Rajan Sankaran
The Synergy in Homoeopathy - Imperfect copy

Reading excerpt

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of Rajan Sankaran
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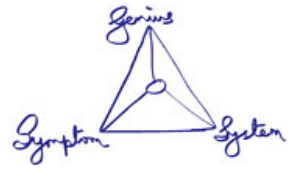

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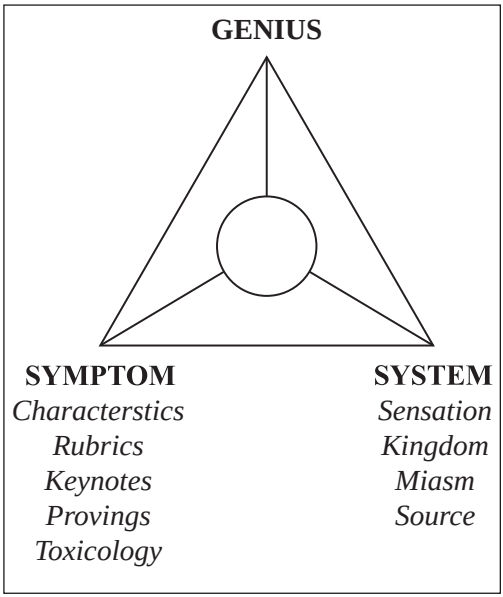
A Note on the Cover Page



You see a triangle on the cover page. The apex of triangle is the Genius. Genius here means the prevailing spirit or distinctive character of something. This applies to the patient and also to the remedy.

This general quality of the patient and of the remedy has also been called, by various authors in homoeopathy, essence, keynote, soul, red line, or the grand generals.

But I prefer to use the word 'Genius', to honour the great master, Dr C.M. Boger, who wrote.

"The strain which runs through every pathogenetic symptom complex has been called the ***genius of the drug****."*

We need to keep the genius of the patient and of the remedy always on the backdrop when we are trying to match the two.

The first few lines about each remedy in Boger's *Synoptic Key* usually give a very good idea of the remedy's genius.

The other two sides of the triangle are:

- *Facts* - as found in the characteristic symptoms, in the proving and in Repertory rubrics.
- *Concepts/Experience* – the Sensation; data from the Kingdom, Miasm, and Source.

One can see that all three elements - the Genius, Sensation, and Symptom - are mutually interdependent. In reality they are three ways of viewing a unified whole, and this differentiation is made only for the purpose of understanding. The circle in the centre of the triangle represents this unity of which the three elements are expressions.

How often people speak of art and science as though they were two entirely different things, with no interconnection. An artist is emotional, they think, and uses only his intuition; he sees all at once and has no need of reason. A scientist is cold, they think, and uses only his reason; he argues carefully step by step, and needs no imagination. That is all wrong. The true artist is quite rational as well as imaginative and knows what he is doing; if he does not, his art suffers. The true scientist is quite imaginative as well as rational, and sometimes leaps to solutions where reason can follow only slowly; if he does not, his science suffers."

- Isaac Asimov

Isaac Asimov (1920-1992) was an American author and professor of Biochemistry at Boston University, best known for his works of science fiction and for his popular science books including "The Roving Mind".

"It was quite disappointing for me to revisit the Foreword of Boger's Synoptic Key just after I finished writing this book. I found that he has said everything that I wanted to say, only in much better, more concise and exact words!

Now the rest of this book only stands as a kind of elaboration of this excerpt from his Foreword."

R. S.

Excerpts from *A Synoptic Key of the Materia Medica*

Correct prescribing is the art of carefully fitting pathogenetic to clinical symptoms, and as such requires a special aptness in grasping the essential points of symptom images, great drudgery in mastering a working knowledge of our large materia medica or a most skilful use of many books of reference.

It is the aim of this book to simplify and introduce method into this work, so that the truly homoeopathic curative remedy may be worked out with greater ease and certainty. For this purpose a combination of the analytic and synoptic methods has been thought best.

The spirit of the clinical symptom picture is best obtained by asking the patient to tell his own story, whenever this is possible. The account is then amplified and more accurately defined by the questioner, who should first try to elicit the evident cause and course of the sickness, to which he will add all the things which now seem to interfere with the sufferer's comfort. Especially should the natural modifiers of sickness – the modalities – be very definitely ascertained. Following are the most vitally important of such influences: time, temperature, open air, posture, being alone, motion, sleep, eating and drinking, touch, pressure, discharges, etc.

A consideration of the mental state comes next in order of importance. Here the presence of irritability, sadness or fear is the ruling factor.

The third step concerns the estimate to be put upon the patient's own description of his sensations. This is a very vital point and in order not to be misled it is always well to ascertain whether any of the following primary or secondary sensations are present - Burning, Cramping, Cutting, Bursting, Soreness, Throbbing and Thirst. There may be many others, but the presence of any of these often overshadows them, especially such as may be due to the play of imagination; which feature is in itself of more importance than the particular thing imagined.

Next in order comes the entire objective aspect or expression of the sickness: this should especially include the facial expression, demeanor, nervous excitability,

sensibility, restlessness or torpor, state of secretions and any abnormal colouring that may be present.

Lastly the part affected must be determined; this also brings the investigation in touch with diagnosis.

By going over the above rubrics in the order named the contour of the disease picture will be pretty clearly outlined and will point fairly well toward the similimum and the prescriber has only to keep in mind the fact that the actual differentiating factor may belong to any rubric whatsoever and also that the scope of these rubrics reaches far beyond the appended synoptic text...

The Synopsis is intended to make clear the general expression or genius of each remedy and thereby help the prescriber correct his bearings. The scope of its contents is much enlarged by bracketing the most nearly affiliated remedies after some of the more important symptoms; this also helps in making differentiations.

What often makes a cure hard is the laying of too much stress upon some particular factor at the expense of the disease picture as whole, thus destroying its symmetry and forming a distorted conception of the natural image of sickness. This does not however mean that all symptoms stand on the same level, for certain effects must be more prominent than others, yet may be part and parcel of them.

This is the sense in which we must learn to know our remedies, just as we do our friends, by their air or personality; an ever changing, composite effect, but always reflecting the same motive...

The strain which runs through every pathogenetic symptom complex has been called the genius of the drug. To give this its proper place in prescription should be the ideal of every prescriber.

C. M. Boger

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About the Author

Rajan Sankaran, MD (Hom), FSHom (UK) is a practitioner, thinker, teacher, and writer of the homoeopathic system of medicine.

His concept that disease originates from a false perception of reality (delusion) was the subject of his first major book, 'The Spirit of Homoeopathy'. He then categorized the different perceptions of reality into plant, animal and mineral types. This was the subject of his book 'The Substance of Homoeopathy'.

Later he discovered that our experience can exist on one of seven levels, beginning with the name and facts of a phenomenon and culminating in its sensory and energy experience. His book 'The Sensation in Homoeopathy' describes the process of case-taking by following the energetic lead of the patient to increasingly deeper levels of experience to uncover the underlying sensory one which is the basis of the patient's individuality and self-expression.

He has authored several other books such as "The Soul of Remedies", "Provings", "The System of Homoeopathy", "An Insight into Plants" (three volumes), "Homeopathy for today's World", "Sankaran's Schema", "Sensation Refined", "Structure" (two volumes), "Survival – the Mollusc", "Survival- the Reptile", and has also helped develop the software VitalQuest. Many of his books have been translated in several languages.

