Linda Johnston

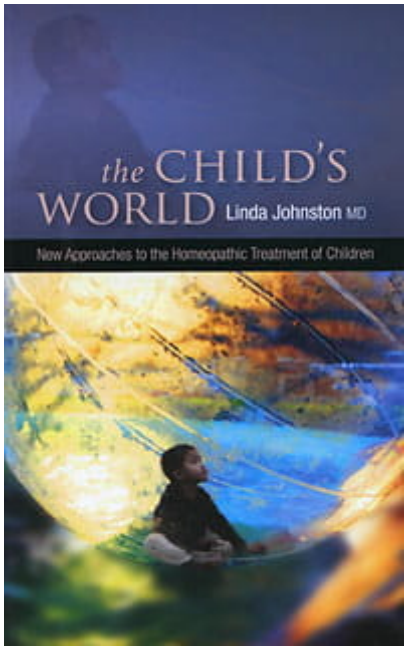
The Child's World: New Approaches to the Homeopathic Treatment of Children

Sample text

The Child's World: New Approaches to the Homeopathic Treatment of Children

from Linda Johnston

editor: Saltire Books



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5

METHODS AND TECHNIQUES

Some basic principles and ideas about source-based prescribing uses were discussed in chapter three. Chapter four has given details about childhood development and stages of growth. Starting from this foundation, this chapter will elaborate about the methods of perceiving, interviewing and analysing information from the patient.

The source is the simillimum; the first end point of the journey with the patient. With source-based prescribing, homeopaths investigate the world of the source energy in patients. There is no one method to do this. There are only principles upon which each homeopath develops his or her own style.

Here are some hints and suggestions to assist in learning more about this method as it applies to children, and as a foundation for developing a personal style.

The child-centred view

Successful source-based prescribing naturally depends on skilful and accurate case taking. The only way to accomplish this is to look at the world from the patient's point of view – the child's view. During the entire interview, case management and all times in between, you must step into the patient's world, leaving your world with all your ideas, analysis, interpretations and experiences completely behind. You become the 'unprejudiced observer' of which Hahnemann spoke. You are going on a journey to a place you have not been before, with the patient, in this case the child, as your host and guide. We must have the skills to perceive what the child is experiencing from his perspective, with his language and choice of expression. By looking at the world through the children's eyes, we come closer to perceiving how they are experiencing their world. It is in their personal experience that we will find the specific characteristics of the source altering their healthy state. Observe everything with wonder and acceptance as the reality of that world. Accept and be with it.

It is not enough for you to step into his world asking your questions and making your observations. You have to go one step further, setting aside your

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adult thoughts, concepts, analytical ability and experiences and completely accept the child's reality. This concept and what needs to be done is built on the differences of the child's way of thinking and experiencing from adults. Suffice it to say, the more the homeopath can follow in the mental footsteps of his child patient, the more accurately he will perceive the source in the case. Keep this in mind with each case example. You will be able to experience how the homeopath is allowing the child to show the direction the interview should take, through his movements, actions, facial expressions, interaction with others in the room and his symptoms.

Looking at the world from the patient's perception is not limited to children. It is the key to source-based prescribing for adults too. In fact, proficiency doing this for adults will make treating children that much easier and conversely, developing these skills while treating children will open up more possibilities for your adult patients. More will be said about this important point in chapter six.

Following the leader

Homeopaths have all been trained to use their intelligence, analytical minds, memory and experience to solve their cases. Yet now the very last thing you want to do is try to make logical sense of what you are hearing. As automatic and tempting as that may be, it should not be done. That would be pulling the patient's world into yours, evaluating it by your standards. Remember, you have left your world and are experiencing the patient's world. He is the expert; only he knows what is reality; only he is living the energy of the source. It does not matter if their inner experience makes sense to you or not. To be successful you must step into his worldview and accept it as true for him. Follow his lead. Go where he takes you.

Compared to traditional methods, this 'going with the flow' method of case taking seems far too unstructured and unfocused ever to result in collecting enough pertinent information. On first being introduced to these ideas, many homeopaths worry that they would end up lost in a morass of irrelevant, unrelated details. That can happen but only if the homeopath is not paying attention and understanding what is happening. You must follow the patient's lead, but equally important is that you also pay close attention to everything that is happening, with the confidence that you know where you want to end – at the source.

