
MWSHS Student Newsletter

Autumn 2022

MWSHS Alumna Profile

Gennie Peterson

In late 2020, Gennie Peterson found herself in a situation in which many herbal enthusiasts have found themselves: “I had been teaching myself about herbs for a couple of years,” she explained, “but realized I was at the point where I needed more formal instruction.”



So Gennie began a research project to fulfill that need. What she discovered was that “MWSHS came highly recommended by a former student... and the rest is history.”

Gennie began the Western-Herbalism Certificate Program in early 2021. While she enjoyed the self-paced aspect of the program, she also appreciated that “there was still some structure, with the chapter questions, to keep me motivated.” She adds: “The chapter questions were very helpful—I would reference & answer those as I read, to help me focus better. I also found it very helpful to take the reading in small pieces—not trying to do 3 hours all at once, but rather an hour at a time, a couple of times a week. Finding a quiet spot, having a small snack, and talking through some of the information to myself or with someone else were all helpful. Highlighting also helped me to quickly reference pertinent information.”

Now a graduate of the Western-Herbalism Certificate Program, Gennie reflects on the value she found in the program and what she feels others might appreciate: “Beyond the actual education, perhaps the thing that impacted me the most was realizing just how much history and study has been done on herbs. We’ve been told our whole lives that herbalism is just quackery or “alternative” healing—that there’s no evidence to support it. Turns out, that’s not true, and by simply acknowledging the huge mound of scientific evidence we can gain confidence in herbalism as a mode of healing.”

Having started a business in 2016 centered on tallow skincare products, Gennie found her studies in herbalism to be the perfect complement: “The more I learned, the more I realized that herbs paired perfectly with tallow and so I am incorporating more herbs into my products. I have also been growing and foraging more herbs for personal use and hope to have bulk, dried herbs available for sale for those who aren’t able to grow/find their own. My products are available at sunnypastures.etsy.com or through Facebook @sunnypasturestallow.” (Continued in column 2)

Recent Graduates

We offer congratulations to the following recent graduate of the Master-Herbalist Diploma Program:

Lisa Kofakis

We offer congratulations to the following recent graduates of the Western-Herbalism Module:

Moni Shuttlesworth

Gretta Hans

Gennie Peterson

We offer congratulations to the following recent graduate of the Asian-Herbalism and Integrative Herbalism Modules:

Gretta Hans

We look forward to hearing more from all of these graduates as they continue to apply what they have learned in their lives.

Register Now for MWSHS

**Assessment-skills Workshop (Nov. 13th)
& Zoom Topic Session Oct 24th (See page two.)**

Gennie Peterson Profile *(continued from column 1)*

In her personal life, Gennie notes: “I have been using herbs with my own family, helping with a wide range of both acute and chronic conditions. It’s been very encouraging to see health improvement without having to go to pharmaceuticals.”

Asked about her goals now that she has graduated, Gennie informs us: “Right now, my primary job is raising and homeschooling my five kids. Eventually, I would love to have a private herbalist practice. In the meantime, I am using herbs with my family and friends and providing recommendations as needed and just gaining experience and confidence.”

What tips does Gennie have for existing MWSHS students? “Do your best to connect what you already know by experience to what you’re reading in the text. The more you can make those connections, the more confident you will be in your knowledge. And don’t be afraid to share what you’ve learned; studies tell us that we learn best when we teach someone else. You never know how you could impact someone else simply by sharing what you’ve learned.”

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Raymond Christopher—Herbalist Extraordinaire!

WORKSHOP CREDIT OPTIONS

Except where noted, all of the below-listed events qualify as Workshop credits toward the Master-Herbalist program. Each hour of *verified* attendance (e.g., per instructor-completed workshop-credit slips as supplied by MWSHS) counts toward an equivalent hour of Workshop Category #3 credits (up to the student limit of 20 hours), unless another category is specified or unless one attends a particular workshop at one of these events that is *strictly* in one of these other categories. Note that our allowance of online conferences for workshop credits ended with the beginning of Summer 2022, owing to the relaxation of COVID restrictions for assemblies by this time.

