

Seven Criteria for Verification

Dr. Carl Rudolf Klinkenberg

A speech given by Dr. Klinkenberg at the 2008 LIGA Conference, Germany, 24.05.2008

Abstract: Verification of remedy symptoms, both proving and clinical symptoms, is of critical importance to homeopathy, to the accurate depiction of your remedies' symptomatology. Verification of proving symptoms, through repeated clinical cures, enables us to recognize a remedy's more characteristic symptoms. Clinical symptoms, those symptoms which were apparently cured by a remedy, can be a source of important additions to a remedy's symptom profile; however, they especially require repeated verification of the highest standard – complete and lasting cure of a symptom repeatedly – before they can be added to our repertory. Any less stringent standard will severely compromise the repertory's reliability. Seven criteria are suggested for establishing this standard, two of which are discussed in detail.

Keywords: verification of proving symptoms; verification of clinical symptoms; repertory additions, the importance of accuracy; verification, seven criteria for

Why do we need verification?

Through verification, we determine the characteristic symptoms and modalities of remedies. In Hahnemann's provings *Pulsatilla* notes thirst 18 times and lack of thirst 12 times. However, clinical experience shows that *Pulsatilla* has a lack of thirst in most conditions. Consequently the first step to procure the Materia medica is the proving. The second step is the verification of the proving symptoms. These *consecutive* steps belong together. Thus, we better our Materia medica and make our remedy selection even more secure.

What does verification mean?

The term "verification" comes from the latin word "verificare:" "to prove the truth." In homeopathy, we speak of verification when a proving symptom is cured in a patient; that is, confirmed by healing.

For example: I have a case with the symptoms A, B, C and D. I prescribe the remedy X and symptom A disappears completely; this means that I have verified symptom A by means of remedy X. To verify the remedy need not cure the entire illness. Many historical cases, which are now in our repertory, prove this point.

For example (case 1): Mrs A., 37 years old, had constant stomach problems for the last three years. She

had the sensation of a *lump* in her stomach, like a heavy *weight* or a stone. For the last two years, she was sensitive to the cold. She recently felt sad often. Blocked nose.

The stomach complaints are proving symptoms of *Sepia*:

Pain in the middle of the abdomen...; it lay like a lump... (Chronic Diseases Vol. 5, No. 666)

Pressure in the stomach, as from a stone. (No. 603)

A feeling of weight in the abdomen, when moving. (No. 665)

On the basis of the totality of Mrs A's symptoms, I give her *Sepia* Q3. The sadness and chilliness disappeared within the first three weeks. The stomach complaints were healed completely within the next five weeks with *Sepia* Q6 and Q9; there was seven years of post-treatment observation.

The sensation of a lump in the stomach was verified for *Sepia*. Repeated verification of a symptom raises its value in our repertory. In *Synthesis* and the *Complete Repertory Sepia* is listed as two-valued in the category "Stomach, lump, sensation of" (K 504) and one-valued under "Stomach, stone, sensation of" (K 527).

This case, however, is not a special verification. Most of you will know these symptoms of a lump of

Sepia, Some of my colleagues also reported it to me, and I am certain that *Sepia* has been verified for these symptoms hundreds of times. The case shows that we are not accustomed to using verification; otherwise the symptoms would be listed today as three-valued in our repertory.

Regarding verification, we are still where we were in Kent's day! On the one hand we have the category of proving symptoms. These should be verified in order to raise their value.

On the other hand, we have the category of clinical symptoms. Clinical symptoms are only observed in healing; by their nature they are not produced by the remedy in the proving. Some of our most valuable symptoms proceed from cured cases: "perspiration of the scalp" of *Calcarea carbonica*, "vomiting of liquid as soon as it becomes warm in the stomach" of *Phosphorus*, susceptibility to infection and grinding of teeth of *Tuberculinum*.

An example (case 2): Mr P, 38 years old, had acute pains in the heart. An acute perimyocarditis was diagnosed because of an abnormal ECG and the laboratory results. I prescribed *Aconitum* Q6 three times daily. The heart pains, shortness of breath, anxious restlessness, loss of appetite and shivering disappeared. Within three days, the CK dropped from 1457 to 162 UL.