I recall an experience similar to this I had while travelling in India. While visiting Mumbai, I was told of a place well worth seeing. The Banganga, a very large spring-fed water tank and temple built in 1127, is one of Mumbai's oldest surviving structures. I hired a taxi to take me to this unique site. The taxi went deeper and deeper into the crowded recesses of the city, until the roads were so

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narrow and winding, we could barely pass unscathed. The dwellings became smaller and more rustic. With each corner we passed, I became more perplexed about where the driver was taking me. Surely, such a significant, popular and sizable heritage site would not be located here where everything was so crowded. There were barely any signs of city life. The surroundings just did not match what I had expected to see. I had relied on the taxi driver to know how to get there. Where was I going? Just as I was feeling completely and irrevocably lost, the taxi could go no further and the driver motioned for me to get out and walk. Where in the world was I? I walked just a few meters, and suddenly I was at the top of the Banganga, its magnificent expanse of water opening up before me. It seemed to come out of nowhere and certainly where I had least expected it.

How many times before and since I have experienced the same when conducting a patient interview with these methods. It is in the nature of following the patient's route through their world that the homeopath might feel lost, disoriented, perplexed and without normal landmarks. These feelings are more pronounced if the homeopath is trying to make sense of what he is hearing, or rectify the patient's experience with what is 'normal'. On the other hand, if the homeopath is an unprejudiced observer, along for the interesting journey, without concern about symptoms, remedies and prescribing, then it is possible to explore the source energy with curiosity and wonder. Then suddenly, often when he least expects it, everything connects together and the source appears.

Confidence in the process

How is it possible to just let the patient meander where he wants to go, talk about anything that crosses his mind and still end up arriving at the source? The simple, encompassing answer is that you must have confidence in the process. You know that the patient is in a specific state, that the source energy is the font from which everything springs, especially all the peculiar symptoms. Furthermore you know that the patient has no choice but to manifest the exact constellation of symptoms from the source that will reveal its identity to you. When you truly understand these facts, you know that it is inevitable that the patient will demonstrate the remedy he needs. Rather than approaching the patient with apprehension about 'finding' the remedy, you can relax in the knowledge that the remedy will display itself to you.

While enjoying the journey to the patient's inner world, you must also stay alert to observe where you are going. Never forget where you want to end up; the patient shows you the route to get there. The surest way to stay on the direct path to the source, is to stay attentive to the peculiar symptoms. When a patient brings one of those to your attention, you follow it along. It is not too directive to ask the

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as much time and effort getting them to set aside their fertile mind and the fruits of its analytical functions. Their daily lives have to do with what they experience and not with why they are experiencing something.

The movement conversation

As was discussed at length in chapter four, children learn, communicate and interact with their world in a more tactile, sensory way than adults. Therefore, they are much more likely to have significant movements displaying their state. Usually, the child does not suppress his movement impulses. Responding to what you observe in the child is like having a conversation with the child. He moves as his part of the conversation and the homeopath replies. Understanding that for a child movement is communication helps see the child's behaviour in an entirely different light. The child is not just randomly moving, wriggling or being restless. Each movement is a statement from his source.

Watch the 'movement conversation' between the mother and the child, or between yourself and the child. Observe what is peculiar or out of ordinary about a movement. You will read in Dr. Anand's case of the child with coeliac disease (see chapter seven, case 7.1) how the child loved to climb. It was peculiar that he had no fear of heights. Also he moved in circles, another peculiar symptom. Both were significant to the choice of remedy.

To have a conversation with a pre-verbal child, observe and ask about what you see. You will be amazed to realise that the child frequently responds to your questions with more or different movements. Though he does not speak with words, he will speak with motion.

Chief complaint

Where would a homeopath be without some symptoms to investigate? They are the link between the patient's state of being and the substance that will relieve them of their suffering. They are all we have to determine a patient's remedy. Homeopathy's view of symptoms is much different than in other fields of medicine. There are more kinds of feelings, sensations, difficulties and thoughts that are symptoms in our eyes than even the patient's themselves. Homeopathy uses a finer mesh in the screen that sifts through a patient's experience of himself and his life to gather up all these valuable bits of information. Despite all the care and attention to detail, there is even more information that is available from the patient when the metaphorical, symbolic and holographic nature of aspects of a person, including their symptoms is considered and appreciated.

