M1)  
 Coldness, foot(M1)  
 Cracked skin, feet, soles(R1)

Dryness, hands(R2)  
 Dryness, hands, back of(R1)  
 Eruption, upper arm(R1) (Kreos)  
 Eruption, forearm(R2)  
 Eruption, desquamating(M1)  
 Eruption, itching, forearm(R2)  
 Eruption, red, forearm(R2)  
 Eruption, leg(R3)  
 Formication(R3) (Guai, Kreos)  
 Heat, lower limbs(R1) (Guai, Kreos)  
 Heat, foot(M1)  
 Heaviness, hand(M1)  
 Heaviness, legs(R1) (Palo)  
 Itching(M1,R5) (Guai, Kreos)  
 Itching, elbow(R2)  
 Itching, forearm(R4)  
 Itching, hand(R2)  
 Itching, fingers(R1) (Kreos)  
 Itching, fingers, thumb(R1)  
 Itching, thigh(M1,R2) (Guai, Kreos)  
 Itching, leg(M1,R2) (Guai)  
 Nails, complaints of(R4)  
 Nails, complaints of, brittle(R3)  
 Numbness, forearm(R1) (Kreos)  
 Numbness, forearm, waking(R1)  
 Numbness, hand(R1)  
 Numbness, hand, waking(R1)  
 Stiffness(M2,R2)  
 Stiffness, shoulders(R2) (Guai)  
 Stiffness, hand(R1) (Kreos)  
 Stiffness, hips(R1)  
 Swelling(R2) (Kreos)  
 Swelling, fingers, thumb(R1) (Kreos)  
 Tension, hand, back of(P1)  
 Tension, morning(M1)  
 Tension, leg(M1)  
 Tingling, prickling (R2) (Guai, Palo)  
 Tingling, prickling, hand(R2)  
 Tingling, prickling, hand, palm(R1)  
 Tingling, prickling, fingers(R1)  
 Twitching, Upper arm(R1)  
 Vibration, thigh(R1)  
 Weakness, forearm(R1) (Guai)  
 Weakness, wrist(R1)  
 Weakness, lower limbs(R1)  
 Weakness, hip(R1)

Extremity Pain:

General, night(R1)  
General, rheumatic(R4) (Guai, Kreos, Palo)  
Upper limb, shoulder(M1,R2) (Guai, Kreos)  
Upper limb, shoulder, rheumatic(R1)  
Upper limb, shoulder, pressure ameliorates(R1)  
Upper limb, elbow(R1) (Guai, Kreos)  
Upper limb, elbow, night(R1)  
Upper limb, elbow, waking(R1) (Palo)  
Upper limb, forearm(P1,R4) (Guai, Kreos)  
Upper limb, forearm, waking(R1)  
Upper limb, wrist, rheumatic(R1) (Guai, Kreos)  
Upper limb, hand((R1) (Guai, Kreos)  
Upper limb, hand, rheumatic(R3)  
Upper limb, fingers, thumb(R2) (Guai, Kreos)  
Lower limbs, hip(R3) (Guai, Kreos, Palo)  
Lower limbs, hip, morning(R1) (Palo)  
Lower limbs, hip, motion aggravates(R1)  
Lower limbs, hip, stretching out limb(R1)  
Lower limbs, thigh, in bone(R1)  
Lower limbs, foot(M1,R2)  
Lower limbs, foot, pressure on, aggravates(R1)  
Aching(P1,R4) (Guai)  
Aching, forearm(P1,R2)  
Aching, wrist(R2)  
Aching, fingers(R1)  
Aching, thigh(P1)  
Aching, hip(R1)  
Aching, leg(M1,R2) (Guai)  
Aching, foot(M1,R1)  
Burning(R2) (Guai, Kreos)  
Burning, hand(R1)  
Burning, hips(R1)  
Pinching, fingers, thumb(R1)  
Stitching, forearm(R1) (Guai)  
Stitching, fingers, thumb(R1) (Guai)  
Stitching, fingers, fifth, little(R1)  
Stitching, foot(R1) (Guai)

Sleep:

Deep(R1)  
Falling asleep, difficult(M1)  
Position, left(R2)  
Restless(M1,R1)  
Rising, indisposed to(R1)

Sleepiness(P1,R1,M1)  
 Sleepiness, morning(R1)  
 Sleepiness, overpowering(M1,R2) (Peg-h)  
 Sleepiness, overpowering, evening(R2)  
 Sleeplessness at 3AM(R1)  
 Sleeplessness, from heat(M1)  
 Sleeplessness from thoughts(M1)  
 Unrefreshing(M1)  
 Waking, midnight after(R3)  
 Waking, midnight after, 2AM(R2)  
 Waking, midnight after, 3AM(R2)  
 Waking, early, too(M1,R1)  
 Waking, from pain(M1,R2)  
 Waking, with chill(M1)  
 Waking, from and with heat(M1)  
 Waking, with headache(M1)

Fever:

General(M3,P1)  
 Fever, alternating with chills(P1,M2)  
 Fever, alternating with chills at night(M1)  
 Intermittent(P1)

Chill:

Chilliness(M1,P1,R2) (Kreos, Palo)  
 Chilliness, afternoon(M1,P1)  
 Afternoon, 3PM(M1)  
 Touch aggravates(R1)  
 Waking(R1)

Perspiration:

Night(R1)

Skin:

Chapping(R1)  
 Dryness(M2,P1,R5) (Kreos, Palo)  
 Eruption, urticaria(R1)  
 Eruptions, urticaria, night(R1)  
 Eruption, urticaria, emotion from(R1)  
 Eruption, urticaria, itching(R1)  
 Itching(M1,R1) (Kreos, Palo)  
 Itching, hairy parts(M1)  
 Itching, violent(R2)  
 Itching, wandering(M1,R1)  
 Formication(M1,R2)  
 Prickling(M1,R1)

Sensitiveness(R2)  
Stings of insects(R5)  
Tension(P1)

### Concordance of Proving Themes

Messer identified 20 general proving themes in his paper. These are listed below with the number of provers associated with them in each proving. In addition, we identified a number of themes which are also listed below.

#### Messer Themes

- Mental Cloudiness, difficulty concentrating: (M3,R3)
- Irritability, grumpy: (M2,R14)
- Humor, goofy, laughter, euphoric: (M4,R1)
- Taciturn; Aversion to Company(M2,R8)
- Dryness: (M4,R6)
- Chills alternating with heat: (M2)
- Chills: (M2,R4)
- Sensation of heat: (M1,R4)
- Fatigue: (M3,R6)
- Body aches and stiffness: (M3,R8)
- Headaches: (M4,R4)
- Tinnitus: (M4,R4)
- Throat Pain: (M2,R8)
- Loss of appetite: (M3,R1)
- Abdominal bloating: (M3,R2)
- Constipation: (M3,R3)
- Hair: (M2,R2)
- Sleep ameliorates: (M2,R1)
- Vivid dreams: (M2,R0) [Note: I have found that vivid dreams are often an artifact of the proving process; people are paying more attention to their dreams]
- Itching and formication: (M1,R3)

#### Rowe Themes

- Famous People
- Blood
- Feet
- Drugs and Drug sensations
- Old/Ancient/People from the distant past
- Houses/Building Homes/Packing
- Young children/Infancy/Womb
- Wood
- Trees
- Quitting and Getting On with My Life
- Lack of boundaries/Codependency



- Swelling/Discharge
- Dryness
- Water/Drinking/Thirst

### Discussion

Overall, there was a fair amount of symptom similarity between the two provings. Ultimately the differences in methodology in provings may be less important. There is great diversity in the way that homeopaths approach conducting provings and I do not feel that there is only one valid methodology.

Theoretically, a remedy can be considered well proven when a new proving either generates no new symptoms or few new symptoms. In this case, the concordance of symptoms between the two provings was approximately 50%. I would suspect that this is fairly typical in comparing two separate provings. I would also suggest that an 80-90% concordance would ultimately prove ideal. Clearly more work needs to be done with this remedy.

This will hopefully prove to be an important remedy in the homeopathic literature. We look forward to hearing of any cured cases.

### Acknowledgements

I would like to thank the provers, supervisors and proving coordinator (Joie Rowles PhD, HMA) for their help in the proving. Joie Rowles in particular was invaluable in preparation of this manuscript.

### Larrea tridentata Bibliography

- Abbey, Edward; Cactus Country; Time Life Books, 1973.
- Anesini, C, Ferraro G, Lopez P and Borda E; "Different intracellular signals coupled to the antiproliferative action of aqueous crude extract from *Larrea divaricata* on a lymphoma cell line"; *Phytomedicine*; 2001 Jan; 8(1): 1-7.
- Beatley, Janice; Effects for Rainfall and Temperature on the Distribution and Behavior of *Larrea tridentata* in the Mohave Desert of Nevada; *Ecology* 55; 245-261 (1974).
- Dahl, Kevin; Crosote; Coyote p. 14, April 1977.
- Dobells, Inge (ed.); Magic and Medicine of Plants; Reader's Digest Association Inc, Pleasantville, NY; 1996.
- Eppler, Anne Orth; A Field Guide to the Plants of Arizona; Falcon Press; Helena, Montana; 1995.
- Flegg, Jim; Deserts: A Miracle of Life; Facts on File, New York, New York; 1993.
- Grime, J. P.; Plant Strategies and Vegetation Processes; John Wiley and Sons; 1979.
- Gardea-Torresdey JL, Arteaga S, Tiemann KJ, Chianelli R, Pignitore N, Mackay W; "Absorption of copper by creosote bush:

Use of atomic and X-ray absorption spectroscopy”; Environ Toxicol Chem; 2001 Nov; 20(11): 2572-9.

Gnabrer J, Ito Y, Ying, M and Huang C; “Isolation of Anti-HIV-1 Lignans From *Larrea tridentata* By Counter Current Chromatography”; Journal of Chromatography; Volume 719, Issue 2, January 1996, 353-364.

Heron S, Yarnell E; “The safety of low dose *Larrea tridentata*: a retrospective clinical study”; Journal of Complementary Medicine; 2001 Apr; 7(2): 175-185.

Kaminski, Patricia and Katz, Richard; Flower Essence Repertory; Flower Essence Society; 1996.

Lambert JD, Zhao D, Meyers RO, Kuester RK, Timmermann BN, Dorr RT; “Nordihydroguaiaretic acid: hepatotoxicity and detoxification in the mouse”; Toxicol; 2002 Dec; 40(12): 1701-8.

McKinnon, M; Arabia-Sand, Sea, Sky; BBC, 1990.

Mabry, Tom, Junziker, J. And Defeo D (ed); *Croton Bush: Biology and Chemistry of Larrea in New World Deserts*; Stroudsburt, PA; Dowden, Hutchinson and Ross; 1977.

Messer, Stephen, ND, DHANP; *A Proving of Larrea tridentata*; Simillimum; Spring 2004; pp 13-50; XVII #1.

Nabhan, Gary Paul; *Gathering the Desert*; University of Arizona Press; Tucson, Arizona; 1997.

Nabhan, Gary Paul; *The Desert Smells Like Rain: A Naturalist in O’Odham Country*; University of Arizona Press; Tucson, Arizona; 1982.

Phillips, Seven and Comus, Patricia (ed.); *A Natural History of the Sonoran Desert*; Arizona Sonora Desert Museum Press, Tucson, Arizona; 2000.

Saxton, Lucille; *Legends and Lore of the Papago and Pima Indians*; Tucson, University of Arizona Press, 1973.

Scherer, Cynthia Athina Kemp; *The Alchemy of the Desert*; Desert Alchemy Editions, Tucson, AZ, 1997.

Sherr, Jeremy; *The Dynamics and Methodology of Homeopathic Provings*; Dynamis Books; United Kingdom; 1994.

Tiraspolski, Ilia and Timofeeva, Tatiana; A New Homeopathic Remedy, *Peganum harmala*; Links, Spring 2000; Volume 13; 54-57.

Vasek, F. C.; *Creosote Bush: Long Lived Clones in the Mohave Desert*; American Journal of Botany 67: 246-255(1980).

**Todd Rowe MD, MD(H), CCH, Dht** has practiced homeopathy for 20

years. He earned his doctorate of Medicine at Rush Medical School, Chicago, Illinois, and completed his psychiatric training at the University of Vermont. He graduated from the Hahnemann College of Homeopathy in Albany, California, and is a licensed homeopathic physician in Arizona. Dr. Rowe teaches extensively and has written several books on classical homeopathic education including Homeopathic Methodology and the Homeopathic Journey. He is the past-president of the National Center for Homeopathy and served on the Board of Directors for the Council for Homeopathic Education. He is the director of the Desert Institute of Classical Homeopathy, director of the Desert Institute School of Classical Homeopathy and the Society for the Establishment of Research in Classical Homeopathy.

**BERKELEY, CALIFORNIA**

**DEC 3, 4, 5, 2004**

**TORONTO, ONTARIO**

**NOV 26, 27, 28, 2004**

## **ALIZE TIMMERMAN**

### **HOMEOPATHY FROM THE HEART: REMEDIES FOR LIVING AND DYING**

Homeopathy can offer dying patients respite from pain and allow them to meet this passage with peace and a clearer will. Using Chronic Diseases and The Organon, Alize will talk about chronic and terminal illness, illustrating the various stages of the dying process. She will present various videos of terminal cases and discuss the remedies appropriate to the dying process.

HomeopathyWest & Toronto Homeopathics are proud to offer this seminar to the North American Homeopathic community

**[www.HomeopathyWest.com](http://www.HomeopathyWest.com)**

**Call or Fax: 1-877-850-5078**

**[www.TorontoHomeopathics.com](http://www.TorontoHomeopathics.com)**

**Call: 1-416-604-0017. Fax: 1-416-769-7540**

# MY MIND SHOULD BE OUT OF THE WAY

*INTERVIEW WITH JONATHAN SHORE MD*

*NEIL TESSLER ND, DHANP*

NT: Well, the standard opener seems to be to ask how did you come to homeopathy?

JS: I'll try and summarize the main points. I went to regular medical school in South Africa. Especially the last few years I really enjoyed it because the information seemed to come together and I like learning anyway. But after I graduated I was really unhappy during my internship. I didn't know why, but it just seemed that something really wasn't right. So a few years went by and I came to realize that the big problem was that no one had any sort of definition of health. The issue was all about disease, and I thought how can you measure what disease is unless you have a measure of health. So I thought, I'm going to give up medicine and I'm going to search for health. That was kind of my idea at the time and at the same time I came to America. I came and I gave away all my medical books. I didn't tell anyone I was a doctor and I was traveling around but I found that my interests were going to medical things. So I was interested in herbs, in Chinese Medicine, this and that, and in the end I figured that I couldn't escape my fate and that I had to be a doctor, so I really started to look around for things with which to be a doctor.

I remember that I was interested in the pendulum and the people that used pendulum used homeopathic remedies and I wondered what were these homeopathic remedies. So I looked it up and I read Kent. My impression from Kent was that here is a God fearing man and I believe him. He says its possible to do these things, to effect these cures and I believed him. For a couple of years I tried with totally no results. I refused to use the repertory, I thought this is a crazy thing made by some anal retentive and who in their right mind could use this book. So I'd hold my hands over the remedies and I'd dowse and I'd do all sorts of stuff. I never got a result but I persisted.

One day I had to move to a new town. I was standing in a check out line shortly after I arrived there. The cashier said, " Oh, good morning Dr. Shore!" I thought, how does she know my name? Well it turned out that standing in line in front of me was Dr. Robert Schore. We sat down

and started to chat. He had just been studying homeopathy with someone who was very big on repertorization and he said, “You have to use the repertory. You have to do it.” So I said, “OK, I’ll give it a shot.” The next case that came, I repertorized the whole case and of course I took down every symptom and made these little boxes and counted up the numbers and I came up with *Sulphur* which inevitably happens if you do this sort of repertorization

It was a kid with asthma. I gave *Sulphur* 6x and within three days his asthma was totally gone. For me it was an absolute miracle. I wept from the force of it. This kid had been under treatment for years and nothing had helped him. I would say that was my conversion. From that day on I became much more serious about homeopathy. That must have been 1976. Then for some years I did sometimes homeopathy, sometimes acupuncture. Then in about 1982 I stopped doing acupuncture and I just did homeopathy and since that time that’s what I’ve been doing. One of my things was that when I decided I needed something to be a doctor with, I developed a quackery index. I became interested in whatever the establishment said was quackery. The higher on their quackery index, the more interested I was to investigate it. The only thing I didn’t do was chiropractic, but I tried almost everything else, from psychic healing, to laying on of hands, to iridology, to color therapy – you name it. But I got the very best results with homeopathy so I guess that’s why I stuck with it.

NT: How did you proceed from there in terms of your training?

JS: Of course when Vithoulkas came out here first – around 1977, I heard this idea that you could find the essence off the case. This sense of a psychic center to the case really appealed to me as a means of ordering the morass of homeopathic detail. In 1981 I attended the IFH course taught by Bill Gray and Dean Crothers. This gave me the confidence to prescribe and from that time on I just did homeopathy. I spent all the available time with Vithoulkas when he came here, about 5 months of daily seminar in total and I also went to Alonissos for a couple of weeks. After that I would consult with Roger Morrison. For some years I visited Roger once a week and went through my difficult cases.

