

Celebrating Links

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During a chilly and, at times, rainy weekend in mid-October 2007 some 850 homeopaths funneled into the Kongresshaus Stadthalle, Heidelberg to celebrate not just the 20th anniversary of *Homœopathic Links*' existence but to offer a stage for some bright ideas which are beginning to set off sparks, albeit controversial ones, within the homeopathic community.

It is not an easy task to describe this massive congress in any sort of detail. That is something which I will not do. But before I offer my thoughts I would like to share some reflections about the birthday child, *Homœopathic Links*.

Homœopathic Links was founded in 1987 by Beat Spring, M.D., as a way for the participants in the Vithoukas Netherlands seminars to keep in touch and share information on cases and therapeutic concepts. The baby was, as Beat described it, a few stapled sheets of paper which developed into a bound journal with a similar appearance to that of the young adult which it is today. Dr. Spring wanted to create a journal not just to 'link' homeopaths across the globe but to offer an expressive and open venue to persons with emerging, volatile ideas. To this purpose, the journal continues to do just that. It was within the pages of *Homœopathic Links* that the seminal ideas of Rajan Sankaran, Jan Scholten, and Massimo Mangaliavori found space. Furthermore, it is because these ideas have crystallized in the mind and hearts of so many that this conference found its purpose and thus theme: the Sensation of Sankaran, the Periodicity of Scholten and the Animalia of Mangaliavori (plants, minerals, animals, respectively).

After an hour of introductory remarks by Harry van der Zee, A. Hauff, S. Gordon, T. Nicolai, and B. Spring, which included a presentation of the 'Links Song' by Corrie Hiwat, all were sufficiently warmed by the heat and light 'of the fire' to get down to business with Jan Scholten, M.D., the first presenter.

Jan is a calm speaker, choosing his words carefully and in a relaxed manner. Could one say nonchalant?

Perhaps. But the homeopathic community should have no doubts about his enthusiasm and passionate dedication to homeopathy, his theories and methods. We should all be glad to have him in our midst. This comment can be applied, of course, to Rajan, Massimo and also Frans Vermeulen, who made a Monera and Fungi presentation immediately after Rajan on Saturday morning. Frans's work centers upon the exploration of remedies based on the pharmacological action of chemical substances, determining if those actions can be correlated to the botanical families. The use of botanical classification as a comparative, analytical method is not with its detractors:

"She (Julia Schiller, *Homœopathic Links*, Vol. 18, 2005) draws attention to the Conifer, Violales, Hamamelidae, Magnolianae, and Lilliflorae groupings. She states that because they are composed of plants having qualities in common more with higher taxa than the botanical family, it is dangerous to make premature generalizations. Also, there is a new botanical classification based on studying the DNA of plants which may lead to a restructuring of many plant classifications." (Richard Pitt, 'Provings, Phenomena and Practice: The Evolution of Homeopathic Knowledge,' *American Journal of Homeopathic Medicine*, 100:3, pp. 214-220, 2007).

Sankaran seems to be aware of this, as is Anne Schadde:

"How can we understand the vital sensation of the group Gentianaceae if we accept the old taxonomy in which Menyanthes was put in the family of Gentinaceae? With the exception of Menyanthes, the Gentians show only a few symptoms in our repertories. So to understand the sensation of a group could help to even prescribe remedies that have not yet been proved."—p.144, (Anne Schadde, 'Astringent like a Taut Spring,' *Homœopathic Links*, 20:3, pp. 142-5, 2007).

What Jan basically said, among other things, was that the periodic table is a puzzle with a fair number of pieces in place, and he is in the process of putting this

puzzle together. Jan has 'solved' much of the puzzle by his ingenious methodology, supported with all that has gone before, and "with assistance from many colleagues in our community." (1) When I say "...with all that has gone before," I want to clarify this as it is an important point and one emphasized by Rajan late in the conference. Rajan said that we still need and must use the classical materia medica and repertory and other therapeutic/philosophical concepts central to homeopathy. We must not discard our ancestors or allow the rest of the homeopathic community, who might not believe these newer concepts, to think that we are throwing out the baby with the bath water. We must study them first or, at the very least, alongside the emerging and innovative, what he called, 'neo-classical' ideas.(2) If this is not obvious, then I am glad to relay Rajan's concern here. Though some within the homeopathic community become understandably defensive and guarded, others like Tom Whitmarsh express an accepting concern:

"In the rush to describe and prescribe remedies from ever more esoteric substances and in the drive to make homeopathic prescribing somehow 'easier,' we should be careful not to forget where it all comes from. We neglect basic homeopathic theory and skills at our peril and, if the whole process of giving a remedy is to be reduced to simple formulae, we risk losing the human interaction of the homeopathic consultation, which seems to be an essential part of our healing work."— p.72 ('Guest Editorial: The Complexities of Homeopathic Prescribing or How do we Decide to do What we do?,' *Homeopathy*, 96:2, p. 72, 2007).

Ulrike Kessler, in 'Back to Hahnemann?' (*The Homeopath*, 26:3, 2007, pp. 97-100) suggests:

"In present times, we have enough reasons not only to explore the many fascinating contemporary approaches but also Hahnemann's ideas, and after having reviewed them in depth, to integrate them wisely into contemporary homeopathic practice. But this has nothing to do with a simple-minded 'back to Hahnemann' approach."(p. 100, *ibid*)

T. Namaya, in a recent letter-to-the-editor ('In Praise of Solid, Well-Developed Homeopathy', *Homeopathy Today*, 27:6, p. 7, 2007) does proffer a negative stance on 'new wave' homeopathy ("speculative homeopathy"). But her position does have some points of quite valid concern:

"The fad of speculative homeopathy has insidiously crept into the profession over the past decade. It comes in a variety of forms: the selection of remedies based on kinesiology or dowsing; prescribing homeopathic remedies that have never been proved; developing remedies based on dubious provings; and the use of gestures or sensations of the patient as the sole indication for the prescription of a remedy. These methods should give all serious homeopaths reason to be deeply

alarmed." (p. 7, *ibid*)

Finally, American homeopath Richard Pitt, M.D., seems willing to give new ideas a chance:

"Even though Sankaran and Scholten have stated their models of classifications and miasms are works in progress, many people take them at face value and, thus, when the number of believers becomes large enough, the models are assumed to be homeopathic fact. In this way relative truths become absolute very quickly, an issue that has afflicted homeopathy since Hahnemann first put his thoughts to paper. Over time, though, the truth of all these ideas will most likely be either validated or dismissed in the light of our experience. What I would suggest is that we be willing to lean forward and seek new ways of perceiving rather than just leaning back on the past and dismissing all such 'divergent' approaches as 'unhomeopathic.'"— p. 220 ('Provings, Phenomena and Practice: The Evolution of Homeopathic Knowledge,' *American Journal of Homeopathic Medicine*, 100:3 pp. 214-220, 2007).