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With this perspective, a vast amount of valuable symptoms can be used that would otherwise pass by us undetected as the homeopath speeds his way through a patient's story to the more obvious, familiar, yet limited information.

Since all symptoms, actions, thoughts and characteristics emanate from the inner state, investigation of any one of them will lead the homeopath to that inner state or source. You could start the case anywhere, knowing full well that you will always end up at your destination. If you are travelling from Rome to London, you could travel over Europe by car, around the Mediterranean and Atlantic Ocean by ship, you could walk or you could fly east through the Middle East, China, Pacific Ocean, North America and the Atlantic Ocean. Each route gets you to London. Barring a leisurely, meandering vacation route, most travel by taking the most efficient path. So it is with case taking.

What is likely to be the most efficient path to the source? Following the patient's lead serves well to get to the source. To do so, you must recognise when the patient is opening a door for you to walk through. An obvious entry point is displayed by the patient; it is his chief complaint. By definition, it is what is bothering him the most. The chief complaint is the place where the body has chosen to focus its most intense energy, making it a most fruitful place to look for information. Within the chief complaint, you often find enough peculiar and distinctive symptoms on which to choose a good remedy. An adult will confirm what is bothering him the most. For a young child, it is often what the mother experiences as bothering her about the child the most that will be deemed the chief complaint. In any case, this is a great place to start the case. If the mother's concerns are actually springing from her own state and not the child's, it does not matter. The child's state will always be revealed to the unprejudiced, discriminating perceiver.

The chief complaint is not the only place to find useful information. Any symptoms from any part of the patient come from the inner state, and therefore can be helpful. When there is a stress on the patient, their inner state becomes more active, producing additional symptoms usually not seen when their life is quiescent. Therefore a time of stress will often reveal clues otherwise compensated for or not present. For a child, these times include teething, weaning, mother returning to work regularly, starting school or daycare or the birth of another child in the family. It is often helpful to ask what happened during these kinds of events in the past.

Staying peculiar

At the very heart of homeopathy is the concept of regarding every person as a whole, individual, unique being with thoughts, physiology, reactions, ideas and a personality distinctive to them. Individuality has always been central to

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homeopathic prescribing and it is even more accentuated now. Rather than focusing on common, generalised characteristics to categorise children into one of several known types (see chapter two), their distinctive, individual features are emphasised and utilised for prescribing.

The goal is to perceive the source: the starting point can be the chief complaint. Regardless of what entry point is taken, the real aim is to identify any peculiar symptom. What is rightly perceived as peculiar designates the path to deeper awareness of the source expressing itself. Staying on that path, with meticulously precise awareness, without getting distracted by the various byways from the patient's plethora of information, is essential to success. The objective is to find the simillimum – the source. This can only be achieved by keeping an unprejudiced focus on the aspects of the patient that are the source expressing and calling attention to itself – the peculiar, unusual and strange.

If a traveller in Germany, aiming to see the Glockenspiel at München's Rathaus suddenly sees that all the signs are in French, it is likely he has strayed from the desired path. He must return to a place where the signs are once again in German. So it is with homeopathy; out of all the information given to you, stay only with that which is peculiar and unexpected. Otherwise you might meander for hours in a realm which has no possibility of leading you to your goal.

Attention must always be kept focussed on the peculiar to remain on a course leading to the source. The peculiar symptoms are the source expressing its own state of consciousness, far from the human world and human experience. That is the world of the illogical, unexpected, fantastic and unusual. It is the world out of this world and into another.

Any expression is only peculiar in the context of being present in a human being. The energy or consciousness expressing itself through its own structure is not peculiar at all. In its own natural state, that energy rightly expresses itself as one particular substance; it is the source of that substance. The energy of a daisy existing in the world as a daisy is normal for it in that structure. The energy of the daisy trying to express itself through the structure of a human does not work. The attempts are experienced as symptoms and classified as the peculiar and strange. The daisy energy needs to be removed from the human being. Any energy expressing itself in its own natural structure is normal, not peculiar. Only in the context of a human being, does this energy become out of place, producing peculiar manifestations.