Then Nancy went to Rajan Sankaran and that seemed really interesting. So I started to see what Rajan was about. I attended when he came here the first time for a residential seminar and when he went to Esalen the first time for a couple of weeks. But by the end of that seminar for reasons I’m not sure of I made an internal decision that I wasn’t going to go to any more seminars like that and I haven’t been since.

For me there was no essential conflict between what I learned from George Vithoulkas and what I learned from Rajan Sankaran. I didn’t feel that the one destroyed any information from the other. My sense of what I

understood from Rajan Sankaran added to the base which I had already.

NT: I presume you keep up with some of Rajan's current work?

JS: More or less. I wasn't as taken with the miasm theory as some others. I wasn't taken with it as much as I was with the kingdoms. I've had the feeling for a long time now that what I want is that my mind should be out of the way, not in front between me and the patient. It seemed to me like the miasms were too much of a construct, another theory and so I wasn't that interested. Now Rajan's new method, I haven't followed that closely. I had the sense all along that we were essentially walking the same road, just that he is much smarter and much further along than me

NT: How do achieve that out of the wayness with your clients?

JS: Lets say, twenty odd years I'm trying to find the remedy. I've tried all kinds of different ways to find the remedy. Slowly, slowly it dawns on me that I don't know what to do to find the remedy, that either somehow I see the remedy or I don't. So now I'm much more relaxed. I've studied and studied. I have a lot of information in my head and there is a lot of information in the books, so now I'm listening to the person and I'm trying to understand, really to have a feeling for what their problem really is.

While I'm sort of doing this listening, I'm waiting for a remedy to come clear and sometimes it does. They'll be talking and I'll be listening and suddenly I'll think, "maybe it's this remedy" and the whole thing comes into line and its clear its that remedy. Maybe that happens fifty percent of the time. Maybe the other fifty percent I have to take the case home. So then I sit down with the repertory, the computer these days, and I slog it out. First I list all the symptoms that are really important and look and see what comes up.

Most of the time the case is complex so that is not satisfactory. So then I play around. I take this symptom and that symptom and do an elimination and then see what remedies are left. Then I look at them and try to see whether any of these remedies fit to my feeling of the case. I don't have very sophisticated analytical systems.

I'm very big on what I would call strange, rare and peculiar. But that can be anything that is out of the ordinary and the more out of the ordinary it is, the bigger it becomes. It can be a physical symptom, it can be an emotional symptom, or it can be something about the person's passion.

I remember this one case where I finally came to Falcon for the case, but it really seemed like Lycopodium. He was saying that he was too embarrassed to get help from other people because they might see him as

weak, so he'd tough it out. He gave an example of how when he was seven he fell from a tree and splintered his shin bone so that the bone was sticking through the skin. He wouldn't let any of his friends or his brother help him. He crawled home on gravel. I thought, "this can't be *Lycopodium*, this is will not bravado". For me, this is very strange, rare and peculiar. If I put myself in his position there is no way I could have done what he did.

A way to judge what is strange, rare and peculiar is that I put myself in the person's situation and I pretend this has happened to me and I see how I would react. I kind of look at my pathology and measure whether my reaction would be more or less appropriate. If their reaction is way out from what mine would be and mine is more or less appropriate, then it becomes very peculiar. The other thing about this guy was that from the age of five, he would dream about being a pilot, and in fact, he was a combat pilot. But this came from the age of five, where he built an airplane out of packing cases and he would lie there pretending he was doing acrobatics. This for me was also strange, rare and peculiar. So if you put these things together, there is the remedy. The case is described in the book. So this is what I call strange, rare and peculiar. Of course it can be on a physical symptom as well, but then it has to be very strange.

NT: So how did this aspect of dragging himself to the house from some distance with his bone sticking through the skin alert you to Falcon or to Bird?

JS: I figured that you needed to have a tremendous will to do this. When you are seven years old and this is happening, it is not a matter of pretending something to show that you are tough. In this instance, either you are tough or you are not. This guy was tough. I am going to do this and he did it. And for me this was will. He could mobilize his intent and push it into the world like that. So I said, "All right, this is a remedy that has got to have will. And I already knew he was a fighter pilot and an expert in acrobatics, in dog-fighting. That was his thing, he was an expert and this was his fantasy life at the age of five. When he described his young fantasy to me he was showing me with his hands and he was honestly twisting and turning. He wasn't just flying. He was doing rolls and these things. This, for me, is strange, rare and peculiar. For me, the will is the main thing about the remedy and the speed. Of course there were other things in the case that confirmed this. I mean, this was the center of the case, the essence so to speak. Will and speed.

NT: Before we talk about birds specifically, let's talk about kingdoms generally. You mentioned that you took the idea of kingdoms from Sankaran.

JS: Yes, but of course it's not a new idea. Farrington arranged his book

according to kingdoms. In the British Homeopathic Journal in the fifties there were all kinds of articles by this guy, Twentymen-Jones, who is an anthroposophist, about the kingdoms and remedies. It never made sense to me, I couldn't relate to it. When I heard Rajan's presentation I thought, "Oh yes!" and it just made sense. For me it was one of those things where it was such an extremely obvious fact I was amazed I hadn't thought of it before. I don't know if you've had that experience. Sometimes when you really see something new it's so obvious that you can't understand how you didn't see it before.

I'd say I'm what they would call a vitalist, always. So I believe matter comes from energy and not the other way around. So it seemed totally obvious to me that the energy of a remedy was going to have to be an expression of it's source, of the origin, and that, in a very broad sense, things that had originated, had their coming into the world through the animal kingdom, were so obviously different from things that had their coming into the world through the mineral kingdom. I mean for me, this is no theory. Any idiot can tell the difference between an animal and a rock. In that sense, in terms of the main defining characteristics of the kingdoms, you don't need any special information, it's all what we already know just from our everyday experience. I'm speaking in broad generalities, but in fact, anyone can tell the difference between an animal and a rock.

This is what caught my fancy, that's what started my exploration. Of course, anytime you draw a line you create two sides. Include one and exclude the other. So I've missed many cases I bet, because I thought this has to be one thing or the other and it wasn't. In the same way I've solved many cases because I was right and would never have come to the remedy if I hadn't made that decision.

NT: Are you then saying it's not clear cut?

JS: It's absolutely clear cut, but it's not clear cut in every case. The sense that I have is that the door to every case has a lock. One has many keys on the bunch. The secret, so to speak is to recognize which key is going to fit. In the beginning we have to spend all this time. It's a small keyhole and we have to go through every key. The biggest key, oh it's too big. The smallest key, no it's too small. Over time you start to come into the realm and go through this process much more quickly. This sort of kingdoms approach is just a key. Sometimes it's that sort of a lock and sometimes it has nothing to do with it.

NT: How did birds come into your field of consideration?

JS: Luck. I don't know, maybe or maybe not, because I was really interested in other things. For instance, I was really interested in trying to



understand spiders and I was really interested in radioactive substances, but it never seemed to go very far and the birds just took on a life of their own and some momentum built.

At first I had this case which I had treated for years. Of course, the remedies helped a lot, but they didn't really help because she'd come back and she still had the problem. Over the years she would tell me these dreams where she was building wings and collecting these feathers and I had no place where to put this information. There was no point of reference – it wasn't in the repertory. So I just put it aside. Then as I came in contact with Rajan and the kingdoms I thought, "Hmm, dreams of building wings, maybe it's a bird."

The next time she came back, maybe six months later, there it was, she gave me these dreams about eagles, etc., so I gave her *Eagle*, which was the only bird remedy I knew at the time due to Jeremy Sherr's provings, and it worked really well. Her mother was a student at the Hahnemann College, so I said, "All right, for your student project, you and your daughter are going to choose a bird and then you will do a proving of this bird as part of your project. Obviously the daughter was a real bird person, so it seemed right. They chose the Red-tailed Hawk and they did the proving. Then people started to send me bird feathers. A friend of mine, and her partner, together we did a proving. It turned out that he really reacted to the bird remedies and produced the most beautiful symptoms in the provings.

We started that and it took on a little bit of a life and we did more provings. So it just gathered itself like that. Now it's been seven or eight years.

NT: So it brings me to ask about Doctrine of Signatures. Rajan pointed the way to recognize that in the innermost dimension of the individual somehow there must be the reflection of the remedy. At least it seems to me he says this in absolute terms. So it may be there but we may not easily perceive it. It may show some superficial expressions but that is not so much the point as to go deep enough to really find the image or idea of the substance to which they are resonant. I'm reminded of a Batman movie I saw recently. The Jim Carrey character had invented some device to allow him to reach into the deepest recesses of a person's mind and using one ruse or another, they managed to draw Bruce Wayne into getting read by this machine. And when it is shown what was seen in his innermost mind, of course what is seen is a bat. I think that's what we're trying to do, at least that's what I'm trying to do, to look there, into this deepest part and see the image. Of course, success is another story. I think the difficulty of homeopathy is underrated and understated.

JS: Years ago, in the early nineties, I thought, homeopathy will never

become popular, never. It's much too difficult. Then something started to move and things were published in journals and the whole alternative medicine field started to rise up and people were talking about homeopathic clinics and hospitals and I thought maybe I was wrong. I think someone put it very well, homeopathy went up with the wave and then the wave passed. It didn't carry homeopathy along. So my feeling now is what it was before, that it's much too difficult for popular appeal, at least, for lack of better phrase, Hahnemannian homeopathy; single remedy, based on totality of symptoms, a carefully taken case. Of course, popular acceptance, that's a little neither here nor there, unless we're crusading to popularize something.

I make a big distinction between the dispensing of homeopathic remedies and the practice of homeopathy. A lot of people dispense homeopathic remedies but there are not so many who practice homeopathy. That was true when there were supposedly ten thousand homeopaths in North America. Yet the members of the International Hahnemannian Association numbered about a hundred, a hundred out of ten thousand. So I agree with you that homeopathy is really difficult. I suppose because the possibilities are so great, it is just this which makes it very difficult. There is in Nature a Law; give nothing, get nothing.

NT: The individual practitioner is just trying to do their best. There is a lot of reaching out for help and guidance, looking here and looking there.

JS: I have a sort of principle I resolved on some years back and I really try to stick with it. That is never to criticize someone else's work. The way to do it, I think the I Ching says it: "Don't take arms against evil. Make energetic progress in the good." So really the way to do it is to try and do whatever one does as best one can and then leave the rest alone. So much energy goes in to demonstrating that the other guy is not right. I used to have this fantasy that homeopaths were different from people but it's not so. Just because one is a homeopath doesn't make one less anything – less egotistic, less opinionated.

So people are in their way, in their mind legitimately trying to preserve the tenets of a tradition. But this is what I said, that anytime you draw a line, you immediately get two sides. So when you say, "This is it", there's something which is not. So for me the answer to that has been the demonstration of the good as opposed to the criticism of the bad. That's the only solution I can see which is really equitable.

NT: As with anything else in life, different students and practitioners will resonate to different teachers, different expressions of homeopathy. This is a matter of personal taste of resonance not of absolute truth, although for some people, it's part of their nature to take to an ideology where they do see it like that

JS: Right. The inevitable consequences of human nature. So these thoughts take us back to the basis of the book which was really that there was nothing in the book that arose from theory. There were the provings, more or less because I was interested in direct experience. This is my personal interest. So I started with the question, "Well, what's a proving? And if you actually make the remedy, what happens?" To what extent can the energy of the substance enter in to you in the moment? Can one have direct experience of the energy of the remedy? This was the reason for the provings, the inner reason. The idea of the kingdoms and the birds as a group was in no way theoretical. It arose from a study of what was happening in the provings and what symptoms were coming from these different birds and how many common symptoms there were, symptoms which I thought, in the beginning were peculiar to this individual bird because of some structural defect in the bird, turned out to be symptoms which were totally common to any sort of bird. So based on these experiences came the sense of birds as a group. Of course it verifies theory.

NT: One thing I felt in reading the book that the voice in the book is very confident and the feeling of that confidence is that it arises from pure experience. "I'm saying this because this is what we have seen again and again.

JS: We had a lot of discussions in the development of the book. I set very rigorous standards for myself. Someone would say, "Let's say this about this bird." I would say, "No, you can't say that." "Yes, but it makes sense." "I don't care whether it makes sense or not, there's no evidence. Where's the evidence for this statement. You show me the evidence and we'll put it in."

NT: So, in other words there was the tendency to imagine beyond direct experience.

JS: Yes, there's always the tendency. Its very tricky.

NT: It's a big issue in homeopathy.

JS: It's a big issue in anything, how we explain the world to ourselves. We're always explaining things.

NT: You discuss provings at some length in the book. I would like to read to you a paragraph on provings from Scholten that I just happened across the other day. Recently Paul Herscu has written a book advocating a very rigorous approach to provings and critical of many and most other modern approaches to provings, whereas in your book, you do discuss some interesting and alternative ways to gather up information and conduct different kinds of provings.

“So there is something peculiar going on in provings that looks like the Uncertainty Principle of Heisenberg in physics. Its impossible to know the place and velocity of a particle precisely. The more precise you know the place, the less precise you can know the velocity and visa versa. As an analogy you can say in homeopathy, the more precisely you follow the rules of doing provings, the less precise the results. The more precise results you want to have, the less rigidly you must to follow the rules.”

JS: Can I read you a paragraph from my book?

“Homeopathy is a science that stands as a bridge between the visible and the invisible, between the laws governing this world and those governing a world we can only guess at. One doorway into the invisible world is the proving experience. A gap through which we can breach the limitations of our conventional material world. Thus the methodology, how it is done, is critical. It is absolutely necessary to insure that the framework of data collection is not set up to exclude or to rule as inadmissible the very data which carry the inner life of our science.”

This is my statement that more or less agrees with Jan. And I go on from here to explain from my experience, initially uncalculated experience and later calculated, the fact that people have proving symptoms before the proving begins. I’ve verified this for myself.

NT: Divya also talked about the fact that different persons working with provings were discovering effects that certainly defied common logic. It was found repeatedly that those involved indirectly with provings would sometimes develop symptoms that were found to be valuable expressions of the substance. This is maddening to some, without a doubt, but then homeopathy itself, however much we wish to speak of homeopathic science, is certainly a science that is full of insights that defy the logic of the senses.

JS: I don’t know whether you’ve ever heard the “The Margins of Reality: The Role of Consciousness in the Physical World” by Robert Jahn and Brenda J. Dunne (Harcourt, Brace, Jovanovich, 1987). Why I’m mentioning this is because this is research done at Princeton University in the applied aeronautics department. So this is not flakey stuff. In short, this woman wanted to do research on psychic phenomenon. Although at first her idea was rejected, the professor came back and said you can do this, but the experimental design must be very rigorous and pass all scientific criteria. After many, many months of experiments, tens of thousands of repetitions, gradually the results evolved and they are fascinating. You can’t believe it, there’s no explanation for it, but what it comes down to is that consciousness was affecting matter and this is what, in some measure,

we are speaking to now. So there is actually scientific verification for these experiences.

NT: I was intrigued by the discussion of the trituration provings.

JS: That was a whole other world for me, again totally accidentally opened up as I needed a remedy and realized I was going to have to make it. The experience was wild. I have videos of all these things. You see the provers in the experience talking about these things and you can't believe it.

NT: What I understood was that the triturators don't know what the material is they are working with, as it comes to them already very finely desiccated and blended with the sugar.

JS: Right. Obviously some of us know. Some years ago, say five or six years ago, Roger, Nancy and I did an experiment. We had a seminar in Mexico and we had this argument: can the proving master influence the proving. So we set up this experiment; where Roger was the only one who knew what the substance was and the others were left in the dark. Nancy knew nothing and I didn't know what the substance was but I was supposed to try and influence people towards what I thought it might be.

So as the provers gave their report, I was going to try and make them bring it out in a certain way. Roger, (because he knew what the substance) was going to try and influence people towards symptoms he imagined were part of the substance. The substance was prednisone. The only really nice symptoms came from Nancy's group. She knew nothing and made no attempt to influence her group. Roger's group produced hardly any symptoms of the remedy, except for Roger who avulsed his Achille's tendon playing tennis, apparently a definite symptom of *Prednisone*. He pulled it off the bone. Our little crude experiment indicated that because you knew the remedy and/or tried to influence the proving, it still had no bearing on the final results.

I haven't repeated this experiment. However, I've done several experiments that show that people can have symptoms before the proving.

So the trituration proving was done by Jurgen Becker for years and years. There are the people doing the C4, like Alize Timmerman in Holland, whom they have a lot of interesting notions about. Trituration provings are easy to do. It's even more remarkable than a regular proving in that the moment we sit down to start, the energy of the remedy enters the room. It's palpable.