Dr Sankaran lives and practises in Mumbai, India since 1981 and teaches worldwide. He heads "the other song"-International Academy of Advanced Homoeopathy and is Asst. Prof of Repertory in the C.M.P.H. Medical College, Mumbai, India.

Acknowledgement

In the making of this book many friends and colleagues worked together.

I wish to acknowledge their contribution.

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Cheryl Feng designed the cover page.

The chapter two -"Sensation Approach and its Foundation in Classical Homoeopathy",was first published as an article in *The Homoeopath, spring 2010, 28:4*. I would like to express my gratitude to The Society of Homoeopaths for permission to reproduce it here.

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You can see that this book has indeed been a team effort and I want to thank each one for all they have done so generously .

Foreword

Following Rajan Sankaran and the development of his method for twenty years at his annual Munich seminar has been a fascinating but sometimes a likewise frustrating experience. We always seemed to lag behind his creative spirit. I used to dread the moment when he asked for remedy suggestions. Although it has become much better over the years there are still so many different ideas and perceptions about what is to be cured in every individual case of disease.

Recently Dr Sankaran has focussed his teaching on exactly this pivotal issue of homeopathic practice: How to trace the commonalities and perceive the key features that run through a case and not to get lost among seemingly disconnected symptoms and themes. The common mistake of prescribing on some aspects of a patient is not restricted to a certain method . You can jump to rubrics using traditional repertorisation as well as you can jump to any source a patient casually mentions if you follow Sensation Method.

The magic word to avoid this mistake is generalisation. To Dr Sankaran it is the most fantastic idea in homeopathy. He writes: " *There is only one state* …What you see in one place must be corroborated in another location, in another time, in another place. I think that one of the reasons I have succeeded in many cases is that I don't accept one indication as ultimate. I keep looking for other evidence."

This statement refers to sensation, to symptoms and to pathology. In now using grand generalization of pathology he reverts to his teacher Phatak and to Boger. Looking at the nature of pathology has become an as important aspect of his daily practice as checking the repertory and the proving symptoms. *As with Hering's three legs of a chair his prescription today rests on three pillars: on Sensation Method with kingdoms, miasms and source, on Classical Homeopathy with characteristic symptoms and on Boenninghausen's and Boger's Grand Generalization, including nature of pathology and genius of the patient and the remedy. So after twenty years of deepening our understanding of the nature of disease and healing Dr Sankaran has completed a full circle in the evolution of Sensation Method integrating it with the main traditions in homeopathy.*

His method has always been deeply rooted in a sound knowledge of provings and repertory and never left common homeopathic grounds. But at some stage with some practitioners there was a tendency to just go for sensation and forget about the broad repertoire of homeopathic tools. Even students without any proper training in classical homeopathy applied for courses in sensation

homeopathy trying to avoid the tedious learning of rubrics and remedies. In his recent seminars Dr Sankaran addressed these misunderstandings clearly and emphasized the importance of the fundamentals of classical homeopathy.

Today he is using different approaches very flexibly adapting his style of case taking to suit each patient and thus individualizing the examination of a case of disease to an extent that Hahnemann in his famous § 83 of the Organon of Medicine probably did not think of. The free use of various traditional and modern methods in case analysis increases the reliability of prescription. It is a common experience in modern homeopathy that if you can reach the same remedy by different approaches you can be very sure of its effect. It is a great experience to observe Rajan Sankaran taking cases at the International Academy of Advanced Homeopathy "The Other Song" in Mumbai customizing his approach to each individual patient. It feels just right.

Jürgen Hansel

Dr Jürgen Hansel MD is the President of WISH (World Institute for Sensation Homoeopathy). He is an honorary member of the supervisory board at Krankenhaus fur Naturheilwesen, the homoeopathic hospital in Munich, Germany. Since 1991 he has been chairing an annual International Homoeopathic Workshop in Munich, reflecting the advancement in current homoeopathy and featuring top homoeopaths from all over the world. He is also a co-editor of the journal "Spectrum of Homeopathy".

Introduction

Consistency of results is really the most important thing in practice. It is the test of any methodology. In homoeopathy the traditional method of Repertory, Materia Medica and Keynotes, with its comparison of the symptoms of a remedy to that of the patient, has led to many beautiful results and has been the foundation for homoeopathic practice.

In the past two decades newer ideas of classification of the remedy according to Kingdom and miasm have emerged. Along with this development, an understanding of the importance of knowing the exact experience of patient in terms of *Sensation* has been rediscovered. This has reawakened the idea that we can generalise the local sensation, that what is true of the part is true of the whole, which was practiced by Boenninghausen.

The discovery that each remedy has the qualities of its Source has given a new dimension to our understanding of our Materia Medica. Use of this thematic understanding according to Kingdom, Subkingdom and Source information, along with Miasms, has been termed the *Sensation Approach*, and it addresses the conceptual side of homeopathy. This approach has appealed to the artistic side of many in the world of homoeopathy, and it has come to be used extensively. However I have found that the most consistent results come when this artistic side and the logical, traditional side are integrated. In fact they have always been integral to one another, but we have to be able to see it.

When we see this integration our prescriptions become more rounded, complete and sure. In remedies that are sufficiently well-known a third aspect also has to be considered: the genius – the main idea, the flavour, the essence, the grand general of the remedy. When we use these three aspects: the *Genius*; *Materia Medica* and *Repertory*; and the *Sensation Approach* concepts, then we are using an integrated approach and not a fragmented one. I have found that this integration has given me the best results in thirty years of practice.

Since realizing this I have been so eager to share it with my colleagues, including practitioners of all schools of homoeopathy, because it has made my practise so much easier and so much more confident. This integrated approach is more reproducible and more flexible; it gives us more possible ways of coming to the remedy and so greatly increases the likelihood of a good prescription.

I hold the hope that this book will not only highlight this integrated approach but will be a step towards integrating our various schools of homoeopathic practice.

The word ‘integrate’ means to make integral. Integral means that all the parts of a system are both interlinked and essential to its full function; to its completion. Sensation, symptoms and genius are the three integral parts of remedy selection, and all three are essential to its completion.

The Journey and Plan of this Book

This book represents an evolutionary process. It began with a simple idea that an integration of symptoms and system yields the best results in practice.

Furthermore, I had observed in practice that each case needs a somewhat different approach and technique. The original title of this book was *Different Approaches to Case Taking and Analysis*. I wanted to emphasize and illustrate that in practice one cannot be fixed with one approach for all cases. Depending on what the patient emphasizes, we need to vary our approach. We also need to look at the case from more than one angle.

I therefore initially wrote about Symptom and System and about Fixity and Flexibility. Then in Section B I have given various approaches that I use in case-taking and analysis. In this you can see how I have used the Sensation Approach with Repertory and Materia Medica, sometimes relying partially on symptoms and partially on the system, sometimes on general rubrics, sometimes on characteristic particulars. At times I have referred to a concise repertory like Phatak's, and at other times used a meditative approach. So you can see the entire spectrum of my practice and range of techniques in Section B.

Which approach does one use in which situation? This is the subject of section C. The approach one uses depends on the level of experience of the patient. For example if at Level 2, the level of facts, the patient is giving local symptoms and modalities, and if these are peculiar and characteristic, then they are a ready anchor to the case. Having chosen a remedy according to the facts, one can then see if this remedy covers the other two sides of the triangle as well (Sensation and genius). However, if the patient is at Level 4 or 5, one can access the Sensation much more directly and then check to see if the peculiarities match. Similarly I have found that my approach varies according to the Kingdom. There are also different approaches needed in special situations such as psychiatric cases, acute situations and children's cases.