Experiencing life of the source

A homeopath approaches the patient with the knowledge that they are living, in part, the life experience of whatever energy has sequestered itself in their normal

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these thoughts, often presenting the logic of the situation. Parents intervene with logic or behaviour correction if the child has an imaginary friend, is frightened that the parents are leaving him, wants to tear apart his toys, or other manifestations of an imaginary world. And rightly so! However, for purpose of homeopathy, the child's imaginary world is of central importance. You want to hear all about it, in all its fantastic, illogical, strange and peculiar splendour. A parent sitting by in the interview of their child cannot help doing what they usually do – influencing, correcting or discouraging these fantasy illusions.

The exception is the child's playtime. Within some broad parameters, generally parents let children play uninfluenced and undeterred. Playtime is a sanctioned time for the child to display all their imaginary ideas, fears, creativity and peculiar symptoms. The source is where children go when they play.

How it works

Encouraging a child to play, draw or tell a story is to give permission for the child to be himself, in his natural state. Homeopaths are sincerely interested in what the child has to say, what he imagines, how he sees the world and how he experiences it without any correction, reprimand or alteration. Listen to the child with patient, undivided attention and genuine interest. Rarely is anyone listened to so intently, thoroughly and with such open acceptance. That alone is amazingly encouraging. Given such attention, children love to tell their story and share their world.

Now that some of the basic ideas and methods of source-based prescribing have been outlined, the next step is to look at a case (case 5.1) and see these ideas in action.

Case 5.1 Asthma

Patient
A nine-year-old girl (NN) with allergies and asthma

Consultation
Mother's story
I started by hearing the mother's description of the problem as she saw it. Her information is objective and conventional, reporting the typical diagnoses and treatments that have been tried. She is not able to tell us anything about her daughter's inner feelings and experiences. In fact, as

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with most parents, it does not even occur to her that the inner imaginary world of her daughter has anything to do with her current medical problems. Later it is evident how different the mother's logical, adult view is from the way the girl experiences her problem.

M: My daughter has had a stuffy nose for a year. Since then she had three colds at different times. Recently she got a cold and then got better for a week then she got sick again. That scared me. The first cold was regular without a fever but she had a hard cough and stuffy nose, even more than her normal. When she got sick the second time she got a fever. I took care of her with natural things like herbs and oils at night to breathe. I have been thinking she has an allergy. We had an allergist test her and she does not have allergies in a big way. The doctor said that she might possibly have a slight allergy to dogs. We have two dogs and two cats. I cleaned her room from top to bottom and now we don't let the dogs inside the house but she still gets sick.

The doctor also said that she is getting asthma. We gave her inhaler treatments for two weeks but nothing changed. The nose congestion is the same. We went to another doctor and tested her all over again. There were no allergies showing up on these tests. That can't be right. I see her nose is congested and she is coughing all the time. I know something is wrong. We tried three different nasal sprays, which the doctors changed every seven days. We irrigated her nose with salt water. I continued to give her herbs. Still, she got sick twice during that time. The last time she had a high fever of 106 deg. F and the doctor said she had a slight pneumonia. He gave her antibiotics for five days and she got better. Something is still there. You can hear her with her stuffy nose and cough.

The day after the antibiotics she went to school for the first time. She went into a nervous breakdown, with screaming and yelling. She did not want to be there. She is our only child. She is a very mature girl but she gets upset very often. Whatever bothers her, she talks about it and lets us know.

My pregnancy was smooth, natural and normal. I was very happy. I run a movie production company and worked the whole time that I was pregnant. We were shooting a movie and the filming lasted a year in a foreign country. The first three months my stomach got very upset with nausea and morning sickness. I was always dizzy and did not feel well. She was born on her due date. The delivery was perfect.

As a baby, everything was great with her. I was so happy and so was she. The first three years she got one cold with a slight fever once a year and

that was it. She had her immunisations. When she was four, she got scarlet fever. It was so bad with that terrible sore throat, rash and high fever. I was very scared. From then until the present, she gets colds a few times a year. When she was seven, she got mononucleosis with a fever of 104. Her throat was very red and she had large lumps in her neck.

She is smart and that means a lot. She does not talk very much. You have to pull the words out especially if she is trying to analyse something. She speaks a lot when she is happy and excited or when she is upset. When things are not the way she expected, she gets upset. She has a strong character and is very decisive. She knows exactly what she wants. When she likes something, she really likes it. When she doesn't like something, she doesn't. She is a very good student and organised.

