

Minnesota Center for Homeopathy

7104 Lake Street West, St. Louis Park, MN 55426

(952) 224-9292 Fax: (952) 582-4924

www.homeovista.org help@homeovista.org

Dear New Client,

Thank you for selecting Minnesota Center for Homeopathy. We are looking forward to working with you and would like to take this opportunity to acquaint you with our philosophy and policies. Our practice is designed to focus primarily on you and to assist you with your current concerns so that you may achieve a greater sense of health and well-being.

Because our focus is on your individual concerns, we take a comprehensive approach that is reflected in the enclosed Health Inventory form. Please take the time to carefully complete this form before your visit. Your cooperation in providing accurate and detailed information on all aspects of your health will help us make the most appropriate recommendation for you. This may include lifestyle changes, which we will help you implement.

Most insurance carriers, including Medicare and Medicaid, *do not* cover homeopathic services at this time. We ask that you pay at the time of your visit.

If it is necessary to cancel this initial consultation, please give us as much advance notice as possible. Due to the limited number of available appointments, your deposit will not be returned if you give less than 72 hours notice (3 business days) for cancellation of the initial consultation. Appropriate notice will allow us to fill the time with someone that is waiting for an appointment.

Due to the chemically sensitive nature of many of our clients, we require that you do not wear perfumes or colognes of any kind while at the clinic. This includes scented body lotions, oils, and hair products.

We appreciate your consideration.

Thank you.

Minnesota Center for Homeopathy

5/23/2013

Minnesota Center for Homeopathy

CLIENT REGISTRATION

Name of Client: _____ Birth Date: _____

Relationship to Responsible Party: Self Spouse Son Daughter Other

Client Address: _____

Home phone: _____ Cell phone: _____

Email address: _____

Emergency Name & Phone: _____

Physician's Name, Address, & Phone: _____

RESPONSIBLE PARTY INFORMATION

Name of Responsible Party: _____ Birth Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Years Employed: _____

Spouse: _____ Birth Date: _____

Spouse Employer: _____ Years Employed: _____

I acknowledge that I am the responsible party for (client) _____, and I understand that payment of homeopathic services is due at time of service.

Signature of Responsible Party: _____ Date: _____

Past History of Illness and Medical Problems

Surgery: List all surgery and approximate dates

Other hospitalizations and dates

Broken bones and/or traumatic injuries

(include all car accidents or concussions/head injuries)

Current health problems

(example: high blood pressure—10yrs)