When one talks about the Symptom approach the Repertory becomes an important tool as a bridge between the patient and the remedy. However the Repertory can sometimes be as misleading as it can be useful. Mechanical repertorisation, especially with common symptoms, usually leads to polychrests like *Sulphur*. Using very small particular rubrics without the balance of the rest of the case is equally a cause of failure. The artistic use of the Repertory is the answer, through precise evaluation of symptoms, choosing the proper Repertory, and then checking to see if the remedy that emerges from the Repertory filter matches the genius of the case and also has the main elements of the system approach. Sometimes we may need

to discard the Repertory all together, if none of the remedies emerging matches the case. So one must know the uses and limitations of the Repertory, considered in conjunction with the Materia Medica and the Sensation Approach.

My use of the Genius of the remedy evolved in the course of writing this book. The Genius is a much more subtle aspect then symptoms or system. At first the idea was somewhat fuzzy and there were so many overlaps with what was mentioned in symptoms and systems, that we wondered whether Genius deserved a distinct place. For this reason, in the first few sections you do not find much mention of Genius. Then my understanding of the subtleties of this aspect of the remedy began to grow. Once the seeds had been sown, it developed rapidly, and the concept of the Genius became focused, revealing its distinct identity.

Initially it was thought that the Genius of each remedy can be represented in a few words, for example "weakness and restlessness" for *Arsenicum album*. However such an oversimplified expression can create confusion, because such a Genius would describe several other remedies, like *Zincum metallicum* and *Rhus toxicodendron*.

In order to make the Genius relevant we saw the need to expand its expression to reveal a larger pattern of general traits of the remedy. For example in *Arsenicum album*, along with weakness and restlessness, we have burning, sudden intense effects, acrid secretions, destructive processes and malignancy – all together these form the pattern which is the Genius of *Arsenicum album*.

So the idea of the Genius crystallized into an idea of a pattern of general traits of the remedy. This pattern is unique to each remedy. So now we have three unique patterns:

- a pattern of Symptom – characteristic symptoms and rubrics
- a pattern of System information, from Kingdom, Miasm, Sensation, Source.
- the pattern of the Genius – general traits, pathology, pace, exciting factors, body type, general modalities, type of person, location, general sensation, personal and family history.

If in a case you find all three patterns match your remedy, then you are assured of success. I find this in a good majority of patients.

We have to be open to the fact that in a case we may not be able to match all three patterns, due to a variety of reasons. Then we have to decide what to prioritize, based on what is clear and prominent.

Since this book has developed in stages, culminating in the crystallisation of the idea of the Genius, it represents a development, each section showing a stage in that development. I had the choice to rewrite the entire book, but I felt that while this could lead to a more polished result, yet it would lose something in terms of a spontaneous and strong evolution of ideas. So I felt it would be better to retain the original form and to take the reader with me through the journey.

In lieu of a reorganization, I have added this preface as a kind of map, or a connecting thread. It will be rewarding for the reader to assemble the pieces of the puzzle while progressing through the book, by the end of which he or she will emerge with the whole picture.

A. Symptoms and System

Like two parallel tracks of the railway, Symptoms and System complement each other. When used together one gets the best results.

1
Symptoms and System

Thirty-five years of clinical practice, along with deep grounding in Materia Medica, Provings and Repertory, has brought with it an on-going evolution and refinement in my approach of practice. I know that the Sensation idea holds true but I am not rigid about the approach of case-taking. I believe that we should go as deep as the patient will let us. Pushing beyond that can be counterproductive, causing us to go off on a tangent, chasing one expression and missing the core of who the person really is.

Some practitioners and students who observe my case-taking in the clinic or in a seminar are surprised that I do not use "Sankaran's approach" in my cases. They see me take different approaches in different cases. In one recent live case demonstration a student asked me how I came to a remedy despite the patient not showing any hand gestures. These queries come from the delusion that "Sankaran's approach" is totally divorced from traditional homoeopathy and is a very fixed way of taking cases. Sometimes I need to tell them that I do not fully believe in Sankaran!

The knowledge of the Kingdoms and Subkingdoms is derived from the study of Provings, Repertory and Materia Medica of the various remedies within each group. I do not see the new and the traditional knowledge as separate, but as complementing each other in a natural evolution of traditional practice. The symptoms and system speak of the same thing from two angles. They are like two sides of the same coin. To see both sides is definitely better than seeing only one side. I use both approaches in parallel during case-taking and analysis. In fact, the two approaches inform and deepen each other.

In perceiving a case, the right and left brain both need to be active at the same time. You are getting both conceptual and factual information. Initially you just observe and watch. You consider the nature of the complaint, the behaviour of the individual, the pace of the disease and the level of desperation, as well as the symptoms, the modalities, the exciting factor and all other characteristics of the patient in front of you.

After some time the clues become clear. You may hear very strong indications for the Kingdom, Subkingdom or Miasm. Then you will want to see that all of the other features of the given Subkingdom or Miasm are found in the case. You may locate

2

Sensation Approach and its Foundation in Classical Homoeopathy*

No science is static; each science is dynamic and evolves through observation and experimentation.

Hahnemann's *Organon* has always been the foundation of homoeopathy and it will continue to remain so. However Hahnemann never implied that the *Organon* was the last word. He himself changed it six times between 1810 and 1843, which means in 33 years it underwent six reviews, some of them quite significant. The Sensation Approach takes the *Organon* as a starting point and as its base.

> *If the physician clearly perceives what is to be cured…in every individual case of disease…if he clearly perceives what is curative…in each individual medicine… and if he knows how to adapt, according to clearly defined principles, what is curative in medicines to what he has discovered to be undoubtedly morbid in the patient, so that recovery must ensue…then he understands how to treat judicially and rationally, and he is a true practitioner of the healing art*
>
> **. - from Aphorism 3**

The intention is to make our tasks of perceiving the morbid state and of selecting the appropriate remedy simple, consistent, definite and systematic, so that recovery must ensue more surely and predictably in every individual case of disease. How does the Sensation Approach aim to do this? There are many concepts that are apparently new, and many that come from a natural progression of ideas proposed by homoeopaths through generations. So how relevant is the Sensation Approach to Hahnemann's homoeopathy? We may look at the many concepts and approaches of this approach to understand this.

1. The expansion of Miasms
2. The concept of Delusion
3. The concept of the Vital Sensation
4. The understanding of Kingdoms
5. The levels of experience
6. The approach in case-taking

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* This chapter was first published as "Sensation Approach": its relevance in homeopathy" in The Homoeopath, spring 2010, 28:4.

3
Convergence and Similarity

In practice I have found that it is not only symptoms and system which should be integrated, but all knowledge of the patient and the remedy, including the toxicology of the remedy source, therapeutic use of the substance in other medical fields, and use of that substance in human society. Then we look at the pathology that remedy is known for in our Materia Medica, at the Rubrics, and at the Kingdom and the Miasm; all of this is we need to know in our selection of the remedy.

For example when we think of Plumbum, we should not only think of its characteristic symptoms, such as desire for fried food and fear of assassination, but also of the pathology – the gradual paralysis – and the toxicology, with the lead line on the gums, and all of the symptoms of lead poisoning. All of this must converge with our understanding of the patient.

Case of bursting headaches

The patient began, "Every time I drink alcohol I get a flush of heat, I start sweating and I get throbbing and pulsating all over my body." This was accompanied by a desire for open air. Now, my assistant had taken an extensive history. But I just searched in ReferenceWorks: "alcohol causes flushes," and found very few remedies one of which was Glonoine.