One of the seminal ideas which Scholten brings to the field of 'remedy synthesis' (Kent attempted this, by the way) as outlined in his book, *Homeopathy and the Elements* (1996), is that the 18 stages (vertical columns) of the periodic table can be viewed or depicted as a process; the process of birth, fulfillment, decay. This process is seen flowing in a gentle manner from the table's left to its right. It is the universal process of creation, fulfillment, and destruction and allows us to understand the elements and their own evolution within the structure of the universe. The stages are universal qualities not only applicable to minerals. If one can see this in the Periodic Table, it is not so difficult to see it in one's practice and, finally, in one's patients. (3)

"Say a woman is very unsure of herself and tries this and that, hops from one job to another, very uncommitted, always searching and easily giving up in the face of difficulties. This is Stage 3. Then find out on which level (Series; there are seven and they run from top to bottom of the periodic table) this pattern occurs. She may tell you she has tried many different jobs and never finds what she really wants. She has given up apprenticeships three times and does odd jobs here and there, keeps changing, and she is sick of it. In her childhood and youth it was not so; it only started when she began working in the office. So this is on the level of the Iron Series. Stage 3 in the Iron Series is the element "scandium". You might have a case of *Scandium* in front of you.

"I treated a patient with Crohn's disease successfully with *Scandium* seven years ago just because she described her problem like that. *Scandium* is not well proven, and you will not find this remedy easily by repertorization. Anyway, the themes of stages and series are clear here. On this basis you can give the remedy with confidence, because this element depicts

her problem. In fact the only difficulty precluding the prescription of *Scandium* in this case comes if you limit yourself to the classical canon.” (Ulrich Welte, p. 125, *Homoeopathic Links*, 20:3, 2007)

The rows of the table (there are seven) flow from top to bottom and relate to the phases of life with a corresponding theme. Row 1 relates to beingness (Hydrogen series: before conception); next comes being born (2 - Carbon series: pregnancy, birth, early childhood); then puberty issues arise (3 - Silicium series: the unfoldment of identity and relationships); then finding one’s livelihood (4 - Ferrum series: adulthood and work); then the creation of the new, innovation (5 - Silver series: mid to late middle age); then awareness of matters steeped more in the spiritual realm (6 - Gold series: old age, the King); and finally dissolution or disintegration (7 - Uranium series; death). [Editor’s Note: This is a very minimal and incomplete rendering of the Series correspondences to human experience. For greater detail refer to Jan Scholten’s or Rajan Sankaran’s books on the subject.]

So from the above-quoted example, the prominent psychological symptoms of the case pointed to the building up of her career path (Stage 3), but she was unsure and uncommitted, and because this involved work and responsibility issues (Row 4) one looks to where these aspects meet in the Periodic Table:

Scandium. This process could simplistically be compared to the ‘mileage grid’ found in a road atlas. Then one, of course, studies the materia medica, repertory and so on, before making a final remedy selection.

Secrets of the Lanthanides (2005) is Jan’s latest work and this was the area which his talk and presentation of cases took place. The Lanthanides (Greek - ‘lanthanein’-‘to be hidden’) are a hidden group of elements having several themes; for instance, feelings of isolation and a need to do things alone - so a secretive aspect is usually present. Jan has studied the Lanthanides since the year 2000 and they appear to have a special application in autoimmune disease cases, especially in those which have a hidden or secretive quality. They have a pronounced desire to serve and be of benefit to society. Often they identify with birds. The Lanthanide remedies are sensitive and particularly so to electronic devices. Their eyes are unusually sensitive and Jan has noted that some of his patients require a change in ophthalmological prescription after receiving a Lanthanide remedy. They can be irritable, especially if there is a lack of harmony.

The Stages of the Lanthanides are in sequence after Barium. Barium is Stage 2. Lanthanum follows Barium in the Periodic Table and is thus Stage 3. Cerium is Stage 4, Praseodymium Stage 5 and so forth till Lutetium at Stage 17. The tables at the end of his book show this correspondence.

“Hafnium comes after Lutetium but starts in a new row and is Stage 4. In a way one can say that all the Lanthanides are in Stage 3 in the Gold series. But the differentiation is like a new process of the 18 stages. That’s why they are depicted as a separate row, although they are part of the Gold series. It is as with fractals: the pattern in large repeats itself in the small. The process of the 18 Stages that we see in the Gold series is again present in the differentiation of the Lanthanides.” (p. 15. J Scholten, *Secret Lanthanides: Road to Independence*, 2005) By the way, this five hundred page book contains a thirty page section on his elemental theory; so if you have forgotten some points along the way, this section will come in handy. There are also fifteen pages of charts and tables at the end of the book.

Louis Klein “...conceives of them [the Lanthanides] in ‘a place of being hidden on the edge of life.’ They are not expressing themselves in the outer world as much as contemplating and living in their inner world. They think about action more than they act. And when they do act, it is as if they hide themselves in their activities. In this way they attempt to maintain a place of autonomy from the forces related to specific life activities and responsibilities in each stage of the periodic table. One way this can manifest is in the case of therapist or homeopath who is as much busy with his own self-discovery as healing his or her patients.” (p. 51, *ibid*)

Another person offering innovative ideas is Greek psychiatrist George Loukas. His presentation was entitled “Spiral Classification of the Periodic System: A New Model for Understanding the Essences of the Elements.” His ideas came out of the inspiration he received from both Sankaran and Scholten. From the latter he received the idea to create the ‘spiral classification of the periodic table’ (SCPT). One can get a mental picture of the spatial relationship by looking at several of the illustrations in Scholten’s *Secret Lanthanides*: spiral format (p. 474), Zmaczynski/Bayley’s presentation (p. 475), and Vrijlandt’s pyramid format (p. 477). What may help to conceptualize this model is to imagine the Periodic Table suspended from Hydrogen with the rest of the elements spiraling down to an ever widening base (a pyramid-shaped spiral).

Here Loukas has defined the characteristics of each circle (or segment) of the spiral as well as the remedies. The periodic table is divided into 13 cycles, each containing nine remedies. Each cycle (often depicted as a broad, flattened loop) has a theme: Cycle 1 is unity, 2 - relationship, 3 - family (or core group), 4 - society, 5 - authority, 6 - law, 7- autonomy, 8 - power, 9 - creativity, 10 - structure and organization, 11 - subversion (overthrow), and cycles 12 and 13 have yet to be labeled. Each of the nine elements within the cycle also possess a theme or essence which Loukas calls position. For example, cycle 2 contains the following

nine elements winding down (if you can picture the 'pyramid-shaped spiral' in your mind) and picking up from the previous element (F): Ne, Na, Mg, Al, Si, P, S, Cl, and Ar ending the cycle. Position 1- need for expression or beginning of experience; 2 - search for the ideal expression; 3 - suppressed or repressed feelings; 4 - need for uniformity; 5 -feeling of uniqueness, a dissimilarity; 6 - striving for success; 7 - maintaining or preserving success; 8 -f feeling of discontent/discomfort; and 9 - need for renewal.