**Jonathan Shore MD, DH-t.** graduated from University of Cape Town Medical school 1968. After four years of hospital practice which included

surgery, pulmonary medicine and psychiatry he embarked on a search for a system of healing based on a deeper understanding of the meaning of health. Determined to establish an opinion based upon experience, not just hearsay, of the claims of the numerous methods of alternative healing, he spent a decade of intensive study of many disciplines, including Acupuncture (Taiwan, Hong Kong and four years as senior student to Andrew KT Ming in Los Angeles), Tai-Chi Chuan, Shiatsu and Swedish massage, Integration-Breathing Therapy and Corrective Exercises (certified practitioner), Human Potential Movement (about 1000 hours group therapy both as participant and leader), Jungian psychology (personal analysis), Gestalt therapy, Bioenergetics, Rolfing, Radiesthesia (Psionic Technique, England 1975), Iridology, Herbal Medicine, Psychic Diagnosis (Jack Schwartz), Bach Flower remedies and Color Therapy.

Towards the end of this time period he was appointed to the post of Clinical and Executive Director of the Wholistic Health and Nutrition Institute in Mill Valley California. This Institute, founded in the mid 1970's was the first of its kind in the United States.

The result of all this investigation was the selection of Homeopathic Medicine as the superior therapy in the treatment of chronic illness, be it physical or emotional.

Since 1982 he has been in the full time practice of homeopathy in the San Francisco area, both in private practice and at the Hahnemann Clinic of which he was one of the initiating planners. Intensively involved in teaching since 1983 Dr. Shore is recognized as a valued teacher worldwide. In addition to a position as core faculty at the Hahnemann College of Homeopathy he has lectured in Australia, Austria, England, Finland, France, Germany, Holland, Norway, New Zealand, Scotland, Spain, South Africa and Switzerland. In 1992 he was awarded Membership of the Faculty of Homeopathy, England.

In the United States he is similarly recognized as a senior member of the homeopathic community. He is on the editorial board and is a past editor of the Journal of the American Institute of Homeopathy. A founding member and one of the three main teachers at the Hahnemann College of Homeopathy, he has lectured throughout the United States.

# THE VALUE OF HIGH POTENCIES

LESSER WRITINGS OF BOENNINGHAUSEN

TRANSLATED FROM THE ALLGEM. HOM, ZEIT., VOL. 61, P. 134.

In the monthly, the *American Homeopathic Review*, in the number for March of this year (1860), on pages 282 to 288, and in the April number, pages 327 to 336, we find a copious and curious communication of cures from Dr. B. Fincke, in Brooklyn, N.Y. treated with high potencies and usually with one dose.

Owing to the discussion as to posology which still goes on, this communication is of much interest, as it presents most striking and convincing facts, the truth of which cannot well be doubted, as they have been received into that journal, edited only by men of honor. To us it may be of chief interest to consider more carefully the conclusions drawn by the author. For this reason we have translated accurately the several sentences, and where it seems appropriate to us add a few notes. The translations bear the numbers found in the original, while the notes follow immediately after them.

But first we would add what the author states as to these high potencies in the opening of his article, which bears the weighty motto: "The dose can hardly ever be too small," (*Hahnemann's Chron. Dis.*, Kr. 2, Ed.1, p.149).

The potencies have all been made by himself within a period of ten years, according to the centesimal scale, and, indeed, in part by trituration, partly from the liquid tincture, partly through percussion from a strong steel spring, and finally, in part through percussions with the hand. There is not here, therefore, anything even unintentionally mysterious; the points which have been used by exaggerated skepticism in order to throw suspicion on Jenichen's preparations.

In his prescriptions the numerator designates the number of pellets of the size of a mustard-seed, and the denominator the exact centesimal dynamization in all these modes of preparation. Thus also in the matter all doubts are prevented.

The nosological names of the diseases are only used, as is proper, for the easier registration of the cases.

A complete communication of all the thirty-two cures there described would hardly be in place here. But nearly all of them are so noteworthy that we do not hesitate to call attention to the article of the journal mentioned, which contains besides numerous very important original articles.

1. The strength and efficacy of homeopathic remedies is neither confined to the low dilutions, nor to the 30 or the 200 potency, but it is maintained through a long series of higher dynamizations, as may appear from the 20,000 centesimal dilution of *Sulphur*. This conclusion is based on four cures effected with *Sulphur* 20,000 and described in the previous communication, viz.: In No. 7, a case of angina faucium; in No. 8, of an ophthalmia theumatica; in No. 10, a Corneitis, and in No. 21, a tussis stomachica; all these four cases were cured with a single dose of the high potency mentioned, the dose in Nos. 7 and 9 being two pellets, and in Nos. 10 and 21 only one pellet, and they were cured so completely that no further medicine was needed.

2. "The question at what stage of potentising the power and efficacy of homeopathic medicines comes to an end is not as yet solved."

Dr Fincke has carried the potencies to a height which, in consideration of the surprising efficacy of his remedies, perfectly justifies him in this declaration; for in the cures enumerated we find the following numbers: *Aconitum* 1100, *Arnica m.* 1100, *Belladonna* 1400 and 6,000, *Bryonia* 9,000, *Cantharis* 1600, *Carbo an.*, 1000, *Cham.* 1730, *China* 8000, *Hepar s. c.* 1750, *Mercur.* 3,000, *Nux vom.* 5,000, *Phosphorus* 5,000, *Pulsatilla* 5,000 and 7,000, *Rhus tox.* 10,000, *Sulphur* 20,000 and *Veratrum* 2,400. We ourselves possess of Jenichen's preparations: *Arsenicum* 40,000 and *Phosphorus* 19,000, and have seen the most plain signs of the curative effects of both of them, with men as well as with animals. So it would seem that the medicinal power proper conducted, perhaps in the same way that the magnetic force may be communicated to an indefinite number of steel rods, without the original rod losing any of its force or being weakened.

3. "The high potentised show themselves effective in a single dose." From the beginning of the use of high potencies, nearly all attentive observers have experienced that as a rule they require no repetition immediately, but a division of the dose in a solution of water, if this is shaken before giving it, may be admitted. A satisfactory solution of this question may perhaps be found in the fact which we shall adduce in a note with respect to No. 7.

4. "The high potencies present at times the phenomenon of a homeopathic aggravation."

From our eighteen years experience with potencies, somewhat lower indeed, we can not only confirm this, but also show the proof from



numerous cases in our medical journals. Most conclusive in this matter are the cases by no means rare where either we ourselves had intentionally to give an antidote, or where the patients according to their own confession had nullified the action of the medicine through faults in their diet. In occurrences of this kind a delusion is not easily conceivable.

5. “High potencies which have been potentised by hand by only percussion prove to be perfectly active and curative.”

Concerning this point we have no experience of our own, because we have always given to the preparations prepared by ourselves ten such percussions in potentising. But there is not the slightest reason for drawing in doubt this observation of the honorable Dr. Fincke; on the contrary we owe him thanks for an observation which may find a useful application in a technical direction. This experience, however, in no way contradicts the experience of Hahnemann and of many of his pupils, viz. that continued trituration or percussion makes the dilutions ever more powerful. It is also advisable to give a few shakes to the vital containing the liquid medicine before moistening the pellets with the liquid, especially when the vial has been standing for sometime. So also in giving the solutions in water, which method we owe originally to Dr. Aegidi, it is advisable to shake the same every time before taking it. Hahnemann ascribes the usefulness of this to the desirability of changing the degree of dynamization, but we would be inclined to ascribe it at the same time to a widening of the medicinal sphere of action thereby. Whatever may be the reason, the advantage of this process has been abundantly proved by experience.

6. “High potencies which have been produced by strong strokes of the arm frequently cause no homeopathic aggravation.”

We also have often made this experience, but not in those cases where percussions have been long continued. Then usually, and at times very violently, the phenomenon of No. 4 appears. Only where the selection of the medicine was wrong this may be otherwise.

7. “The higher potencies seem to offer a means of making the medicine more assimilable, and, therefore, homeopathically more effective.”

The author seems to have lacked a perfectly suitable word to express fully his idea. Likely he, as well as some others of us, had made the experience that the higher dynamizations even with an imperfect similitude still bring us some very good results, while the lower dilutions of the same medicine refuse to act. By the conclusion of the sentence it is manifest that he desired to state this observation and that he chose an expression for this purpose which at the same time reminds us of our law of similars. We, and some of our old friends, have had the same experience for many years,

where an exactly suitable homeopathic remedy was not to be discovered, and we then discovered that the most valuable peculiarity of high potencies probably lies in this, that in every higher dynamization new forces, which before were, as it were, slumbering, are disclosed and thus the sphere of the action of the medicine is continually widened. This gradual multiplication of symptoms through potentising has become so indubitable with us through longer observation that we regard it as a new, before unknown, law of nature, which is as wonderful as it is advantageous in practice. Some hint of this law is already given by the medicinal activity of homeopathic preparations of substances, which, without this preparation, are quite, or almost quite, indifferent, as several of the earths and metals, which do not become useful as medicines before they are brought to some potency; but through this, as is well known, they attain to very powerful and extensive curative powers.

In this we recognize the careful benignity of the Creator of nature, who has given to almost everything a medicinal virtue, but closed up and enveloped like fire, in order that when they are not intentionally awakened they may not exercise an injurious effect when they are daily consumed with our food. The increase of this medicinal power in proportion with the increased dynamization is, however, so striking that it must force itself on every attentive observer. It manifests itself most frequently and most strikingly in symptoms which have not before been noticed in the provings, but with reference to their location and to their sensation have some analogy with what is already known.

On this is mainly founded the arrangement of our *Therapeutic Manual* and its use for fourteen years has perfectly confirmed what has just been said. Only with reference to aggravations and alleviations of symptoms according to time, position and circumstance the higher and the lower potencies remain the same, and this constant uniformity ought to urge homeopaths to study these momenta with particular industry and to pay special attention to the same when selecting a remedy.

We are sorry that we are compelled to break off the discussion of this most important subject here, and shall at a more fitting occasion adduce our experience on this subject more in detail; but we desired to call, already at this time, the attention of our friends and colleagues to this question.

Of the numerous facts bearing on this subject the following from our experience may serve as an example:

A few weeks ago there appeared in the neighborhood of Darup a disease among the cattle, which distinguished itself by a sudden but complete paralysis of all the limbs. Of nine or ten cows seized with this distemper, so far as is known, only two were kept alive, but, also, these are to this day stiff

in all their limbs and can hardly walk. Two weeks ago a cow on our farm at Darup was also seized by it, and all attempts to get her on her legs again were in vain. A messenger was at once dispatched to us for aid. He could give no additional symptom and took with him two powders, namely, one powder 200 and two *Nux vomica* 200, with the direction to give the second only after twelve hours (as always, dissolved in water), in case that number one should up to that time not have shown any effect. The messenger who returned the same night to Darup arrived there in the morning at 4:30 A.M., and about 5 o'clock the cow which still lay in the same condition, received powder number one, according to our prescription. About ten o'clock in the forenoon, thus five hours later, the maid-servant found the cow, much to her astonishment, standing up in her stable eating her fodder with good appetite. When the cow was led out there was not the slightest sign of lameness or stiffness, and the cure was complete, and still remain so. So *Pulsatilla* had been the right remedy.

A few days later a cow of a neighboring farmer (Nagel) was seized by the same disease. Since the rapid cure of our cow had caused a great deal of a stir in the neighborhood, the man asked for the other powder, number two (*Nux vom.*), and the cow received the same, and this cow was also cured, though not so quickly as ours, but also within twelve hours, and it has since then remained in good health. Since the disease was altogether the same in both cases, and there had not been a single case of spontaneous healing, and since both of these remedies, though so different from each other, nevertheless had the same strikingly favorable result, the conclusion is very near that only on account of the high dynamization the curative power of each of them had reached such an extension that both of them were homeopathically suitable, and could equally, though not in the same short time, but still in a short period, produce complete and lasting cure. Another equally fitting solution of this question, which is by no means, however, isolated, might be difficult to find.

[According to this idea, the high potencies would diminish the necessity of exact individualization? This would be a deplorable result. Ed.]

[On the other hand, so as not to discount the experience of Boenninghausen, one possible explanation, for which I have seen ample evidence in my practice, is that animals, respond to a broader spectrum of similitude. - NT]

8. "The curative power and effect of homeopathic remedies, as Hahnemann himself foresaw (see *Organon*, fifth edition, § 275), is in every case conditioned and determined as well by the size of the dose as by the homeopathic appropriateness of the same"

The reference of this item to the paragraph in the *Organon* gives the proper meaning to this dictum. For Hahnemann there warns not against too

small, but only against too large doses, and he in addition italicizes “too strong doses.” A still more special explanation is given in § 276, which follows, in which he expressly calls the larger doses of the higher potencies the most injurious. For many a young homeopath of our time the note appended to this paragraph may be very noteworthy; it is the following: “The praise given of late by a few homeopaths to larger doses rest partly on the fact, that they select too low potencies of the medicine to be selected, as I myself gave some twenty years ago, from lack of better knowledge, partly because the remedies were not selected homeopathically. We would mention here in passing, that these words were written in the year 1833, therefore, the twenty years back of it would point to 1813, the first youthful period of homeopathy. But how Hahnemann gradually arrived at smaller doses and higher potencies, of this the various editions of the *Materia Medica Pura* testify. What progress he made in this respect in his later years, up to his death (1843), thus ten years later, is only known to his more intimate friends, among whom we, ourselves, had the good fortune of being reckoned, and thus we are entitled to the assurance that everything that has been boldly asserted as to his relapse in this respect, is utterly untrue and fabricated.

9. “Since the curative power and effect of the high potency is a fact, every potency, and therefore, also every high potency, may serve as a dose in a given case.”

10. “Thence arise the necessity of individualizing the dose as you do the remedy.”

11. “The ability to individualize the dose increases with the number of the various potencies which may be used.”

12. “In this respect the posological question gains a considerable extension, and as this can only be solved through experiments, careful observation, and correct experiments with the high potencies.”

13. Such experiments must be made on the human organism, with preparations made by the provers themselves, so long as these (provers) show themselves as reagent\* or touch-stone, being in a morbid state, and sufficiently sensitive for substances as subtle as these medicines are.

(\*A substance used to detect the presence of another - *The Concise Oxford Dictionary*)

With reference to the preceding five propositions, which follow one from the other, and mutually supplement and explain each other. We need only to emphasize the one point, which is stated in No. 12, from the *Organon*, concerning experiments and experience. Just as we cannot accept anything on mere assertion or even supposition, so we trust firmly in constant and

indubitable experience, and this is even when the results are of such a nature that we cannot comprehend them. On this account we consider ourselves perfectly justified in doubting every proposition of our therapy, until we have a complete proof of it.

Among these propositions which are strongly drawn in doubt we especially number the frequently repeated assertion that the higher potencies are only adapted to chronic diseases, but that acute ailments must be treated with low dilutions. All who have so far asserted this, and who would like to raise it to an axiom, have left us without any proof in point; on the other hand, all those who have instituted comparative experiments as to it have so convinced themselves of the opposite. It needs, indeed, but few such experiments in order to find out that the higher potencies act much more quickly than the lower, as may appear from the cures of our author, and if in acute diseases the quickest cure is the one most desired then these high potencies must in consequence receive the preference.

Very often we find the statement in articles treating of posology that the physician must have at his disposal the whole series of dynamization in order that he may be able to select what may be the best and most suitable in the circumstances and requirements. This, indeed, sounds very plausible and reasonable to the uninitiated; but we regard it as an empty phrase, deceiving the unwary, so long as there is a lack of sure rules resting on the irrefragable experience, according to which the one or the other potency deserves the preference and ought to be chosen. Of such decisive rules we have not so far been able to find any, except the one given above, the incorrectness of which is manifest, and which besides that is current with but few persons.

14. "Homeopathic potencies, i.e., those fine preparations of medicine which are prepared according to the method and practice of Hahnemann, are, in fact, when strictly examined by no means mere sub-division of the medicines, but rather differentiations and progressions, and at the same time, so to say, a gradual generation and extension of the medicinal qualities of the medicines and of the part given to the patient."

This position we regard as perfectly correct, it agrees with what we set forth somewhat more in detail in our note to No. 7. We need, therefore, only refer to it at this time.

15. "As to the computation instituted, a mere mathematical fraction of the medicinal parts which are contained in such potentising in the dose, it is sufficient and ambiguous, and will lead to error and confusion, as has already been the case; furthermore, the immense series of numbers obtained in the computation surpasses our comprehension and finally this, by no means, corresponds to the real peculiarities of matter."

In agreeing with this proposition, we would refer in addition to B 284 of the *Organon* (5 ed.) and to the note appended.

16. "For the theory (technique) of potentising we are indebted to the labors of Korsakoff and of Joslin, which are of great value."

Korsakoff's Method is well known, that of Joslin we here find mentioned for the first time. The former consists essentially in emptying out the contents of the vial after it has been properly shaken, and pouring in 100 drops of distilled water or alcohol. Since in emptying out the vial at least one drop will remain adhering to it, which serves as the unit from the preceding potentiation for the following one, it may, indeed, be objected that thus it is impossible to maintain with mathematical exactness the proportion of one to one hundred. But it would be an excessive scrupulosity and clinging to minutiae if we should take offence at such a minute defect, the influence of which is sure to disappear the longer this manipulation is continued. On the other hand, the saving in the number of vials, and, when for the intervening stages water is taken, the saving in alcohol, is quite considerable, and the results have always, when they have been compared with the procedure of Hahnemann, proved to be identical. Of course for the potencies which are to be preserved, as well on account of their perfect preservation, as on account of moistening the pellets therewith, only alcohol must be taken. There is therefore nothing to be said against the recommendation of Korsakoff's method, and if Joslin's method agrees with it the same may be said of it.