Past History

<u>YES</u>	<u>WHEN</u>	<u>YES</u>	<u>WHEN</u>	<u>YES</u>	<u>WHEN</u>
<input type="checkbox"/> Alcohol/Drug problems	_____	<input type="checkbox"/> Gonorrhea	_____	<input type="checkbox"/> Respiratory problems	_____
<input type="checkbox"/> Allergies/Hay fever	_____	<input type="checkbox"/> Gout	_____	<input type="checkbox"/> Rheumatic fever	_____
<input type="checkbox"/> Amalgams/silver fillings	_____	<input type="checkbox"/> Headaches/Migraine	_____	<input type="checkbox"/> Root canal	_____
<input type="checkbox"/> Anemia	_____	<input type="checkbox"/> Hearing problems	_____	<input type="checkbox"/> Scarlet fever	_____
<input type="checkbox"/> Antibiotics (frequent use)	_____	<input type="checkbox"/> Heart problems	_____	<input type="checkbox"/> Seizure/Convulsions	_____
<input type="checkbox"/> Anxiety	_____	<input type="checkbox"/> Hemorrhoids	_____	<input type="checkbox"/> Sexual dysfunction	_____
<input type="checkbox"/> Arthritis	_____	<input type="checkbox"/> Hepatitis	_____	<input type="checkbox"/> STDs	_____
<input type="checkbox"/> Asthma	_____	<input type="checkbox"/> Herpes	_____	<input type="checkbox"/> Sinusitis	_____
<input type="checkbox"/> Back pain/strain	_____	<input type="checkbox"/> Hives	_____	<input type="checkbox"/> Skin problems	_____
<input type="checkbox"/> Bladder infections	_____	<input type="checkbox"/> High/low blood pressure	_____	<input type="checkbox"/> Sleep disorder	_____
<input type="checkbox"/> Blood clots	_____	<input type="checkbox"/> High cholesterol	_____	<input type="checkbox"/> Steroid use	_____
<input type="checkbox"/> Bowel problems	_____	<input type="checkbox"/> HIV/AIDS	_____	<input type="checkbox"/> Stroke	_____
<input type="checkbox"/> Breast lump	_____	<input type="checkbox"/> Hypoglycemia	_____	<input type="checkbox"/> Suicide attempt	_____
<input type="checkbox"/> Cancer	_____	<input type="checkbox"/> Insomnia	_____	<input type="checkbox"/> Syphilis	_____
<input type="checkbox"/> Chemical sensitivity	_____	<input type="checkbox"/> Kidney problems	_____	<input type="checkbox"/> Thyroid problems	_____
<input type="checkbox"/> Chicken pox	_____	<input type="checkbox"/> Liver disease	_____	<input type="checkbox"/> Tooth problems	_____
<input type="checkbox"/> Chronic fatigue	_____	<input type="checkbox"/> Measles	_____	<input type="checkbox"/> Tuberculosis	_____
<input type="checkbox"/> Congenital defect	_____	<input type="checkbox"/> Menstrual problems	_____	<input type="checkbox"/> Urinary problems	_____
<input type="checkbox"/> Dental problems	_____	<input type="checkbox"/> Mental Illness	_____	<input type="checkbox"/> Vaginitis	_____
<input type="checkbox"/> Depression	_____	<input type="checkbox"/> Mumps	_____	<input type="checkbox"/> Vascular problems	_____
<input type="checkbox"/> Diabetes	_____	<input type="checkbox"/> Nervous condition	_____	<input type="checkbox"/> Vision problems	_____
<input type="checkbox"/> Digestive problems	_____	<input type="checkbox"/> Neurologic problems	_____	<input type="checkbox"/> Warts	_____
<input type="checkbox"/> Eating disorders	_____	<input type="checkbox"/> Over/under weight	_____	<input type="checkbox"/> Other problems	_____
<input type="checkbox"/> Ear infection	_____	<input type="checkbox"/> Panic attacks	_____		_____
<input type="checkbox"/> Eczema	_____	<input type="checkbox"/> Peptic ulcer	_____		_____
<input type="checkbox"/> Endometriosis	_____	<input type="checkbox"/> Phlebitis	_____		_____
<input type="checkbox"/> Epilepsy	_____	<input type="checkbox"/> Pneumonia/Bronchitis	_____		_____
<input type="checkbox"/> Eye/vision problems	_____	<input type="checkbox"/> Premenstrual tension	_____		_____
<input type="checkbox"/> Fibroids	_____	<input type="checkbox"/> Prostate problems	_____		_____
<input type="checkbox"/> Gallbladder problems	_____	<input type="checkbox"/> Reaction to vaccinations	_____		_____

Review of Systems

Check if you have had these symptoms in the last 6 months

- Mood swings
- Trembling episodes
- Light-headedness
- Frequent infection
- Night sweats
- Swollen glands
- Skin rash
- Chills/fever
- Change in skin/nails
- Change in wart/mole
- Abnormal bleeding/bruising
- Change in hair loss/growth
- Irritability
- Restlessness
- Dizziness
- Balance problems
- Poor memory
- Difficulty concentrating
- Fainting
- Weakness
- Numbness/tingling
- Excessive tearing/itching
- Dry mouth
- Excessive salivation
- Bleeding gums
- Bloody/yellow sputum
- Shortness of breath
- Pain/discomfort while eating
- Nausea/vomiting
- Change in diet

Women

- Last menstrual period: _____
- Usual length of cycle _____
- Usual length of period _____
- Age menstruation began _____
- Age at menopause _____
- Number of pregnancies _____
- Number of live births _____
- Number of abortions/miscarriages _____
- Complication of pregnancy
- Used birth control pills
- Used IUD; Type: _____
- Change in cycle
- Spotting between periods
- Discomfort with periods
- Premenstrual tension
- Vaginal discharge
- Painful intercourse
- Itching
- Self breast examination
- Problem with sexual function
- Lump in breast
- Abnormal pap smear
- Infertility
- Date of last pap smear _____