She puts her heart into having a good relationship with her friends. Recently she was depressed because she was having problems with some friends. Two of her best friends moved. She thought that they were her friends and that they loved her but then they moved away. It really affected her. She is very artistic and likes writing stories.

Patient's story

Now it is time to hear from the patient. The girl is poised, pleasant and at ease in the consulting room. Despite the mother's warning that she did not like to talk much, she was open, communicative and verbal. For children over age six, I frequently start by asking what is their understanding of why they have come to the doctor's office. This question serves several purposes. The first is to establish from the very beginning that I am interested in their opinions and point of view. Additionally, I get an idea of how much the parent has informed or involved the child in his own health.

Dr: Do you know why you are here?
NN: I came because of my cough and stuffy nose.
Dr: Tell me about this.
NN: Sometimes it comes out when I try to blow my nose. Other times it gets stuffy and I can't get anything out. It usually happens that I can't breathe through my nose. It gets blocked. I try to breathe in and ohhh it is stopped. If I really breathe hard it goes into my mouth and I spit out phlegm. When I cough it is deep. I get a tickle in the throat and I have to cough a lot. It happens especially when I am running and exercising but it also happens a lot at any time. When I breathe a lot, I start coughing. It gets loose and I produce mucus. It is light green or yellow green. If I blow my nose sometimes there is blood coming out. One night I woke up and I

couldn't breathe because the cough was so strong. I felt scared. I started crying and that made it worse.

Comment NN is comfortable and open, easily talking and giving her symptoms. There is nothing peculiar in the description of the cold and cough until the very end. The coughing makes her scared. This is the hint pointing the way to follow. Interestingly, her cough made her mother scared too.

Dr: In what way was it scary?
NN: I was so scared. I feel all closed in and closed up. I felt like my body was separate from the outside. When I breathe I feel I am attached to the world. I breathe in air and it is part of the world. The inside of the body has its own air and then it starts getting dirty. Since I can't breathe in with the world, I feel I am separate. My air is separated. There is a block from the cough.

Comment Have you ever heard anyone describe a cough this way? Very quickly, NN is in her private world of her own individualised experience. It only took three questions to get here, following what is peculiar. From a general cough, she has taken us to the sensations of closed in, separated, attached, dirty and blocked. To feel closed in is to be separated. To breathe is to feel attached, not separated. Any of these would be worthwhile following, but I pick just one for now. I will remember the others to follow later, if they have not come back spontaneously in her conversation. By the end of our interview, each and every one of those peculiar words will be connected to her inner state.

Dr: Tell me about the block.
NN: The block happens when the cough is there. It is like the phlegm and the cough are mixed. I need to get it out. If I get it out by coughing, then I can't breathe in. If I have phlegm or the cough, it doesn't want to get out. I keep coughing and coughing. When I cough, I start the brick to come out.

Comment The cough is the effort to get it out past the block. The block turns into a brick. The brick is now the most peculiar.

Dr: Tell me about the brick.
NN: The brick is there. It makes the tickle in the throat. There is a line right here in the throat. (She gestures to her throat.) I can feel something there. It tickles. I feel it going around the neck. When I feel that, I have to cough. When I cough, I get it out and after that I feel it again. It comes back out.

Dr: This is very interesting. Tell me more about all of this.
NN: I am separate from the bottom of my head and mouth here and the body (She points to her throat again.)

Comment By asking about the brick, she brings up the idea of separation again. What is the connection between a brick and separation? I don't know, but she does. Listening carefully and patiently, she will tell me.

NN: When I breathe in the mouth, I can't breathe into the body because there is something stuck right at the neck. It is the brick. It feels like a big one here. (She points to her throat again.) There is a big red brick here. It is spinning around. It is rectangular. I have to get all the air out. It is something mean and stops the air from coming in. Sometimes it stands straight and the air comes in the sides. That is when it spins around and stops the air.

Comment Does any of this make sense? At this point, it doesn't. I know I am on the right track if things don't make sense to me because that means I am in her world. She has told me about coughing, separation, a rectangular red brick that spins, and the air getting stopped. It is a credit to how comfortable she feels that she is so forthcoming with these descriptions that make no sense to the adult, logical world. She and I both know logically there is no brick, but she experiences a brick in her throat. I will explore this with her. She describes the brick stopping her air and being mean. 'Mean' is a new word. What does it have to do with a brick? In the world of logic – nothing. That is what makes the statement peculiar and worth following.