As is well known the late Jenichen, of Wismar spent a series of years in making high potencies of all the homeopathic remedies commonly used, and these are still preserved and are in the possession of Dr. Rentsch, in Wismar, who has obligated himself to furnish therefore a moderate price to homeopathic physicians. There is a certain obscurity as to the method used by this honorable man, who is truly enthusiastic for the cause of homeopathy, and this has kept some from using these preparations. But that he preserved essentially the directions of Hahnemann as well as the centesimal scale so sufficiently established by two letters which have been preserved, and which we have communicated and discussed in a particular appendix.

17. "In the use of high potencies we should, according to experience, follow the following rule: The more receptive the organism, the higher the potency and the smaller the dose."

In our note to No. 13, we have already expressed our conviction founded on many years experience, and we shall hold fast to this conviction until our error (which we do not comprehend) has been completely shown,

also, by experience. Till then we shall quietly wait and see whether our numerous opponents will maintain their position without any comparative experiments, or whether they will at least give so much faith to the assertions of experienced and honorable men as to make such experiments rather than maintain blind assertions which are unproved, and defend them.

18. "For a scientific establishment of the curative power and efficiency of the high potencies, we cite the well-established law of nature, discovered by Maupertuis and mathematically proved by him; this we apply to therapy. This is the law of the least effects, by others called the *Lex parimonioe*; mocked, indeed, by Voltaire, but defended and explained by Euler, and given its true place again by Franklin. The discoverer stated it in the following words: 'La quantité d'action nécessaire pour causer quelque changement dans la nature est la plus petite qu'il soit possible,' i.e., the quantity of action necessary to produce any change in nature is the smallest that is possible."

19. "In agreement with this general principle the deciding weight rests on a minimum, on something infinitesimally comminuted. Applying this to our therapy, the highest potency contains the most minute dose and is amply sufficient to cause the scale of the balance to sink down, i.e., to effect a cure, if only cure has been taken that it is homeopathically suitable."

20. "This law of effects (*minimis maxima*) appears therefore to be an essential and necessary complement to the law of Homeopathy (*Similia similibus*) and to occupy a similar place with it."

We can also affirm our perfect agreement with this conclusion, and find in these two principles of similitude and of the minuteness of the dose the essential difference between allopaths forms an immediate antagonism to our *Similia similibus*, so there is also an opposition between the size of the dose, for while they give as large a dose as the strength of the patient is able to bear, we administer a dose as minute as may suffice for the cure, without causing any danger or other molestation.



## *The Minimum Price Books*

A huge selection of professional homeopathic literature including textbooks, provings, tapes, journals, seminars, and rare self-published gems.

For book reviews, tables of contents, and online orders, visit [www.minimum.com](http://www.minimum.com)

To order books or free catalog, call toll free: 1-800-663-8272

Minimum Price Homeopathic Books, 250 H St., PMB 2187, Blaine, WA 98230

**NCH answers calls and e-mails from the general public everyday, over 30,000 times a year AND publishes *Homeopathy Today* to members and stores nationwide.**



## 2003 RESOURCE GUIDE

# Homeopathy

Promoting Health  
through Homeopathy

# TODAY

February 2003 • \$4.95  
VOLUME 22, NUMBER 1

### The world of homeopathy at your fingertips

- The best websites
- The right practitioner for you
- Education & training opportunities

Connect in your community:  
Join a local study group!

Homeopathy FAQs



**SAVE THIS ISSUE!**  
Special offers, discounts, coupons

**Join NCH for \$55/year (\$75 US\$ outside the U.S. and Canada).**

# NCH

**NATIONAL CENTER FOR HOMEOPATHY**

801 North Fairfax Street, Suite 306

Alexandria, VA 22314

Phone: (703)548-7790 (11am-4pm, EST) Fax: (703)548-7792

**Join today! Call toll free 1-877-624-0613  
or visit [www.homeopathic.org](http://www.homeopathic.org)**



# Join the NCH

and support the organization  
that has been promoting  
homeopathy since 1974.

**Joining the NCH gives you access to a world of  
educational opportunities:**

■ **New & Improved! 2005 Practitioner Directory & Resource Guide**

– the majority of the 30,000+ inquiries NCH gets from the public each year are from people seeking practitioners – so don't miss this opportunity to list your practice in the Guide and on the NCH website.

■ **New! Monthly Online Chats** – with leading homeopaths.

■ **Coming soon! Online Reference Books**

– Boericke *Materia Medica*, Clarke's *Materia Medica* and Kent's *Repertory of the Homeopathic Materia Medica* – searchable anytime.

■ **New! Online Access to Homeopathy Today**

– for easy and fast reference.

■ **Homeopathy Today**

– filled with interesting, thought-provoking articles.

■ **Bulk Discounts to Homeopathy Today**

– distribute in your patient waiting room.

■ **Vegetarian Times subscription for \$5/Year**

– special members benefit, save \$15.

■ **31st Annual Conference – in Orlando, FL, April 7-12, 2005.**

– mark your calendar and check the NCH website for more information in 2005.

■ **Annual Summer School**

– check the NCH website for more details in early 2005.

■ **Affiliated Study Groups**

– over 150 nationwide promoting homeopathy on the grassroots level.

# BROWN PELICAN

*PELECANUS OCCIDENTALIS*

ORDER: *PELECANIFORMES* (PELICANS AND ALLIES)

FAMILY: *PELECANIDAE* (PELICANS)

GENUS: *PELECANUS*

SPECIES: *OCCIDENTALIS*

AN EXCERPT FROM:

BIRDS HOMEOPATHIC REMEDIES FROM THE AVIAN REALM

BY

JONATHAN SHORE, MD JUDY SCHRIEBMAN AND ANNEKE HOGELAND

## CORE IDEA

FREEDOM TO BE. FREEDOM FROM JUDGMENT. THEY SUFFER FROM THE OPINIONS OF OTHERS AS TO HOW THEY SHOULD BE IN THE WORLD.

The central issue in the psyche of this remedy is the axis of judgment: judgment not with respect to what I say (Macaw) but how I am in the world. The Pelican has to do with being in society, with freedom from judgment for one's being and one's actions, not one's verbal expression (Macaw). Ancient knowledge related to instinctual being.



A number of other themes have been elucidated. Some of them, such as issues with vision, protection of family and spirituality, Pelican shares with other bird remedies. Within these broad themes, however, this individual remedy sounds a particular note. For example, issues of perfectionism and the need to 'get it right', are part of the general bird picture. In the Pelican these issues revolve around the core idea of 'being judged': e.g., doing right lest you be judged. Many provers experienced this freedom from judgment and found they were frequently able to act from natural knowing.

Compounding the dilemma of the issue of judgment, is the problem of trying to do it right in the midst of being unable to figure out how? The need to 'figure it out' versus 'the bliss of being in the moment' featured strongly in the proving. The ability to be in the moment allows for freedom from unjustified fears, griefs and terrors, leading to the possibility that one can

live with emotion but not be the prisoner of emotion.

## KEY ASPECTS

### CONNECTION VERSUS SEPARATION

In some provers who were overly interconnected or concerned with what others think and do, Pelican gave a sense of separateness, which was a relief. What others said or did was of no importance, and certain conversations that the prover found trivial were tuned out or became irritating. For some, this separation became scary, leading to a sense of isolation that was unpleasant.

*"There is a sense of sadness, this sense of separation between myself and the real world."*

*"I have been in a really good realm - where I need to be, not where I should be." "Overall I felt a very deep loneliness. Felt like I needed to connect but did not know how."*

*"It seemed like a millennium ago since I worried about what they thought." "Noticed a level of uneasy competition. Am I doing it right? Can I talk? What's the protocol? I began to relax and 'not care' about the group."*

### INSTINCT VERSUS REASON

Things were known or not known. It was very difficult to mentally figure things out. Thinking either did not work well or did not matter. People would ask questions and with a bit of time, the answer would become known. But it was not a mental process at all. It was more like the information was being accessed from somewhere else, and it took a little while to get to it. There was also an intensity of focus, of being in the moment, which was a strange feeling as it lacked the mental component normally associated with intensity of focus.

*"I felt like I was sharing some kind of secret. There was a common sort of knowledge."*

*"When you follow your own personal integrity you find perfect freedom."*

*"A sense of aloneness. Really powerful, wonderful, to really stand alone, to have my power, my own identity."*

### MENTAL CONFUSION VERSUS CONSCIENTIOUSNESS OVER DETAILS

There was a tremendous desire to 'do things right' coupled with an utter inability to master the small details of any process. Being in the moment was blissful. Trying to put order into one's life or thinking was distasteful or impossible and made everyone irritable. The minutia of any task was completely impossible to focus on; the mind was just not going to go in

that direction. Holding onto more than one idea or thought at a time was hopeless. Trivial details were incredibly irritating.

#### CALM VERSUS ANXIETY/FEAR

Provers experienced an emotional calmness that came from just being, without judgment. The shocking events of the terrorist attacks in New York and Washington in 2001 were met with a centered calm and objective clarity that was remarkable. Provers were affected but not devastated, pulled off center, traumatized, etc. One woman whose son lives in New York, near the scene, reported calmly calling him up, finding out he was ok and saying “fine”. Normally she felt she would have insisted that he leave and come home. Another prover found that the mental judgments which normally arise in her when confronted by a group and which usually provoked her emotions were absent, leaving her very calm.

*“There is an awesome sense of silence and calmness that simply feels different.”*

*“Freedom from worry, even in these circumstances.”*

*“Just being buoyed up; a clown you would hit and it would bounce back up. This ability to land on my feet. I am not really comfortable with that feeling of safety.”*

#### LEADERSHIP

With the sense of separation from the group (and, more importantly, separation from the need to fit in) and the sense of emotional clarity, many provers found themselves taking positions of leadership in groups where they had previously avoided it because of fear of judgment. Like assuming a mantle, leadership became a simple, straightforward process, like stepping in line. There was no ego or agenda in this, just a sense of seeing clearly, knowing what ought to be done and being willing to do it. There was an ability to see the big picture. Details were irrelevant. Several provers experienced clear physical vision as well.

*“Went into my meeting, people talking about leadership. We signed a contract that I would teach for 6 months. I surrendered to it before I would sabotage it. This meeting was no big deal, I just did it. I am going to teach now.”*

*“The unnecessary stuff was cleared away. A feeling of clarity, clear vision, freedom from worry.”*

#### SOLEMNITY, JOY, PURITY

A quiet sense of joy at taking part in something important was felt as part of the ritual of the trituration. We were serious but not heavy or guilt ridden. There was a consciousness of purity in the trituration. (This also shows strongly as a theme in Diamond).

*“Awesome silence and calmness.”*

*“Quiet sense of joy. Things are and will be all right.”*

*“Serious and quiet but had this great desire to laugh.”*

#### RIGHT-SIDEDNESS

Most of the head symptoms were strongly right sided.

#### HYPERSENSITIVITY

Like most birds Pelican has a heightened sensitivity, specifically to noise and odors. There are many symptoms in the head, cheekbones, jaws, teeth, occiput, bridge of nose and brain. People experienced piercing, needlelike pains in various body parts, particularly the eye and chest. One prover experienced severe piercing pain in the chest, continuing over a 2-week period (One old story tells of how the pelican wounded its own breast and fed its young on the blood). Itching bumps broke out on people's bodies, sometimes feeling like blunt hairs growing in.

## **BIRDS: THE BOOK**

### **Remedies from the Avian Realm**

*by Jonathan Shore, Judy Schriebman, Anneke Hogeland*

15 Bird remedies each with core idea, key aspects, natural history, provings and cases. This beautiful book retails for \$59.95 and is now available directly from HomeopathyWest.

Visit **www.HomeopathyWest.com** for some sample pages and an order form.

**HomeopathyWest**

Call or Fax: 1-877-850-5078

email: [seminars@homeopathywest.com](mailto:seminars@homeopathywest.com)

**www.HomeopathyWest.com**

**UPCOMING EVENT: ALIZE TIMMERMAN**

**REMEDIES FOR DYING AND LIVING. DECEMBER 3, 4, 5, 2004.**

*“The itching continues. It is like the itching of hair growing in, but very thick non-flexible hair.”*

*“It felt like a bar was going through my head. “ “Felt a needlelike pain going into my eye. “*

*“Some chest symptoms. Almost frightening chest pain. “*

## TEETH

Teeth and gums were painful, weak, soft and pulsating.

## PROMINENT RUBRICS

*Note: Rubrics marked with an \* indicate suggested new rubrics.*

## MIND

\*Accepting, outside issues don't affect much

Concentration; impossible; irritable when he tries

Delusions, imaginations; blind, that he is

\*Delusion, elongated, neck is

Fear, cancer of

Fear, mistakes, to make

Focus intense Irritability; concentrate, when attempting to \*Leadership (fears taking)

\*Rhymes and rhythm, drumming

Wrong; doing things

## HEAD

Lifting up of the skull, sensation of

Removed, as if calvarium is

## EYE

Open lids, as if; closed lids are wide open

Dryness

Open lids, as if; wide

## FACE

Drawn; jaw, lower, drawn backward, as if

Loose feeling in lower jaw

Trembling; jaw

## NOSE

Epistaxis

## MOUTH

Pulsating; Gums

## TEETH

Pain; pulsating

Pain; pulsating; lower

Soft, feel

Weakness in teeth

## CHEST

Pain, Shooting, sharp, lancinating; sternum,  
in between breasts, left side

## NATURAL HISTORY

With its large bill, flat head, and enormous wingspan, the Brown Pelican is an unmistakable bird found in the coastal waters of the southern United States all the way south to the northern edges of Brazil and Chile in South America.

This bird was at the brink of extinction as recently as the early 1970s, largely due to DDT pesticide contamination, which caused eggshell thinning and failure of breeding. They have since rebounded with the banning of DDT. Fishermen still consider them competitors and at times deliberately kill or injure these birds.

Pelicans organize themselves in very close groups, often to an extent that it makes them vulnerable to natural phenomena such as lightning strikes or hailstorms, which have the potential to take out the entire group. The flocks fly in orderly lines and alternate several flaps with a glide, each bird taking the rhythm from the bird ahead. Lines of Pelicans scale close to the water, almost touching it with wing-tips. At times, the lead bird may drop out of formation to dive for fish or take a break. After diving, it arises from the water and rejoins the line at the rear. The whole process is repeated over and over, like a well choreographed ballet.

Pelicans have long necks, which they hold in an “s” curve as they fly. When diving, they stretch their necks out right before striking the water. Sometimes they hit the water with such force that it can blind them. A pelican cannot survive without sight. If a pelican is alone, it is likely sick or injured. Their feeding is spectacular as they plunge headlong into the water, often from as high as 60’ above. They open their bills underwater to catch their prey. The folded skin below their beaks stretches wide, acting like a great elastic pouch. They come to the surface with fish in bill, tilt the bill down to drain the water then toss the head back to swallow. They are incredibly buoyant and cannot sink because of a system of air sacs under the skin.

The male Pelican displays himself to draw the attention of the female. They build the nest together from material gathered by the male. He puts a lot of energy into nest building in order to impress the female that he is a good mate and will stay the entire 5 to 6 months it takes to raise a fledgling. The female lays two to four eggs of which generally only one will survive. The couple is monogamous for the duration of raising the young bird.

Adults tend to be silent and rarely emit a low croak; nestlings squeal. They are quiet birds, unlike seagulls, and keep to themselves, even as they fly, fish and nest in groups.

## MYTHOLOGY AND SYMBOLISM

Symbolically, the Pelican is imaged as the calm bird that dips into the vastness of the ocean (emotional realm) and easily emerges. Emotions are not foreign, but they are not overwhelming either. Mythology tells of the Pelican opening her breast with her beak so that the young can feed from the blood of her heart.

## REMEDIES TO CONSIDER

*Carcinosin*

**PROVING INFORMATION** This was a Jonathan Shore trituration/proving to the C4 level done in California in September, 2001.



September 11, 2001

Everyone is aware of the events that occurred on September 11. These tragedies happened one week after we started the proving. This event had an impact on all of us and colored the proving in ways we cannot predict or separate out.

## TRITURATION PROVINGS

A trituration proving involves the participants gathering together for one or more days to actually prepare the substance to be proven by trituration, according to protocols described in the Organon. Everyone is preferably grinding the substance in his/her own mortar. Notes are taken and experiences shared during the grinding and/or at the end of each trituration round. Videotaping can be very helpful for accurate reporting.

In addition to the three levels of trituration as prescribed in the Organon, in the last six or seven years a group of German homeopaths have taken this process a step further by adding another round of trituration. Alize Timmerman has taught extensively about the remedies made from this fourth level, referred to as C4 homeopathy. Participants in these provings find that information received from the substance during the four levels of trituration, is very succinct, direct, and precise. It has also been the experience that provers do not “carry” the provings for so long afterward. The C4 trituration itself provides a resolution.



