

A Man with a Herniated Disc

Irene Sebastian, MD

Summary: A case of back pain from herniated nucleus propulsus responding profoundly to *Kali carbonicum* is presented.

Keywords: *Kali carbonicum*, back pain, herniated disc

On Jan. 5, 2001, a 41-year-old man arrived at my office in a wheelchair with the chief complaint of back pain due to a herniated disk. He immediately asked my assistant if he could lie on the exam table because sitting aggravated his pain. He had first experienced back pain while house cleaning eight years earlier. He continued to work on that day, but the following day he developed pain radiating to his left lower extremity and he was unable to sit due to the pain. He was evaluated by an orthopedic surgeon, who made a clinic diagnosis of herniated disk. He had conservative treatment (physical therapy) and continued to have intermittent, but not disabling, back pain throughout the 8 years prior to seeking help from me.

His most recent exacerbation occurred in August, 2000, after cutting a tree branch. He felt "a pull" in his back and groin and developed disabling pain. MRI showed two herniated disks. He again had conservative treatment — two months of physical therapy and thirty treatments of Vax-D therapy (non-surgical vertebral decompression) with some relief of symptoms. But his condition deteriorated over time and he had been bedridden for the past several months. His surgeon told him that he would never walk again unless he had surgery.

He described the pain as sharp; it was located in the left side of his lumbar back with radiation to his left buttock and down the lateral side of his thigh. The pain was sometimes accompanied by severe muscle spasms across his back. The pain was aggravated by walking or standing and was ameliorated by lying on the non-painful side. Lying on his back with a wedge pillow under his knees was better than lying flat on his back. Coughing and sneezing aggravated the pain. The pain was slightly aggravated during bowel movements. His pain was not affected by weather changes nor was there a time aggravation. He sometimes had numbness and tingling in the posteriolateral side of his left thigh and in his left foot.

His physical generals and review of systems were significant for occasional perspiration on his forehead and throat/neck at night, a craving for sweets (which he ate twice each

day), waking "like clockwork at 2 a.m." (according to his wife) for the past one to two weeks, and a history of hemorrhoids with occasional rectal bleeding.

He described his mental-emotional state as "even-keeled," and said that he was "everyone's friend." He said that he was "fair" and thinks the best of people — "very positive and upbeat and trusts God." He generally was not angry and did not become upset easily. When asked what would upset him, he said, "If someone tries to hurt my wife." When asked about fears, he spontaneously mentioned only a fear of something happening to his wife. The most difficult experience of his life was his father's sudden death in a car accident when he was twelve years old. He said, "It wasn't fair; he had a good family, he respected his family while other friends criticized their families."

His medications included Arthrotec and Flexeril.

Physical examination was significant for erythematous patches on the wings of his nose. He was lying on his right side on the exam table during the entire evaluation and was in significant pain if he was in any other position. Because of the intensity of his pain, I did not attempt to examine him further.

Significant findings from his MRI report dated 12/21/2000:

"L4-L5: There is a fairly large paracentral disc herniation present. Disc material extends for greater than a centimeter dorsal to the dorsal vertebral body border. This is compressing the left nerve roots and displacing the thecal sac from left to right. It is not causing foramen compromise.

"L5-S1: There is circumferential disc bulging and osteophyte causing ventral flattening of the thecal sac. There is no central or foramen stenosis."

In summary, the patient was a forty-one-year-old man with an eight year history of intermittent back pain radiating to the left lower extremity, with a diagnosis of herniated disc based on MRI, who was bedridden. His pathology appeared to be predominantly on the physical level. Emotionally, he

seemed to be a fair-minded man whose primary focus was on his family; no significant emotional-mental pathology was apparent.

A repertorization of this case is shown below. Ordinarily, I combine some of the rubrics and sub-rubrics, but I did not do so for this case presentation so that the reader can see the exact rubrics. My analysis proceeded in the following