Then I looked in Phatak and I read the exact picture of what the patient had described: "Its action is quick and violent, with bursting and expansion, a tempestuous remedy. It acts upon the **circulation** where it **causes violent pulsations, ebullitions** and irregular congestions. **Blood rushes upwards**."

And it is much better by cold things and cold applications. The patient had said, "If I wash my hands with cold water, or if I go out in the open air, I feel much better." We also know that Glonoine has, in the head, waves of terrible, bursting pounding. This is exactly what he had described. Glonoine has waves, flushes, heat, ebullition, throbbing, heat with hot sweat, a sensation as if warm water is running upwards from the nape of the neck, and flushes of heat.

What is Glonoine? It is nitroglycerine. You know that nitroglycerine is used for explosives, and for the heart medication, Sorbitrate. It expands the blood vessels. This is the toxicology. Expansion of the blood vessels causes flushes and pounding. If you take Sorbitrate you will get palpitations.

4
Synergy

I have come to the conclusion that when what we call 'symptoms' and 'system'- left brain and right brain data - come together, it is like match box and a match stick. You can add these two together - you can toss them into the same bag or drawer - and nothing happens. But when you strike them together it lights a fire.

Then it is as if one plus one is not two; it is as if one plus one is a thousand.

This is *synergy*: when two things come together and the result is greater than the sum of those parts. Whether you first pick up the match box and bring it to the match stick, or you first pick up the match stick and bring it to the match box, it does not make a difference. When the two come together the fire is lit.

This is the way that I work.

I may read something in a case that falls into a concept. For instance, a patient feels harassed, belittled and looked down upon, and this theme is central to his case. This sounds like a mammalian remedy but I am not sure which one. Then I look for the indications on the fact level. Even one strong indication, like warts on the hands, when it comes together with the system data of "mammal", is like a match suddenly striking a matchbox, and the remedy, *Lac caninum*, is absolutely clear.

Or it can happen the other way around. Symptomatically I see that a person has a certain neurotic state which started after the death of his friend. This is a rubric for *Ignatia*, *Nux vomica*, *Kali bromatum*, *Natrum muriaticum* and several other remedies, 'Ailments from death of parents or friends'. Then when I examine the other side, asking the patient about his experience, he says that it is like a sudden shock, a surprise, a feeling that he wants to avoid. And then the fire is lit, because you see the *Loganiaceae* Sensation coming together with the sycotic Miasm, and a rubric which contains two other *Loganiaceae* plants, and you know for sure that the remedy must be *Gelsemium*.

This is what works for me in most of my cases. I see the point where right side and left side come together, and suddenly there is a realisation that the remedy has to be this. It is not merely this data added to that data, but the entire understanding of the system on one side colliding with the rubrics on the other side, and it creates a big impact.

B. Techniques in case-taking

When you take a good case ninety percent of your job is done.
The art in Homoeopathic practice is entirely in case-taking.

7
Which Approach to Take First

In my practice I have seen that each patient needs a different approach in terms of case-taking. For example a child and an adult need a different approach. Even among adults, some will be more descriptive of their chief complaint, and some will be more descriptive of their life situation. It is much easier to go first into the area where the patient is at the moment, rather than to pull him forcibly into an area where you would prefer to go.

This flexibility is so much gentler for both the physician and the patient. All paths lead to the same goal; after all, the patient is one. *The question therefore is often not which approach to take, but which approach to take first.*

What are all the possible approaches, and how do we select which to start with in a given case? Ultimately we will be looking at all the aspects of the case, and hopefully they will come to the same point, but the initial approach should be based upon the individuality of the case and the easiest entry point.

Normally the easiest entry point is wherever we see the energy of the patient. In the case record form you have a bird's-eye view of the case, with indications of where the hot spots are. Then as the patient spontaneously narrates her story, we get a further idea as to where the entry point lies.

One thing to keep in mind is that the level of experience of the patient is a significant factor in deciding the entry point. I will deal with this topic further in a later chapter.

When we talk of different approaches, we mean all of the possible approaches to enter into the patient's case: focusing on the main complaint; simply listening to the patient talk; inquiring into the physical characteristics; meditation; doodling; or whatever technique you choose. The important point to remember is that we do not have to be restricted to only one approach. Halfway through the case we can change the approach. We may have started with facts, but then find the patient has started describing the Sensation, or has started describing her experience in some meaningful way, and then you are free to go into that and see what else comes up. Ultimately you may explore all other approaches as they come up in the case. I believe you need to start with where the patient is at the moment, because that is where she will be most comfortable. If she has come with a headache she will be comfortable talking about that, because at that time she has the energy of the

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Observation

You are always looking for the commonality between what the patient has, what the patient says and what you see.

Many times the observation of who the patient is corresponds with his choice of profession, with his hobbies and interests, and with his dreams. Everything should come together.

Seven main elements of observation of the patient

1. How did the patient behave before the consultation? What vibes did you get; how desperate was he; how did he come to you? He brings a certain energy with him.

2. During the consultation you take note of her pace, her expression, how alert or dull she is, how reserved or animated, how silent or expressive. But what is important is to know what is behind this. You have to observe what is basic to her. Many times these mannerisms are cultivated. You do not want to know what is cultivated in her; you want to know what is basic.

3. How does he behave with you and what are the interactions like between him and you? Is he serious? Do you have to be sensitive with him? Is he looking you in the eye and making contact? How much intelligence does he exhibit; how sharp is he? Is he clinging to you, is he independent or is he wanting guidance from you? What is the relation with you? Is he suspicious or does he trust you? Is he submissive, does he venerate (deeply respect) you, does he look down on you, or does he regard you as an equal? Does he look very sensitive, or thick-skinned, or is he just stating his facts?

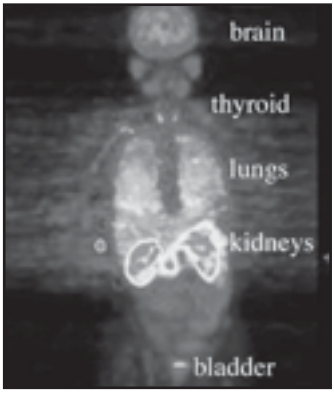
4. Is she disorganized or very structured? How flowing is she, or how rigid?

5. Is she trying to be attractive, is she trying to grab your attention, and is she irritated when your attention goes away? Or is she shy or embarrassed, uncomfortable with attention?

6. Who does he bring him with him and how does he relate to that person? Observation plays a very important part in children's cases. Is the child

9

Scanning the Case



- *Scan the case (like a whole body PET scan). Here lies the importance of the case form.*
- *Locating the hot spots—past history, past history of illness, etc.*

I carefully read everything in the case record form. I read the name, where the patient lives, what she does. I see what her handwriting is like. I read her complaints, what she has gone through, and how her problems developed. I read about her physical state, her mind state, her dreams, hobbies and fears.

Once I have scanned the entire case report form, I have a bird's eye view of the patient.

As I scan, a few things are of the utmost importance:

- Who is this person, basically?
- What is the nature of his complaints?
- What are the peculiarities?
- What are the specific exciting causes in his life?
- What is strange, individual and prominent?

One of the questions in the case report form that I use is: If you could have three wishes, what would you choose?

I look to see, what is the person unhappy with? One patient could be upset about the degradation of our social system, or political system. Another patient could be concerned about animals, and another about the health of a relative.

This is where the significant energy or sensitivity lies; it is an area worth probing into.