Dr: Tell about it being mean.
NN: It is mean because it doesn't want any air to get into my body. If it was nice, it would stop spinning or help the air come in. Since it is mean, it stays there and makes it harder to breathe. The cough hurts sometimes because it is pushing so hard to get the thing out of me.

Comment Her actual experience is becoming clearer. I am not asking why she feels this way or why is the brick there. I am only interested in what she is experiencing. I am very curious about this spinning brick in her throat.

Dr: Tell me more about it being mean.
NN: It is so mean because it wants me not to breathe so I would get scared. It wants me to be scared. I get so scared. (She holds her hand at her

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Comment She is clearly in her imaginary, inner world; the world of the source. I have no idea what is going on. I don't understand about the dirty and clean and the brick and the upper part and the spinning and the block. I am content just giving her free reign to tell me all about the truth of her experience. I have full confidence that if I am patient and listen to all she tells me, all will be revealed in the end.

Dr: Tell me more about this dirt and being dirty.
NN: The brick likes it dirty. When it is dirty, I feel like I have to cough. Dust is there. A lot of people cough with dust. There is dust everywhere and I have to cough and sneeze. It feels all like gross and sticky and dirty. It makes me feel dirty. I have to put water in there so I drink water. This dirty feeling is just like I went into mud and got all covered with dirt. I have to clean it and take a shower. But the dirt is inside and I can't clean it. I try to drink water to rinse everything out. Water can't get into the body because of the brick. The brick suctions the water like a sponge. It sucks out most of the water. Water cleans a lot out but it keeps building up dirt again. Water gets it out and then it comes again. It gets dirty over and over again.

The brick suctions like a sponge but it is hard, not soft like a sponge. For some reason I can get food in with no problem. It is the water that is a problem. Water could clean out everything if the brick was not there and all water could get in. I want the brick out. Then all the dirt would leave and I would be fine. The brick makes the dirt come again by blocking the air.

I have energy when I am clean on the inside. I am new and fresh. When I am sick, I feel more dirty. I get a sick feeling when I am dirty. When I am clean I feel totally energised. That is how I feel after drinking water. Then ten minutes later I feel dirty again. When I am sick I get a double effect. I already have some of the dirty feeling and then I get sick and that makes me feel more dirty. After being sick when I get better, I feel really clean. The clean feeling lasts two days and then the dirty feeling comes again.

Comment Isn't this interesting? I am getting a better idea of exactly how she experiences her cough and asthma. Sickness is associated with the sensation of dirty or clean. The presence of the brick keeps her insides dirty, making it hard to breathe. The brick is of central importance.

It is common that people with cough or shortness of breathe drink water to ameliorate their symptoms. There are several dozen remedies listed in the various rubrics about cough being helped by drinking. Should

I consider any of those rubrics? Spongia figures prominently, which is fascinating in light of the fact that she mentions the brick is like a sponge. Is this Spongia? It is far too early to think and analyse, or even consult rubrics because I have not yet heard all that she has to say about her experience. If the brick is a sponge, she will take me there.

Dr: Tell me about the brick.
NN: I am not sure what the brick is but it makes me feel scared and shivering. It is hard and sucks up a lot of stuff including water but not food. It doesn't suck up dirt if I ever get dirt into my body. It is fire engine red and scratchy and hard. It has something like suction from little tiny holes and that makes it scratchy like a hard carpet or rough wall or even a brick. I can feel the little edges of the holes. Those scratchy edges will cut my fingers.

Comment Now the brick does not sound like a sponge. She has emphasised the dirt and dust, so I will follow her.

Dr: Tell more about the dirty feeling.
NN: If I looked inside I would see all the sticky, mushy mud covering my body up to the neck. The head is clean. When it is medium it doesn't feel sticky like gooey mud, it just feels like dirt. It feels worse when it sticks stuff together. The insides are all weird and mixed up. The insides are spinning and they go every which way. Some parts are supposed to be over here but they are mixed up with the parts over here. (She points to her head and then to her chest.) Everything in the body is covered in dirt. It is a weird feeling as if the body is like a mansion that has not been touched for a long while and had gathered dust. No one wants to enter it because it is scary and dirty and musty. Part of the air is scared away and does not want to come in. When the air enters, it blows all the dust away and the brick suctions it all up. Sometimes the suctioning is good but then the brick gets the dust stuck to it. Some goes away when air or water comes there but a lot stays there feeling dirty and old and scary. It is a haunted house. The outside looks nice and pretty but when you go inside everything is covered in dust and dirt. Everything in there makes you cough and sneeze. Everything is sticky and muddy and mixed up. I can't get it out.