If one follows his 'mileage grid' a major theme of "Argon" would be 'ending of a relationship,' as it is in the 9th position of cycle 2. Perhaps one can see the similarity with Scholten's approach.

Loukas offered a case cured with *Argon* during his presentation, describing a 35 year-old woman whose chief complaint was severe premenstrual syndrome. Her other prominent symptoms were centered on the mental and emotional sphere. She had been engaged for five years and, being very much in love, was deeply hurt when the relationship ended. She lamented that she would never feel like that again and, even though she was in another relationship, saw her fiancé returning to her in dreams. With her current relationship, she was not in love, but secure, and she knew she needed to end it. *Natrum muriaticum*, *Ignatia* and *Aurum muriaticum natronatum* were all considered, but Loukas decided to give *Argon*.

"...*Argon* is indicated for people who have not overcome a separation, or experience conflict in their relationship; namely, they have two minds about whether to remain in the relationship or end it. In this particular case both applied. I therefore suggested prescribing this remedy in order to confirm my hypothesis."

Loukas went on to describe the woman's dramatic improvement, other case details and conclusions, and a further elucidation of Position 9; i.e., "the individual of Position 9 places a great importance on positive experiences, pleasure, activity, excitement and enjoyment. They avoid facing the pain and void inside them, as well as their role in causing pain to themselves and others. They easily feel restrained by the needs of others."

From Sankaran, Loukas realized that delusion is not just restricted to persons with psychopathology, but 'underlies the way each person perceives reality.' This allowed him to see remedy essences differently and gave birth to his 'cognitive homeopathy,' which is essentially 'cognitive psychotherapy' applied to homeopathy. Often in his practice he would recognize three distinct psychological aspects emerging from patients. This suggested that he combine three different elements into one remedy, a 'triple salt'. In Case 2 of his article, "Cases Treated Using Triple Salts" (*Homeopathic Links*, 20:3, pp. 32-5, 2007), he offers his rationale for prescribing *Aurum sulfuratum kalinatum*. After

repertorizing, using a homeopathic software program which he developed - *Organon 2001*, and applying his cognitive analysis, he uncovered the three prominent issues which he was able to link to the three substances mentioned. Firstly, the patient's inner drive was quite creative and directed toward the realization of his visions (*Aurum*) and, secondly, his pressing need for appreciation pointed to *Sulphur*. Finally, there was a deep need to belong as his insecurities revolved around family and friends (*Kalium*) (4).

"This case also shows a remarkable cure following the prescription of a new remedy. *Aurum sulphuricum kalinatum* is one of the new remedies devised according to the methodology of 'cognitive homeopathy.' It is a remedy that we have used several times. The main feature of this remedy is the person's need to create in order to earn the appreciation of their friends or family. This feature is very common in humans. For this reason we believe that in the next few years it will become one of the most commonly used remedies of the homeopathic materia medica." (*ibid*, p. 134)

On Saturday morning Rajan Sankaran presented his ideas, which having progressed through diagnosis, fact, emotion, and delusion, arrived at 'sensation.' (5) His latest and most energetically charged idea is 'vital sensation' and is the latest in his philosophical line of inquiry. Quite simply, Rajan's idea is if the practitioner can clearly see the vital sensation, the raw energy of the client, he will be more likely to match it with that similimum found in the plant family. He then goes deeper into the sensation in order to uncover the miasmatic pattern which expresses itself differently in each plant within the family. This is where the work of Jan and Rajan intersect and will be discussed in a moment. Miasm is another aspect (others include kingdom, levels of experience, and the singular ideas such as global-local, where the story is local and the sensation is global. This means the sensation will be found throughout the patient – seen everywhere) which helps one pinpoint the remedy. Sankaran's definition of miasm is a bit different from the traditional. For him it includes two other dimensions, depth and pace (or speed). It is also a type of response and perception and "...corresponds to the way in which the organism responds to a specific type of infection. I could identify ten miasms, namely Acute, Typhoid, Psora, Malaria, Ringworm, Sycosis, Tubercular, Cancer, Leprous, and Syphilis." ('The Evolution of My Practice,' *Homeopathic Links*. 20:1,pp. 11-14. 2007).

Scholten agrees: "These miasms are not the disease as such but a way of being and perceiving the world, a way of handling the problem of the family. *Aconitum* is in the acute miasm of the Ranunculaceae. So *Aconitum* experiences the sudden, acute shock of being threatened and alone in a hard world.

"When one takes a closer look at the miasms as

Sankaran treats them, it turns out that they are very [much] like the Stages. The Acute miasm resembles Stage One with concepts such as: acute, sudden, unforeseen, impulsive, naïve. Table 2 shows the relationships." ("Stages as a Universal Principle for Differentiation," *Homœopathic Links*. 20:1, pp. 24-27. 2007). The more acute or rapid-in-nature miasms dominate the beginning columns; sycosis comes in at Column 10; cancer Column 12; tubercular at Column 15; and syphilitic at Column 17. The entire scheme is not completely elucidated.

Even Louis Klein has a 'new wave' approach to understanding the miasms. In his discussion of *Tellurium* he talks about the Ringworm miasm: "The Ringworm Miasm, from a mental/emotional standpoint, is a conflict between wanting to act and not wanting to act and can be summed up in the word 'trying' or more precisely, 'trying unsuccessfully'." (*Clinical Focus Guide to Homeopathic Remedies*. 2003. p. 234)

How does one find and even recognize this 'sensation,' the client's fundamental seed from which symptomatology and essence come? Traditional homeopathy says through the anamnesis and its open-endedness. Rajan agrees, of course, but he has added an additional path. In order for him to understand what the patient is telling him he needs to empathetically question the patient. What this means is that the practitioner guides (some say leads, although not in the negative sense we have come to believe) the patient into a voyage of self-inquiry and discovery. If the practitioner is successful in this, he will also be successful in uncovering the seed, the sensation. With the benefit of all of the foundational work he's done to elucidate plant and plant family meanings (sensations), the patient's sensation can be matched to the plant sensation, the remedy administered, and cure begun. Paul Herscu, in his cycles and segments methodology, recognizes this (6).

I'd like to go off on a tangent and quote Anne Schadde from her *Homœopathic Links* interview (20:3, pp. 121-123. 2007): "The most exciting part about this is that the events following the simillimum are not a spectacular or extraordinary phenomenon, but represent in their simplicity the depth of the movement of the soul.