Subsequently Mr P had the following symptoms: He felt his heart as a vertical line, no pain. In the mornings strong palpitations were felt up to his throat and ears. Right-sided headache. And something very strange – between 6 and 9 a.m. he was extremely sensitive to light. This sensitivity to light stopped as soon as he had a bowel movement, even though the morning light continued to grow brighter.

"Sensitivity to light better through bowel movement" is not mentioned by Kent. I solved the case with the *Therapeutic Pocket Book* (Boenninghausen; revised first edition, 2000).

[A comment about 'polarity' mentioned in the repertoriza-

tion graph: the polarities are a method to ensure, to confirm the choice of the remedy. To give an example: based on the symptoms of the patient, you decide for the moment to give him *Mercurius*. Among his symptoms the patient has a marked thirstlessness. In the *Therapeutic Pocket Book* you find that *Mercurius* has grade 1 in thirstlessness and grade 4 in thirst. Therefore, in this case thirstlessness is a contradictory symptom to the characteristic symptom of thirst in *Mercurius*. In the *Pocket Program 2000*, the grade of the chosen symptom is counted while in the background the opposite symptom is subtracted. The difference of these two numbers is the difference in polarity. In my example the thirst of *Mercurius* (grade 4) is subtracted from thirstlessness (the symptom of the patient; grade 1), the resulting difference in polarity is -3. This grade would make *Mercurius* a less attractive choice.

The polarities only refer to symptoms which have an opposite symptom. For example, some opposing symptoms are thirst/thirstlessness and better motion/ worse motion. For other symptoms, such as 'restlessness' or locations like 'fingers,' 'knees,' and so on, there are no opposites; thus polarity differences can not be applied to all symptoms.]

The effect on the heart, the general improvement through bowel movements, the aggravation in the mornings, and the combination of eye and heart symptoms are characteristic symptoms of *Spigelia*

One dose of *Spigelia* 200C cured all the symptoms completely within two days. The remedy was chosen for its characteristic symptoms. This procedure is a basic requirement for the discovery of new clinical symptoms.

The improvement of the sensitivity to light through bowel movement is not yet recognized for this remedy. For this reason, I am delighted to have discovered a new clinical symptom of *Spigelia*! Should the symptom be entered into the repertory?

No. As long as it has not been observed repeatedly, it is not certain.

	<i>Sulf.</i>	<i>Puls.</i>	<i>Rhus.</i>	<i>Bry.</i>	<i>Spig.</i>	<i>Nat-m.</i>	<i>Sep.</i>
<i>Quota of matches</i>	6	6	6	6	6	6	6
<i>Sum of grading</i>	18	17	17	16	16	15	15
<i>Difference of polarity</i>	-1	1	3	4	2	1	-3
Heart & heart region [772]	4	4	3	1	4	4	3
Inflammation intern: p. [915]	3	4	2	4	1	2	2
Inner head right side [54]	2	2	3	3	2	3	2
- Inner head left side [55]	3	2	2	2	3	1	4
Sensitivity to light [116]	4	3	4	3	2	2	3
< in the mornings [1964]	2	1	1	1	3	3	4
> Bowel movement [2617]	3	3	4	4	4	1	1
- < Bowel movement [2402]	3	2	2	1	1	2	2

There is an essential difference between proving symptoms and clinical symptoms. When I can trust the prover and the proving, such as a proving of Hahnemann's, then I *assume* as a *basic requirement* for engaging in the practical work of homeopathy that the proving symptoms belong, with certainty, to the proved remedy. However a clinical symptom that is not yet known for a certain remedy can disappear together with other symptoms more or less by chance.

Guernsey writes: "Do all symptoms that until now have not been produced by a prescribed remedy, but disappear with its use, indicate ... that they should be added to the symptoms series of the remedy?... It may happen that the regained vital force gets rid of these "occasional" symptoms along with the others... Such observations have no place in the *Materia medica* as long as they are not made over and over again." (*Cincinnati Medical Advance* 22, 109; 1889)

It can be assumed that the reinvigorated vital force expunged the symptom.