Total Rubrics Families	Kali-c.	Sulph.	Sep.	Phos.	Nat-m.	Nux-v.	Lyc.	Nit-ac.	Bry.	Puls.	Kali-bi.	Merc.	Calc.	Agar.	Bell.
EXTREMITIES; NUMBNESS, insensibility; Thigh (64)															
EXTREMITIES; TINGLING, pricking (225)															
EXTREMITIES; TINGLING, pricking; Thigh (15)															
EXTREMITIES; TINGLING, pricking; Foot (93)															
BACK; SPASMS (32)															
BACK; PAIN; General; walking; agg.; while (70)															
BACK; PAIN; General; standing; agg. (53)															
EXTREMITY PAIN; LOWER LIMBS; sciatica; left (35)															
LOWER LIMBS; sciatica; lying; agg.; side, on; painful (12)															
EXTREMITY PAIN; LOWER LIMBS; sciatica; coughing agg. (5)															
EXTREMITY PAIN; LOWER LIMBS; sciatica; sneezing (4)															
BACK; PAIN; General; coughing, when (33)															
BACK; PAIN; General; sneezing; when (4)															
BACK; PAIN; General; stool; agg.; during (29)															
EXTERNAL THROAT; PERSPIRATION (21)															
HEAD; PERSPIRATION, Scalp; Forehead (137)															

way. When the patients’s wife told me that he “wakes like clockwork at 2a.m.,” I looked closely at all the remedies in that rubric. I then considered the quality of the pain, which was severe and sharp, the radiation of the pain to the buttock and thigh, the aggravation from lying on the painful side (which is well known for *Kali carbonicum* in pneumonia cases). All of these symptoms pointed to *Kali carbonicum*. The perspiration of the forehead and the throat/neck and the erythematous patches on the wings of the nose were also consistent with this remedy. His overall character, as a fair-minded person focused on his family, and the focus of his pathology on the physical level were also consistent with *Kali carbonicum*. I prescribed one dose of *Kali carbonicum* 200C.

During a follow-up telephone consultation two weeks later, he reported that he was forty percent better. He was now able to turn over in bed, and he was able to walk and to sit for brief periods. His back spasms were seventy-five percent better. He had not awakened at 2 a.m. since taking the remedy. He had a diminished desire for sweets and decreased perspiration on his forehead and throat/neck. He had discontinued his Arthrotec and Flexeril. The erythematous patches on his face worsened and he had applied over-the-counter cortisone cream. I educated him regarding the suppressive effects of cortisone and advised him not to apply it. I told him when he relapsed, or if he failed to improve within a one-week period, to follow-up with me. He called

me one week later and asked if he could take Benadryl for the facial itching, and I agreed.

More than two years later (4/17/2003), I did not recognize the man who walked into my office with a smile on his face. He explained that he never consulted me again because his back pain had resolved completely and had never relapsed. At this consultation, he complained of hemorrhoids which

bled occasionally during bowel movements; there was no itching or pain. He also mentioned that he had begun to sweat on his face and chest at night and to wake at 2 a.m. again. The examination revealed external hemorrhoids with no other significant findings. I prescribed one dose of *Kali carbonicum* 30C. I chose a 30C potency rather than 200C because he seemed to be very sensitive to the remedy and his current symptoms were not intense. I did not want to cause a significant aggravation or a return of his back symptoms. He did not return for follow-up. I spoke to him seven years after he

had initially consulted me and he told me that the back pain had never returned, his activity was not limited, and he was doing well in general.

One point I would like to highlight is that the *Complete Repertory* does not include *Kali carbonicum* under “Back, spasms” and the only *Kali carbonicum* reference in *ReferenceWorks* after entering “back spasm” is a case presented by Maud Nerman, DO, at the IFH 1993 case conference.. Her patient also had severe back spasms with a herniated disc. I have seen such severe back spasms in several other patients who have been tremendously helped with this remedy. There are multiple *Kali carbonicum* references to spasms in other parts of the body, but the references to back spasms are missing in the repertories.

One other point I found interesting was the relatively late occurrence of the keynote “waking at 2 a.m.” He had been bed-ridden for several months, but (at least according to the patient and his wife) the waking at 2 a.m. had been occurring for only one to two weeks. This suggests to me that as the patient continued to deteriorate, the vital force was producing more dynamic symptoms to manifest its state of imbalance.

About the author: Irene Sebastian, MD, PhD, is in solo private practice in the New Orleans area. She is currently President-elect of the American Institute of Homeopathy.