Men

- Enlarged prostate
- Decreased urine stream
- Unable to interrupt stream
- Dribbling after urination
- Pus or drainage from penis
- Genital swelling/rash
- Problem with sexual function

Do you believe you have had an adverse reaction to a vaccination? If so, please list which vaccination(s) and approximate dates:

Current Medications

List all prescription and non-prescription medications including dosage

Vitamin and Mineral Supplements

Type and dosage

Allergies

I am allergic to the following medications:

Food allergies and method of testing

Personal History

Lifestyle

List your favorite foods or cravings:

Interests/Hobbies

I am now or have been a smoker. Yes No
If yes:
How many years have you smoked? _____
How much? _____
When did you quit? _____

My sex life is satisfactory Yes No
I do the following for relaxation/recreation: _____

I estimate my use of:
coffee: _____ cups/day decaf: _____ cups/day

My spiritual life is satisfactory. Yes No

I consider myself a non-drinker social drinker
heavy drinker alcoholic recovering alcoholic

I am currently involved in a regular spiritual program: Yes No

I use: marijuana other drugs: _____

I sleep well. Yes No

I have participated in an exercise program. Yes No

I worry about: money job family life

I exercise on a regular basis. Yes No
_____ times _____ week/month

relationships other _____

I currently see a chiropractor, osteopath, or other physical therapy practitioner: Yes No

I have been a victim of abuse. physical sexual
emotional

My last physical exam was _____

Are you fearful of: animals people

I find my work too demanding boring
satisfactory very satisfactory

being alone darkness death diseases

robbers sudden noises thunder the future

high places the unknown other _____

Any additional information about yourself that you feel we have missed:

CLIENT BILL OF RIGHTS

Homeopathy For Better Health

Christie Jergens, B.S. Nutrition, CCH
7104 Lake Street West
St. Louis Park, MN. 55426
(612) 501-9265

I am pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary medicine and alternative health care practices.

1. Degrees, training, and experience.

Christie Jergens is a Classical Homeopath practicing at the Minnesota Center for Homeopathy in St. Louis Park, MN. She graduated from the Northwestern Academy of Homeopathy in 2002. She received a Bachelor's of Science Degree in Nutrition from the University of Minnesota in 2004. She received a postgraduate degree in homeopathy in 2007 thru Dynamis School for Advanced Homeopathic Studies. She became a Certified Homeopath (CCH) through the Council for Homeopathic Certification in 2013. Her practice, Homeopathy for Better Health incorporates the gentle healing of homeopathy with nutritional care.

In accordance with Minnesota law, I am providing you with the following notice:

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

2. Supervisor. Christie Jergens is the Supervisor of this practice. Her name and address are listed above. You have a right to file a complaint with her, by writing a letter, with details of the nature of the complaint.

3. Right to file a complaint. If you have any concerns, you may file a complaint with the following office:

Health Occupations Program
Minnesota Department of Health
85 East 7 Place, Suite 300
Post Office Box 64882
St. Paul, MN 55164-0882
651-282-3823 Fax 651-282-3839

Minnesota Center for Homeopathy

Homeopathic Services Notice

Client Name: _____ **Date:** _____
(please print)

The homeopathic services you have requested are directed at strengthening your constitution and vitality. They are not directed at identifying, treating or preventing specific diseases. Our practitioners are qualified homeopaths but are not licensed physicians. They are prohibited by law from diagnosing or treating disease.

If you have a medical complaint or question about your health it is important that you consult with a physician.

Many insurance companies do not pay for homeopathic services and our office will not be sending a claim to your insurance carrier.

CLIENT ACKNOWLEDGEMENT:

It is my personal preference to use the homeopathic services of the homeopaths at Minnesota Center for Homeopathy. I understand that the homeopathic services are NOT MEDICAL treatments and that these homeopaths are not licensed physicians.

Client Signature

Date

Minnesota Center For Homeopathy

Christie Jergens Fee Schedule

\$275 Adult Initial Consultation*
\$225 Child Initial Consultation (Children under 14)*
\$75 Follow-up consultation phone or office visit
\$25-35 Brief consultation
\$45 After hours or weekend calls

***Initial appointments are 2-3 hours**

New Client Deposit: \$100

Missed Follow-up Appointment: \$50

New client deposits and cancellation charges are standard for homeopathic practices. Due to the limited number of available appointments, we require a \$100 deposit that will be applied to your first appointment fee at the time of service. In order for us to refund the new client deposit of \$100, we ask that you provide **72 hours (3 business days)** notice if you wish to cancel your initial consultation.