As long as a symptom is not clinically confirmed *several times* and preferably by *different* consultants, it is *not a certain* clinical symptom. Take the perspiration of the scalp of *Calcarea carbonica* – it is not found in any proving, but hundreds have observed and cured the symptom with this remedy.

The confirmation of such cures can lend as much weight to a clinical symptom as a verified proving symptom. The clinical symptom can then be added to the curative field of the remedy.

Thus Hering writes in his preface to the *Guiding Symptoms*: "A cured symptom only has never such an intrinsic value as one produced and cured. And yet, such a one should not be ignored; in the course of time it may be added to the characteristics."

Seven Criteria for Verification

Why criteria? Before we speak about data collection, we must talk about and agree to clear criteria. Reliable verification must meet high standards of quality because every single verification changes the *Materia medica*.

But the *Materia medica* has already attained a very high quality through our previous provings. Because the *Materia medica* is our principle tool for healing the sick, we should be certain that we *improve*, not worsen, our *Materia medica*. Therefore, treat all reports of healing as something sacred. If you are in the slightest doubt about the verification, do not pass it on. One explicit verification is worth more than 1,000 doubtful ones – *quality*, not quantity!

I have worked out seven basic criteria as standards of quality:

1. The symptom or group of symptoms must have clearly and permanently disappeared.
2. Only characteristic and intense symptoms can be

verified.

3. Only perceptible, pathological symptoms can be verified; no hypotheses or interpretations should be allowed. There's one exception however – the causation.

4. A verification can only be attributable to a single drug. If several drugs have been administered sequentially, transparent reasons must be given as to why the verification is valid.

5. The verification must definitely be attributed to the remedy and not to other therapies; e.g., psychotherapy, diet, acupuncture, etc.

6. The drug must be the cause of healing, not other factors in life such as a change in life situation or the elimination of morbid influences.

7. In acute diseases, the healing must occur much more rapidly than the natural rate of the cure.

I would like to concentrate on the first two criteria in this paper:

Criterion 1. The symptom or group of symptoms must have clearly and permanently disappeared.

A verification means the remedy has most definitely removed the symptom. The most important yardstick for this is the declaration of the patient: The patient himself must have ascertained that the symptoms have disappeared, except in cases where measurable or visible medical evidence is available; such as the shrinking of a tumor or the fading of a rash.

Maybe you will say, "That is obvious!" It is obvious; however, when I read case histories, that I regularly come across definitions that are unclear on exactly this point; such as some author's assertion that "At last I had the sought after remedy which did the patient good for a long time," or, "I noticed how much better the patient was within a remarkably short time."

What is meant by "much better"? A noticeable improvement is not enough; the symptom must have disappeared!

The patient *himself* must say that the symptom has gone. One cannot speak of a cure if nothing more is seen of the patient or when a third person reports his condition.

Then, the length of post-treatment observation is important. I consider a post-treatment observation period of three years appropriate. By employing this requirement palliation or the shifting of the illness can be ruled out.

Criterion 2. (very important) Only characteristic and intensive symptoms can be verified. The cured symptoms must be characteristic or intensive symptoms of the cured illness. I refer to Hahnemann's footnote §67:

“A homeopathic remedy is not necessarily inappropriately selected for a case of disease just because it corresponds antipathically to some of the intermediate and minor disease symptoms. If the rest of the symptoms – the stronger, especially distinguished (characteristic) and exceptional symptoms of the disease – are covered and satisfied by the same medication through symptom similarity (homeopathically); that is, if they are overturned, eradicated and extinguished, so also do the few opposed symptoms fade away by themselves after the duration of action of the medication has elapsed, without in the least delaying the cure.”

Hering says the same in other words:

“The symptoms which are healed by a remedy, are often only consequential signs which disappear with the elimination of a certain condition. ...The condition that a medication will heal in a given case lies not in the similarity of such symptoms, as emphasized in the pathology textbooks, but rather in the similarity to completely different ones.” (Hering’s *Medical Writings* Volume 3, p.1018)

This is most important for the development of our repertories.