Three Books by Jon Gamble

Mastering Homeopathy: Accurate Daily Prescribing for a Successful Practice

2004; revised 2009; 6"x9"; 175 pages, paperback;
ISBN: 978-0-9752473-0-3

Mastering Homeopathy 2: The Treatment of Irritable Bowel Syndrome

2006; 6"x9", 158 pages; paperback
ISBN: 978-0-9752473-1-1

Treat Your Child Yourself: A Parent's Guide to Drug-Free Solutions for Common Complaints

with Nyema Hermiston

2007; 6"x9", 80 pages, paperback
ISBN: 978-0-9752473-2-7

Reviewed by Jay Yasgur, RPh

These three books by Australian homeopath Jon Gamble are therapeutic treatises based on his experiences and successes with homeopathy. They are not philosophy or methodology discourses, nor is there any appreciable re-orientation: these works are simply records of what has worked (and worked well) for this noted Aussie. Mr. Gamble does get didactic when he offers his thinking on vaccinosis, homeoprophylaxis or in presenting his allergy desensitization protocol. He also offers more 'complete' answers to health questions when he suggests nutritional approaches, etc.

His 2004 work is divided into the following chapters: Illnesses of Children, Illnesses of Women, General Illnesses, Illnesses of Men, Case Examples in Treatment of Chronic Disease, and a few miscellaneous chapters and appendices.

His 2006 volume deals exclusively with irritable bowel syndrome and consists of the following chapters: Irritable Bowel Syndrome: Diagnostic Criteria and Causes..., Differential Diagnosis, The Treatment of Irritable Bowel Syndrome, Cases..., Choosing the Order of Treatment, A Parasitic Miasm, and a few miscellaneous chapters.

Chapter 3 (The Treatment of Irritable Bowel Syndrome) is the largest and is subdivided into fifteen categories. He blames perhaps seventy percent of irritable bowel syndrome on intestinal parasitosis and makes the point that the parasites must be eliminated before other remedies will be effective. He offers a wide-range of homeopathic remedies with a differential materia medica.

In the 2007 book, his smallest of the three, the author presents a purely domestic treatise. The main chapter is 'A-Z of Ailments' (50 pages) with the rest of the material devoted to choosing the potency and basic administration questions which a family member might ask.

For example:

"Strains and Sprains - see also Appendix I - First Aid.

A strain over-stretches, but doesn't damage the joint. A sprain occurs when ligaments supporting a joint are fully or partially torn. If mild, a child can still use their wrist, knee, ankle or fingers, even though it is swollen and painful. Severe sprains can be mistaken for fractures, as the swelling is extreme and the child cannot move the joint at all.

Practical measures:

Immobilise the joint, elevate it and put intermittent ice packs on. See Appendix I for full first aid measures.

Homeopathic Medicine

Give once hourly for 24 hours, then two or three hourly until swelling and any bruising has receded.

Strains:

Where bruising is prominent: *Arnica 30c*.

If stiffness is the main symptom: *Rhus toxicodendron 30c*.

Sprains:

Use both Strain medicines together and add *Ruta 30c* to these as well.”– page 59.

If attentive, one will benefit from the many pearls in these

books. *Mastering Homeopathy 3: Obstacles to Cure - Toxicity, Deficiency and Infection* will be published in 2010 and there are, no doubt, more offerings on the way. All of these durable paperback books are set in a sans-serif font.

The Potency: Advanced Prescribing in Homeopathy, the Fibonacci Potencies, A Unified Theory and Practice of Modern Homeopathic Posology by Joe Rozencwajg, NMD

2010. Emryss Publishers
162 pages, hardback, 6" x 9"
ISBN: 978-90-76189-26-0

Reviewed by Jay Yasgur, RPh, MSc

In *The Potency...* Rozencwajg makes the case for applying the Fibonacci constant (1.1618), also known as ‘The Golden Ratio’ to the development of a new homeopathy remedy potency scale.

Tracing the evolution of potency scales, he includes several graphs devoted to Kentian harmonics and the French series, etc., before ending with the work of Beal and Dupree (*JAIH*, 93:2, Summer, 2000, pp. 89-93) dealing with Kent’s Octaves. These two noted American veterinarians suggested that 135C and not 200C should be the next potency in line after the 30C.

After this introduction, Doctor Joe, as he is affectionately known in New Zealand, builds the case for his novel scale and offers cases to show his successes.

In this beautifully produced volume one manages to acquire a fair amount of general insight into the good doctor’s homeopathic thought.

There are not chapters per se but lively sections, e.g., The Quest, The Revelation, The Fibonacci Series, Safety of the Method, Wrong remedies, Timing of the Remedies, Depth of Action, *Silica: A Personal Encounter, What Did I Learn?* ... Of these, I found the one on *Silica* to be of special interest.