I often see that when my assistants take the case it is not well-rounded. This is because less experienced homoeopaths can have a tendency to take cases at an emotional level, giving symptoms such as 'anxiety', 'fear' and 'disappointment', so that the case-taking becomes one-sided. Rather, it should be proportionate, and rounded out. All of the parts of a case contribute to understanding the state.

14
Pattern within the Story

Very often the story and the situation of the patient are so compelling that they seem to point clearly to a particular group or a particular remedy. But unless we look deeper, for the pattern within that story, we will be misled.

Case of an idealistic philosopher

"My salutations to Dr. Sankaran, in whom God abides as the healer. I take refuge in him."

The main complaint was of internal and external piles with fissure-in-ano. For the past twelve years he had had difficulty sitting due to the pain.

The patient was highly educated, a writer on philosophical matters. He had trained to follow a monastic life and he writes on the spirituality of his specific school and the guru that he follows. I first gave him *Ratanhia* 200C based on his local symptoms thinking it would give some relief, but it did not help at all.

I next gave him *Sulphur* which gave him some relief but then the problem returned. I tried raising the potency but that had no effect. So in January 2010 I sat with him again. These were his symptoms: spasmodic pain for two hours after stool, feeling like a rupture, like an open wound, better by hot water and by putting the feet up. He is a chilly patient who does not sweat much.

His mind state: he is very happy and content. He does not have any urges or ambitions. He enjoys praying. He said that when he reads the scriptures he becomes ecstatic and begins to weep. Sometimes he thinks of his guru and he starts weeping. In that state he thinks he will open up into something large, as if he expands into Lord Shiva and becomes a part of him. He is longing and eager for this state to occur.

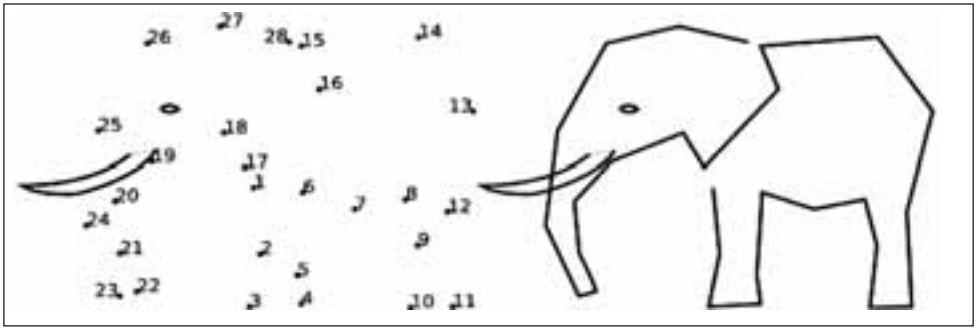
His interests: He writes poetry and sings. He writes literary poetry, romantic poetry and novels.

After hearing these things I gave him *Antimonium crudum* LM 6, for about four or five months. He then sent an email that said, "I am fully cured." He has since published six books.

What is interesting in this case is the pattern within the story. His story of spirituality and philosophy could lead us to anything - *Sulphur* for instance, or the *Hamamelidae* family for ecstasy. But the pattern in the story is this: in his spirituality, this person

15
Tracing the Commonality

To trace the commonality is to witness the connection between the various expressions of the patient. This is one of the most intriguing and challenging areas of case - taking. There are various aspects in a given case: physical symptoms; emotions; delusions and situations; the past history; the exciting factor. There are interests and hobbies; there are behavior and mannerisms. Superficially, all of these seem to be very different. The most important thing in the case - taking is to see the commonality. What connects these apparently separate things? We need to go to the depth of each expression until it is revealed. We have to trace each expression to the point where it shows something common with the others.



Witnessing the connection between the various expressions of the patient: physical; emotional; delusional; situational; past history; exciting factor; interests and hobbies; behavior and mannerisms

In Plants, the Sensation or its opposite will be common to all expressions. But in the Kingdoms other than Plant, the commonality will not be expressed so directly, as a typical group of words or expressions constellated around a simple Sensation in the body and mind, such as ‘tight’, or ‘stuck’.

If the patient needs an Animal remedy, the commonality will be a survival pattern, with different aspects of that pattern seen in different areas of the patient’s life. All of these aspects have to connect like a jigsaw puzzle to make up the complete survival strategy of that animal.

In a case of a Mineral Kingdom remedy, there is no common body-mind Sensation with associated words and expressions. Instead, the underlying feature in all the expressions will be a sense of incapability or loss of capability.

16
Circumspection

"...the investigation of the true, complete picture and its peculiarities demands especial ***circumspection****, tact, knowledge of human nature, caution in conducting the inquiry and patience in an eminent degree."* - Organon of Medicine.

A colleague, Dr. Munjal Thakkar, described Sensation as the peak of the mountain, the summit from which everything in the case can be seen and explained. And he said that if we are unable to reach this summit, we may have to go around the mountain at a lower level, collecting views from different angles. These separate glimpses can then be pieced together to show the totality. These "glimpses" are the characteristic general symptoms and modalities, or the commonality of the various local symptoms and experiences. If we cannot hear 'tight' and 'stiff' at the general level, we may be able to observe that the patient feels tight and stiff at the local level, better by movement, and this sensation may arise in two or three different places. Once we have a picture from the combined glimpses of all the areas, we can see the commonality, and the totality of characteristic symptoms. Also, we may find a symptom or modality that is so highly characteristic that we can generalize it according to the principle of Grand Generalization of Dr. Boenninghausen, also used by Dr. Phatak.

For example, consider a woman with osteoarthritis. She may say that her knees do not support her, that her back does not support her, and that her ankles do not support her. Then later in the case, she may say that her family does not support her, that financially, her son does not support her. When you question her about her chief complaint, she cannot go any deeper. So this is the highest level we can go to, and because we do not have the view from the peak of the mountain, we can collect all of the glimpses from different angles and piece them together. And we see that there is a commonality of lack of support, which must be very close to her core experience.

17
Exciting Factor

The exciting factor is an event or situation that has touched the most sensitive spot of the individual. Clearly, the situation that triggered the problem for which he is seeking help must have deeply affected his sensitivity.

One way to work with the exciting factor is to take it directly as a rubric, like 'Ailments from shock', 'Ailments from injury', or 'Ailments from disappointed love'. That is not a bad approach, but the better way to do it is to go back to the moment in time when that situation occurred, and to ask the patient to relive it. What happened in that situation? What was the experience of it? And if he is able to focus on that experience, that is the place of greatest potential for him to experience his Sensation.

Case of a hidden monster

A woman came with systemic lupus. The exciting factor was a betrayal by her friend. This friend was a high-ranking politician whom the patient had known for many years, and they had been very close. But when this woman attained a particular political position, she refused to do a favour that she had promised to our patient. This really sparked off the patient's problems. When I asked her to focus on that, she said she felt that the rug had been pulled from beneath her feet. She said it was as if the friend had suddenly turned into a monster and had shown a side of her which was hideous. As she focused on this further, a more vivid image emerged: as if the friend had been hiding behind a mask, and suddenly the mask was removed and she saw a monstrous, hideous, deathly face. This gave us the clue to reptiles, which has a major theme of hiding. The remedy she needed was black mamba.

In this way, asking the patient to focus on the experience during the exciting factor brings out the Sensation. If I had simply taken this as 'Ailments from betrayal', 'Ailments from disappointment' or 'Ailments from shock', even though these might have been the words she initially used, which were perfectly true at the human level, I would have been very misled in choosing her remedy.