In recent years many clinically healed symptoms have been incorporated into our repertories. However, not every clinically healed symptom belongs to the remedy and should be added. As I mentioned previously, the symptom must be repeatedly confirmed. Also, minor symptoms do not necessarily match homeopathically. They disappear on their own when the stronger and characteristic symptoms are cured, even some of those

which are completely opposed to the remedy; e.g., in its modalities.

Once the healing process has begun, all the symptoms of the illness disappear, even those that do not belong to the remedy. If such a symptom were taken into the repertory and the next patient had this as a characteristic symptom, the consultant could use it mistakenly and prescribe the wrong remedy.


I have adopted the term “false clinical symptoms” to describe those minor symptoms that disappear after a remedy is prescribed based on other stronger and more characteristic symptoms, the true clinical symptoms belonging to the remedy.

Let’s read §67 again:

“*Only the characteristic, exceptional and stronger symptoms* of the illness have to correspond to the remedy; the few contrary symptoms disappear on their own.”

This is logical, as for the purpose of remedy selection, according to Hahnemann, the characteristic and strong symptoms are the illness itself (see §§ 104 and 153). The law of similarity applies only to the characteristic, exceptional and stronger symptoms.

And, as a reverse corollary to this rule, only these symptoms are verifiable! Only those symptoms that are strong and highly characteristic, and repeatedly observed to be cured by the remedy, can be reliably verified.

It’s likely that only a fraction of actual verifications have been published; thus, a large part of our work is lost. I invite the reader to publish his or her own verifications using these criteria. 

Calendar of Homeopathic Events

This calendar is provided courtesy of Dr. Betty Wood

Scheduled Events

NORTH AMERICAN EVENTS

OCTOBER 10-11, 2009

Dr. A.U. Ramakrishnan, San Jose, CA
Contact: Rina Valia on 408 835 7420
email: seminars@pacifichomeopathy.com
website: www.pacifichomeopathy.com/seminars

FEBRUARY 5-8, 2010

Divya Chhabra, Westford MA
Topic to be announced!
New England Homeopathic Academy
Sponsored by New England Homeopathic Academy
Contact: Betty Wood 978-635-0605
mailto:bw@bettywoodmd.com for detailed course description

APRIL 24-30, 2010

Massimo Mangialavori, Harvard, MA
Some Primulaceae and similar remedies
Anagallis, Cyclamen, Lysimachia, Primula and others
Sponsored by New England Homeopathic Academy
Contact: Betty Wood 978-635-0605
mailto:bw@bettywoodmd.com

SEPTEMBER 25 - OCTOBER 1, 2010

Massimo Mangialavori, Harvard, MA
ADHD and Homeopathic Medicine
Anantherum, Borax, Cypridium, Hippomanes,
Jalapa, Mephitis, Rheum, Valeriana and more ...
Sponsored by New England Homeopathic Academy
Contact: Betty Wood 978-635-0605
mailto:bw@bettywoodmd.com

APRIL 30 - MAY 6, 2011

Massimo Mangialavori, Harvard, MA
Some Mushrooms: A Real Homeopathic Family?
Bovista, Psilocybe caerulea, Agaricus muscarius,
Boletus edulis, Boletus Satanas, Phallus impudicus,
Boletus laricis, Secale comutum, Ustilago maydis

Sponsored by New England Homeopathic Academy
Contact: Betty Wood 978-635-0605
mailto:bw@bettywoodmd.com

SEPTEMBER 17-23, 2011

Massimo Mangialavori, Harvard, MA
Neurodermitis and Eczema in Homeopathic Medicine:
Differential diagnosis between some classical remedies like: Arsencum salts, Graphites, Calcarea sulphurica, Dulcamara, Psorinum, Sulphur iodatum and some less known like Candida, Clematic, Croton, Lappa, Manganum, Mezereum, Viola tricolor ...
Sponsored by New England Homeopathic Academy
Contact: Betty Wood 978-635-0605
mailto:bw@bettywoodmd.com