Rozencwajg has formulated three potency scales based on the sources: plants, minerals and nosodes. To all, he applies the Fibonacci constant, but he starts each series at the 3C, 5C and 8C levels, respectively. The pharmacy he uses runs the potencies (one hundred succussions at each step) up to 233C (the highest level in his scales) in each level. The 3C scale has nine levels (here the 233C is equivalent to 180MMMM), the 5C scale has 8 levels (233C is equivalent to 61MMMM) and the 8C scale has 7 levels (233C is equivalent to 12MMMM). You will have to purchase the book to get the more details.

Though his ideas go from the enlightening to the radical; e.g., his plasma potency chords are even more radical than the ‘normal’ ones, this book does not fail to broaden horizons.

To end, I offer one of his cases (pp. 150,1):

“Here is another case illustrating the ‘filtering’ effect of a first remedy and what an apparent aggravation can in reality be.

“F.M. is an 8 year-old boy. Mum brings him in because he picks his nails when under pressure and has itching haemorrhoids. He needs to do things absolutely right, in a very structured way; otherwise he cries and becomes desperate. He has a very acute sense of smell. At night, he wakes up claiming he is hearing footsteps and sees spirits coming out of his closet and talking to him.

“*Calcarea silicata* 5C to 89C was the first prescription. Mum then describes ‘some fantastic stuff happened’: within one hour of the very first dose, F. had the biggest tantrum in his whole life! Same but less intense with the 8C and with each subsequent dose there was a little tantrum, but nothing with 55C and 89C. The spirits did disappear with the 5C, as did the fingernails picking, but they reappeared after the 55C. He is less stubborn, his sense of smell is normal; no haemorrhoids.

“Clearly *Calcarea silicata* was an ‘almostcorrecticum,’ but not a ‘goodenoughicum’. Some symptoms disappeared, but the spirits were back, the nail picking was back and what do I do with those tantrums? I keep digging and soon I am told he just had a big splinter in his foot; how can we remove it? I ask to see it and although he shows me his foot reluctantly, at the same time he becomes clinging, whining, and bursts in tears... ‘he has been like that lately’ says Mum.

Reworking the previous repertorisation, removing the symptoms that are now gone and adding those new ones, confirms the immediate impression of *Pulsatilla*. *Calcarea silicata* unravelled the *Pulsatilla* layer that was very well hidden. The tantrums were not an aggravation of *Calcarea silicata* but were the nasty side of *Pulsatilla* suddenly revealed. Indeed, *Pulsatilla* was there in the first repertorisation (not

the highest ranking), and, yes, *Pulsatilla* has the delusion of seeing phantoms, ghosts and specters, but so did many other polychrests; his *Pulsatilla* state is the 'nasty' one we do not see often, and his need for structure, order and doing things only the proper way led me to think more of a mineral remedy; hence the choice of *Calcarea silicata*. Bad first prescription or layered case? Who knows? But now he is cured."

Matridonal Remedies of the Humanum Family: Gifts of the Mother

by Melissa Assilem

2009. Quality paperback;
6"x9". 136pp. \$25.00 USD.
ISBN: 978-1886546-06-6

Reviewed by Jay Yasgur, RPh, MSc

Matridonal Remedies of the Humanum Family is the third book by Ms. Assilem and, just like the first two, *The Mad Hatter's Tea Party* (1994) and *Women Ripening Through the Menopause* (1996) (each has been revised several times), is quirky, amusing and overflowing with wisdom. This latest addition, subtitled 'Gifts of the Mother,' concerns six remedies, *Lac humanum*, *Folliculinum*, *Placenta humana*, *Vernix caseosa*, *Amniotic fluid*, and *Umbilical cord*. These chapters are interspersed with several others; i.e., *The Humanum Family*, *Enhanced Proofings*, and *Coming Into My Own* (a lengthy case).

Right away, in her Foreword, Assilem makes the case for using the word 'proofing' instead of 'proving.'