"The soul is not a static structure, nor is it a substance, but a process. It is distinct from the vital force, although this has movement in common with the soul. The vital force is the movement within the body, and the soul uses the vital force, as Hahnemann says in Aphorism 9, 'for the highest purposes of our existence.' When the vital force is healthy, the soul is free to integrate what needs to be integrated in the wholeness of the being. The disease is the process of an unexpressed soul. Actually, I'd like to say unfortunately, because if the soul could handle those processes within itself, become conscious, the body wouldn't have to be an organ of expression of disease."(p 121)

Perhaps you are now beginning to appreciate a bit of 'new-wave' homeopathy. Rather than saying to our patients, "I'm sorry. I just can't seem to help you further," homeopaths can say, in effect, "I have more now. I can help you." The synthesis of these new ideas allows homeopathy to go further, to cure more, and to do it as Hahnemann said - simply, rapidly and with no harm.

One important by-product of these ideas is the increased level of satisfaction the practitioner receives, especially on the intellectual level. For me at least, it is immensely more satisfying to go on a symptomatological voyage with the patient, study sensation in family and/or periodic table, do materia medica and repertory work and arrive logically at a remedy which I know 'will deeply affect the patient.' I hope one can sense that this way is totally different than the feeling and level of satisfaction one reaps from the flat repertorization process.

Before discussing the Mangialavori approach I'd like to come back to a place where the thoughts of Sankaran and Scholten intersect. For example, Dr. Welte described a case he had of a woman who described a 'hidebound' sensation - the sensation of the Euphorbiaceae: "...the girl was deeply angry at her dominating and constantly interfering mother, but she did not express it. It was a kind of religious loyalty. She managed to escape the tight grip of her mother [maybe expressed by the rope - this was described previously in the article] by founding her own singing group in a church choir. This is the situational description of the Euphorbiaceae as given by Scholten. All Euphorbiaceae have severe eruptions and diarrhea. So in many ways the case is typical of the botanical family of Euphorbiaceae. But which one? I took Scholten's stages for differentiation. She is quite self-confident, but afraid of exams. Her disease started just before she started her job. This could be Stage 9. In a plant schema not yet published, Scholten gives *Euphorbia lathyris* as Stage 9. Sankaran does not define Stage 9 as a separate miasm, but it can be roughly incorporated under the sycotic miasm, which spans Stages 7-12 with a major emphasis on Stage 10. Anyway, *Euphorbia lathyris* is not mentioned in Sankaran's schema, and there is also no remedy yet under the sycotic miasm. So I gave *Euphorbia lathyris* following Scholten's staging. The remedy worked beautifully and for two years now she has been free of asthma, eczema and diarrhea. How could this remedy have been found by repertory?" (Ulrich Welte, 'Introducing Jan Scholten: An Interview with Ulrich Welte,' *Homœopathic Links*. 20:3, pp. 124-6. 2007.)

Another important idea which Sankaran has clarified is that sensations possess two poles - a sensitivity and reactivity. This can be referenced in his "The Evolution of My Practice," *Homœopathic Links*. 20:1, pp.

11-14. 2007): "This case [man with Lyme's disease] demonstrated how, when you come to the core, everything comes back to the same thing. Ask a question on something, it's another path back to the core.

"Usually, with homeopathy we think of symptoms such as 'Feels anxiety about performance' and then we think of *Argentum*, *Medorrhinum*, *Lycopodium*, *Silicea*, etc.. But if we merely go on these types of symptoms, we could make huge mistakes. We have to go behind such apparent symptoms to the real symptoms, which are the sensations underlying the experience of the symptoms.

"This man's case is not about performance [the patient had described his problem in terms of performance]; it is about "tightness" and "movement." When you can see this, and bring the case down to that level, it is simple." (p. 12, *ibid*)

It was this case that proved revolutionary to Sankaran as he realized that the patient's 'tightness' was ameliorated by 'movement' and that they are opposites. This added further depth in his understanding of remedy and illness. In this case, the remedy which cured was *Rhus toxicodendron* administered in daily Q potencies.

Another important idea prominent in Sankaran's thought is the 'global in the local,' the fact that local phenomena should have the same sensation. Isn't this a Boenninghausen concept though? "Just as each particular symptom is made up of locality, sensation, and conditions of aggravation and amelioration, so the totality is made up of general characteristics of the particular symptoms." (P. Herscu)

It is important to "... differentiate the story and the sensation, as they are often different. The story is local, the sensation is global. The story may be one of disappointed love, but the sensation could be one of exhilaration (*Coffea*), incompleteness (*Beryllium*), or rivalry (*Cenchrus*)." (N. Tessler. 'Seminar Review: The Sensation Method Comes of Age.' *Simillimum*, Vol. 20. Sum/Fall, pp. 169-175. 2007)

Central to Mangialavori's thought is the survival aspect of the remedy, which is most apparent in the animal kingdom. He has done much to broaden our understanding of not just the animal but all remedies. So then, what is his methodology and can we learn it?

The answer to this question is a lengthy, complex one, and a mixture of 'yes' and 'no,' as I think that much of Massimo's method is "him."

Firstly, Massimo possesses highly developed powers of observation. It is common for him to observe detailed changes in breathing rhythm, gestures and expressions (flow of words/ideas or the lack of) as the anamnesis proceeds. Fifteen years ago this depth of observation was quite novel. Even when a patient avoided or failed to mention important symptoms it was noted by Massimo. The opposite pole of this is how finely tuned his ideas are concerning the differences in remedies within

the same plant family. Scholten acknowledged this during his *Lanthanides* talk, for a cure can happen with a remedy just a step away (right next to) from the first one given; e.g., *Promethium* to *Samarium*.

One of Massimo's helpful suggestions was that, if you have a good case of a remedy, study it. If you have another good case with that same remedy, study both cases together. See how they differ and are the same. Study cases cured with remedies in the same family and note the fine differences:

"In this way you make your own experience the source of your knowledge; this is what Massimo did, and experience cured cases, not theory, became the basis of his mode." (Uta Santos-Koenig. "On Massimo Mangialavori," *Homœopathic Links*. 20:3, pp. 119-120. 2007)

Learn everything you can about a remedy. If you think that provings are the only source of knowledge about a substance, then you are reasoning with blinders on. Read about the substance's pharmacology and toxicology, where it lives, and the lore and myth surrounding it. Study its survival strategy. This is one point which Dr. Mangialavori has taught the homeopathic community: we "have our survival techniques or strategies and remedies do, too." This is especially so and easiest to see in the animals as it is their distinguishing feature. For example, a survival strategy of *Calcarea carbonica-ostrearum* is the maintenance of comfort (security) to which food is central. But if you dismiss this remedy because there is no 'desire for eggs,' you could be missing the remedy because of your limited perspective.