JULY 10-12, 2009

Jo Daly, CCH, New York City
"Rajan Sankaran's New Advanced Video Course"
Session 3 of 4
Including LIVE Skype discussion with Dr. Sankaran.
Contact: 212-479-8441

JULY 13-19, 2009

Jenny Hwozdek, CCH, and Dr. Tim Stryker, MD, CCH, Cambridge, MA
Sensation Method Case-taking Workshop,
Apprenticeship Training Program, Inner Health, Inc.
Contact: George Papargyris
Tel: 617-491-3374
Email: george@innerhealth.us
Visit: www.infohomeopathy.com

JULY 17-18, 2009

Pacific Academy of Homeopathy, San Francisco
Karen Allen CCH, Program Director & Clinical Supervisor
Advanced Clinical Training
Pacific Academy of Homeopathy Advanced Program
<http://www.homeopathy-academy.org>

Contact: health@homeopathy-academy.org, 415-695-2710

JULY 17- 18, 2009

Vital Sensation 2.5-year Training Program, San Diego, CA

California Center for Homeopathic Education
with Rajan Sankaran, Bill Mann, Robert Gramlich,
Cheryl Feng, Laurie Dack

See website invitation from Dr. Sankaran

<http://www.cchomeopathic.com>

Contact Dr. Cheryl Feng at cchomeopathic@aol.com
760-466-7581

JULY 18, 2009

Nancy Gahles, DC, CCH, Mount Dora, FL

President of the National Center for Homeopathy,
renowned lecturer, author and practitioner

13th Annual Summer Seminar

Sponsored by Lake County Florida NCH Study Group

Contact Jean Hoagland, jchoagland@embarqmail.com
or 357 406 0172.

JULY 20-24, 2009

Kim Kalina, CCH, Berne, NY

Inspiring Homeopathy Initiation Retreat

Teaching the work of Tinus Smits

www.merkabafarm.com/Seminars___Workshops

Email: merkabafarm@wildblue.net

Phone/Fax: (518) 872-1177

JULY 29-30, 2009

Loretta Butehorn, PhD, CCH, Boston, MA

Introduction to Using Homeopathy for Substance
Abuse Problems, An Affordable Homeopathy Program
The Sidewalk School

butehorn@earthlink.net or 617-529-2806

AUGUST 14-16, 2009

New England School of Homeopathy, Amherst, MA

Two year certificate course with Cycles and Segments

Instructors: Drs. Paul Herscu ND and Amy Rothenberg ND

mail to: nesh@nesh.com

413-256-5949, fax 860-253-5041

<<http://www.nesh.com>>

AUGUST 28 - 30, 2009

Vital Sensation 2.5-year Training Program, San Diego, CA

California Center for Homeopathic Education

with Rajan Sankaran, Bill Mann, Robert Gramlich,
Cheryl Feng, Laurie Dack

See website invitation from Dr. Sankaran

<http://www.cchomeopathic.com>

Contact Dr. Cheryl Feng at cchomeopathic@aol.com

760-466-7581

SEPTEMBER 13, 2009

Barbara Osawa, CCH, San Francisco

"Central Disturbance."

Post Graduate Workshop by Sheilagh Creasy

BAFA(Hons) BRCP

Presented by Barbara Osawa CCH.

For details; contact Barbara 707 257-6752, yoga-home@sbcglobal.net.

SEPTEMBER 24-27, 2009

Jenny Hwozdek, CCH, Cambridge, MA

Sensation Method Live Clinic

Mentorship Training Program Part 2, Inner Health, Inc.