"I use the word 'proof' throughout the book, because for me is (sic) says so much better than 'prove.' To 'prove' something sounds too much as if one is testing something, which smacks of a trial. I think of a 'proofing,' as being about stepping into the energy of a substance and recording it. A 'proofreader' is someone looking over information before it is put into use. A 'proof' has been described as a record of a journey in which someone has discovered an important truth, and made a record of that journey adequate enough so that a second person can walk a similar path and see a similar truth. Doesn't that sound so much more similar to what we are doing? In Chapter Six you

will find my own story of the evolution of provings into what I call 'Enhanced Proofings.'"—M. Assilem, p. viii.

Matridonal remedies ('gifts of the mother') are remedies we are all familiar with on some level. Whether we've taken them or allowed them to nurture or connect, the author makes the point that there are times in our lives when we will all need them as remedies.

Upon reading the list of remedies, one finds an unfamiliar one, *Vernix caseosa*—the cheesy layer of 'grease' we are covered with upon our birth; a 'cheesy varnish.' Assilem calls it 'The Protector' and identifies it with the following themes—unprotected, assaulted, no sense of self, skin—before presenting a case of Chronic Fatigue Syndrome.

Like her first two books, this one is no different; it is filled with striking metaphor. As long as you give it some berth and an open mind, many 'gifts' will flow forth.

"These Matridonal remedies are about loving ourselves and loving others from a place of strength."— p. 67.

These 'lessons' are something all of us need to re-learn everyday. We need to constantly remind ourselves to 'love me,' to 'be gentle to me.' That's what everyone—the entire world—wants anyway, isn't it? More love, more kindness.

Every page acted as a reminder. Well, at least to me.

About the Reviewer: Jay Yasgur is a pharmacist, author and member of the HPCUS (Homeopathic Pharmacopoeia 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 "Homoeopathic 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 Homoeopathic Physician."

Jay has worked for Welela 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.

Miasms and Nosodes: Origins of Disease Volume One

by Louis Klein, FSHom

Narayana Verlag GmbH: Kandern, Germany.
Hardbound. 526 pages \$65.00 (US). 2009.
ISBN: 978-3-939931-68-3

Louis Klein

Miasms and Nosodes

Reviewed by David Anderson, MD

I remember vividly the first time I read the *Organon*. I was finishing my second year of medical school and was rapidly becoming disillusioned. Medical science's reduction of human biology and suffering to mechanical models of disease did not match my own subjective experiences of life and nature. In the *Organon* I heard a voice speaking from a reality that resonated with how life touched me. Hahnemann's observations and assertions authenticated a reality that I had glimpsed and naively hoped to learn more about in medical school. It is a vast and profound reality that asks the visitor to develop subtle and potent perceptual abilities to experience an amazing dynamism of forces that form and reshape life. Louis Klein is an intrepid and humble explorer of the homeopathic reality. In his most recent book *Miasms and Nosodes: Origins of Disease - Volume One* Klein shares some of the discoveries he has made during over three decades of clinical practice and research. His observations enrich not only our knowledge of remedies and miasms, but also, perhaps even more importantly, they invite us to enhance and refine our senses so that we too can go beyond what we know and dare to see and know more of the splendor of what homeopathy reveals and heals.

Every emerging system of healing has its fundamental observations from which further application and elaboration by the researcher/clinician help to reveal, differentiate, and expand the effectiveness of that system. Within homeopathy Hahnemann gave us many helpful observations, but four are particularly central to the homeopathic reality. They are The Law of Similars, The Law of Cure, Minimum Dose (potentization), and the concept of Miasm or the role of infection in creating chronic disease. Each of these fundamental observations offers rich opportunities for both basic science and clinical research. In this book Klein has taken the previously diffuse and even ideologically defined concept of miasm and invigorated it with historical references, modern microbiology, allopathic sources, contemporary provings, and cured cases. The book is organized to take the reader progressively deeper into the phenomena created by the interaction between microorganisms and the human organism. Klein orients the reader to the current state of understanding of miasms in the chapter "History of Miasms in Homeopathy." He deftly and concisely describes the development of understanding from before Hahnemann to the present day,



Origins of Disease

giving a well-grounded appreciation of the work of earlier homeopathic practitioners and more contemporary homeopaths. Indeed, one of the general strengths of this book is the use of references and citations at the end of each chapter.