Workshops, Conferences, Lectures, & Events in Herbal Studies Across North America

Colorado Ayurvedic Medical Association. *Oct. 8th-9th, 2022.* **Boulder, CO.** This conference will bring together professionals and students in Ayurveda to meet, network, attend talks, and learn more about applications of this ancient method in contemporary topics. Subjects to be presented will include "Current Advances with Mental Health and Psychedelics," "Addiction and Drug/Herb Interactions in Ayurveda," and "Ayurvedic Approach to PTSD." For more info or to register, see the website at <https://www.coloradoayurveda.org/2022conference.html>

33rd Annual AHG Symposium, *Oct. 21st-24th, 2022.* **Bethesda, MD.** Featuring classes, panel discussions, world-class keynote speakers, and a vendor fair—all geared to the herbal community. The theme of this year's Symposium, "Energetics of Herbalism," explores the ways herbalism is expanding and evolving as we respond to changes in the world around us. For more info, www.americanherbalistsguild.com

Zoom Topic Session from MWSHS on "Migraines and Other Headaches," *Oct. 24th, 2022, 6:30 PM, CST.* We will discuss herbs, nutrients, nutraceuticals, diet, and acupressure points. A detailed handout will be available to participants. No recordings will be made. Register for only \$15 on the MWSHS website under the tab "Events/Lesson Questions," using your assigned password, or call in (651-484-0487) or mail in (P O Box 120096, New Brighton MN 55112) your registration and payment. No workshop credits for this one, as is not an in-person event.

MWSHS Holistic Assessment-Skills Workshop. *Nov. 13th, 2022, 1:30 – 5:30 PM, CST.* **New Brighton, MN.** \$45 (only \$40 if early-bird registration). Registrants will learn valuable holistic-assessment skills through lectures, demos, and lengthy practice sessions and earn 4 hours toward Workshop Category #1 of the Master-Herbalist Diploma Program if registered in that program (or if registered in the Western-Herbalism Certificate Program but with a desire to transfer credits from that Certificate Program into the Master-Herbalist Diploma Program some day yet in the future). Register on the MWSHS website under the tab "Events/Lesson Questions," using your assigned password, or call in (651-484-0487) or mail in (P O Box 120096, New Brighton MN 55112) your registration and payment.

"Where Can I Find Qualifying Workshops in My Local Area?"

Aside from the *MWSHS Student Newsletter*, which lists resources from around the country of which we become aware, you can check holistic newspapers that are available in many larger cities. In these areas, as well as in less populated communities, you might check local, independently-owned health food stores and food co-ops, which may have bulletin boards or knowledgeable staff who may be aware of local teachers of holistic-assessment skills, herbal-medicine-making, or who may lead wild-plant walks. (Local nature centers, plant nurseries, greenhouses, horticultural clubs, and native-plant-appreciation societies may know of local wild-plant-walk instructors as well.) Finally, check the phone book for local naturopaths, herbalists, acupuncturists, and other holistic-health professionals who may be willing to mentor you on some of these skills or allow you to "shadow" them as they see clients.

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Elderberry and Neuralgia

by Matthew Alfs, MH, RH(AHG)

Abstract

Elderberry is well known as an immune-enhancing and antiviral herb that is widely utilized during cold-and-flu season. Unfortunately, this “pop” use has largely replaced other applications of the berry, including one pioneered in the nineteenth century and early twentieth century by physicians in central and northern Europe for neuralgia. Clinical work from that era onward has established elderberry as an important medicinal that not merely manages, but actually appears to heal, this painful condition.

Definitions

The Eurasian elder (*Sambucus nigra*) is a shrub or small tree growing 10-30 feet high in moist, shady places and bearing opposite, odd-pinnate leaves. The equivalent American species is *Sambucus canadensis*, which grows 5-12 feet high in damp areas. The ripe berries of the Eurasian species are black whereas those of *S. canadensis* are dark purple. It should be noted, however, that the creamy-white blossoms of both species have been the predominant form used in herbal medicine as opposed to the berries.



Sambucus canadensis berries

Neuralgia is defined as pain in a nerve or nerves that occurs in intense, lancinating paroxysms and usually on only one side of the body. In some cases, it seems to be caused by a swollen blood vessel impinging upon a nerve. Often the etiology is unknown, i.e., idiopathic. There are several different forms, as follows:

Glossopharyngeal neuralgia occurs when the petrosal and jugular ganglion of the glossopharyngeal nerve is affected so that paroxysms of nerve pain originate on the side of the throat and proceed to the ear.