BIRDS HOMEOPATHIC REMEDIES FROM THE AVIAN REALM  
IS NOW AVAILABLE FROM *HOMEOPATHY WEST*

[WWW.HOMEOPATHYWEST.COM](http://WWW.HOMEOPATHYWEST.COM)



# BROWN PELICAN CASE

JONATHAN SHORE MD, DHT

From Birds

Woman, 40ish, brunette hair in upswept feathery cut, furrowed brow and pinched between eyebrows, Latina good looks. Does neck rotation while JS reads over chart. Eyes bright and large. The case is transcribed from edited videotape.

Chief complaint: Headaches

*Why don't you go ahead . . .*

Forty-four year old female that has been in relatively good health. I jog from the git go. I'm always running around, except past four-five years. About 3 weeks ago, started getting this headache. Two days later ended up in emergency room. They gave me a couple shots of Demerol but after getting out of drug haze, pain was still at two to three. It never went away. Had blood work, MRI, CT scan, seen an ENT, my regular internist, a neurologist who admitted me to hospital. Thought I had optic neuritis. Best guess of optic neuritis with atypical headache. Never had headache before. Have high tolerance for pain; have had endometriosis for seventeen years. Told that was my downfall because I can take pain to "five" without taking anything. They said usually headaches don't last two weeks. I'm a headachy person. This isn't normal for me.

I retired from Air Force reserves after 23 years. Don't think I've quite come to grips with that. It hit me harder than I anticipated even though I was ready to retire. I work in a hospital; the head of biomed. My staff maintains medical equipment. I run three hospitals. I like what I do. Eighty percent of my job is public relations. I like to go-go-go. I've gone too much the last eighteen months and feel I haven't been good to my body and soul and it's not been good for me. Been a rough eighteen months. I was put on active duty. We had joint commission and accreditation and every time I turned around there was another regulatory agency coming in. With medical equipment, it's a big thing. I had my job threatened; that I had better do well during joint commission. I'm in a very male dominated world. I can hold my own but sometimes they get to me. I hate having to be at one hundred fifty percent every, every day when other people don't quite have to. At least that's my perception.

OBS: Gestures with the hands a lot as she talks. Fingers are long, graceful.

Her expression is very animated, attractive and her eyes bright, light, and striking. She speaks quickly but not rushed. She's very comfortable in herself.

I'm a person that... Discipline equals freedom to me. I'm really keyed into that. I ran track competitively in my thirties. I bowl. I've played softball for years. I like that competition. I like to push myself. That's why I like track.

No children. Two dogs which I consider my children. I'm the only child of my parent's marriage. I have four brothers and two sisters that are all half. Grew up with four brothers and one sister. One of my half-siblings died some years ago of cancer. I like family but I'm also glad that they're all in San Jose and I'm in San Francisco.

It's not been easy for me but I'm one of those who says "I'm going to make it and you can't tell me I can't."

One thing I want out of this life is that I'm a good person and that I was able to give to people, good, bad or indifferent. That I was able to share myself with people. I'm very much into good, close friends. Having a goodness around my space.

There's a few things I want to do in my life. I want to learn to play the piano. I've learned how to play every other instrument; I just haven't learned to play. I'm going to get my teaching credential, my masters. My major was in pre-Colombian history before I joined the Air Force reserve. I'd like to... for as much as my partner says I don't like to talk, I do. Just have a problem talking with her. (Big smile). What can I say about my military career? I feel my purpose in the military was to educate the ignorant. I don't mean that in a derogatory way. I like to open people's eyes to other things so they're not so stuck in their own square.

I like to cook; I love to eat. I love to be out in nature and I especially like the water. Especially the water. It's very soothing to me. One thing I love about every day is coming home and having my two dogs just love me to death. No matter what kind of a day I've had, those two puppies are happy to see me. Hopefully now that I have more time, I'll be able to get into the garden and have my back yard look decent again.

Especially since I fixed up my broken wrist which has been broken twice. Once by me and once by someone else! (Smiles wide).

I have an interest in psychic things. I like to... I need to get back to meditating. I really liked it when I did it but I let things kind of distract me. That's why I started yoga, to help center me again. Back to meditating and just paying attention to that little voice and that intuition. It's done me very well but sometimes I don't listen. I just get clogged up and that third eye

just gets cloudy.

I don't know what else to say.

*You're doing great. I have lots of questions. Too many questions! So if you keep on talking, it'll kind of just happen. You just keep on for awhile.*

I'm very Catholic but I believe in god in my own way. I don't feel like I have to do it within the confinement of a building but sometimes I go just to find some quiet and some peace.

The one thing I'd like to get back into is running competitively because that's just me and my watch and nothing else. I like that discipline. I like to do stairs and the hills. I like that physical activity. I just crave, crave, crave that physical activity. It'll help get my couch potato body back into some sort of shape.

*I don't think "couch potato" quite describes you. . .*

Well, compared to what it used to be. I am a little self-critical.

*Maybe we could take that as a point of departure. What do you mean by that exactly?*

I think that I'm my own worst judge. For twenty-three years, one month and twenty-nine days I have been in the guard. I've done my duty as best as I can. I've tried to mentor up and mentor down. I've done my job and I've done it very well and... I think there was always that slight...I know that I've done a good job but I don't give myself enough credit to look at the whole big picture. If, on a scale of one to a hundred; my whole military career is a number, I'd give myself an eighty. When I retired, I had this dinner and I had people talking and awards were given and I had a lot people from all aspects of my life talking and I see that I was a ninety-eight!

*When you say "down on yourself," you say what to yourself?*

That I haven't been the best that I can be.

*And if other people criticize you?*

Ooah! Sometimes it might not even be criticism. I see it as criticism, a personal criticism or attack rather than an opinion or a thought. I turn it around to be a personal attack. I do that really well.

*And the personal attack?*

That my staff don't know what they're doing in their day-to-day tasks, I would take as a personal attack on me because I see it as my responsibility

that my staff gets the training and everything they need to do their job.

*What's an attack?*

To me, an attack is; if I just would think really quickly; it would be a point that I have no control of what is going on. Not that I'm a control freak! But they want to throw the blame. For instance, when I'm at work; I'm doing my job. It's quiet. There's no noise. And there's another man there, my equal, his department is not quiet but I get blamed. And I have nothing to do with that department.

Somehow, you're sensitive enough, that they get you.

Yes.

*So tell me, the Air Force reserve. . . it's a state job? Not Federal?*

Yes, the California International Guard.

*Why did you sign up?*

I was at college and since my family was poor, I was on the financial assistance program. The criteria for that was that I had to take certain classes having to do with my heritage.

*OBS: Makes the claw sign for "had to take."*

So I had to take Mexican-American studies, and pre-Colombian history and we would have counselors help guide us in our college careers. I played with the idea when I left high school of going into active duty Air Force because I loved the uniform and I wanted to see the world. When you're poor, you haven't even been outside the city you live in, that's all enticing. And in my second year of college, I was getting disenchanted with...that I didn't fit the mold back in 1976-77, of what a Mexican-American, a Latina woman, needed to fill and I started having problems with counselors. I didn't fit into their idea of what a Latina should fit in. I should be into La Raza; I should pronounce my name in Spanish rather than English. And I didn't feel that I needed to do that!

I wanted to go down my own path, the way I wanted to deal with it, without any influence and if I made a mistake somewhere down the line, well what the heck, it was my mistake.

I didn't want to do it! I'm me! And I should be ok just how I am. So my skin is brown and my last name is (common Spanish surname) but I'm still a human being and I still have feelings and wants and desires and I got disenchanted with school. And I thought oh, I can look into the military thing again. And my cousin suggested the International Guard. You can

choose what you'd like to go into! "Bingo!" So I took this test and they said you're really good at this and this. And they said, "How would you like to go into medical equipment repair?" And I said, "What's that?" I wanted to be in the medical field and they said your mechanical and electronic scores are high, especially for a female...

*Why the medical field?*

I've always had this kind of affinity for the medical field. I wanted to be a physician at one point. I liked the whole caregiver thing.

*What do you like about the caregiver?*

You can make a difference when someone's not feeling good.

What I do, it makes things better for the outcome. One thing I learned, I started taking these classes and I volunteered at hospitals, that I'd get emotionally involved. And that would be my downfall. Because people and they get sick for long periods of time and I realized early that I had a ~ time separating that. So my job was just the right chemistry. I could be in area where...

*So it's intentionally abstract?*

Yes. In a very emotionally engaged... I would take people's pain and hurt and stuff on and it was very difficult, almost impossible, to be in a space with someone and know that it's ok not to take that on. I would feel a need to want help them; make them soup, wash their hair, whatever, and that makes me cry all the time.

I have an extreme affinity for the elderly. I think that comes from being raised with my grandmother.

*What was your rank?*

Senior master sergeant. E8.

*How come not "officer?"*

You're the second person in a week to ask me that! I think I was just comfortable being in there, one of the guys, rolling up my sleeves. My partner said; "You obviously went into a supervisory role, you're a manager, people love to work with you..."

*You're ambitious and competitive and it's a natural...*

I think that maybe somewhere, I felt that if I became an officer, I was not going to be... In the military, it's very...(makes hierarchical gesture). It

would be hard-pressed to keep up this officer role and be myself.

*Tell me about water?*

I love water. Water is...I feel like water cleanses my soul. I love water because I feel it rejuvenating, very spiritual, very cleansing, it feeds my soul.

*What do mean water? Any water, like a shower or a bath?*

The ocean. It could be a lake but I prefer the ocean. Any ocean. I don't mind lakes and stuff but ocean....

*Do you ever fly in your dreams?*

I do. I've flown and seen the world from up high. I recall watching. .like flying from now to where the pyramids were being built. Being like a butterfly watching all this happening. Being able to move and watching all the different parts of all the objects. Just watching.

*So you both fly in space and in time?*

Yeah, I have. When I wanted to be an Egyptologist, or an archeologist. Then I found that there are snakes out there and uh~uh.

*Ever have an interest in birds?*

I used to like to watch the robins when they come in springtime, with their red breasts or the blue jays. I'd sit and watch them. Pelicans scare me. Because one tried to attack me one day! I was minding my own business, in Monterey and one came after me. They said it was because I had food in my hand but...

That seems really unusual. People around me thought it was unusual!  
(Laughs)

Rx: *Pelec-o* 30C

FOLLOW-UP TWO WEEKS LATER:

OBS: *Comes in dressed patterned coat, less made up.*

Why don't you tell me from the time I saw you last.

Well, I did the remedy and I felt pretty good. Took another two doses after the first one.

OBS: *Voice sounds much younger, softer.*

That weekend, I felt pretty bad, when I called you Monday, and you said that's to be expected so then I actually started feeling better. Till this week. Then the headaches started coming back. So yesterday, still had a headache. It wasn't like a five. I took a nice shower; had the warm water beating on my neck, using the massager and I went to bed early and I woke up feeling good, really good.

So at the beginning, you took the remedy and right away you felt something?

Later that night, a friend asked me how my headache was and I noticed that the headache was missing and I hadn't noticed it was missing but just for short; periods of time.

#### FOLLOW UP TWO MONTHS LATER:

*OBS: Looks completely different. Looks white skinned, wearing glasses, hair going grey. Wearing deep red turtleneck.*

So how have you been?

Good. The last couple of weeks had a slight headache but because I was under an extreme amount of stress. Because taking care of partner undergoing shoulder surgery.

*Besides the headache, any other change?*

I feel all around better.

I feel a little bit more balanced, if I could say that. I'm just feeling better all the way around.

I love my friends. There are people I see at work that I consider my friends are also my acquaintances. I like to cook; I like to have my friends over and cook. That's what I do. I like that. I need that. I like yoga. To me, it's like freedom where for an hour and a half, I don't have to think about anything than trying to get something right. Because I like that discipline. That's why I loved the military so much, so much as I did. That trying to get it right.

#### FOLLOW UP ONE YEAR:

*OBS: Hair definitely silver grey. Wearing bright red sweater.*

I started getting headaches again. About two weeks ago.

*Any particular reason?*

I think just overly stressed. I feel like I've hit the wall. I've been very emotional. Very weepy. Very moody in the last month. I think I'm going through a little depression.

*Do you think this remedy did anything?*

Oh yes! I went off the remedy, when I had my knee done and had all those narcotics and blah blah. I didn't realize until I pulled back and looked at it. It controlled my allergies. I had more energy. I could be tired but...not like now, when it can be 6:30 or 7:00 and I sit down and fall asleep. I'm not sleeping as well. I might sleep for ten hours but it's not restful sleep. I have a lot of mind chatter.

The big thing is the energy and my allergies. Because people around me would ask, "Are you on some new medication?" because there's a bunch of us and we normally all suffer together. I didn't get it till afterwards, when I realized that I hadn't been taking the remedy and my nose was dripping and I had all this nasal congestion and my eyes were wanting to fall out of my head.

Rx: Remedy was repeated in the 200C with good result.



## THE BRITISH INSTITUTE OF HOMEOPATHY

Home study courses in Homeopathy, Herbology, Clinical Nutrition, Flower Essences,  
Aromatherapy, Women's Health, and the Human Sciences.

Clinical Training available in conjunction with Karen Allen's Virtual Clinic, Dr Ardavan Shahrdar and the Homeopathic Symposium



Call or write for a free prospectus

THE BRITISH INSTITUTE OF HOMEOPATHY

Located At: The Herb Garden

580 Zion Rd

Egg Harbor Township, NJ 08234

609-927-5660

[www.bihusa.com](http://www.bihusa.com) - [info@bihusa.com](mailto:info@bihusa.com)

**Exciting New  
Courses!!!!**

A 30 REMEDIES STUDY

And the  
COMMON COLD  
AND FLU



## INTERVIEW WITH LOUIS KLEIN RS.HOM

*NEIL TESSLER ND, DHANP*

NT: What are you up to these days?

LK: I tell my family and friends that I have five full-time jobs, at least it seems that way. I'm still teaching the Homeopathic Master Clinician Course; it has been eight or nine years since its inception. Along with this, I have been supporting various undergraduate schools, and even started an Online Foundation Course. I am currently also working on two new books. My family is growing up as well - my son just graduated from high school and my youngest is only seven. We will have three children in University come this fall.

I am very excited about what I have accomplished in terms of the graduates of the courses, and the quality of the homeopaths that I have had the good fortune to work with. It gives me great hope, but plenty of work! I also feel, as a teacher, that it is essential that I see many patients and keep my own practice going. So, I am still seeing many new patients.

As well, I consult on cases with the students and see live first-time cases in the class with another practitioner following the case. The positive thing about this is that I get an independent view of my work and the follow-ups and also cures are confirmed in front of the class.

I appear to be getting more curative results, although with paper cases in particular, it can be difficult to assess. In the last nine years, I have consulted with other practitioners on over 1300 cases. I know this because I use a computer database program to store the information and it keeps numerical records. Computers have helped me to be more efficient. It helps that I am able to program the database effectively. For many years I have also been putting my own cases on my laptop using a program that I designed. It is like having a walking, encrypted and password protected filing cabinet that goes everywhere with you.

NT: What are your views on the current scene in homeopathy?

LK: I'm optimistic, and at the same time I am very concerned about the well-being of homeopaths. I spend a good portion of my time answering

questions from both students of mine, as well as other practitioners. I spend a lot of time taking homeopath's personal cases, and consulting on cases from their practice. I hope that I can serve the needs of senior homeopaths, and be there for them when they may confront some difficulties. Again, I care about their well-being.

Having worked with so many individually, I feel that I have a good grasp on what is happening, yet see that each of us, as practitioners, bring something unique to the profession.

For the sake of general discussion, I see that in the current homeopathic professional scene we have three different groups of practitioners.

I recently went with my beautiful seven-year-old daughter to see the movie *Shrek 2*. There is a great scene where Shrek and his wife are on a journey and the mule is in the back. The mule keeps annoyingly asking "Are we there yet?". Anyone who has children has experienced that situation on a long trip. This is like one group of homeopaths that complain constantly about the fact that we aren't there yet. They see every new bit of information or someone introducing a new type of approach as making the journey longer and more arduous. They have some concept that eventually the profession will arrive somewhere, even though they can't quite articulate where that is. This is particularly with new homeopaths and homeopathic students. It is mainly a reluctance to see the profession as a beautifully evolving process.

There are others who don't even think we should start the journey. They are happy to be in the little shtetle of homeopathy originally created by Hahnemann and friends. They like to discuss how many angels fit on a pin and the godliness of Hahnemann. It's a small town, but hey, it seems safe, very safe and of course rules and regulations are very important, such that unique expression is squelched.

There are others in this group who sneak out of the town at night and party, and then in daylight say they are part of the little town and have never left. Some of these homeopaths, when they use homeopathic remedies in any new way, don't call it homeopathy but some other new name so they can continue to appear as if they are only doing Hahnemannian small town homeopathy. They like to wag fingers at those who have decided to leave the little town. They like to keep homeopathy as a marginal profession but one over which they have the main measure of control.