Citing earlier contributors throughout the book, Klein honors the genius of Hahnemann and others that followed him who were able to synthesize empirical observations with energetic and vitalistic views and with the observations of the material science of the time. Klein contributes to this tradition of synthesis in the book's organization, references, descriptions and case examples. His synthesis injects a compelling, vibrant experience into both the general phenomena of the potent influence of infection on the human organism and the individual miasms that he presents. His elaboration invites the reader to open one's imagination to other infectious processes that might have profound effects. In his commentary on the Parasitic group of remedies he asks the reader to be open to the possibility of yet unutilized parasitic protozoa (roughly 10,000 species are available) in a clinical case that presents with parasitic qualities. Throughout the book Klein creates common themes for the various orders of bacteria that are discussed

This five hundred page book will challenge both the well-experienced and novice homeopathic clinician to discard previous notions of a limited number of miasms and nosodes to consider the entire taxonomy of Bacterium and Protozoa. In this volume Klein addresses four orders of Bacterium (Burkholderiales, Clostridiales, Actinomycetales, and Enterobacteriales), and two Protozoic parasites (Plasmodium and Toxoplasmosis). Within each order both the miasm and the nosodes are described from integrated multiple sources

and frequently illustrated by cured cases. He introduces common physical qualities and dispositional themes of the seemingly unrelated nosodes of *Botulinum*, *Tetanotoxinum*, and *Clostridium perfringens* in a sketch that creates a coherent image and form. The Actinomycetales include both Corynebacterium and Mycobacterium. I found the discussion of *Bacillinum* and *Tuberculinum bovis* extremely revealing of both their historical and biological sources and their clinical differences.

The new nosode *Johneinum* made from Mycobacterium paratuberculosis is presented with the proving notes included. The emergence of this remedy illustrates Louis's synthetic acumen of taking contemporary allopathic research that implicated this bacterium in Crohn's Disease and creating a new remedy and nosode that holds the prospect of providing significant application in the treatment of devastating gastrointestinal disorders. The development of this remedy may serve as a critical template in the research of other disorders that are increasingly being linked with various infectious organisms (e.g., *Helicobacter pylori* and stomach ulcers), including viruses and prions.

When I finished reading volume one of *Miasms and Nosodes*, I began rereading it after a brief period of metabolizing the first reading. While I eagerly await the volume(s) that will follow this book, the material and perspectives offered in this book provide the reader with much to consider and absorb. As is often the case when I have opened further to a homeopathic reality, the week after finishing this book

a young woman consulted me for a fifteen-year history of chronic pansinusitis. Her description of her symptoms and her passionate involvement with riding horses was a remarkable replica of Louis's description of the *Hippozaeninum*. The first follow-up has shown very positive results.

The German publishers of this book, Narayana Verlag, are to be congratulated for their editing, layout, and the binding quality of this hardbound book. Despite the advantages of a digitally-stored library, reading from a well-bound and printed book has its quiet delights. The print font, highlighting, and brightness tone and weight of the paper stock allow the reader to linger for long sessions of reading without visual fatigue.

As a reviewer I am charged with having an eye for flaws, deficiencies, and errors in the subject book. Describing any shortcomings of this book reveals more about my biases than about any real flaws. I would have liked to have more case examples. The referencing and footnoting could be improved by increasing the consistency of referencing various citations to better locate references at the end of sections. Both of these shortcomings are insignificant compared to the brilliance of the contribution this book makes to the homeopathic literature. I humbly predict that *Miasms and Nosodes: Origins of Chronic Disease* will find its place beside the classic books of homeopathic literature for future generations to study.

This book is available directly from the author, the publisher, and most homeopathic book sellers



Calendar of Homeopathic Events

Courtesy of Dr. Betty Wood

JULY 2, 2011

Free Webinar: 30th Birthday Celebration of Misha Norland's School of Homeopathy
Speakers: Dinesh Chauhan, Frans Vermeulen, Jan Scholten, Jeremy Sherr, Linda Johnson, Massimo Mangialavori, Miranda Castro, Misha Norland, Rajan Sankaran
INFO: World class Event Time Table - 2nd July 2011
Contact: semira@homeopathyschool.com.