Contact: George Papargyris

Tel: 617-491-3374

Email: george@innerhealth.us

Visit: www.infohomeopathy.com

SEPTEMBER 24-27, 2009

Nancy Herrick, Roger Morrison, Corte Madera, CA

Complete review of periodic table

Detailed analysis of rows three and five with video
cases and analysis

AND Tasha Turzo teaching Lac Loxodonta & African
Elephant

Contact: Zaria Williams 510-412-9040 hmcricmond@gmail.com

SEPTEMBER 26-27, 2009

Loretta Butehorn, PhD, CCH, Boston, MA

Introduction to Shamanism for the Homeopath, An
Affordable Homeopathy Program

The Sidewalk School

butehorn@earthlink.net or 617-529-2806

OCTOBER 5-11, 2009

Jo Daly and Janet Snowdon, Boulder, CO

Weeklong Advanced Clinical workshop

Contact: Betsy Levine, 207 589 3399

betsy@homeopathyschool.com

www.homoepathyschool.com

OCTOBER 9 - 11, 2009

Vital Sensation 2.5-year Training Program, San Diego, CA

California Center for Homeopathic Education

with Rajan Sankaran, Bill Mann, Robert Gramlich,
Cheryl Feng, Laurie Dack

See website invitation from Dr. Sankaran

<http://www.cchomeopathic.com>

Contact Dr. Cheryl Feng at cchomeopathic@aol.com
760-466-7581

OCTOBER 9-11, 2009

Janet Snowdon, Boulder, CO
 3-day seminar: Further into Sensation
 Contact: Betsy Levine, 207 589 3399
 betsy@homeopathyschool.com
 www.homoepathyschool.com

OCTOBER 10-11, 2009
 Dr. A.U. Ramakrishnan, San Jose, CA
 Contact: Rina Valia on 408 835 7420
 email: seminars@pacifichomeopathy.com
 website: www.pacifichomeopathy.com/seminars

OCTOBER 16-21, 2009
 Rajan Sankaran, Vancouver, BC
 His only 2009 North American seminar
 Contact: rajansankaraninvancouver@gmail.com
 Phone: 604 708-2222

OCTOBER 16-18, 2009
 Janet Snowdon, Toronto, ON
 3-day seminar
 Contact: Christine Jambrosic (416)315-0748
 cjambrosic@hotmail.com
 www.homoepathyschool.com

OCTOBER 17-23, 2009
 Massimo Mangialavori, Harvard, MA
 The Language of the Body: Dualism, Ambivalence
 and Schism
 Study of Homeopathic Remedies and Families for this
 Issue
 Sponsored by New England Homeopathic Academy
 Contact: Betty Wood 978-635-0605
 mailto:bw@bettywoodmd.com for detailed course
 description

OCTOBER 17-21, 2009
 Rajan Sankaran, Vancouver
 Website: <http://www.vancouverhomeopath.cityslide.com/vancouverhomeopathy.html>

OCTOBER 23-25, 2009
 Louis Klein FS Hom, Minneapolis
 Homeopathic Master Clinician Course
 Contact: Aryana Rayne at 604-947-0757
 info@homeopathycourses.com
 http://www.homeopathycourses.com

OCTOBER 23-25, 2009
 New England School of Homeopathy, Amherst, MA
 Two year certificate course with Cycles and Segments
 Instructors: Drs. Paul Herscu ND and Amy Rothenberg ND
 mail to: nesh@nesh.com
 413-256-5949, fax 860-253-5041
 <<http://www.nesh.com>>

OCTOBER 25, 2009
 Barbara Osawa, CCH, San Francisco
 "Small Remedies and Small Remedy Relationships."
 Post Graduate Workshop by Sheilagh Creasy
 BAFA(Hons) BRCP
 Presented by Barbara Osawa CCH.
 For details; contact Barbara 707 257-6752, yoga-home @sbcglobal.net.