In this same article Uta Santos-Koenig offers her thoughts on the survival strategies of this aforementioned remedy before condensing Mangialavori's thought on themes: "Themes are 'life in progress,' themes manifest themselves in a process; they are dynamic, like a film, as opposed to the static nature of a photo-like symptom. So, themes, showing the story, correspond much more to the reality of life than symptoms, which instead represent a selection of snapshots." (p. 120, *ibid*) Sounds a bit like Herscu and Rothenberg's work.

A tsunami is visiting homeopathy, bringing sensation, periodicity, and animalia to its shores. Many on that sandy beach have been jolted and awed; indeed, even those who have brought the 'new wave' are paddling in the midst of a state of upheaval. Yet the spines of those few are flexible and adjusting to radical innovation sifting in from all directions.

Yes, this 'new wave' which our community is experiencing is unsettling and now the question is: will that community be so moved, so inspired to allow room for new material to be rinsed, clarified and crystallized. Will the homeopathic community permit new seeds to sprout on uncertain shores?

These are the essential questions which are now being asked of our 'band of brothers.' Our still fragile community which has yet to realize that, divided as we are, there is really more which unites us.

Sensation, periodicity, animalia. Let us take the new, judiciously graft it onto the firm foundation established by our equally innovative and bold ancestors, and create a tree of even greater strength and possibility.

Hahnemann said, "First do not harm." This new wave can only serve that end. The pilots of this wave possess a great responsibility as do its students. They must lead us faithfully, yet firmly through boiling waters, and we must, with open yet questioning minds, follow them if for no other reason than "aude sapere".

NOTES:

1) In 'Thoughts on the Periodic Table' (*Homœopathic Links*. 20:1, pp. 22,3. 2007), C. Sharfstein offers a way to improve our understanding of the inert gases by suggesting that "The positioning of inert gases into column 0 of the periodic table clarifies their 'content/cocoon' essence." (p. 23). Since the outer shell is complete this could be the reason why they do not require a connection with other elements.

2) Neo-classicist, is that the correct term? "Neo" means new or different. Neo - or at least how it has been applied in other contexts - tends to create a negative image in my mind. It might suggest to some that something is wrong with homeopathy or its principles. This is the main reason why I would not like to see neo used.

Granted, we should have a term which describes these cutting-edge approaches: neo-classical, post-modern, post-classical, new wave? Several years ago a controversy erupted about what to label the various 'types' of homeopathy. At the center of this storm was André Saine, who labels himself as a classical homeopath and has even suggested that the International Hahnemannian Association (IHA) be revived. The late Julian 'Jewels' Winston also offered stern words and warnings. I don't want to dredge-up the past, but what would these folks propose to call themselves? What would they suggest? The way I look at it is we all practice homeopathy, but each of us brings our own energies and viewpoints. This is why homeopathy is truly an 'art.' We are homeopathic artists practicing a curative art called homeopathy. However, we must have some way to refer to these new ideas and its practitioners. For this paper I've chosen to use the term 'new wave.'

As long as I am editorializing, let me continue. For example, is the triple-salt methodology of Loukas disguised 'combination homeopathy'? What doubts do Sankaran, Scholten, and Mangialavori have about their work and ideas; what are others' doubts? Does the

work of Herscu have anything to contribute to the body of work of the three gentlemen mentioned above? Is Herscu's work considered 'new wave'? Is there some giant 'cycle and segment' flowing through the periodic table? What about the bowel nosodes and nosodes in general; do they have roles to play in the 'new wave' thought? And what about the newer methods of potentization (i.e., 'C4')? There are many areas to consider further.

These and certainly other questions could have been addressed in break-out sessions on Sunday afternoon. There was no real question and answer session at the end; this was unfortunate yet understandable considering the large number of attendants. In my opinion, the sessions could have been reorganized somewhat, leaving all of Sunday for discussions. For instance, a half-dozen groups could have been created. Then in the afternoon, upon reassembly, the brainstormed-ideas could have been presented to the entire congress. If offered in a 'rapid-fire' manner, many dynamic ideas would have been shared. Even if only one or two good ideas surfaced, the effort would have been worth it. As a side benefit, more friendships might have been created. In my opinion, all conferences should have 'composting' time.

Before the panel discussion on Sunday afternoon, Jeremy Sherr offered summary remarks. One of the points he stressed is that *Homœopathic Links* is now entering its 21st year, its adulthood. This was meant to imply that the journal and the homeopathic community in general have a greater responsibility. Not only does the 'new wave' have to rededicate itself to enhanced self-scrutiny, but the community at large has to be willing to accept change. Perhaps what is now needed is a congress devoted to an amicable debate and exchange of ideas by those on both sides of the fence. With an honest sharing of concern and opinion homeopathy stands only to benefit.

Conference organizers need to print a list of the registrants and place it next to a bulletin board so that we can leave and retrieve messages. We travel hundreds, perhaps thousands of miles to congresses and spend huge amounts of money; we also need to connect with colleagues. Having a registrant list and message board would go a long way in creating a more satisfying experience. Another thing, organizers on both sides of the Atlantic, indeed throughout the world, should offer discounted conference fees to people who have to travel great distances and to those from the developing nations. This would certainly boost morale and enhance the cross-pollination of ideas. I would like to offer two other constructive ideas: use bigger print on name tags (the reasons are again obvious) and include the price of refreshments in the registration fees. Too much time is wasted waiting in line and paying; before you know it, break time is finished. Lastly, present-

ers should be encouraged to follow the homeopathic dictum – less is more. Registrants don't need to be flooded with material and cases. Give us one or two lengthy cases or a few principles to really focus on and learn well, because after a certain point one can't remember anything.

3) We should have a standardized terminology for these emerging terms. One can easily confuse series with stages and rows with columns. Can we use just one or the other?

4) Synthetic remedies, also known as combined remedies, are a combination of two remedies (three remedies in Loukas's paradigm) forming a new entity which may or may not have been proven. Often though, at least one of the two has been proven. *Chininum arsenicosum* is an example of a synthetic remedy which has been proven. Kent, early on, made some mention of the possibility of combining elements to create a new remedy, but he eventually abandoned this line of inquiry.

Having some knowledge of the two allows one to synthesize or project what the action and use of a new combination might be. For example, *Aurum arsenicum* and *Aurum iodatum* are combinations of *Aurum* and *Arsenicum* or *Iodum*, respectively. As separate entities, they are in the homeopathic literature and their separate provings are available, but the two together, the 'synthetic remedies' (*Aurum arsenicosum* or *Aurum iodatum*), may never have been proven. One looks at the two separate provings and attempts to deduce what effects the new combination might possess; however, this is not really an ideal method for ascertaining the actions of combined substances.