Then there are the majority of homeopaths out there who are slogging in an honest and hardworking way. They realized a long time ago, that the little town did not really fit for them and most importantly it didn't completely work for their patients. They have high standards of what is

really curative and as a result had to move on from the restrictive mode of using fifty or so remedies in a closed way. I consider myself part of this group of hard slogging, but open-minded homeopaths. I haven't thrown out the classical literature and method, but I have built on it.

This expansive process involves the eradication of pathology; not just that the patient "feels" better or changes in minor psychological ways. By emphasizing this, it prevents homeopathy from degenerating into closed systems or the psychological imbroglio it has in the past.

As a homeopath, there are times when you ride the wave of great homeopathy and it's such a wonderful experience. New remedies and techniques, while using the single remedy approach, are really what I consider to be good homeopathy. I also believe that there needs to be room in the profession for uniquely artistic methodologies that are grounded but still intuitive in nature. The profession has to evolve and proceed to a new independent level and not just derive it's juice from Hahnemann only.

I love that there are new ideas and concepts. I would like to see these ideas integrated over time. I believe it can only strengthen our profession for individual homeopaths to express them and for us to incorporate them in our own unique ways.

I have just written a positive review of Jan Scholten's *Homeopathy and the Elements*, a book that was first published in 1996. I felt that after many years of using his materials and methodology that I was ready to say what I really felt about it. It is good to test out new ideas and approaches over a period of many years. (Don't ask me how many years I have practiced. I usually say, "Oh over 20", but it's now coming up to 30 years!)

NT: So you feel that Jan's mapping of the periodic table and some of his *materia medica* is reasonably reliable, even when speculative?

LK: Yes, my experience has been that Jan Scholten's information is reliable. I have quite a few patients, including homeopaths, who have been cured of serious problems by my applying the methodology and not just the *materia medica* information.

As far as it being speculative - well, even Hahnemann did a lot of speculation - speculation that has turned out to be generally correct. Even in a proving we speculate its clinical value from the data collected from provers. Eventually, we come across a patient with a problem we think the remedy matches. When we apply the remedy and see a cure, we now have confirmed clinical information- but it started out as speculations.

Human beings and their symptoms are not immutable. To try to extract

immutability from a remedy as if they work in some sort of biochemical fashion is a false expectation and negates the beautiful subtleness of the energetic medicines we work with.

NT: What about provings?

LK: I just finished a proving of the remedy *Vanilla Planifolia*. I was considering proving an exotic orchid, and instead realized that Vanilla had never been proven! The main theme of this remedy is “cancer of the material world” as well as “Martha Stewart”. I’ve never seen so many references in a proving to food, kitchen utensils, picking out towels, buying shoes and to the style of things.

Almost all of the provings that I have been master prover of will be published in a book in the next few months - *Luminos Homeopathic Provings*. There will be six full Hahnemannian provings. I feel that these are my gifts to give back to homeopathy. The provings are currently also free to download from our website: [www.homeopathycourses.com](http://www.homeopathycourses.com).

NT: What have you learned about provings and proving methodology from the work you have done in this area?

LK: In the beginning of the new proving book, I will be discussing the careful methodology that I applied in doing the complete provings. Importantly, I provide some solutions to the problems I perceived in other modern provings. One of the solutions is a protocol based on the Helsinki Human Experimentation Accord. This includes a “prover agreement” signed by each participant in the proving, including supervisors.

Provings create written commentaries on the sensations and experiences of provers. In a well done and safe proving, not a poisoning, the prover should experience a reflection of possible pathologies. This initial information gives us a clearer and a much broader start for our clinical usage of the remedy.

**ELIXIRS.com**  
Homeopathy for Health

ELIXIRS.COM offers online search by symptom, remedy name or health problem.

1-800-390-9970 / [health@elixirs.com](mailto:health@elixirs.com) Kathryn Jones Health Counselor

Offering personal attention, unusual remedies-potencies, practitioner supplies.

We offer homeopathic remedies, books and products from several manufacturers.

NT: What is your current view of miasms?

LK: I am in the process of researching and writing comprehensively about miasms. I use many miasmatic models and nosodes, not just the ones in Hahnemann's time. In my seminars, I have shown some remarkable cures, or completion of cures, using many different miasmatic remedies including ones made from viruses such as Dengue fever and others like Malaria nosode.

I also acquired the remedy *Mycobacterium paratuberculosis* which I also proved and have taught extensively about. The proving is yet to be published, and won't be in the next book.

This bacteria, which causes Johne's Disease in animals, has been implicated in Crohn's disease in allopathic circles for many years. In the proving, it turned out to be very much related to patients who have Crohn's, both in the echo of pathology in the proving and in the disposition of the patient. I have used it in these cases, but not just for patients with Crohn's. The remedy is available from Hahnemann Labs in California.

NT: How do you utilize the expressions of the patient; their mental, emotional nature. What do you look for and how do you pursue it?

LK: I always feel that it's important in an interview to allow the patient to really speak. To listen in such a way that the patient truly expresses what is deeply disturbing them. If you go after one thing that you think is "it" you may really miss what is "it". So in the end, I allow in my being "space", so the important symptoms and perceptions rise to the surface. I do this, rather than using a reductionist methodology and a case taking method that has too much homeopathy-on-the-brain.

NT: When you say "case-taking method with too much homeopathy-on-the-brain", are you referring to thinking of remedies or in other ways running ahead of the patient?

LK: Both. One of the major prejudices we bring to the interview is homeopathy itself. It is best in the beginning of the interview not to think about remedies, to be free from prejudice, and to be sincerely interested in what the patient is saying. This avoids boxing yourself in right from the start which is a kind of prejudice.

NT: What do you look for when you are analyzing a case?

LK: One of the things that I am distinguishing lately in my teachings and writing is the difference between pathology and disposition. I believe that

this lack of distinction between these two practical concepts is what has created much of the quagmire in modern homeopathy.

Whereas pathology refers to the true disease symptoms, disposition can be both the positive and the negative aspects of the person. The disposition shapes each person's unique way of responding to events. It includes the consistent positive and negative attributes that form our attitudes and actions.

To paraphrase Hahnemann, the mind and disposition are key to the correct prescription. So that should be the focus to determine the individual remedy in the initial analysis.

What is essential, is that we focus on the pathology being cleared up in future follow-ups. Our evaluation of the effectiveness of a homeopathic prescription needs to be based on the initial change in pathology. For example, someone comes to you and says that they are very organized, and also has serious arthritis in the hands. Then they come back and are less organized, but their arthritis is the same, it is not a good result. It sounds strange, but in some convoluted way, some homeopaths would use the symptom, "fastidious" in this case and then say, "Well, in the follow-up the mentals are better so it's a good prescription." What they haven't fully appreciated, is that Hering's laws of cure refer to pathological mind symptoms, not positive attributes of a patient. Being organized is not pathology unless it is severely compulsive.

NT: What do you see as the future of homeopathy?

LK: I believe that the homeopathic profession is at a pivotal point. I hope that all practitioners of homeopathy can agree to celebrate, and define our differences from the allopathic model. Keeping faithful to our uniqueness will be the ultimate challenge as homeopathy becomes more mainstream. Our difference is much more than the giving of homeopathic remedies versus pharmaceutical medications and surgical interventions.

Practicing homeopathy has been very rewarding for me; I have seen such profound changes in individuals that come my way. It is what motivates me to want to do more and more, and share my love and aptitude for it.

**Louis Klein R.S. Hom.** is the author of *Clinical Focus Guide to Homeopathic Remedies*, the director of Luminos Homeopathic Courses and one of North America's most respected teachers. He makes his home with his family on Bowen Island in British Columbia.

# BELLIS PERRENIS

THERAPEUTIC HINTS FROM  
NEW, OLD, AND FORGOTTEN REMEDIES  
EDWARD ANSCHUTZ (1917 EDITION)

NATURAL ORDER - Compositae.

SYNONYMS - English, English Daisy, Garden Daisy, Hen and Chickens; French, La Paquerette; German, Maslieben.

DESCRIPTION – “A perennial herbaceous plant, stemless, scape naked, single headed. Leaves obovate, crenated. Flowers are whit heads many flowered, radiate, the rays numerous and pustulate. Scales on the involucre herbaceous. Flowers March to August.” - *Homoeopathic Pharmacopeia of the United States*, 1914.

HABITAT - Europe, mostly in Great Britain.

HISTORY - *Bellis perennis* was first mentioned in homeopathic literature by Dr. Henry Thomas, British Journal of Homeopathy, Vol. 16. Other references to the drug are to be found in Allen's *Encyclopedia*, *Homoeopathic World*, Vol. 19; *Hahnemannian Monthly*, Vol. 19; and in a few other homeopathic journals of several years ago. *Bellis perennis* is described both as regards its symptomatology and therapeutic applications in Clark's *Dictionary of the Materia Medica*. This work quotes largely from Dr. Burnett, of London, who used the drug considerably. It is mentioned in Dewey's *Essentials of Homoeopathic Materia Medica* and occasional reference to it as a medicine is to be found in the periodical literature of the homeopathic school.

PREPARATION - The fresh plant, in flower, is pounded to a pulp and submitted to pressure. The expressed juice is then mixed with an equal part by weight of Alcohol.

*Bellis perennis* or daisy, formerly called consolida, on account of its vulnerary properties; the roots and leaves were used in wound drinks, and were considered efficacious in removing extravasated blood from bruises, etc. It is said to be refused by cattle on account of its peculiar taste. Light foot, in his *Flora Scotica*, says: “In a scarcity of garden-stuff, they (daisies) have, in some countries, been substituted as pot herbs.”

My first trial with this plant as a curative agent was in the autumn of

1856. While on a visit in the neighborhood of Bangor, a countryman, understanding that I was a “doctor,” wished me to prescribe for his foot, which he had sprained very badly. Not having either *Arnica* or *Rhus* with me, I determined to try the effects of the daisy; so directed him to procure a handful of the leaves and flowers of the plant, chop them up small, boil them for a quarter of an hour in half a pint of water, and apply them in linen as a poultice round the ankle at night.

The application was not made until the next morning, but in half an hour’s time the ankle admitted of very fair motion. A piece of calico wetted and wrung out of the daisy water was then wrapped round the ankle, and the man put his shoe on and limped about all day, walking not less than five miles. He repeated the poultice at night, and found his ankle so much restored in the morning that he was able to walk four miles to his work without experiencing any difficulty.

The success, in this instance, so far exceeded the previous use of *Arnica* and *Rhus*, especially in the time gained, that I had a tincture from the whole plant made for such uses, and have used it in sprained ankle from a fall - the ankle was well the second day. A sprain of the wrist, which had been a week ailing, yielded to the daisy in three days.

I have also successfully used it in several severe whitlows; in every case the pure tincture was used externally. The only provings I have made with this remedy have been with the pure tincture in ten or twenty drop doses at a time. After taking the medicine for fourteen days without any symptoms, I suspended the use of it - in two weeks after leaving it off, for the first time in my life I had a large boil on the back of my neck (right side), commencing with a dull aching pain; some difficulty and a bruised pain in keeping the head erect; slight nausea, want of appetite, and a little giddiness in the head at times. Pain in middle finger of the left hand, as of a gathering, for a short time only; and at the same time pain in inner side of left forearm, as of a boil developing; two nights before similar pains in corresponding parts of the right arm - query, are these effects of *Bellis* (this was written December 11, 1856).

The boil on the neck came December 7, 1856; began as a slight pimple with burning pain in the skin, increasing until in six days’ time it was very large, of a dark fiery purple color, and very sore burning and aching pain in it, accompanied with headache, extending from occiput to sinciput, of a cold aching character; brain as though contracted in frontal region, dizziness, etc. (as before stated). I now set to work to cure myself, which by use of hot fermentations and lint dipped in Q tincture of *Belladonna* externally, taking at the same time 3rd dil. *Belladonna* internally, was soon accomplished. Three days after this was cured, another made its appearance, which speedily succumbed to the same remedies. As I had never previously had a



boil, and had not made any change in my diet, I suspected *Bellis* tincture to be the cause of the trouble.

On the 12th of January, 1857, feeling my left foot somewhat strained after running, I applied *Bellis* 0 to the strain, which for several days aggravated the feeling; and in five hours after the application I had another small boil (three weeks after disappearance of the last), which yielded to same treatment as the others, by January 19, 1857. On March 7, 1857, I chewed some daisy flowers. On the 11th a small boil appeared at the angle of the inferior maxilla, right side; *Belladonna* 0, externally, cured it. The last trial I made with the third centesimal dilution of *Bellis*, taking three drops on Tuesday, 2nd March, 1858, on the following Friday a small pimple appeared a little behind the angle of left inferior maxilla; it increased very much in size and pain by Saturday, when I treated it with *Belladonna* 0, externally, to which it soon yielded. As at no other time in my life have I suffered from boils, I am inclined to think these are due to the use of the daisy.



## Massimo Mangialavori BOSTON, MA

Open to advanced students and practitioners.  
Accredited by the CHE for 38 hours

October 17-23, 2004

### ***Identity and Individualization***

Milks: Lac leoninum, Lac lupinum, Lac ovis, Lac suis, Lac asinum, Lac yama  
Insects: Apis, Vespa, Cantharis, Coccus cacti, Formica rufa, Blatta, Coccinella, Doryphora, Scolopendra, Culex  
Parasites: Hirudo, Pediculus capitis, Cimex, Pulex, Trombidium

April 24-30, 2005

### ***Alchemical View of Precious and Base Metals***

Relationships between various metals and plants, animals and nosodes.  
The salts of Aurum, Argentum, Plumbum, Stanum, Cuprum, Ferrum, Mercurius, Platinum, Niccolum, Chromium, and more.

October 16-22, 2005

### ***Nightmare between Life and Death***

Remedies of the Solanaceae family and related remedies.  
*Belladonna*, *Capsicum*, *Gallicum acidum*, *Lyssinum*, *Mandragora*, *Paris quadrifolia*, *Solanum nigra*, *Solanum tuberosum aegrotans*, *Stramonium*, *Tabacum*, *Tanacetum* and others.

*Massimo perceives the intricacies of small remedies and their associated families primarily from his cured patients. His criterion for cure is that the chosen remedy has had a curative effect in both chronic and acute conditions for over two years.*

For more information and multiple events discount, please contact us.  
e-mail: [bwood@igc.org](mailto:bwood@igc.org) or (978) 635-0605

# BUILDING A HOMEOPATHIC PROFESSION

TODD ROWE MD, MD(H), CCH, DHT

It is my belief that the building of a homeopathic profession is the most important task currently facing the homeopathic community. Only in this way can the divisions that separate us be removed and the practice of homeopathy be expanded. Building a homeopathic profession is a vital step toward greater public recognition and acceptance. It was ultimately the formation of a professional identity that allowed the chiropractic, acupuncture and naturopathic communities to grow and expand in the past.

## Creating A New Licensure

In his recent *Simillimum* article *White Paper on the Homeopathic Profession*, Dr. Harry Swope wrote that “without accredited schools of homeopathy, and depending on the willingness of states to license individuals with limited (or no) medical training, there is little likelihood that (licensure of professional homeopaths) could be achieved on a national level in the next 50 years”.

I am more optimistic. Not only do I believe that this is possible, but likely that this could be done within 30 years if the homeopathic community were to get behind such an effort. What is most important for this to succeed is that the process start in one state. From there the movement can expand over time. Such a process is also not just for professional homeopaths. It is expected that MD's, DO's, ND's, DC's and LAc's would become homeopathically licensed, if that is their primary identity and practice.

## Formation of a Full Time Homeopathic Medical School

The Arizona homeopathic community is planning the formation of a full time homeopathic medical school. Graduates would be licensed by the Arizona Homeopathic Licensing Board to practice homeopathic medicine in the State of Arizona. Their scope of practice would be limited to the practice of homeopathic medicine.

This program would encompass both training in homeopathy as well as training in the basic medical sciences. This would be a comprehensive training program that would provide the graduates with all the basics necessary for independent practice. Clinical training would be a prominent feature of the program. It would be federally accredited.

Feedback from the national community thus far as been very

positive. The Arizona homeopathic community including the Arizona Homeopathic Licensing Board and the Arizona Homeopathic and Integrative Medical Association have also been very supportive of this effort.

### Is There a Need for Such a Program?

I believe that there is a strong need for the existence of full time homeopathic medical schools within the United States. This represents the next stage in the growth of homeopathic education and the development of our homeopathic community. It is a vital and central step in the establishment of a homeopathic profession.

Other key factors include the following:

- Many potential homeopathic students inquiring about a career in homeopathic medicine, feel dissatisfaction with the current options for practice. More students would enroll in homeopathic schools if they saw greater options for homeopathic practice.
- There are a growing number of unlicensed homeopaths who are extensively trained and certified in the United States who have no legal way of practicing homeopathy.
- The establishment of such a program would provide increased opportunities for homeopathic research.
- There is a need for increased numbers of practitioners to meet the growing demand for homeopathic medicine. The establishment of homeopathic medical schools would increase the number of homeopathic practitioners (because larger class sizes would be created).
- Many of the current homeopathic schools that teach homeopathy provide insufficient hours or training for skilled practice or certification as a homeopathic practitioner (500 hours didactic; 500 hours clinical). Such a program would provide sufficient didactic and clinical hours for national certification in homeopathy.