We ask **24 business hours** notice for cancelled follow-up appointments.

Phone Calls and E-mails Regarding Symptoms:

There may be a charge of \$25-35 for all phone calls, e-mails, and faxes that require the practitioner to assess your case or symptoms. There is no charge to clarify instructions or to order a refill or remedy by phone. **Please note:** calls and e-mails **after 3:00pm** on regular business days may not be returned until the following business day.

Urgent calls after 3:00pm or on the weekends and cannot wait until the following business day will be assessed the after hours rate of \$45.

*Please note that prices are subject to change
Payment is due at the time of service*

MINNESOTA CENTER FOR HOMEOPATHY

PAYMENT POLICY

Thank you for selecting Minnesota Center for Homeopathy. We are committed to providing you with the best possible care, and are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship with you.

- ❖ Payments for all services are due and payable at time of service, unless previously arranged. This includes charges for telephone conversations, email charges, and routine visits.
❖ Remedy and Product Orders (vitamins, lotions, etc). MCH requires a valid credit or debit card to process remedy orders to be mailed out or payment by cash, check or credit card if prepared at the time of visit.
❖ Insurance: Most insurance carriers, including Medicare, Medicaid, medical assistance, or general assistance medical care, do not cover homeopathic services. Questions regarding services covered or not covered should be directed to your insurance carrier. Note that our practitioners are qualified homeopaths, not medical doctors.
❖ Payment is accepted by cash, check, or credit card. We accept Visa, Mastercard, and Discover credit cards. NO AMERICAN EXPRESS. A \$30.00 fee may be charged for charges and fees incurred due to insufficient funds, returned or canceled checks. Any additional fees above and beyond \$30.00 will also be your responsibility.
❖ If there are unusual circumstances that you feel warrant special financial arrangements, please discuss your needs directly with your practitioner at the time of your visit.

CREDIT CARD ON FILE AUTHORIZATION

The preferred method of payment for homeopathic services at Minnesota Center for Homeopathy is by credit card held on file with our business office. This eliminates the need to provide payment information or to process payments at each visit. Due to the frequency of service being provided by telephone and the common mailing of remedies, maintaining a credit card on file allows for secure, prompt and efficient charge ticket processing by the business office. All information is kept secure and confidential and can be updated or changed upon client request. Receipts and year-end statement can be provided electronically upon request to the business office.

Client Name: _____

Client Address: _____ City _____

Email: _____ Do you want receipts emailed? YES NO

Other authorized users of this credit card: _____

CARDHOLDER NAME (as it appears on card): _____

Credit Card Number: _____ EXP. DATE (MM/YYYY): _____

Zip Code Credit Card bills to: _____ NO AMERICAN EXPRESS

CLIENT SIGNATURE: _____ DATE: _____

I have read the payment/financial policy and agree to maintain a current credit card on file.

Intensification of symptoms or recurrences of previously experienced symptoms sometimes occur. These are not side effects of the remedy, but an indication that the body is responding to the remedy stimulus. If any reaction occurs that concerns you, don't hesitate to call.

Repetition of the dose. The most important rule regarding how often to take the remedy is this: the remedy should not be repeated until the healing reaction it has started is over. As long as any changes continue (especially if improvement is taking place), you must wait to take more of the remedy.

People with long-standing problems are given one or very few doses at the outset of treatment. Experience has shown that if the remedy is chosen correctly, this is sufficient to cause a healing response in the body that normally lasts at least a month. Therefore, in accordance with the above principle, follow-up visits are usually scheduled at about six- to eight-week intervals. Follow-up visits provide a full review of any changes that occurred, which is important in order to make the correct decision about repetition or change of the remedy.

People improve over widely varying periods of time. The improvement is usually proportionate to how long you've had the problem or condition, and how severe it is. You may have ups and downs and particular symptoms may not resolve for many months in some cases, but your general health should get better, and you should feel steady, gradual improvement in your energy and well-being.