18
Generalization

Boenninghausen gave us the concept of 'grand generalization', which was then taken up by Boger. This concept is built on the idea that *the experience of the part is also the experience of the whole. There is only one state.* So each part must be an expression of the whole. It is really the most fantastic idea in homoeopathy. In fact the success of the Sensation Approach corroborates this idea, because in the Sensation Approach we have seen that if we go into the detail of any part, and into the experience of it, we will get the whole state. The Sensation Approach systematically utilizes the local sensation and experience of the person to understand the general Sensation. It ultimately sees the local and the general experience as the same. This is an evolution of Boenninghausen's idea.

To understand grand generalization we must understand pathological general symptoms. When a patient comes with a specific pathology, or a specific problem, can we generalize the nature of this problem? If we can, that will indicate what kind of remedy we are looking for.

As a simple example: a patient comes with an acute inflammatory pathological process – a sudden, intense inflammation. What is the first remedy you think of? You think of *Belladonna*. You will not think of *Calcarea carbonica* or of *Plumbum metallicum*. It is possible that the patient is giving you certain symptoms of *Calcarea* or of *Plumbum*, but the very nature of the pathology, sudden intense inflammation with burning heat and violent throbbing pain, will tell you that the patient and that remedy do not match. This consideration is of key importance to my analysis. The nature of the pathology in the patient must match with the nature of the pathology that the remedy is known for.

Here is another example: A forty year old male patient comes with complaint of osteoarthritis. He is losing his hearing, he has had hypertension since the age of 35, and he is balding. Such a patient has the pathological general of early senility. This is what we are interested in: he is getting old age diseases at young age. So we have to look for a remedy with early senility. The patient will not come and tell you, "I have early senility." This is your generalization. From the nature of his pathology and from the presence of those phenomena in different parts of his being, you are making a generalization. And you are looking for a remedy with that generalization.

19
Anchor

Pillar
Something that is sure solid, undoubted, permanent & deep
Firm foothold

An anchor is something fixed. It is like a step in mountain climbing. Each time you take a step you have to make sure the new footing will hold you, so you gradually shift your weight to find if it is sure. The anchor is a stable reference point in the case, a fact that is both characteristic and beyond doubt. Wherever the patient goes we relate it back to the anchor. If it does not relate, then something is incomplete. The anchor has to be made one hundred percent sure in all ways, by cross questioning and challenging it to see if it holds. The anchor can be a Sensation, a Miasm, a Rubric, a Pace, a Keynote, or anything characteristic.

Without an anchor there will be confusion. A true anchor will not allow you to stray. If you have left the anchor that means you do not understand the case. You are just floating in the open sea.

The anchor should have the following characteristics: it should be at a deep level, it should be characteristic and it should apply to the patient as a whole. The remedy that we choose must have this same element, as strongly marked as it is in the patient.

By 'at a deep level', I mean that which is not an expression. An expression is something that is superficial, while 'deep' means something that is at the level of who the patient is, what he is. There is no more explanation to it. There is no more conditionality to it. It becomes unconditional and characteristic. Consider, in *Bovista*, the symptom, 'speaks the plain truth'. There is a childishness, a naïveté, and so she speaks simply. There is nothing deeper than that. That is how she is. You cannot ask her why she does that.

Or let us take the symptom, 'very small things make him very excited'. Either in anger, grief or joy, he is easily excitable. There is a rubric, 'Trifles seem important'. It is at a basic level, a deep level that defines who the patient is, unconditionally. We need to get to that point.

Consider a rubric like 'Jealousy'. This child is jealous of his sister. But when you ask about jealousy you see that in this case it is an expression of something else. It could be the feeling, 'I am not appreciated; my brother is being appreciated

20
Probing the Peculiar

There are cases in which the general symptoms such as modalities, cravings, etc., all indicate a specific remedy. But in some cases you may find that there is one very marked, peculiar thing about the patient which stands out. It might be something you observe about the patient, or a special interest that she has. It might be a special circumstance in her life. Or it could be a doodle that she makes. In such a case it is very fruitful to probe into that peculiar thing, and to go with the patient, deeper and deeper, until you can perceive the exact symptom, or the exact Sensation underlying that peculiarity.

This probing is an artistic and a very interesting exercise, and it often gives us a direct path to the centre of the person. When you reach that point, you see that all of the aspects of that person, and of his life, converge or seem to arise from there.

Case of an unstable star child

In this case, the peculiarity that we needed to probe was her doodle.

The patient is a 23 year old professional badminton player. She comes with complaints of asthma, low blood pressure, dizziness, cramping, depression and obsessive compulsive disorder. She feels her life is boring and not balanced, as importance is given only to success in badminton. She feels great pressure to succeed in her sport, and fear of failure.

She writes in her case record form that she feels a lack of security and stability in herself. She also writes that her father is controlling, loving, hyper-anxious, insecure, and banks on producing champions (he has also put her sister into a high-pressure sport).

In the interview she says that she is very success oriented and ambitious. It is inculcated in her to achieve success, as her father is so controlling. She says, “Father pushed us to the ground. He was bent on achieving something through us, achieving something in life.” She has suffered a lot of physical abuse in the form of beatings, as well as emotional and verbal abuse. The main feeling she got was that she was not good enough, that she should be like this person or that person.

21
Peripheral Vision

Peripheral vision can also be called tangential thinking. It refers to your ability not only to follow the direct line of what the patient is telling you, but to simultaneously be able to take in information from peripheral details that he mentions. Sometimes the information that you take in with your peripheral vision is more important than what the patient intends to tell you.

Recently, one of my assistants, gave a very good case illustration of this. A mother mentioned that her son likes sweets so much that he actually steals them and eats them without her knowing. I told my assistant to give the boy *Tarentula*. She asked, "Does *Tarentula* have craving for sweets?" I answered, "It has stealing and lying." The patient actually steals the sweets, so forget about the craving and go to stealing which is ten times more peculiar. Almost every child craves sweets but not too many steal them.

There is a word, 'serendipity,' which means that you find something you are not expecting while you are looking for something else. This is one of the important things in case - taking.

This is what people often miss if they are listening only for the answers to questions they ask. But I am listening to whatever the patient is saying that may be interesting.

Suppose you ask a question such as, "How do you react to animals?" or "How are you about keeping things in order?" The answer the patient gives will so often be something different from what you are expecting. She will say something so interesting that you have to go in that direction. For instance when you ask, "How do you react to plants and greenery," the patient could answer, "I love plants and greenery, and I especially like lawns. I mow them so carefully that every blade of grass turns out exactly the same height - it is absolutely perfect!"

So you have to follow that. Because when you then ask, "Tell me about perfect," suddenly everything will open up. This is tangential thinking.

This aspect of case-taking picks up on the patient's individual peculiarity rather than what you think you need to know. This is easy to miss and a lot of success depends on it. You are finding things so unexpected that you would never even have known to ask about them.

22
Using an Image

One technique that I am recently trying out is as follows: we give the patient one word and ask her to picture it and list five words that come spontaneously. One word that can be used is “wall”. Ask the patient to imagine a wall, any wall. And then to write down five words that spontaneously come to mind when they picture the wall .

We ask the patient to read out the words, out of these two or three words may describe some facts of the wall.Other words would be more subjective.

One patient mentioned the words: brick, paint, tall, strong, protective. We asked the patient to take only subjective words like tall, strong, protective .We suggest to patient that these words form a pattern. We ask the patient to forget the wall and to focus on the pattern formed by these words and to narrate the experience .