Sciatica is a type of neuralgia involving the sciatic nerve, the longest nerve in the body. This nerve extends from the spinal cord into the low back and then into the buttock, where it branches down the rear of each leg to the ankle and even into the foot. A herniated disc, nerve-

root compression, bone spurs, spinal stenosis, or other precipitating factors can cause sciatica. There is also a pseudo-sciatica, usually caused by piriformis syndrome and/or by sacroiliac joint dysfunction, that is preventable and/or correctable with stretching, massage, and sacroiliac joint adjustment.

The most devastating form of neuralgia, however, is assuredly that known as *trigeminal neuralgia*, or *tic douloureux*, which is marked by a spasm in the fifth cranial nerve that stretches through much of the face. (Because this nerve has three branches, it is also called the *trigeminal* nerve.) The resulting stabbing or electric-shock-like pain in the forehead, nose, cheeks, lips, or jaw can last from several seconds to several minutes or even longer. It can be provoked or intensified with touch (such as by washing one’s face, brushing one’s teeth, shaving, or combing one’s hair), a cold draft, a change in barometric pressure, speaking, smiling, chewing, or even swallowing. Truly, those so afflicted live in misery—the pain being so pronounced that it can drive some sufferers to suicide!

Modern Orthodox Medical Therapeutics

Orthodox medicine treats neuralgia primarily with analgesics, anticonvulsants, and/or muscle relaxants, which do nothing to resolve the affliction and can result in stupor, double vision, dizziness, drowsiness, liver damage, constipation, addiction, or other unwanted side effects. If structural distortions in the area can be shown to be the cause, the services of an osteopath, chiropractor, physical therapist, or other bodyworker may prove to be helpful. Acupuncture is a therapy that also sometimes aids sufferers. Clinical work from the nineteenth century to date and laboratory analysis from modern times have found that nutrient shortages can play a role in neuralgia and that, in such instances, oral or intravenous replacement of the deficient nutrient can prove to be of assistance. Herbal therapy, however, has the longest—and by far the most interesting—history in the treatment of neuralgia, as we shall discover below.

History

In 1899, a 51-yo American man with trigeminal neuralgia came under the care of a Dr. H. Epstein of Prague. The man had heard that seamen had healed themselves of rheumatic pains by overindulging in port wine—especially genuine old, dark red Oporto—and so he decided to test the remedy by drinking a pint of this wine. The incredible result was that it seemed to have completely healed him of his neuralgia! Overjoyed, he donated the whole of his stock to Dr. Epstein with the hope that Epstein would try it with his patients. Impressed

by the man's healing experience, the doctor tried it with one of his sciatic patients and it promptly healed the sufferer. Over the next five years, he went on to cure 28 more cases of neuralgia with the remaining stock.

Wondering if the curative agent was the alcohol or some other part of the wine, Epstein distilled it and found that the residuum alone was effective but that the alcohol itself was inert.

When his stock ran out, he tried other port wines, but with no success. However, in 1908, he came across another inexpensive brand that possessed the curative properties of the original stock. When it was analyzed, however, it was found not to be genuine Oporto, but a cheap white wine with some sort of coloring added. He subsequently discovered that some winemakers were coloring white wine with elderberry juice (even though that was a practice that had been outlawed in Portugal since 1747), and so he guessed that the coloring matter in the efficacious wine was elderberry.

This gave him the idea to make up his own port wine by using an 18% solution of alcohol in water—the same concentration of alcohol used in port wine—and then adding enough elderberry juice to mimic the dark red color of port wine, which turned out to be 20% of the concoction (sugar providing the remaining 10%). He then tried it out on a case of neuralgia, which it promptly cured. By 1914, he had healed another 48 persons afflicted with neuralgia with this special Oporto.—Epstein 1914; Vetlesen 1916

Prof. Walko of Prague was heartened by Epstein's successes and tried 20 g a day of pure elderberry juice on a refractory case of trigeminal neuralgia. The result was that the patient's excruciating pain was eliminated by the fifth day of treatment. Moreover, there were no relapses.—Vetlesen 1916