NOVEMBER 6 - 8, 2009
 Vital Sensation 2.5-year Training Program, San Diego, CA
 California Center for Homeopathic Education
 with Rajan Sankaran, Bill Mann, Robert Gramlich,
 Cheryl Feng, Laurie Dack
 See website invitation from Dr. Sankaran
<http://www.cchomeopathic.com>
 Contact Dr. Cheryl Feng at cchomeopathic@aol.com
 760-466-7581

NOVEMBER 12-14, 2010
 Jan Scholtan, EAST COAST NORTH AMERICA
www.homeopathycourses.com
info@homeopathycourses.com

NOVEMBER 13-15, 2009
 Jo Daly, CCH, New York City
 "Rajan Sankaran's New Advanced Video Course"
 Session 4 of 4
 Including LIVE Skype discussion with Dr. Sankaran.
 Contact: 212-479-8441

NOVEMBER 19-21, 2010
 Jan Scholtan, Vancouver, Canada
www.homeopathycourses.com
info@homeopathycourses.com

DECEMBER 4-6, 2009
 New England School of Homeopathy, Amherst, MA
 Two year certificate course with Cycles and Segments
 Instructors: Drs. Paul Herscu ND and Amy Rothenberg ND
 mail to: nesh@nesh.com
 413-256-5949, fax 860-253-5041
 <<http://www.nesh.com>>

DECEMBER 4 - 6, 2009
 Vital Sensation 2.5-year Training Program, San Diego, CA
 California Center for Homeopathic Education
 with Rajan Sankaran, Bill Mann, Robert Gramlich,
 Cheryl Feng, Laurie Dack
 See website invitation from Dr. Sankaran
<http://www.cchomeopathic.com>
 Contact Dr. Cheryl Feng at cchomeopathic@aol.com
 760-466-7581

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INTERNATIONAL SEMINARS

JULY 3-5, 2009

Divya Chhabra, Berlin, Germany
Pathology as the Bridge between Vital Force and Remedy

Insects, Birds, Rutaceae, Calcarea line and the Radioactive remedies

CHIRON School for Homeopathy
Contact: info@chiron-berlin.de

JULY 6-10, 2009

Louis Klein, Island of Ikaria, Greece

"Advanced Clinical Homeopathy"

Contact: Aryana Rayne at 604-947-0757
<mailto:info@homeopathycourses.com>info@homeopathycourses.com
<http://www.homeopathycourses.com>http://www.homeopathycourses.com

SEPTEMBER 25-27, 2009

A.U. Ramakrishnan, R.S., Alok Pareek, Rosina Sonnenschmid, Kandern, Germany

International Congress on the Homeopathic Treatment of Cancer

http://narayana-publishers.eu/cancercongress_2009.php

SEPTEMBER 25-27, 2009

Rajan Sankaran, Byron Bay, Australia

Organizer: Reine DuBois

Contact: theremedyroom@yahoo.com.au

OCTOBER 9-11, 2009

Rajan Sankaran, Tokyo, Japan

Organizer: Natsu Watanabe

E-mail - wnatsu@skyblue.ocn.ne.jp

OCTOBER 23 - 25, 2009

Dr. Rajan Sankaran, Munich, Germany

Organiser: Juergen Hansel

E-mail: <mailto:dr.hansel@t-online.de>dr.hansel@t-online.de

<<http://www.homoeopathie-seminare.net/>>www.homoeopathie-seminare.net

OCTOBER 31 - NOVEMBER 1, 2009

Rajan Sankaran, London, UK

Organizer: Aroga/Gurmej Virk

Venue: Kingston University, London

E-mail: info@aroga.co.uk

Website: www.aroga.co.uk/eventsLondon, UK

NOVEMBER 5-9 2009

Jonathan Shore, Kruger Park, South Africa

Vibrations of Africa, Homeopathy and the natural world.

Return to simplicity in ourselves and in our prescribing.

Contact: Los Angeles School of Homeopathy;

Avghi Constantinides 310 772-8235

info@lahomeopathicschool.com

www.lahomeopathicschool.com

NOVEMBER 7-8, 2009

Louis Klein, Kandern, Germany

Miasms and Nosodes, with focus on Viral remedies: Polio, Herpes and Influenza in treatment of severe pathology

http://narayana-publishers.eu/book_info.php/books_id/4885/search

SEPTEMBER 25 - 26 , 2010

Louis Klein, Kandern, Germany

Miasms and Nosodes, with focus on Viral remedies: Polio, Herpes and Influenza in treatment of severe pathology

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Summary of Technical Requirements

Follow all formatting requirements.