In this case, patient mentioned that when focussing on the pattern formed by the words *Tall*, *Strong* and *Protective*, she experiences *“safe, comfortable, circumference, protected, relax, cozy.”*

Then we can ask the patient to go deeper into this experience and see what emerges. we can also ask the patient to give the exact opposite of this experience. In this case the patient mentioned that the opposite experience was of “*incomplete, open, exposed ”*.

Through this experience and its opposite , one can get a fairly good idea of core experience of the patient and this can be used to confirm the remedy or complete the system angle of the triangle if it has not already been clear in rest of case-taking process.

In above mentioned case the main complaint was of a longstanding depression. The peculiar symptom of the patient was a pain in the intercostal area which was described as a sensation of something coming from above downward suddenly .

Her other characteristic symptoms were:

- Fear in the swimming pool.
- Desire to hold on to something and not willing to let go.

23
Meditative Experience

I would like to describe for you the meditative experience that I sometimes use as an approach in case-taking. I am cautious to borrow approachology derived from other disciplines in my homoeopathic practice because I believe that these disciplines, as practices in their own right, require theoretical training, practical knowledge and supervised guidance. Yet when used carefully and appropriately, a meditative approach can be highly effective in allowing the patient to go to deep levels in case-taking, from which she can most effectively communicate her core experience.

Often during case-taking if the patient is able to come to the Sensation level - for example, he might describe his most basic experience as sinking or as heaviness - he is not able to qualify the Sensation, or to describe it in greater detail. Instead when asked further about it he may go into an intellectualization of the state, giving images or synonyms which are coming from the intellect and not really from his deep experience. You can observe when this happens: you see that the patient is now thinking, and what he is saying is premeditated and not spontaneous.

In these cases if we observe that there is readiness in the patient and also that there is no risk involved, we can suggest to the patient that, rather than think about it, he go into the experience and live it in that particular moment. In this way he can bring the experience to his consciousness and then become a witness of it, without any thinking or judgment. Then the experience becomes clearer and more defined. In this meditative state the patient may also use words and images from a non-human experience that is very close to the Source, or in some cases even descriptive of the Source itself.

However, the patient can give many different images during this process, and one has to be careful not to mistake any of these images for direct information about the Source. It is much better if the meditative process is done after a thorough case-taking when you have already understood all of the characteristics, all of the experiences and the non-human-specific words. If one has this foundation then one is in a position to discern just how the patient's words during the meditation correlate with what one has learned so far. Sometimes you will be able to see that what comes out of the meditation becomes the centrality of all that has gone before, and then it will be of great value.

24
Conversational Approach

Another approach to case-taking is to simply converse with the patient. One word leads to another, seemingly without any purpose. But while this is going on you are picking up various aspects of the patient. And then you see those aspects integrating into a whole, showing a deeper pattern in the words that the patient has been using. Many times this conversation is at Level 4, or else when you ask Level 4 questions the case opens up and you get the whole story. You keep touching on different parts, and then from significant words you go to the next story and you keep on connecting. You keep moving toward seeing the whole pattern at a deeper level.

I took the case of a famous entertainment industry personality. He listed five complaints and just said, "Help me with these." What he really meant was, "That's it, now you can go." When I asked him about his mood and state of mind, he said, "It's perfect." So I started to converse with him generally. I was supposed to be there for fifteen minutes but ended up spending an hour. The conversation went something like this:

"Your schedule is very grueling?"

He says, "Yes, I work for 12 hours, from 8 AM to 8 PM."

Then I say, "What is your favorite pastime?"

He says, "My work is my pastime, I do movies and serials."

Then he spoke about his serials saying, "You have to be spontaneous, there is no retake."

I say, "This must be a lot of tension, no retakes?"

He answers, "If I am tensed I can't do it, so you can't be tensed. You have to relax."

Then I say, "Even then, tension must be there."

And he replies, "Yes, tension is there, because if there is a mistake it's embarrassing."

Then I ask, "So what you mean by embarrassment?"

C. Approaches in Different Situations

You need to take a different approach depending on the case before you. To choose which approach to take in a given case is what makes the difference.

25

Approach According to Levels

In the process of case-taking we are often able to reach the Sensation level with the patient. But it is important to understand at which level the patient is living in everyday life. In the case-taking process you will notice reluctance in the patient to talk on levels that are deeper than the one she normally experiences.

Because we tend to go deeper than daily experience in case-taking, reaching to the vantage point of higher levels of experience, to us the level of the patient often seems higher than it really is. Conversely, sometimes we mistake a higher level for a lower one. Her level is where the elevator stops on its own in her spontaneous narration, and this we have to carefully observe.

The demarcating line is what one experiences in everyday life. And the potency is selected according to that daily level of experience.

In some cases I have had to revise the potency level downward, especially in cases with pathology. When there is pathology you want to be very sure of the patient's everyday level.

Approaches can be modified according to the various levels. When a patient comes at a certain level you can often access a deeper level by looking into her past, to when she experienced life at that level.

In our clinical experience, we have found that it is very difficult to take a patient more than two levels deeper than the one on which he lives day-to-day. This is where Sensation Approach homoeopaths often fail, as they believe that the remedy cannot be identified until they reach Level 5. This may not be possible for patients at Level 1 or 2.

Approaches for patients at the different levels

Level 1: Name

The name of the disease and the common symptoms of the pathology are the only ones available. The patient will be able to talk about paralysis in multiple sclerosis, breathlessness in lung fibrosis, or joint pains in osteoarthritis.

28
Approach in Childrens Cases

Homoeopaths can feel that paediatric cases are a special challenge, because we are so reliant on an adult-level verbal exchange to come to an understanding of the patient. Pre-verbal and very young children may not be able to tell us anything about their problem at all. But children are often the easiest patients to treat and to cure. They come to us in a basic, mainly uncompensated state which they are often experiencing, and expressing, at the Sensation level. Above all, to successfully treat children in our practice, we need to sharpen our observation. We need to be able to read the state as the child is showing it to us.

There are five basic steps which I use in taking the case of a child:

1) Physician's observation of the child

When the child is in your office or in your consulting room, you observe what she is doing or not doing, what she is looking at, how she is reacting. How is she reacting to the person she has come with? How is she reacting to you? How does she respond to your questions?

2) Observations of parents and other relatives

You ask the parents or other relatives for their observations about the child. You are not looking for their opinions. You do not need to know that they think the child is stubborn or jealous or any other label arising from their own interpretations. So you have to make it clear that you are asking not for their opinions of the child but their exact observations of the child's behaviour, especially anything characteristic that sets him apart from other children of his age group. You ask them to tell you exactly what they have observed about the child: how he eats, walks, talks, plays, how he reacts and what he is sensitive to.

3) Engaging the child

If the child is able to speak you can engage her in a conversation by asking about stories she likes, television programs she is interested in, cartoon characters or anything else that captures her imagination. You talk to her at her level, showing interest in whatever she wants to tell about. When she describes her play or a

30
Approach in Follow-Up

Dr. Jayesh Shah once said to me, "*For you, case-taking ends with the first interview. For me it begins. For me it is a continuous process. Very often it happens that the patient develops more trust in subsequent interviews. And he can express more, and is more familiar with the technique. You observe more. And you see the way he responds to the treatment - not to the remedy, but how he views the whole thing - that itself is an important aspect of case-taking.*"

Case-taking is a process of collecting information about the individuality of the patient that goes on in all of the follow-ups. It never actually ends. Just give it a thought. Each time the patient is with us, we are getting additional information about her. Observation is one of the ways that we gather more data. Some of the things you should notice are: What types of questions does the patient ask? How doubtful or suspicious is she? How trusting is she? Whom does she bring during the interview? Who does the talking? What are the things the patient is concerned about in her treatment? All of these things speak a lot about her individuality.