"Salts have always played an important part in the homeopathic materia medica and some of them are even among our biggest polychrests, such as, for instance, *Calcarea carbonica*, *Natrum muriaticum*, *Kalium carbonicum*, etc. A salt is by nature a substance with at least two components, usually a positively and a negatively charged ion. In cases where both components of the salt are well known as homeopathic remedies, the materia medica of the correspondent salt contains elements of both its constituents, but usually also has a distinct character of its own and cannot be substituted just by prescribing the two constituents." (W. Springer, M.D. *Homœopathic Links*. 10:1. pp. 20-24, Spring 1997). The author goes on to offer some 'rules' for the prescription of a synthetic remedy.

In "Zirconium sulphuricum: A Case" (*The Homeopath*. 89, 4/2003. p. 246) Peter Alex explains his selection of *Zirconium* based on information from a dream proving (see J. Scholten's *Homeopathy and the Elements*) and the sulphur component of which there is much reference material.

5) Many have presented papers in which this aspect has helped in finding the curative remedy; e.g., "Case of Hearing Loss" (C. Sharfstein. *Simillimum*. Vol. 20, Sum/Fall. pp. 135-145. 2007) and Thompson and Geraghty's "The Vital Sensation of the Minerals: Reducing Uncertainty in Homeopathic Prescribing" (*Homeopathy*. 96:2. pp. 102-107. 2007). From this latter article: "Patients who are sensitive to homeopathic medicines deriving from the plant, animal and mineral kingdoms describe themselves and their symptoms in quite different ways. Initially the differences between animal, mineral or plant language seem subtle, but it is similar to differentiating regional dialects; the more you learn to recognize the 'dialect,' the quicker you know where the patient comes from!" (p. 102. *Ibid*)

The authors go on to describe the sensations and meaning of *Hydrogen* and *Helium*: "...are both gases. *Hydrogen* has no connection, no support, no structure [every remedy has structure; it's just that *Hydrogen*'s structure is very light. Because of this lightness, there may be a 'floating' sensation, even of a bird flying, uninhibited by gravity]; the isolation is so great that they connect to the whole – it is all or nothing. *Hydrogen* is not even sure of his existence - at one pole he feels one with existence, but that also makes him feel like nothing at the other pole. *Helium*, a noble gas, feels happy in the womb and does not want to exist in the world outside – he is in the void. As we study sequential rows of the periodic table, we see that the issue of 'incompleteness' focuses on different issues evolving along the rows and columns." (p. 104. *Ibid*)

In Thompson and Geraghty's case of *Gallium* they come to the remedy by narrowing it down via "an examination of the kingdoms, looking at gesture and then, as the anamnesis goes deeper, sensation. Her dreams and mental/emotional life come to the fore also.

"According to Scholten, the essence of *Gallium* is 'stubborn in their work, unable to change;' for Sankaran the essence is 'imminent loss of protection and security, so I have to be rigid all the time to defend against change and criticism.' A rare, soft, silvery metal, *Gallium* is a brittle solid at low temperature, but melts at 30°C. It has one of the largest liquid ranges for a metal, like Mercury." (p. 106. *Ibid*)

A fine point which helps to confirm the remedy as a mineral is that if it were a plant, one would find an opposite to the fundamental sensation (in this case there was no sensation polarity), and if it were an animal remedy, there would be a series of sensations (in this case there were none). In plant remedies the description seems to always involve a polarity – fundamental sensation versus its opposite, whereas the animal remedy sensation will describe a series of sensations which generally contain issues of survival (consult Mangialavori) and/or struggle either with self or an-

other: competition.

In regards to 'the gesture' (spontaneous hand gestures used by the patient during the interview), Sankaran says it is a pure expression of the patient's energy and can lead one to much deeper places: "Just as the non-human specific words are important to guide us to the level of vital sensation, so are the gestures the patient uses when describing their symptoms. These gestures indicate to us where there is the most 'energy' in the case, and where to question further." (p. 104. *ibid*)

In "Seminar Review: The Sensation Method Comes of Age," Neil Tessler offered this about 'words': "...a patient says 'explosion' and we think of an explosive, (*sic*) but this is likely wrong, as it is not the word, it is the experience. Words are deceptive, but how to know this? When asked further about injury or explosion, the patient does not give more words around explosion or injury, but talks more of victim-aggressor and sudden, lethal attacks. This leads in an entirely different direction. Do not chase the words; rather go quickly to the experience." (*Simillimum.*, Vol. 20. Sum/Fall, pp. 169-175. 2007).

And I. Schlingensiepen-Brysch (*Homœopathic Links*. 20:3. 2007. pp. 15-21) offers: "The therapist basically helps the patient to simply focus on the seemingly irrelevant irregularity in the flow of his words to help him to reach deeper and deeper into his subconscious inner world." (p.18. *ibid*)

6) Herscu, Rothenberg, Shalts, and Gruber offer some of their ideas about the 'Cycles and Segments' approach: "...a Cycle consists of 5-6 Segments which are groupings of related symptoms; i.e., symptoms which reflect similar concepts. With each symptom a patient shares, I think and ask, what is that symptom an example of? What does it represent? AND, are there OTHER examples of that in their story? This helps me to see the overarching patterns that we all have in our lives. It is rare indeed to find someone who has a myriad of complaints that are random, unrelated and disparate. By seeing and naming the patterns, reflecting it back to the patient (or parent of the patient), I shape my case-taking. Thereby, no ONE symptom becomes the focus of the case, but rather each symptom represents a particular aspect of the person which I aim to understand in the context of the whole person. The Cycles and Segments approach in this way, informs my case-taking and 'case analysis.'

"I am seeking overall propensities in the patient; I am less interested about finding the perfect symptom or rubric because I have grasped overarching ideas of the patient's pathology.

"In the process of case-taking, I also seek symptoms that are opposite of the first symptom. For example, if a patient has many physical discharges – coryzas, bloody noses, excess perspiration, as well as being excessively

open emotionally, we will, no doubt, also see a place in their story where things are closed off or constricted, perhaps constipation or a tendency for constrictive headaches. This is the individual's way of balancing their extreme openness. When I find such opposites, they are placed directly across from the first symptom in our Cycle. In this fashion I build the Cycle, having one Segment lead me to the next until I find myself back at the beginning.

"[after building the case and repertorizing] I then rely on my understanding of the remedies that appear on that short list. The way we teach and understand the materia medica is by understanding the Cycles of the remedies. Remedies often share Segments, so it is the order that the Segments appear in a case that might pull me toward or away from a remedy. Understanding the sequencing of how patients experience their complaints (what leads to what), and grasping the materia medica in this same fashion, allows me to better match the patient to the remedy he needs.