- *Double space all parts of manuscripts.
- *Illustrations, tables, unmounted prints, should be separate from the article and be no larger than 203 X 254 mm (8 X 10 inches).
- *Include permission to reproduce previously published material or to use illustrations that may identify human subjects.
- *Enclose transfer of copyright and other forms.
- *Submit a paper copy and a floppy disk, CD or email version of the article.
- *Keep copies of everything submitted.

Preparation of Manuscript

Full-length articles, case reports, reviews, editorials, etc: Should be submitted on paper and either email or disk.

Requirements for paper format: Type or print out the manuscript on white bond paper, 216 X 279 mm (8.5 X 11 inches), or ISO A4 (212 X 297 mm), with margins of at least 25 mm (1 inch). Type or print on only one side of the paper. Use double spacing throughout, including for the title page, abstract, text, acknowledgments, references, individual tables, and legends. Number pages consecutively, beginning with the title page. Put the page number in the upper or lower right-hand corner of each page.

Research papers

The text of observational and experimental articles is usually (but not necessarily) divided into sections with the headings Introduction, Methods, Results, and Discussion. Long articles may need subheadings within some sections (especially the Results and Discussion sections) to clarify their content.

Manuscripts on Disks

Papers should be submitted in electronic form (email or disk) as well as on paper. The AJHM can accept a variety of word processing formats or text (ASCII or RTF) files.

When submitting disks or email, authors should:

1. be certain to include a print-out of the version of the article that is on the disk or sent by email (mail separately to editor);
2. put only the latest version of the manuscript on the disk or in the email;
3. name the file clearly;

4. label the disk with the format of the file and the file name;
5. provide information on the hardware and software used.
6. be sure to include the author's name(s), address, and email address within the body of the text.

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Please pay special attention to these requirements as manuscripts submitted without the following formatting will be returned for revisions.

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Acknowledgments

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List the first six authors followed by et al.

Vega KJ, Pina I, Krevsky B. Heart transplantation is associated with an increased risk for pancreatobiliary disease. *Ann Intern Med* 1996;124:980-3.

More than six authors:

Parkin DM, Clayton D, Black RJ, Masuyer E, Friedl HP, Ivanov E, et al. Childhood leukaemia in Europe after Chernobyl: 5 year follow-up. *Br J Cancer* 1996;73:1006-12.

2. Organization as author

The Cardiac Society of Australia and New Zealand. Clinical exercise stress testing. Safety and performance guidelines. *Med J Aust* 1996; 164: 282-4.

3. No author given

Cancer in South Africa [editorial]. *S Afr Med J* 1994;84:15.

4. Article not in English

Ryder TE, Haukeland EA, Solhaug JH. Bilateral in-frapatellar seneruptur hostidligere frisk kvinne. *Tidsskr Nor Laegeforen* 1996;116:41-2.

Books and Other Monographs

5. Personal author(s)

Ringsven MK, Bond D. Gerontology and leadership skills for nurses. 2nd ed. Albany (NY): Delmar Publishers; 1996.

6. Editor(s), compiler(s) as author

Norman IJ, Redfern SJ, editors. Mental health care

for elderly people. New York: Churchill Livingstone; 1996.

7. Organization as author and publisher

Institute of Medicine (US). Looking at the future of the Medicaid program. Washington: The Institute; 1992.

8. Chapter in a book

Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, editors. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995. p. 465-78.

9. Conference proceedings

Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

10. Conference paper

Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

Other Published Material

11. Newspaper article

Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. *The Washington Post* 1996 Jun 21;Sect. A:3 (col. 5).

12. Dictionary and similar references

Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995. Apraxia; p. 119-20.

Unpublished Material

13. In press

Leshner AI. Molecular mechanisms of cocaine addiction. *N Engl J Med*. In press 1996.

Electronic Material

14. Journal article in electronic format

Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* [serial online] 1995 Jan-Mar [cited 1996 Jun 5];1(1):[24 screens]. Available from: URL: <http://www.cdc.gov/ncidod/EID/eid.htm>

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