Certain substances may interfere with the action of homeopathic remedies. These include camphor, coffee, tea tree oil, standard medications and strong herbs. If you use any of these substances, discuss their continued use with your practitioner. It isn't necessary, in general, to stop using these products. Dental work, sleeping with electric blankets, or taking mineral baths can sometimes interfere, so please mention your plans concerning these activities.

Note that camphor is found in products such as Chapstick, Tiger Balm, Vicks products, BenGay, Meniholatum, Campho-Phenique, room sprays, Calamine lotion, Noxzema, and other cosmetics and medicinals.

Storage and Handling of Remedies

Store remedies:

- () (In a cool, dark place; out of the sun and away from heat over 100 degrees Fahrenheit.
- () (Away from strong-smelling medicinos or lotions, especially camphor.

Preparing the dose:

- () (Do not expose remedies to each other or to strong smells of smoke, cooking, mothballs, perfumes, etc., or sunlight.
- () (Do not have more than one remedy vial open at a time.

What Is Homeopathy?

Homeopathic Principles

The principles of homeopathy were first formulated at the end of the eighteenth century by Samuel Hahnemann, a German physician. He had given up the practice of medicine when he found the therapies of his time to be ineffective and harmful, and did not resume practice until he discovered in homeopathy a means to help people heal gently, rapidly, and reliably. Homeopathy spread quickly throughout Europe and to the United States, where at the beginning of this century, 15-20% of all doctors practiced homeopathy. Despite repeated criticism from orthodox medical circles, the validity of Hahnemann's ideas continues to be demonstrated over 200 years later.

Stimulus to the body. Homeopathic treatment, like all truly natural therapies, seeks to stimulate the innate healing power of the individual so that all physiological systems function at their best. As the person moves toward his or her optimal level of general health, he or she feels better. Subsequently, specific symptoms improve as the strengthened body defenses become active. But the homeopathic remedy does not directly treat a symptom or condition. Instead, it simply helps to initiate the process by which the person heals himself or herself.

Totality of symptoms. The homeopath views a person's health as a condition of the entire individual rather than in terms of isolated symptoms. Homeopaths do not diagnose disease or treat diseases. Remedies are selected that best correspond to the person's total state of illness. Evaluation of the individual's level of health and choice of the correct remedy does depend in part on a thorough understanding of all symptoms. But in addition, important indicators of general health, such as the level of vitality, the person's experiences and his or her emotional well-being, demand close attention.

Law of similars. Homeopathy is based on the principle that "like helps like." A remedy is chosen that is capable of causing, in a healthy person, symptoms similar to those of the sick person. The symptoms the sick person experiences are thus the most important guide to the choice of the correct remedy.

Remedies. Homeopathic remedies are usually made from plants and simple minerals. These substances are prepared by a process of repeated dilution and shaking, which makes them capable of stimulating the healing process. Remedies are given to stimulate the whole body to heal itself, while herbs and regular drugs and medicines are given to take away specific symptoms generally from specific parts of the body.

Homeopathic remedies are made at special FDA regulated and approved homeopathic pharmacies according to very high standards of purity. There is no homeopathic pharmacy in Minnesota. Certain health food stores and food cooperatives carry remedies. Our staff has a list of such stores in the Minneapolis/St. Paul area.

Minimum dose. As little remedy as possible is used. After a remedy is given, the individual's response is carefully observed, and the remedy is changed only if necessary.

)(**Scope of homeopathy.** Since homeopathy is used to assist people rather than to treat illness, anyone, whatever his or her diagnosis, can benefit from homeopathic care. Homeopathy helps by increasing the individual's strength and resistance to disease. Homeopathy is not a substitute for good health habits. In the long run, health depends in good measure on eating well and exercising adequately, getting enough rest, dealing effectively with stress, and living creatively.

)(**Homeopathy cannot strengthen the system to heal itself of genetic problems.** Also, homeopathy cannot help people who are continually exposing themselves to the very things that make them sick. For example, it won't change a smoker's cough, headaches from birth control pills, or depression from being in an emotionally hurtful situation. However, it can help strengthen people enough so that they are able to make helpful changes in their lifestyle.