A similar program is being considered in the long range planning on the East Coast as well.

### History

The presence of full time homeopathic medical schools in the United States is not a new idea. Currently there are no full-time homeopathy programs. There were many such medical schools at the turn of the century, the last closing their doors by about 1920, although Hahnemann Medical College offered classes in homeopathy into the 1940's. There are many full-time homeopathic medical schools in other countries around the world today, being especially common in India, South America and Europe. We feel that the time is now right for this important step in the United States.

Many of the homeopathic medical schools in the past have

not been truly homeopathic in nature. Some of these were little more than conventional medical schools that offered a few additional courses in homeopathy. It is our intention to offer over at least 1500 hours of homeopathic training in addition to training in the medical sciences. We also feel the importance of integrating homeopathy into the basic sciences.

#### Why Arizona?

Arizona is somewhat unique in that it already has a homeopathic medical licensing board. Two other states in the country, Nevada and Connecticut also have similar licensing boards. The existence of the Arizona Licensing Board makes the changes necessary for the creation of such a program much easier.

Arizona also has an already existing non profit, state licensed and provisionally accredited (through the Council on Homeopathic Education) school, the Desert Institute School of Classical Homeopathy. The groundwork has already been done towards the formation of this new program.

#### Honoring the Freedom Movement

Freedom legislation is an important national effort to create freedom of practice. This legislation has been adopted by several states including Minnesota, Rhode Island and California. It is being pursued in a variety of other states as well.

It is our belief that it is possible to simultaneously pursue both freedom legislation and licensure. Both of these movements have the potential to grow the homeopathic profession but in different ways. Recent discussions in the Homeopathic Action Alliance, an organization consisting of representatives of all the various homeopathic organizations, have supported this notion.

#### A Question of Identity

In his recent article, Dr. Swope suggests that “the naturopathic medical schools will develop homeopathic specializations that attain the highest possible standards of preparation of homeopathic practice while conferring the only degree whose scope of practice currently specifically includes homeopathy.”

I believe that any attempt to bring homeopathy into an existing profession, whether it be naturopathy or conventional medicine, would be to change the nature of homeopathy. It is a question of identity. For those whose primary identity is that of being a naturopath, this might serve them well. For those whose primary identity is that of being a homeopath, there needs to be a separate and free standing profession. It is also likely that any attempt to bring the licensed practice of homeopathy solely into the naturopathic profession, would be met by strong resistance from the homeopathic community.


## What Needs to be Done

To accomplish the task of creating a homeopathic medical school, two phases of the project are required. Phase One involves the necessary changes in the Arizona State Legislature. This proposal would require a change in legislation creating a new category of licensure by the Arizona Homeopathic Licensing Board. Consultation with an Arizona lobbyist indicates that this can be done but will require some funding. Phase Two involves the actual construction of the school. This process will be gradual. We anticipate that it will take 3-4 years before the school will be able to open its doors.

## Community Involvement

The formation of such a program is not in the hands of a single or few individuals. Ultimately it will need to be a national effort, requiring wide spread community support. There are a variety of ways to participate in this effort, such as financial support or committee involvement. There is much planning and groundwork that needs to be done. For more information, please contact Thelma Rowe or Todd Rowe at the Desert Institute School of Classical Homeopathy, 2001 West Camelback, Suite 150, Phoenix, Arizona 85015; 602-347-7950; 602-864-2949(fax); [www.weteachhomeopathy.com](http://www.weteachhomeopathy.com)). We welcome your participation and input on this exciting and important project.





2 FULL DAYS OF PEDIATRICS  
WITH FAROKH MASTER, MD

# From Embryo to Adolescence


A PROGRESSIVE JOURNEY

**September 25 - 26, 2004**  
**Toronto, Ontario**

*"Dr. Farokh Master is not an aloof 'homeopathic guru'. He humbly deals with real pathologies and gets real results." — Dr. Asa Herschoff*

- Discover how a mother's emotions affect the embryo
- Understand a child's mind and emotions
- Observe a child's relationship to illness using repertory & analysis
- See live video of difficult cases with advanced pathology

For more information & easy on-line registration, visit:  
[www.wholehealthnow.com/farokh\\_master](http://www.wholehealthnow.com/farokh_master)  
call: 888-722-5423 (pacific) or email: [newevents@whnow.com](mailto:newevents@whnow.com)



Whole  
Health  
Now

# CALENDAR OF EVENTS

## **OCTOBER 2-4, 2004**

**Misha Norland, Sante Fe, NM**

**Exploring the dynamic roots of suffering and the dynamic evolution of healing**

**Mini-workshop format seminar**

**School of Homeopathy Devon**

Contact: Betsy Levine,

Phone or Fax: (866) 424- 8783.

## **OCTOBER 2-3, 2004**

**Andre Saine ND, Farmington, CT**

**The Homeopathic Treatment of the Patient with Pneumonia**

**American Institute of Homeopathy**

Phone (888)445-9988

Email [aihmember@homeopathyusa.org](mailto:aihmember@homeopathyusa.org)

[www.homeopathyusa.org](http://www.homeopathyusa.org)

## **OCTOBER 2-3, 2004**

**Jane Cicchetti, RSHom(NA), CCH, Ottawa**

**Dreams, Symbols and Homeopathy: Archetypal Dimension of Healing**

Contact: Toronto Homeopathics

Carolyn Ramos (416)604-0017

[Carolyn@TorontoHomeopathics.com](mailto:Carolyn@TorontoHomeopathics.com)

## **OCTOBER 2-3, 2004**

**A.U. Ramakrishnan, NYC**

**Gynecology and Obstetrics**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

## **OCTOBER 2-3, 2004**

**WILL TAYLOR MD, Oak Brook, Illinois (suburban Chicago)**

**PLANT FAMILIES: a classical homeopathic perspective**

**Homeopathic Association of Greater Chicago**

Contact: ProfWILLinILL@msn.com

(708)447-2468 or (708)387-2540

**OCTOBER 7-10, 2004**

**Advanced Course in Veterinary Homeopathy, Park City, UT**

**Contact: Richard H. Pitcairn, DVM, PhD**

(888) 290-8454

(541) 342-7665

[richard@drpitcairn.com](mailto:richard@drpitcairn.com)

[www.drpitcairn.com](http://www.drpitcairn.com)

**OCTOBER 15-17, 2004**

**Florida Academy of Classical Homeopathy, DeLand, Florida.**

**Professional Course, Year 1**

**Faculty: Ann Jerome Croce, PhD, CCH, RSHom(NA); Miranda Castro, RSHom, CCH, RSHom(NA); Joseph Demers, DVM, CVA, CVH; Julia Eastman, AP, CCH, RSHom(NA); Ellen Goldman, ND, CCH, RSHom(NA)**

Contact: Ann Jerome Croce: (386) 736-8685

[www.floridahomeopathy.org](http://www.floridahomeopathy.org); <mailto:fach@cfl.rr.com>

**OCTOBER 15-18, 2004**

**Professional Course in Veterinary Homeopathy, San Diego**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

[richard@drpitcairn.com](mailto:richard@drpitcairn.com)

[www.drpitcairn.com](http://www.drpitcairn.com)

**OCTOBER 22-26, 2004**

**Divya Chhabra, Vancouver, BC**

Contact Heather Knox, [terra@ca.inter.net](mailto:terra@ca.inter.net)

1-800-994-3199, locally 604-879-4925

**OCTOBER 22-24, 2004**

**National Dental Seminar in Homeopathy, Schaumburg, IL (near O'Hare)**

**Basic and Advanced programs for the dentist and staff**

Contact: Dr. Harris Kimbrough (815) 568-5222 or (248) 680-0775

P O Box 123, Marengo, IL 60152-0123

**OCTOBER 22-25, 2004**

**The Dynamis School, Minneapolis, MN**

**3 year postgraduate course with Jeremy Sherr**

**Minneapolis / St Paul, Minnesota**

Contact: Jake Kiakahi at 763 566 1926 or [jkhhomeopath@msn.com](mailto:jkhhomeopath@msn.com)

or Denise Straiges Warkov at 612 922 9265 or [warkov@earthlink.net](mailto:warkov@earthlink.net)

**NOVEMBER 11-14, 2004**

**Advanced training in clinical methods, Ft. Lauderdale, FL**

**Faculty: Miranda Castro, Ann Jerome Croce, and Ellen Goldman**

**Florida Academy of Classical Homeopathy**

Contact: [www.floridahomeopathy.org](http://www.floridahomeopathy.org) or (386) 736-8685

**NOVEMBER 11-14, 2004**

**Professional Course in Veterinary Homeopathy, San Diego**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

[richard@drpitcairn.com](mailto:richard@drpitcairn.com)

[www.drpitcairn.com](http://www.drpitcairn.com)

**NOVEMBER 12-14, 2004**

**Jan Scholten MD in Toronto**

**“Lanthanides and More”**

Contact: Luminos Homeopathic Courses Ltd.

Contact: Aryana Rayne: 604-947-0757

[mailto:aryana@homeopathycourses.com](mailto:mailto:aryana@homeopathycourses.com)

[www.homeopathycourses.com](http://www.homeopathycourses.com)

**NOVEMBER 19-21, 2004**

**Jan Scholten MD in San Francisco**

**“Lanthanides and More”**

Contact: Luminos Homeopathic Courses Ltd.

Aryana Rayne: 604-947-0757

[mailto:aryana@homeopathycourses.com](mailto:mailto:aryana@homeopathycourses.com)

[www.homeopathycourses.com](http://www.homeopathycourses.com)

**NOVEMBER 20-21, 2004**

**A.U. Ramakrishnan, NYC**

**Gastrointestinal and Renal Disease**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

**NOVEMBER 26-28, 2004**

**Alize Timmerman, Toronto**

**Sea Remedies**

Contact: Toronto Homeopathics

Carolyn Ramos (416)604-0017

[Carolyn@TorontoHomeopathics.com](mailto:Carolyn@TorontoHomeopathics.com)



**DECEMBER 2-5, 2004**

**Advanced Course in Veterinary Homeopathy, Park City, UT**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

[richard@drpitcairn.com](mailto:richard@drpitcairn.com)

[www.drpitcairn.com](http://www.drpitcairn.com)

**JANUARY 7-9, 2005**

**Sankaran Video Course, session #1 Orlando, Florida**

**The Understanding & Application of Dr. Sankaran's groundbreaking System:**

**Illustrated and taught by Dr. Sankaran using video case presentations  
Presented by the Maui Academy of Homeopathy with Jeff Baker doing the on-site facilitating.**

PO Box 880400 Pukalani, HI 96788-0400

For more info. visit [www.mauiacademy.com](http://www.mauiacademy.com)

Contact: Jeff and Susie Baker, Directors

Phone: 808-572-2229

Email: [mauiacademy@earthlink.net](mailto:mauiacademy@earthlink.net)

**JANUARY 14-16, 2005**

**Sankaran Video Course, session #1 Berkeley, California**

**The Understanding & Application of Dr. Sankaran's groundbreaking System:**

**Illustrated and taught by Dr. Sankaran using video case presentations  
Presented by the Maui Academy of Homeopathy with Jeff Baker doing the on-site facilitating**

**PO Box 880400 Pukalani, HI 96788-0400**

For more info. visit [www.mauiacademy.com](http://www.mauiacademy.com)

Contact: Jeff and Susie Baker, Directors

Phone: 808-572-2229

Email: [mauiacademy@earthlink.net](mailto:mauiacademy@earthlink.net)

**JANUARY 17-22, 2005**

**Henny Heudens-Mast**

**Cocoa Beach, Florida**

**MUCH Better by the Sea!**

[divine@igc.org](mailto:divine@igc.org) 850-216-4024

Louise Divine - Naturally Divine, inc.

**JANUARY 27-30, 2005**

**Professional Course in Veterinary Homeopathy, Pasadena**

Contact: Richard H. Pitcairn, DVM, PhD

(888) 290-8454

(541) 342-7665

richard@drpitcairn.com  
[www.drpitcairn.com](http://www.drpitcairn.com)

**FEBRUARY 5-6, 2005**

**A.U. Ramakrishnan, NYC**

**Endocrine Disorders and HEENT Disease**

Contact: Jill Elliot, DVM

Phone : 212-794 4993

Fax : 212-570 9049

e-mail: [happytails@mindspring.com](mailto:happytails@mindspring.com)

**February 26–27, 2005 Orlando, FL • Florida State Conference on Homeopathy • Luc De Schepper, MD, PhD, LicAc • Saturday–The Use of Acute and Chronic Intercurrent Remedies • Sunday–The Purposes of Dreams in the Use of Homeopathy • Florida Homeopathy, An alliance of the Florida Study Group Affiliates of the National Center for Homeopathy & the Florida Homeopathic Medical Society • (352)483-1546 • [Floridahomeopathy@yahoo.com](mailto:Floridahomeopathy@yahoo.com)**

**February 27, 2005 Orlando, FL • 18<sup>th</sup> Annual Luncheon • Luc De Schepper, M.D. PhD, LicAc • Dreams in the Use of Homeopathy • (352) 483-1546 • [Floridahomeopathy@yahoo.com](mailto:Floridahomeopathy@yahoo.com)**

**MARCH 18-21, 2005**

**The Dynamis School, Minneapolis, MN**

**3 year postgraduate course with Jeremy Sherr**

**Minneapolis / St Paul, Minnesota**

Contact: Jake Kiakahi at 763 566 1926 or [jkhhomeopath@msn.com](mailto:jkhhomeopath@msn.com)

or Denise Straiges Warkov at 612 922 9265 or [warkov@earthlink.net](mailto:warkov@earthlink.net)

**APRIL 1-3, 2005**

**Roger Morrison and Nancy Herrick, New York, NY**

**Going Deeper into Miasms & New Work on Organic Compounds**

**Weekend One: Intro to the Nine Miasms, Cancer & Sycotic, and Intro to Organic Compounds**

**The School of Homeopathy, New York**

[www.schoolofhomeopathynewyork.com](http://www.schoolofhomeopathynewyork.com)

[info@schoolofhomeopathynewyork.com](mailto:info@schoolofhomeopathynewyork.com)

212-570-2576

**APRIL 7-12, 2005**

**National Center for Homeopathy 2005 Annual Conference**

Contact: NCH at (703)548-7790 or [info@homeopathic.org](mailto:info@homeopathic.org)

**MAY 13-15, 2005**

**Sujit Chatterji, Los Angeles, CA**

**Deeper Understanding with the Vital Sensation Method**  
**Cruciferae, Leguminaceae and Solanaceae Families**  
**Porcupine, Gold fish, Lac Caprinum, Benzene, Petroleum**  
Contact: Aviva at [avivastei@sbcglobal.net](mailto:avivastei@sbcglobal.net)

**OCTOBER 14-21, 2005**

**Rajan Sankaran, Essalen, CA**

**Details to be announced**

Contact: Melissa Fairbanks at Four Winds Seminars  
415-457-2079 or <mailto:mfairbanks@igc.org>

**OCTOBER 23-27, 2005**

**Rajan Sankaran, Boca Raton, FL**

**Details to be announced**

Contact: Melissa Fairbanks at Four Winds Seminars  
415-457-2079 or <mailto:mfairbanks@igc.org>

The advertisement features a background image of a field with rows of crops, possibly corn, under a dark sky. Overlaid on this is a large, stylized logo for "NEOSONIC DESIGN". The word "NEOSONIC" is in a bold, outlined, sans-serif font, and "DESIGN" is in a similar but slightly smaller font below it. To the right of the text, there are several concentric circles, resembling a target or a ripple effect. Below the logo, the text "IMPROVE.YOUR MARKETING", "INCREASE.YOUR SALES", and "MAINTAIN.YOUR BUSINESS" is displayed in a clean, sans-serif font, with each line on a new line. At the bottom, the website address "WWW.NEOSONICDESIGN.COM" is written in a bold, outlined, sans-serif font.