"...people are usually skeptical that a patient's long health history could fit neatly into a meager 5-6 Segments. What I illustrate is that, though complaints seem separate and distinct, in truth, they are commonly only additional instances of a particular Segment, which has already been defined. ...I am liberated to combine mental, emotional and physical symptoms in the same Segment, as long as they represent the same underlying idea. Once I have clearly established several Segments, further observations and information that come through the case-taking can be 'filed' with like symptoms. This manner of case-taking and analysis is a truly holistic way of seeing the patient, allowing all elements of the case to be represented."

The late Frank Gruber, M.D., a practitioner of this methodology, offered his thoughts: "If you stay open to the case and realize the vital force is trying to teach you, you will learn the lessons. Often, as the patient is in front of me, I ask myself, what is the patient trying to tell me that I am not getting; what is the patient showing me by his/her actions that I haven't seen; what is the feeling that I'm getting from this patient that I haven't felt yet; how is the patient saying things that might give me a clue to what I need to understand? Often this will open up other senses that I've somehow closed off for the moment that will lead to new understanding of the case." (F.W. Gruber. "Difficult Cases: Frustrating Ordeals or Learning Experiences?" *New England Journal of Homeopathy*. 8:2. Fall/Winter. 1999; emphasis author's).

'Cycles and Segments' is a central aspect of Paul Herscu and Amy Rothenberg's method of case analysis. It is based on the idea that every remedy, every illness, every patient has its own cycle or pattern, and if we can identify and understand that movement, then we can see how all the symptoms fit together. Each of

these cycles is composed of segments, each having its own symptoms particular to the patient.

Central to the teachings of George Vithoulkas is also an emphasis on different stages and levels of manifestation (mental, emotional and physical) of pathology characteristic to the same remedy. Different stages of pathology may manifest differently; at times opposite symptoms may be characteristic to a given remedy.

This idea of the continuum and interconnectedness of various symptoms of the same remedy on different levels of pathology was further developed by Paul Herscu and culminated in his method of Cycles and Segments. In his writings Herscu gives credit to Boenninghausen as an originator of the idea of the Totality of Symptoms being represented by various bits and pieces of symptoms in different parts of the body, in the modalities and in the generals.

"For example, a person may be bleeding from several places. Boenninghausen introduced the concept that the idea of bleeding should be looked at rather than just the individual places; that bleeding has a higher level of organization than any of the locations by themselves AND a higher level of understanding than just simply adding the locations together. The concept that we are trying to find is bleeding. This is a Boenninghausen characteristic symptom. . . . In this same patient one may find that the patient is vomiting and has diarrhea and is perspiring. My innovation is to say that all these characteristics will add up to one Grand characteristic which is intense fluid loss, occurring through the loss of blood, and through vomiting and diarrhea. The main benefit of this innovation is that it allows us to be able to place more symptoms of the patient into a coherent picture of the disease thereby allowing us to better understand what truly ails the patient. This allows us to be able to place any new symptom into the already existing framework." (Paul Herscu. *Herscu Letter Reviews*. NESH website)

"Let's review now the Cycle and Segments of *Ambra grisea*. Then I will fill it in with important symptoms and keynotes of the remedy. I will then illustrate the approach of Cycles and Segments with two very different patient cases that were cured with *Ambra grisea*.

"The Cycle (see figure 1): 1) People who need *Ambra grisea* start off by being closed, constricted, inhibited. 2) This leads them to edit their reaction to life, their speech; to second guess everything they say or do. 3) Lots of ideas and emotions begin to build up inside. 4)


They have a need to communicate. They feel like they will explode if they don't say something. 5) They need to force themselves out of their shyness. They attempt to communicate. 6) It comes out in an awkward way. 7) They feel like a failure. 8) And because they failed, because they were so 'loose and inappropriate,' they feel incredibly embarrassed. That leads them back to being closed and constricted (i.e., back to Segment 1)." (E. Shalts. *New England Journal of Homeopathy*. 10:1. 2002. p. 60-84)

Finally, from Gruber's concise and well explained, "The Cycle of *Carcinosin*" (*New England Journal of Homeopathy*. 5:4. Fall 1996): "Each segment represents an idea which encompasses many of the symptoms found in patients needing that remedy, as well as those symptoms recorded in the materia medicas for that remedy. There are generally between 4-6 segments for each remedy. When the segments are all taken together, they cover all the symptoms of that remedy. This is especially useful as it helps explain contradictory symptoms effectively.

"Expending so much energy has left a hole in them (the *Carcinosin* patient), has weakened them so much so that they can feel sensitive to the outside world. So much so that they resemble *Phosphorus* or *Pulsatilla* or occasionally *Medorrhinum*. They feel other's pains, but other's beauty as well. Just as *Phosphorus* feels the music, sees the colors so vibrantly, so too does *Carcinosin*. But it is a sensitivity that can come from weakness and from being too open." (*ibid*)

For additional points consult Herscu's monograph, *Stramonium: with an introduction to Cycles and Segments* (1996).

About the Author: Jay Yasgur is a pharmacist, author and member of the HPCUS (Homeopathic Pharmacopœia Convention of the United States). He is the author of "A Dictionary of Homeopathic Medical Terminology, 3rd Ed" He republished and edited two homeopathic classics: "Some Clinical Experiences of E.E. Case, M.D., and "Homœopathic Materia Medica for Nurses, 2nd Ed." Along with Mr. C. Ellithorp, they produced "The Dunham Lectures of J.T. Kent." Mr. Yasgur recently finished a three year project, "Cumulative Index to the Homœopathic Physician."

Jay has worked for Weleda Inc. and Humphreys Pharmacal. Aside from writing, Mr. Yasgur works part time in retail pharmacy where he blends homeopathy into his pharmacy practice. He lives in Tempe, AZ. 

Calendar of Homeopathic Events

This calendar is provided courtesy of Dr. Betty Wood

Scheduled Events

OCTOBER 18-24, 2008

Massimo Mangialavori, Harvard, MA
The Language of the Body: Self Esteem and Affection
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 23-24, 2008

Introduction to Medical Homeopathy for Physicians
Dr. Russell Malcolm, M.B.Ch.B., M.R.C.P., Westchester
Marriot Hotel, Tarrytown, New York.
Sponsors: New York Medical College, The American
Institute of Homeopathy, and The Homeopathic Medical Society of the State of New York.
31.5 Category 1 AMA PRA CME credits and CHE credits approved and available for entire program.
Registration: Office of Continuing Medical Education, New York Medical College, Vosburg Pavillion, Valhalla, NY 10595. 914/594-4487,
Fax: 914/594-4699.
www.nymc.edu/cme/upcoming events.asp

OCTOBER 24-26, 2008

Systems & Symbiosis: The Bowel Nosodes
Dr. Russell Malcolm, M.B.Ch.B., M.R.C.P., Westchester
Marriot Hotel, Tarrytown, New York.
Sponsors: New York Medical College, The American
Institute of Homeopathy, and The Homeopathic Medical Society of the State of New York.
31.5 Category 1 AMA PRA CME credits and CHE credits approved and available for entire program.
Registration: Office of Continuing Medical Education, New York Medical College, Vosburg Pavillion, Valhalla, NY 10595. 914/594-4487,
Fax: 914/594-4699.
www.nymc.edu/cme/upcoming events.asp