)(**Homeopathy can make your pregnancy go more smoothly and help your baby be as healthy as possible.** Be sure to inform your homeopath if you are pregnant.

)(**Acute illnesses.** Homeopathic care is often effective during acute illness. Again, the remedies are not directed at removing symptoms or killing germs, but rather toward strengthening the person so that his or her own healing capacities work better.

The Homeopathic Consultation

)(**Essential to effective homeopathic care is the information that you provide to the practitioner.** The homeopathic interview involves extensive questioning that may cover unfamiliar ground for those who are accustomed to a few quick questions from a busy doctor. To better prepare you for the consultation, following are the kinds of information that homeopathy requires.

)(**Reason for visit.** The homeopathic practitioner will want you to describe as fully as possible, in your own way, the conditions that have caused you to seek homeopathic care. Your description should include everything that is truly characteristic of your problems. Precise details are best, but only if you can be definite about them. If applicable, your account should include, but not be limited to:

)(**Location of the complaint as precisely as possible.** For example, "pain in the left temple" is more helpful than simply saying "headache."

)(**Character of sensation or pain.** Describe the nature of the sensation in your own words. Is it tingling, burning, numbness, crawling, or itching? Is the pain cutting, dull, aching, or cramping? These are suggestions only.

)(**Factors that make the feeling better or worse.** Often the most crucial information to the homeopath concerns what makes your complaint better or worse. Does your condition vary with time of day or night or season? Is it affected by your position (sitting, standing, lying, etc.) or activity (motion of any body part, walking, vigorous exercise, rest, etc.)? Does temperature, weather, eating, and sleeping affect your condition? Report anything that clearly influences the intensity or pattern of symptoms.

)(**Concomitants.** Anything that regularly occurs in association with your symptoms should be mentioned. Are you always nauseated when you have a headache? Does your skin clear up when you get your menstrual period?

)(**Onset of symptoms.** Do you associate the onset of your condition with an emotional upset, prolonged or pronounced stress, lack of sleep, exposure to weather, an injury, drug use, surgery, or any other factors?

)(**General information.** In addition to information about your local symptoms, the homeopath needs to know a lot about you in general. Essentially, the homeopath wants to know how vital and energetic you feel on the whole and how your sense of well-being (not any particular symptom) changes as a result of environmental or emotional factors. How are you affected, in general, by temperature, weather, time of day, activity level, eating, and sleeping? What typically makes you feel better; what makes you feel worse? Remember, this may be very different from what makes a particular symptom better or worse.

)(**Diet.** Be ready to describe the kinds and approximate amounts of food you usually eat. In addition, you'll be asked to list the foods you crave or have strong preferences for (even if these are foods you don't think are good for you) and foods that you strongly dislike.

)(**Sexuality.** Understanding your sexuality can be an important part of health awareness, and the homeopath will ask you to describe the usual level of sexual energy you feel. You are welcome to discuss your sexuality as fully or as little as you feel comfortable.

)(**Emotional patterns.** Finally, the homeopath will want you to discuss your mental/emotional nature. What are the most characteristic emotional patterns you experience? During what activities or in which situations do you feel most happy? What emotional patterns most limit your ability to fully express yourself or reach your full potential? How expressive of emotional states are you, and in what ways do you express them? What about your memory, clarity of thought, and so on?

Remedies

)(**Based mainly on the information you provide, a remedy will be recommended that suits you best in a total way.**

)(**Taking the remedy.** Be sure to avoid strong odors or direct sunlight when you pour out the dose. Never touch the globules with your hands, as they have no protective coating. Pour the globules into the cap of the vial, then onto or under your tongue; be sure that you do not touch your tongue to the cap. Do not take water with the remedy. There should be no strong taste in your mouth; allow about 15 minutes before eating or one hour after meals or the use of any strong flavored substances, such as toothpaste, tobacco, menthol, mouthwash, or herb teas. If directed to take your remedy in the morning, do so before putting anything else in your mouth.

)(**Action of the remedy.** Each individual experiences the reaction to the remedy in a different way. Usually the effects are gentle and gradual, though at times, more rapid or dramatic changes may occur. Since the remedies work to better your general health, you should not be concerned if specific symptoms do not change right away. The remedies do not produce side effects. However, if you have a reaction you do not understand, please contact your practitioner.