In the *Yearbook of the American Pharmaceutical Association* for 1916, we read that Dr. Jokl, who practiced at Prof. von Jaksch's hospital in Prague, "tested the action of this remedy in about sixty cases.... The results are stated to prove that in true idiopathic neuralgia, which is a relatively rare affection, the treatment was useful. In about one-third of the cases treated the effect was markedly beneficial, with the pain disappearing in a few days. When this did not occur in a couple of days the administration was abandoned. It was, as a rule, valueless in traumatic and inflammatory lesions of the nerves, in sciatica due to constipation, and in trigeminal neuralgia arising from disease of the teeth or jaws. In genuine neuritis the pain was increased by the juice, even when given without alcohol, so that it affords a valuable test of an inflammatory process. The beneficial effects were most pronounced in primary neuralgia, particularly that of the trigeminal and sciatic nerves."—anon. 1916

A Norwegian physician, Dr. H. J. Vetlesen, became acquainted with the research of Epstein and began utilizing the elderberry treatment for neuralgia in 1915,

publishing the results of his clinical experiences with fourteen patients in 1916. (Vetlesen 1916) Vetlesen improved upon Epstein's work in giving the elderberry-wine combo two times a day, as opposed to Epstein's once-daily dose, as he found that otherwise the neuralgic pain would sometimes recur after 10-12 hours. The combination he found most useful was 30 g elderberry juice or infusion mixed with 10 g port wine. He also continued this treatment longer than that utilized by Dr. Epstein—for 8 days or more, until all pain had been eliminated (although he found that half of his cases had resolved within 8 days). No other treatment was given.

In a 1916 report, Vetlesen recounted two cases as illustrative of his experiences: The first was a 25-yo, married woman who was admitted to a hospital with sciatica that had ensued after she had experienced a sudden chill while sitting upon a rock. Initially, her right thigh was stiff, which was followed over the next few days by pronounced tenderness down the rear of that thigh. The severe pain did not abate with rest and even prevented her from sleeping. On the morning of the fourth day, she was supplied with the combination of 25 g elderberry tea and 10 g port wine. Said treatment vanquished her pain until 9PM, upon which it returned at a reduced intensity. It continued into the fifth day, when the dose of elderberry tea was increased to 30 g. Ten minutes later, her pain disappeared. It was therefore decided to provide the elderberry tea twice a day. This treatment was discontinued on the sixth day, however, in that the patient felt well by this time. Because of some slight pain experienced thereafter, however, it was decided to resume treatment until the 23rd day. One week after this extended treatment, she was discharged from the hospital—pain-free.

The second case involved a 33-yo, married woman with left-sided sciatica who was admitted to the hospital after a month of suffering, where X-rays showed nothing askance. After three months of typical hospital treatment, she was given elderberry tea in the A.M. The pain disappeared for hours, but then reappeared in the afternoon, upon which she was given a second cup. She then slept painlessly and soundly throughout the night. After 5 days of this treatment, there was no more sciatic pain and she never relapsed. Finally, Vetlesen related an experience wherein the neuralgia was traceable to tuberculosis and failed to yield to elderberry, confirming the working hypothesis that only idiopathic neuralgia responded.

Elderberry treatment for neuralgia came to be largely forgotten in Europe with the birth of the pharmaceutical revolution, although Maud Grieve recounted the Epstein saga in her *Modern Herbal*, in 1931, and the German physician-phytotherapist Rudolf Fritz Weiss noted in his 1980s work on herbal medicine that the juice "is considered a long-standing remedy for rheumatism, neuralgia and sciatica." (Weiss 1988)

The dearth of information on the elderberry remedy for neuralgia in North America in the latter half of the twentieth century was even more pronounced, however. Nevertheless, Richard H. Lucas, an American writer of popular books on herbs, described in detail the experience of a “Mrs. M. L.” who suffered with excruciating attacks of trigeminal neuralgia in her late 40s. Her husband was informed that elderberry wine had helped persons with this condition in the past and so he brought home a bottle of it for her to try. Upon experiencing a particularly devastating attack, she heated a bit in a pan and soaked a cotton ball with it, after which she bound that on her face and also drank one-third of a teacupful. She remarked that it “brought such blessed relief that I soon fell asleep,” with no pain being experienced upon her awakening hours later. During the rest of that day, she drank 3 more doses of the same volume in an effort to thwart any return of the agony. This proved successful, with another attack not ensuing until three months later, but responding just as dramatically to the elderberry wine. Continued use saw her condition resolved.—Lucas 1991:56

More recently, during the 1995 Gaia Herb Symposium, Bill Mitchell, N.D., disseminated recent research revealing that a pigment in elderberry was responsible for this botanical’s ability to heal persons afflicted with trigeminal neuralgia. (Mitchell 1995; Hoffmann 1996) This conclusion, of course, dovetailed well with what Dr. Epstein had experienced with the elderberry-colored port wine. Oddly, however, this discourse seems not to have stimulated American herbal practitioners to pursue elderberry treatment for neuralgia, with most practitioners instead implementing mullein (*Verbascum thapsus*) root, hops (*Humulus lupulus*) wild yam (*Dioscorea villosus*) St. John’s wort (*Hypericum perforatum*), and/or analgesic herbs like Jamaican dogwood (*Piscidia erythrina*) or kava kava (*Piper methysticum*).

