

RESONANCE HOMEOPATHY **TRITURATION WORKSHOP**

January 16 and 17, 2009
C4 Homeopathy and Practitioner Development

Location: 3 Poco Paso, San Rafael
Hosted by Judy Schriebman, Anneke Hogeland, Yusuf Erskine

Trituration of an unknown substance

Starting on Saturday at 10 a.m., we will triturate 3 or 4 rounds on Saturday, with breaks for discussion and food, expecting to end around 6 or 7 p.m. Sunday we will begin at 9 a.m., triturating as many rounds as needed on this day. Expected ending time is 3 p.m.

There will be discussions and exercises on topics ranging from Triturations, Family Constellation work (field therapy), Intention, C4 Homeopathy, C4 Cases and Remedies. Bring your own mortar and pestle, writing and/or art materials.

Fee: \$150, which includes lunch, dinner and snacks on Saturday, lunch and snacks on Sunday, and two sessions of ONE Yoga - Opening up the channels and clearing the cobwebs with 'Osteopathic Neuromuscular Exercise.'

Register now:

HomeopathyWest

7829 Terrace Drive, El Cerrito, CA 94530
USA phone or fax: 877-850-5078
E-mail: seminars@HomeopathyWest.com
www.HomeopathyWest.com

"Aude sapere"

Organon §265

It should be a matter of conscience with him [the physician] to be thoroughly convinced in every case that the patient takes the right medicine, and therefore he must give the patient the correctly chosen medicine *prepared, moreover, by himself* (emphasis ours).

--Samuel Hahnemann, 18??

"Aude facere"

Triturations, like good provings, bring about much more than a mental understanding of a remedy. Besides providing an experiential, body-based, and resonant knowledge of the substance, triturations promote and enhance the *tuning of the resonance of the Homeopath*, furthering personal and professional growth. This results in greater satisfaction and better results in all facets of your practice, from reading and understanding Materia medica to case taking, remedy selection, case analysis and case management.

--Anneke Hogeland, 2008

Check, VISA, Mastercard accepted.

Name _____

Address: _____

City: _____ State _____ Postal Code: _____

Telephone: _____

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Charge card information: (Mastercard or VISA):

Number: _____

Expiration date: _____