Imagine a patient who comes to his first follow-up and says, "Doctor, I am no better at all. Your medicine has had absolutely no effect." This comes out straightaway, before you have asked him anything. This complaining, protesting tone is information we can add about the patient which we might not have gotten in the first interview.

Another patient may say, "Doctor, so far there has been no change, but I am quite hopeful. I am quite sure that your treatment is going to have an effect." This is a completely different energy pattern then that of the previous patient.

The follow-up gives you the chance to further understand the patient, and to modify or confirm your initial assessment of the case.

The second thing we are looking for is additional facts: new symptoms or phenomena. Sometimes a new situation arises in the patient's life, an exciting factor, due to which a set of physical symptoms, emotions and/or dreams have come up. When this happens the question is whether the new state is still covered by the remedy we are giving or whether she is speaking something else.

For example, if we have given *Magnesium carbonicum* to a patient and he comes to

D. Repertory

The repertory is your friend if you know how to use it well .
It is disaster if used mechanically.

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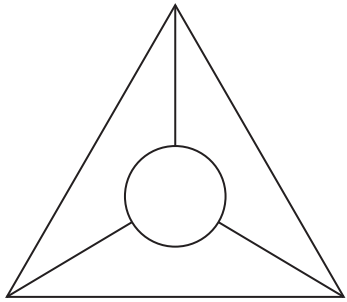
Artistic use of Repertory

GENIUS



SYMPTOM	SYSTEM
Repertory	Kingdom
Rubrics	Miasm
Toxicology	Source
Materia medica	Sensation

The Repertory tends to be used as a gateway between the patient and the Materia Medica. It is a bridge through the characteristic symptoms of the patient to the remedy and one needs to use it to get a hint as to what the remedy could be. After this we need to study the remedy in Materia Medica, to see if there is an accurate match.

But the Repertory is only one corner of the triangle. If used in isolation, without the other two, it could be misleading. So we should also observe and study the Sensation and Miasm of the patient to see if those match. Then we need to ascertain whether the Genius of the Remedy matches.

When used in this way, the Repertory is of immense value.

Appendix

Afterword

This book represents the best of what I have come to know in the last thirty years. It brings to a full circle my entire process of development. It has been very satisfying to come this point, and to be able to share with you what I have learned.

To teach how to practice this integrated approach is beyond the scope of this book. I believe that homoeopathy, like any other art form, has a scientific basis which needs to be understood, and requires practical training under an expert artist. One can obtain the scientific basis by mastering Materia Medica, Organon and Repertory, and also from books describing the Sensation Approach, such as *The Sensation in Homoeopathy*, *Sensation Refined*; *Structure*; *Insight into Plants*, the *Survival* series (*Mollusc* and *Reptile*), *Sankaran's Schema* and other such works of mine. But the training in the art that one needs is through observation. Therefore I sincerely suggest that the reader who is serious about learning should come to the other Song Academy, which has been created and equipped for this purpose.

Your suggestions, comments and successful cases are welcome.
You can write to me at clinic@sankaransclinic.com.

World Institute for Sensation Homeopathy (WISH)

The WORLD INSTITUTE FOR SENSATION HOMEOPATHY (WISH) was founded in Munich in 2010 by Dr. Rajan Sankaran and a group of colleagues as a worldwide, not-for-profit, collaboration of Homeopaths who practice and teach the Sensation Method of Homeopathy. The core group of members represent Homeopaths from all over the world, including India, Germany, Austria, United Kingdom, Spain, France, Belgium, Holland, Japan, Canada and the USA. Many of these members have been practicing Sensation Homeopathy almost since its inception, and so the group represents a huge knowledge base of skill and expertise in the method.

The purpose of WISH is to promote the highest possible standards in the development and utilisation of Sensation Homeopathy (SH) for the greater good of the profession and the public, to coordinate teaching activities and to offer a platform for the worldwide community using Sensation Method.

A resource pool of cases and teaching tools and to publish updates to the Sensation Method, such as new remedies, families and the assignment of miasms will be organized by 'WISH' for its members. To enable the internal exchange of experience and information amongst members a website www.wish4healing.com has been designed which will also presents SH to the public. It will keep a calendar of seminars, a directory of sensation homoeopaths, a list of sensation groups, seminar summaries and book reviews.

Affiliated with WISH is "the other song - International Academy of Advanced Homoeopathy" in Mumbai headed by Dr. Rajan Sankaran. WISH actively supports the highly advanced clinical research and training at the Academy. The teachers of WISH are members of the other song faculty. The Academy supports the purpose and the organization of WISH and offers to host the annual meetings of members.

www.wish4healing.com

the other song
International Academy of Advanced Homoeopathy

The other song: International Academy of Advanced Homoeopathy

Headed by Dr. Rajan Sankaran and supported by Homoeopathic Research and Charities (Mumbai), 'the other song: International Academy of Advanced Homoeopathy' is the culmination of a vision shared by a group of like-minded homoeopaths, of establishing a world class institute that would develop into a hub for homoeopathic healing, learning and research.

The institute is founded with a view to realize the following aims and objectives:

Treating

- Provide premium quality homoeopathic treatment from highly experienced homoeopathic physicians.
- Establish world-class and highly modern clinics.
- Set up a round the clock clinic and pharmacy for the benefit of patients.
- Create a reassuring ambience for patients where they can share their physical ailments and emotional stresses with the aim of seeking a homoeopathic cure.
- Integrate modern medicine (wherever required) and complementary holistic therapies such as yoga and meditation with Homoeopathy.
- Provide expert opinion and guidance in difficult and challenging cases to homoeopaths from around the country and the world.

Training

- Impart systematic and intensive clinical training under the expertise of a team of international renowned teachers, with a view to bridge the gap between theoretical knowledge and practice.

- Create a world-class homoeopathic academy complete with state-of-art clinics and lecture rooms with high-tech, ultra-modern equipment.
- Incorporate the latest technology into teaching, so that lectures can be more effective and also transmitted to and from other parts of the globe.
- Provide an opportunity to witness and learn from LIVE CLINICAL PRACTICE from the founder of the Sensation Method, Dr. Rajan Sankaran and his team, each live case being followed by in-depth explanation of the same, and discussion on all aspects of patient management in both acute and chronic cases.
- Communicate a systematic and rigorous understanding of the Sensation Method using both clinical training and aptly designed video lectures, with a view to refine the homoeopathic student's existing knowledge.
- Also explore, learn and teach newer techniques of healing in Homoeopathy.
- Allow those students desirous of improving their clinical skills the opportunity to attend a well-attended general hospital in the vicinity as observers.

Transforming

- Develop a center for research and statistics in Homoeopathy based on internationally validated protocols.
- Collaboration with like-minded colleagues globally for further advancement in the study of Homoeopathy.
- Bring Homoeopathy into the mainstream of medical practice.
- Create employment opportunities for upcoming homoeopaths by establishing a chain of clinics with similar protocol, philosophy and standards.

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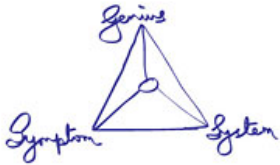
Rajan Sankaran

[The Synergy in Homoeopathy - Imperfect copy]



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