Twenty-first-century Clinical Observation

In my own practice, I have found opportunity, since 2004, to utilize a combination of 30 g elderberry juice (from lightly cooked elderberries, as digestive complaints can ensue from that procured from raw berries) or infusion with 10 g port wine for individuals with neuralgia, with mixed results: marked benefits when there was no clear cause and little or no benefits when related to traumatic nerve injury. Having been cognizant of the need to distinguish between neuralgia and neuritis, per Dr. Jokl’s emphasis, I have always asked clients complaining of nerve pain to obtain a differential diagnosis from their neurologist. I have proceeded with the elderberry-wine treatment only when neuralgia was established as the diagnosis or if the neurologist was unable or unwilling to make the differential diagnosis and the patient was willing to try the treatment when once advised of the potential for a worsening of pain should the condition actually be neuritis.

Discussion

Historical usage, modern research, and clinical experience have established the use of elderberry as an effective treatment for idiopathic neuralgia. Furthermore, with the exception of neuritis, it should be noted that the treatment with elderberry juice/infusion has no known contraindications and can be implemented even when the patient is using pharmaceuticals. In cases where the elderberry protocol does not achieve results with confirmed neuralgia, one must suspect that the nerve pain is secondary to another condition (e.g., MS, a tumor pressing on the affected nerve, or traumatic nerve injury) and is not, in fact, idiopathic neuralgia. Then, too, as noted above, elderberry treatment aggravates neuritis, so that any undiagnosed nerve pain increased by elderberry might be considered suspicious toward a diagnosis of neuritis.

A Word about Neuritis (Nerve Inflammation)

Neuritis is marked, not by paroxysms of pain as in neuralgia, but by tingling, burning, weakness, or even a loss of sensation in the affected area(s). It can arise from injury to a nerve or nerves, heavy metal poisoning, alcoholism, diabetes, allergy, or infection. (As to the latter, a form known as *peripheral polyneuritis*, or *Guillain-Barre Syndrome*, can follow an infection or a vaccination and is thought to be autoimmune in nature—where an immune attack damages the myelin of nerves.)

Twentieth-century research has established that a shortage of thiamine can eventuate in neuritis. (It has long been known that pronounced thiamine deficiency over time can even result in *beriberi*, also known as *endemic neuritis*.) In such cases, supplementation with this vitamin to the tune of 100mg. every other day has been observed to resolve it. In situations where neuritis is due to a crushing nerve injury, the long-practicing Eclectic physician Eli Jones advised the use of a tincture of St. John’s wort (*Hypericum perforatum*), “especially if the surrounding parts are inflamed with tingling, burning, and numbness in them.” (Jones 1911:177) His recommended dose and frequency was 15 drops of the tincture in 4 oz. water, mixed, and given as a teaspoon every hour.

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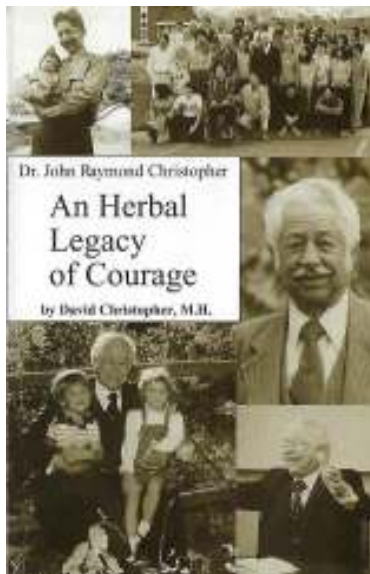
Book Reviews

In this issue of the *MWSHS Student Newsletter*, we continue our series of reviews of books by or about exemplars of herbalism who have passed on to that great Foraging Ground in the Sky. (Past issues have covered books about Tommie Bass and Juliette de Bairacli Levy.)