**NEOSONIC  
DESIGN**

IMPROVE.YOUR MARKETING  
INCREASE.YOUR SALES  
MAINTAIN.YOUR BUSINESS

**WWW.NEOSONICDESIGN.COM**

**APRIL 21-23, 2006**

**Roger Morrison and Nancy Herrick, New York, NY**

**Going Deeper into Miasms & New Work on Organic Compounds,  
weekend three**

**The School of Homeopathy, New York**

[www.schoolofhomeopathynewyork.com](http://www.schoolofhomeopathynewyork.com)

[info@schoolofhomeopathynewyork.com](mailto:info@schoolofhomeopathynewyork.com)

212-570-2576

## **INTERNATIONAL SEMINARS**

**JULY 1-4, 2004**

**Paul Herscu ND, DHANP**

**Munich, Germany**

Contact: Helmet Schumacher ([schumacher@gvs.net](mailto:schumacher@gvs.net))

**OCTOBER 15 - 17, 2004**

**Paul Herscu & Amy Rothenberg**

**Oslo, Norway**

Contact: Per Straumsheim ([pers@sikh.no](mailto:pers@sikh.no))

**OCTOBER 18-23, 2004**

**LIGA International Homeopathic Congress**

**Buenos Aires, Argentina**

Website: <http://www.amha.org.ar>

E-mail: [info@amha.org.ar](mailto:info@amha.org.ar)

**OCTOBER 29 - 31, 2004**

**Paul Herscu ND, DHANP**

**Switzerland**

Contact: Esther Theiler ([estheiler@swissonline.ch](mailto:estheiler@swissonline.ch))

**DECEMBER 13 - JANUARY 7, 2005**

**Third International Course in Classical Homeopathy, Bombay**

**Rajan Sankaran's School of Classical Homeopathy**

**Teachers: Rajan Sankaran , Rashmi Jaising, Shachindra Joshi, Dinesh Chauhan, Jayesh Shah, Sujit Chatterjee, Sunil Anand, Sudhir Baldota, Divya Chhabra**

Contact: [classicalhomoeopathy@vsnl.net](mailto:classicalhomoeopathy@vsnl.net)

**DECEMBER 13-18, 2004**

**Third International Course in Classical Homeopathy, Bombay**

**Rajan Sankaran's School of Classical Homeopathy**

**Part 1: Fundamentals in Homeopathy and Introduction of Rajan's methods**

**Teachers: Rashmi Jaising, Shachindra Joshi, Dinesh Chauhan**

**Contact:** classicalhomoeopathy@vsnl.net

**DECEMBER 20-24, 2004**

**Third International Course in Classical Homeopathy, Bombay**

**Rajan Sankaran's School of Classical Homeopathy**

**Part 2: Plant Families, Vital sensations**

**Teachers: Rajan Sankaran, Jayesh Shah, Sujit Chatterjee, Sunil**

**Anand, Sudhir Baldota, Divya Chhabra**

**Contact:** classicalhomoeopathy@vsnl.net

**DECEMBER 28-30, 2004 JANUARY 3-7, 2005**

**Third International Course in Classical Homeopathy, Bombay**

**Rajan Sankaran's School of Classical Homeopathy**

**Part 3: Revising and Clarifying Concepts**

**Teachers: Rashmi Jaising, Shachindra Joshi, Dinesh Chauhan**

**Contact:** classicalhomoeopathy@vsnl.net

**JANUARY 8-10, 2005**

**SANKARAN VIDEO COURSE, Bombay**

**Rajan Sankaran's School of Classical Homeopathy**

**Contact:** classicalhomoeopathy@vsnl.net

**FEBRUARY 19-26, 2005**

**Alize Timmerman**

**Punta Leona, Costa Rica**

**Contact:** Toronto Homeopathics

Carolyn Ramos (416)604-0017

Carolyn@TorontoHomeopathics.com

# DIRECTORY OF DIPLOMATES

## ARIZONA

Lila Flagler ND, DHANP  
6737 East Camino Principal #C  
Tucson, AZ, 85715  
520-721-8821  
LilaFlagler@aol.com  
www.drflagler.com

Samuel Flagler ND, DHANP  
6737 E. Camino Principal #C  
Tucson, AZ, 85715  
520-721-8821  
SamuelFlagler@aol.com  
www.drflagler.com

Stephen Messer  
2140 East Broadway Road  
Tempe, AZ, 85282  
480 858 9100  
s.messer@scnm.edu

Paul Mittman  
2140 East Broadway Road  
Tempe, AZ, 85282,  
480-858-9100 X232  
p.mittman@scnm.edu

Mona Morstein  
2354 W. Impala Ave.  
Mesa, AZ, 85202  
406-727-6680  
monam@sofast.net

## CALIFORNIA

Harry Swope  
PO Box 12180  
La Crescenta, CA, 91224-0880  
818-541-9172  
hswope@igc.org

## COLORADO

Jennifer Smith  
1128 Jasmine

Denver, CO 80220  
303-321-2461  
jennifersmithnd@netzero.com

## CONNECTICUT

Howard Fine  
4 Cross Highway  
Westport, CT, 6880  
203-221-0216  
howardfine@msn.com

Pearlyn Goodman-Herrick  
1465 Post Road East  
Westport, CT, 6880  
203-256-9091  
GoodmanHerrick@aol.com

Paul Herscu  
115 Elm Street #210  
Enfield, CT, 6082  
860-763-1225  
herscu@nesh.com

## HAWAII

Jeff Baker  
184 Kapuahi Street  
Makawao, HI, 96768  
808-572-2229  
mauiacademy@earthlink.net

Michael Traub  
75-5759 Kaukini Hwy #202  
Kailua-Kona, HI, 96740  
808-329-2114  
traub@hawaii.rr.com

## IDAHO

Brent Mathieu  
1412 West Washington Street  
Boise, ID, 83702  
208-338-5590  
bmathieu@spro.net

**MAINE**

Liam McClintock  
1185 US Route 1, Suite 1  
Freeport, ME 04032  
phone (207) 865-1222  
risingtide@suscom-maine.net

**MASSACHUSETTS**

Amy Rothenberg  
356 Middle Street  
Amherst MA, 1002  
860-763-1225 CT  
herscu@nesh.com

**NEBRASKA**

Randall Bradley  
7447 Farnam Street  
Omaha, NE, 68114  
402-391-6714  
DrBrad5003@aol.com

**NEW HAMPSHIRE**

Kristy Fassler  
500 Market Street  
#1F, Portsmouth, NH, 3801  
603-427-6800  
kfasslerhecht@hotmail.com

Pamela Herring  
46 South Main Street  
Concord, NH, 3301  
603-228-0407  
pjherring@comcast.net

**NEW MEXICO**

Catherine Stauber  
2002 Hot Springs Blvd  
Las Vegas, NM, 87701  
505-454-9525  
staubernd@cybermesa.com

**OREGON**

Steve Albin  
PO Box 4568  
Salem, OR, 97302-8568

503-399-1255  
jalbin43@aol.com

John Collins  
2907 NE Weidler  
Portland, OR, 97232  
503-493-9155  
JGC@easystreet.com

Liz Dickey  
PO Box 1942  
Eugene, OR 97440  
541-465-1155  
ldickey@efn.org

Bruce Dickson  
119 NE 3rd Street  
McMinnville, OR, 97128-4901  
503-434-6515  
drbrucedickson@mac.com

Durr Elmore  
PO Box 990  
Mulino, OR, 97042  
503-829-3060  
durr@molalla.net

Steven Sandberg-Lewis  
1433 SE Tolman ST  
Portland, OR, 97202  
503-255-7355x1515  
orcaport@worldnet.att.net

Gary Weiner  
1616 SE Ankeuy St.  
Portland, OR, 97214  
503-230-8973  
Pearlhealth@aol.com

**PENNSYLVANIA**

Gregory Pais  
926 Washington Blvd.  
Williamsport, PA, 17701-3668  
570-320-0747  
gpaisnd@csrlink.net

## **WASHINGTON**

Michael Baker  
2661 Bel-Red Road #208  
Bellevue, WA, 98008-2200  
425-881-8929  
childhomclinic@earthlink.net  
www.childhomeopathy.com

Christine Bickson  
13346 1st Avenue N E  
Seattle, WA, 98125  
206-361-2602  
cbickson@attbi.com

Anthony Calpeno  
7702 Cirque Drive West  
University Place, WA  
98467-2022  
253-565-2444  
info@naturaldoctor.com

Krista Heron  
5502 34th Avenue NE  
Seattle, WA, 98105  
206-522-0488  
kjh@dbug.org

Stephen King and Sheryl Kipnis  
5502 34 th Avenue NE  
Seattle WA 98105  
206-522-0488

Barbara Kreemer  
315 1st West  
Seattle, WA, 98119  
206 281-4282  
bjkdoc@yahoo.com

Steve Olsen  
302 Maple Avenue  
Snohomish, WA, 98290  
360-568-8002  
DrSteveO@PineClinic.com

Judyth Reichenberg-Ullman

131 3rd Avenue North,  
Edmonds, WA, 98020  
425-774-5599  
bobullman@aol.com

Robert Ullman  
131 Third Avenue North  
Edmonds, WA, 98020  
425-774-5599  
Bobullman@hotmail.com

## **WISCONSIN**

Karen Kunkler  
2044 Atwood Avenue #207  
Madison, WI 53704  
608-241-1911  
kkunkler@execpc.com

## **CANADA**

### **BRITISH COLUMBIA**

Manon Bolliger ND, DHANP,  
FCAH, CCH  
Be Well Now Centre  
3345 West 4th Avenue  
Vancouver, BC V6R 1N6

Lianne South  
2246 Spruce Street  
Vancouver, BC, V6R 1C4  
604-733-6811

Neil Tessler  
3655 King George Hwy.  
Surrey, BC, V4P 1B5  
604-542-9759  
ntessler@telus.net

## **ONTARIO**

Nadia Bakir  
65 Harbour Square #2006  
Toronto, ON, M5J 2L4  
416-498-1255 x336  
nbakir@ccnm.edu

Julek Meissner  
445 Cumberland #200



Ottawa, ON K1N 7J6  
613-241-0005  
John Millar  
187 Sherbrooke Street  
Peterborough, ON, K9J 2N2  
705-743-2008  
naturo@jdmillar.com

Paul Saunders  
211 King Street West  
Dundas, ON, L9H 4V6  
416-498-1255x227  
psaunders@ccnm.edu

Don Warren  
5199 Limebank Road  
Gloucester, ON, K1X 1E9  
613-225-1127  
dbwarren@cyberus.ca

# SIMILLIMUM ADVERTISING RATES

JOURNAL OF THE HANP/ON THE ACADEMY OF NATUROPATHIC PHYSICIANS

Please send art in digital form, either on disk or via email, by closing dates:

Spring issue	February 1
Summer issue	May 1
Fall issue	August 1
Winter issue	November 1

## Rates

Inside Front	\$300
Outside Back	\$500
Full Page	\$200
Half Page	\$110
Quarter Page	\$60
Classified Ad	\$25

## Sizes

4.5" wide by 7.5" high  
 4.5" wide by 7.5" high Full Color  
 4.5" wide by 7.5" high  
 4.5" wide by 3.75" high  
 4.5" wide by 1.75" high  
 Minimum for 50 words, \$1 for each additional word.

## SEND PAYMENT TO: HANP

P.O. Box 8341  
 Covington, WA 98042  
**info@hanp.net**  
 Phone: 253-630-3338  
 Fax: 815-301-6595

For advertising, inquiry, information, ad placement, etc., please contact Neil Tessler

## SEND ART TO:

Neil Tessler at **ntessler@telus.net**  
 Phone: 604-542-9759

## Frequency Discount

20% discount for four ads fully paid in advance.

## Policies

- All advertisements are subject to approval by the editors as consistent with the HANP's mission of serving the advancement of classical Homeopathy.
- Positioning of ads is at the discretion of the editors unless a specific position is acknowledged in writing.
- Advertisements must be prepaid in US dollars via check, bank draft, VISA or MasterCard.

## Accepted Art File Formats

Please send your art in one of the following formats

**200DPI** minimum (fonts outlined):

*EPS (encapsulated postscript), AI (adobe illustrator), PSD (adobe photoshop), Hi-res JPG, TIFF, TARGA, PDF.*

**Unformatted Ad's add \$30 set up fee.** The following formats

will also be accepted but will likely have a \$15-\$30 surcharge for format conversion. Word docs, Corel Draw, Pagemaker, Quark Xpress 4, Indesign 2.(be sure to include macintosh fonts in the above formats)

# AUTHOR GUIDELINES

The editor invites the submission of articles, essays, case reports and correspondence. The purpose of *Simillimum* is to provide high quality educational and clinical information to practitioners. Case reports and articles will be printed which strive to illuminate some aspect of classical homeopathic practice (defined here as a study of the totality of symptoms, the use of a single remedy, prescribed according to the Law of Similars) whether in the areas of *materia medica*, posology, case management, miasms, etc. The main point is that each article should provide a valuable homeopathic learning experience, so discussion must be thorough enough to achieve this goal.

Cases will be evaluated on individual merit by a peer review committee of qualified practitioners. The following guidelines are suggested to assist the author in the development of presentation and content.

## **Case Format**

A “well taken case” includes a description of the patient, occupation, etc., relevant family medical history, previous types of treatment (allopathic or homeopathic), details of the chief complaints including modalities and causations, mental and general symptoms and all other symptoms of the case, so that a clear picture of the totality can be gained.

## **Case analysis**

Case analysis, evaluation of symptoms and repertorization should be included. Please explain your reasoning behind the remedy selection and potency choice. Insights into difficulties or problems you encountered, mistakes you made, or things you might have done differently may be particularly valuable.

Cases using newly proven remedies should include relevant proving data for the benefit of the reader. Cases using remedies without provings or insubstantial provings should provide a discussion of the substance, references to other sources of information on its homeopathic use and the basis for its selection in this case.

## **Follow-up**

Appropriate follow-up should include the practitioner’s assessment, repertorization and explanation regarding repetition or change of remedy. Chronic cases should be followed for at least one year. Acute cases although obviously shorter, should be written out in a similar manner.

## **Consent and Confidentiality**

Please include a written release from the patient (or the parent of a minor patient) and change identifying information as necessary. Contact us if you need a sample release form.

## Style

Write your case out in narrative form, using quotation marks to indicate direct quotes. Remedy names should be italicized and spelled out completely, with potency number and scale specified, for example, *Aurum sulphuratum* 200C. Use appropriate references and acknowledgments when necessary for books, periodicals, teachers and computer programs. A summary of the focus of the case or article is helpful, whether as an introduction or a conclusion.

Essays or articles critically evaluating ideas or methods of practice must be civil and well referenced as to the basis of the opinion offered.

Articles may be edited for minor points of grammar, spelling, or usage. In this regard the editor recommends that the writer uses a word program with a spelling and grammatical check, which would much reduce the editing workload. Suggestions for significant revisions will be forwarded to the author for rewriting. We welcome your questions or concerns about shaping your experiences and thoughts into readable form. If you have something relevant to share, we will work with you.

Send us a few lines of biographical information, and if possible a photograph of yourself, ideally a black and white head shot such as a passport photo. Submissions via email attachments, or on disk, in Word rich text format are preferred but not required.

We are striving to print original material and request that you advise us of any prior or simultaneous submission to other journals. Thank you for your interest in submitting an article for *Simillimum*!

## **ABOUT THE HOMEOPATHIC ACADEMY OF NATUROPATHIC PHYSICIANS**

The Homeopathic Academy of Naturopathic Physicians (HANP), a specialty society within the naturopathic profession, is affiliated with the American Association of Naturopathic Physicians (AANP).

The mission of the HANP is to further excellence and success in the practice of Homeopathy by naturopathic physicians. This is accomplished by:

1. Encouraging the improvement of the homeopathic curriculum at the naturopathic colleges.
2. Setting educational and practice standards for board certification. Board certification is open only to graduates of a four-year naturopathic medical college approved by the AANP. Upon successful completion of all requirements, the title Diplomate of the Homeopathic Academy of Naturopathic Physicians (DHANP) is awarded.
3. Continuing education requirements. All diplomates are required to attend 12 hours of an approved homeopathic seminar annually.
4. Educational activities. The HANP presents an annual Case Conference. A Call for Papers is announced in *Simillimum* at least six months prior to the conference.
5. *Simillimum* is published quarterly. Cases presented at the annual Case Conference may be published in *Simillimum*.

### **General Membership Is Open To Everyone.**

In order to become a general member of the HANP simply fill out the SIMILLIMUM subscription form @ [http://www.hanp.net/sim\\_subscribe.html](http://www.hanp.net/sim_subscribe.html)

The Homeopathic Academy of Naturopathic Physicians offers specialty certification in the practice of homeopathy to qualified naturopathic physicians.

### **The DHANP application and examination process occurs in three stages.**

1. The first stage is to apply for DHANP Candidate status. .
2. The second stage is to become a Fellow of the HANP.
3. The submission of five cases and an oral examination are the final requirement to achieve Diplomate status.

If you have questions on this process after reading the applications for DHANP Candidate and for FHANP, please contact:

**info@hanp.net**

# SIMILLIMUM

JOURNAL OF THE HOMEOPATHIC ACADEMY OF NATUROPATHIC PHYSICIANS



## ORDER FORM

Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Degree: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Code: \_\_\_\_\_  
Country \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

	General	Supporting	Contributing
US	\$50 <input type="checkbox"/>	\$60 <input type="checkbox"/>	\$80 <input type="checkbox"/>
Canada*	\$55 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$85 <input type="checkbox"/>
Other*	\$65 <input type="checkbox"/>	\$75 <input type="checkbox"/>	\$90 <input type="checkbox"/>

Back Issues, each \$12 (\$17 foreign) \_\_\_\_\_

\*Visa, MasterCard, bank draft, or money order in US dollars only please.

Published quarterly, one-year membership includes four journals.

Are you a new member? ☐ Or are you renewing? ☐

**TOTAL TRANSACTION AMOUNT** \$ \_\_\_\_\_

☐ Check or money order # \_\_\_\_\_

☐ VISA or MC # \_\_\_\_\_

Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

(office use: approval # \_\_\_\_\_ ref # \_\_\_\_\_)

**Please send your order to HANP:**

P.O. Box 8341

Covington, WA 98042

info@hanp.net

Phone: 253-630-3338 Fax: 815-301-6595