SEPTEMBER 16-18, 2011

Dr. Russell Malcolm, Washington, DC
Resonances- Word, Voice and Mind in Medicine
Pathways for a New Understanding of Patients with Chronic Illness
Sponsored by: New York Medical College, American Institute of Homeopathy, Homeopathic Medical Society of the State of New York
AMA Category 1 CME Credits Available
www.homeopathyusa.org
888-445-9988

OCTOBER 1-5, 2011

Rajan Sankaran, Toronto, Canada
Wednesday Summit - Reality of Practice
Case presentations and followups integrating traditional knowledge with modern concepts especially the Sensation Method.
Acute, chronic, simple, complicated, adult and pediatric cases. This seminar is open for all homeopaths.
[mailto: info@onlinehmp.com](mailto:info@onlinehmp.com)
<http://www.onlinehmp.com/summit>

OCTOBER 7-9, 2011

Dinesh Chauhan, Santa Cruz, CA
Journey from Symptom to Sensation to Complete Source
Contact: Rina Valia on 408 835 7420 or
Email: rina@pacifichomeopathy.com
Website: www.pacifichomeopathy.com/seminars

OCTOBER 14-18, 2011

Massimo Mangialavori, Rolling Ridge Retreat Center, Andover, MA
Eczema, Psoriasis & Other Skin Diseases in Homeo-

pathic 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 (NEHA)
Contact: Betty Wood 978-635-0605
<mailto:neha.homeopathy@gmail.com>

OCTOBER 14-16, 2011

Louis Klein F.S. Hom, Nashville, Tennessee
"Introducing Miasms and Nosodes"
www.homeopathycourses.com
info@homeopathycourses.com
604-947-0757

OCTOBER 21-23, 2011

Dinesh Chauhan, Vancouver, Canada
Journey from Symptom to Sensation to Complete Pattern
Contact: Tasleem Kassam
For more information: www.canadiansensation.com

March 17, 2012

147th Annual Meeting of the Homeopathic Medical Society of the State of Pennsylvania in conjunction with Southern Homeopathic Medical Association
• Case Conference • Harrisburg, PA • Harrisburg Holiday Inn East • www.harmanyequine.com or drchaseonline.com/welcome/events.html • M-Th: (703) 273-5250

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INTERNATIONAL SEMINARS

JULY 4-8, 2011

Louis Klein F.S. Hom, Island of Icaria, Greece
5-Day Seminar
www.homeopathycourses.com
info@homeopathycourses.com
604-947-0757

SEPTEMBER 9-11, 2011, 2011

Dinesh Chauhan, Bulgaria

Case Witnessing Process

Contact: Rumen Stoychev, rumen@homeohelp.eu;
<http://homeohelp.eu>

SEPTEMBER 16-18, 2011

Dinesh Chauhan, Serbia

Case Witnessing Process with Healing

Contact: Society for Classical Homeopathy Novi-sad
skolahomeopatije@gmail.com
udruzenjehomeopata.com

SEPTEMBER 17 - 18, 2011

Liz Lalor, Berlin, Germany

Fertility Program and Understanding the Disturbance
behind Destructive

Disease - the treatment of psychiatric diseases

Contact: CHIRON - Die Schule für klassische
Homöopathie Berlin

[mailto: info@chiron-berlin.de](mailto:info@chiron-berlin.de)

Website: www.chiron-berlin.de

NOVEMBER 5-6, 2011

The Joshis, Bologna, Italy

The Quest for Kingdoms

Contact: Giovanna Gallerani : gallerix@alice.it

DECEMBER 6-18, 2011

Dinesh Chauhan, Mumbai, India

Clinical Course in Case Witnessing Process

Contact: drchauhan@vsnl.net; [swasthyahealing@
yahoo.com](mailto:swasthyahealing@yahoo.com)

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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.

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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.

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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);
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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.
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Abstract and Key Words

The second page should carry an abstract (of no more than 150 words for unstructured abstracts or 250 words for structured abstracts). The abstract should state the main points of the article or, if a research study, the purposes of the study or investigation, basic procedures (selection of study subjects or laboratory animals; observational and analytical methods), main findings (giving specific data and their statistical significance, if possible), and the principal conclusions. It should emphasize new and important aspects of the study or observations.

Below the abstract authors should provide, and identify as such, 3 to 10 key words or short phrases that will assist indexers in cross-indexing the article and may be

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Acknowledgments

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References

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in parentheses. References cited only in tables or figure legends should be numbered in accordance with the sequence established by the first identification in the text of the particular table or figure.

Use the style of the examples below, which are based on the formats used by the NLM in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Consult the List of Journals Indexed in Index Medicus through the library's web site (<http://www.nlm.nih.gov>).

Reference Formats

Articles in Journals

1. Standard journal article

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 infrapatellar 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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