OCTOBER 24-26, 2008

Dr. Rajan Sankaran
Seminar on the Sensation Method
New York School of Homeopathy
contact: Susan Sonz, CCH, <<mailto:faculty@nyhomeopathy.com>faculty@nyhomeopathy.com>
<http://www.nyhomeopathy.com/Sankaran_Seminar.htm>http://www.nyhomeopathy.com/Sankaran_Seminar.htm

OCTOBER 31 - NOVEMBER 2, 2008

Divya Chhabra, Toronto
Ontario College of Homeopathic Medicine
info@ochm.ca, (416) 535-5995

NOVEMBER 7-9, 2008

New England School of Homeopathy - Portland, OR
8 Weekend Course 2008-2009 Teaching an integrated approach called Cycles and Segments; this course is designed for both the beginner and more experienced homeopaths.
Instructors: Drs. Paul Herscu ND and Amy Rothenberg ND
mailto:nesh@nesh.com, 413-256-5949, fax 860-253-5041
http://www.nesh.com

NOVEMBER 14-16, 2008

Melissa Burch, CCH, RSHom(NA), Cambridge, MA
Sensation Method Live Clinic
Mentorship Training Program Part 1, Inner Health, Inc.,
Contact: Alyson Garvey
Tel: 617-491-3374
Email: <mailto:alyson@innerhealth.us>alyson@innerhealth.us
Visit: <http://www.innerhealth.us/for-homeopaths/index.html>www.infohomeopathy.com

DECEMBER 12-14, 2008

Melissa Burch, CCH, RsHom(NA), Cambridge, MA
 Sensation Method Live Clinic
 Mentorship Training Program Part 2, Inner Health, Inc.,
 Contact: Alyson Garvey
 Tel: 617-491-3374
 Email: <mailto:alyson@innerhealth.us>alyson@innerhealth.us
 Visit: <http://www.innerhealth.us/for-homeopaths/index.html>www.infohomeopathy.com

MARCH 2009

14 Harrisburg, PA, 144th Annual Meeting of the Homeopathic Medical Society of the State of Pennsylvania in conjunction with the Southern Homeopathic Medical Association • Case Conference • East Harrisburg Holiday Inn • M-Th (703)273-5250 • harmaynequine.com

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INTERNATIONAL SEMINARS

OCTOBER 9-13, 2008

Seminar with Dr. Rajan Sankaran, Galway, Ireland
 Venue: Menlo Park Hotel & Conference Centre.
 Booking: Galway College of Homeopathy.
 Email: admin@galwayhomeopathy.com
 Website: www.galwayhomeopathy.com
 Brochure: http://www.galwayhomeopathy.com/index.php/sankaran_seminar

NOVEMBER 17- 29, 2008

Dr. Rajan Sankaran, Mumbai ,India
 Contact: Dr Shachindra Joshi/Bhawisha Joshi
 Email :drshachindra@hotmail.com or
 <mailto:bhawisha@vsnl.com>bhawisha@vsnl.com or
 <mailto:spirit@vsnl.com>spirit@vsnl.com
 Tel: +91-22-26149922 (Clinic)
 + 91-9820497991 (Mobile)



Summary of Technical Requirements

Follow all formatting requirements.

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*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.

General formatting requirements

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

Please avoid the temptation to try to make your written work look like a published article. Once your article is edited, our journal's style and design will be applied to your disk or computer file before it is output to typeset pages, and these are applied most easily to an unstyled manuscript. (In other words, if you put in special features to enhanced the appearance of the manuscript, we will need to spend time taking them out of the file before we can get on with the business of publishing your article.) If you think any part of your manuscript might need to have a special appearance, please indicate this on the print-out only

An alternative to submitting a copy of your article on paper is to submit two copies of your paper on disk or via email. One copy should be without formatting, as described in the preceding paragraph, and one copy should be formatted to present the published appearance that you have in mind.

Instructions for typing the manuscript:

1. Margins. Before you start, set wide margins (approximately 1.5 inches).

2. Line spacing. Set line spacing to double space.

3. Justification. Please do not justify your text – allow it to run ragged on the right-hand margin.

4. Hyphenation. Turn off the hyphenation option. Only use hyphens when they are part of a word. Do not hyphenate words simply to make them fit into a line, since the change in line lengths during typesetting may result in these words being incorrectly hyphenated in the middle of the line.

5. Punctuation. When typing the manuscript, it is essential to be consistent, especially when punctuating. Only use one space following a period (full stop) – between sentences.

6. Accents and Special Characters. Many accents, symbols, and special characters are available as ASCII characters in a word processor and should be used.

However, if they are not available, use the @ sign as a substitute and mark the correct character in the margin of the print-out.

7. **Carriage Return and Spacing.** Never use the carriage return (enter) at the end of lines within a paragraph – allow the computer's automatic wrap-around function to turn the text over to the next line. Use the carriage return only: a.) at the end of a paragraph, b.) after a heading, c.) at the end of each entry in a list. Do not put in extra space around headings.

8. **Paragraphs.** Do not indent paragraphs. Start each paragraph on a new line with one line of space between paragraphs. Do not format the document to add extra spacing between paragraphs; simply use the carriage return to add the line of space.

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11. **Dash (—) and hyphen (-).** For a dash (e.g., to set off a phrase), type--(two hyphens, without spaces before, after, or between) or an em dash. Use two hyphens to separate numbers in a range; e.g., 4--5 months, pp. 251—257 or use an em dash.

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15. **Footnotes and Endnote/references:** Footnote and endnote/reference numbers should be placed in parentheses and not superscripted. Footnotes and endnote/references should be placed within the article as normal text and not placed in footers or otherwise separated from the main body of the article.

16. **Tables, illustrations, charts, photos.** Tables, illustrations, charts, photos, though they may be placed within the article, should also accompany the article as separate files (eg, graphics - tif - documents in the case of photos and illustrations, and as separate MS Word documents in the case of Tables, with page size adjusted to just accommodate the size of the Table).

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The title page should carry 1) the title of the article, which should be concise but informative; 2) the name by which each author is known, with his or her highest academic degree(s) and institutional affiliation; 3) the name of the department(s) and institution(s) to which the work should be attributed; 4) disclaimers, if any; 5) the name and address of the author responsible for correspondence about the manuscript; 6) source(s) of support in the form of grants, equipment, drugs, or all of these; and 7) a short running head or footline of no more than 40 characters (count letters and spaces) at the foot of the title page.

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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

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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).

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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.

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