This issue is devoted to books by and about Dr. John Raymond Christopher, whose name needs no introduction to MWSHS herbal students.

Christopher, David. *Dr. John Raymond Christopher: An Herbal Legacy of Courage*, Christopher Publications, 1993, softcover, 109pp., \$5.00

This touching tribute by David Christopher to his legendary father, John Raymond Christopher, can be summed up in one word: inspirational! It covers the life and practice of a man who was so sickly as a child (he had juvenile rheumatoid arthritis) that he was told he would not live past the age of 30. But that misery sparked an interest to become a doctor of “natural ways” of healing, as young Ray (he preferred to be called by this shortened version of his middle name) voiced it to his mom.



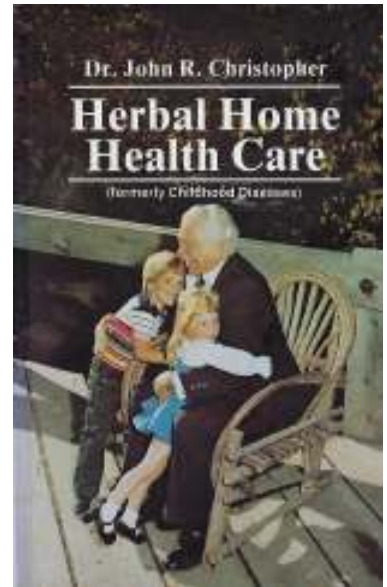
The early section of the book chronicles Christopher’s life as a conscientious objector during WWII, when he was assigned to supervise a medical dispensary at Ft. Louis. Here is where he used black walnut hulls to heal a man with scalp impetigo, as you will remember from your herbal program. From this experience and others, Christopher developed his famed Complete Tissue and Bone Formula, concerning which a number of truly remarkable healing experiences are described in this volume.

As the book progresses, we read of Christopher’s experience in opening his herbal clinic during the Herbal Dark Ages and the persecution he received from governmental and medical authorities. Jailed five different times for “practicing medicine without a license,” one of Christopher’s quips to his wife while leaving the house to heal patients was: “I’ll phone you when I get to jail tonight.”

This book is still in print from Christopher Publications and worth umpteen times the value of its very modest price.

Christopher, John R. *Herbal Home Health Care*, Christopher Publications, 1976, softcover, 196pp., \$14.95

Who could resist buying a book entitled *Herbal Home Health Care* by a legendary herbalist who is pictured hugging two little children on the cover?



The first part of this remarkable work is an encyclopedia of various illnesses—listing their causes, symptoms, and herbal treatment, as well as providing dietary and other healing regimens. The latter portion consists of a number of extremely instructive appendices. These outline a “mucusless diet” that was popular in the first quarter of the twentieth century, Christopher’s cold-sheet treatment for fevers, Christopher’s famed Incurables Program, and instructions on how to make herbal preparations. The final appendix is the *crème de la crème*, however, as it covers—one by one—the amazing formulas that Dr. Christopher developed and brought to market, including two of my favorites: his Lower Bowel Formula and his Bone, Flesh, and Cartilage (BF&C) Formula (now called Complete Tissue and Bone formula, as mentioned in the review to the left).

The former is one of the greatest things around, in my opinion, for stubborn constipation that does not relent to other treatment. (I just revisited with a client the other day who has been using this for years to maintain regular, formed stools where nothing else did the trick.) The latter has proven to be, in my own herbal practice, a truly miraculous healer for all sorts of issues involving loss of integrity to bones, skin, connective tissue, tendons, and cartilage.

This invaluable book is still in print from Christopher Publications.



We print below some workshop credit slips for workshops that you may take from other teachers

WORKSHOP CREDIT SLIP

Workshop Title:.....

Workshop Date & Total Hours

Workshop Presenter & Credentials.....

Workshop Presenter's Signature & Date.....

Student Name..... Student I.D. #.....

When completed and signed by workshop instructor, make a copy for yourself & submit to:

Midwest School of Herbal Studies, P. O. Box 120096, New Brighton MN 55112

Or image and send as an email attachment to MWSHS@aol.com

(For Internal Use Only:) Credits Assigned.....Director's Signature.

WORKSHOP CREDIT SLIP

Workshop Title:.....

Workshop Date & Total Hours

Workshop Presenter & Credentials.....

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