Comment Recall that she initially mentioned being scared because the cough could not get out. Here again, she mentions 'can't get out'. This connects the dirt with the cough and the cough with getting it out.

Dr: Tell me about getting it out.
NN: The first thing is that you have to cough. Everything is covered and sticky. It can also be dirty and dry. The throat is dirty and is not connected to the lower body because of the brick. On the bottom it feels wet and mushy and muddy. Everything sticks to it. If the brick were not there, the dry head part would mix with it and everything would become regular. The down part is too wet and up is too dry. The brick is pushing everything away. It all slides away. When something is in the throat or head, it all slides away. I feel that when stuff goes to the edge of the throat. It gets pushed away. If you put something on it, it slides off. It is dry and you can't really breathe. There is no moist air because the brick blocks that. The brick likes the wet, cold, dirty place. The head is clean and dry and not sticky.
Dr: Tell me more about the wet, cold, dirty place.
NN: It is like a humid sticky place, a humid jungle with big ponds where the floor is muddy and icky. Inside me is cold even if it is humid. The desert is dry and nothing is there, not even dirt. It is clean. It is hot up here and down is cold (She points to her head and then her chest.)

Comment Slowly, she is clarifying her experience. I want her to continue.

Dr: Tell me more about the hot and cold.
NN: There is dry and clean and hot which is up in my head. That is like the desert. There is wet and dirty and cold which is the humid jungle. That is the down part. The brick separates them. If they mixed, they would a perfect mixture of warm and soft

Comment Her experience of life is one in which a brick separates the perfect place of warm and soft into two areas: one is dry, hot and clean, the other is wet, cold and dirty. Water and air, which could clean the dirt, are not allowed to pass because the brick blocks the way. Coughing pushes against the brick to get it out so the two sides can blend again. This is her world.

I have heard about the separation and its characteristics, but now she has introduced the idea of the perfect place – warm and soft. I will follow her and find out more.

Dr: Tell me about warm and soft.
NN: Warm and soft is when you stay in a room and like it. All around the walls are a sponge. Everything is soft and if you fall, you have a nice warm soft place. It is so soft like pillows on a bed or a rose. You can rub your

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cheek to a rose petal or fur or silk and fall asleep. A sponge is soft. You feel welcome in a space like that. The weather is warm. It does not give you shivers and you are not sweating. It is the perfect temperature. It is a welcoming place. You can just fall back into the soft sponge walls and be welcome.

Comment The sponge is of less importance than the concept of a soft, welcoming place. To her a sponge means soft, nothing more. If the brick was gone her world would be warm, soft and welcoming rather than what it is to her now – dirty, scary, closed in and separated. She has introduced a new idea – being welcome. In what way does it fit in with everything she has told me so far?

Dr: What does being welcomed feel like?
NN: The brick is not soft. It is hard and scratchy with pointy edges and dirt. The mansion is not welcoming at all. You get a dirty feeling if you go into a mansion. It is like rolling in mud. There is not much air and you can't breathe. It has not been cleaned and everywhere there is the dust like my insides. It feels it can't breathe because the dust is going everywhere. There is no window open and no air can get there. It is closed up like the brick. You can't breathe since the air is dusty and dirty. It makes you cough and sneeze. You have a scary feeling.

Comment Notice that when I ask about feeling welcome, she answers by describing a place not welcoming at all, using all the words and concepts she has brought up so far – hard, scratchy, dirty, can't breathe, no air, closed up and scary. This is her world as she experiences it day to day. She feels not welcome, and that is what she can most readily describe. She personifies the mansion, 'it feels it can't breathe' and equates it to her own body. She is the mansion, and everything she says about it, is true about her.

NN: You are spinning because you can't breathe. Everything is dirty and not one thing is clean. Dust is on the floor. Your finger gets dirty if you touch anything. If you fall on the floor it would hurt. A sponge floor would be soft. If you don't watch out, you could bang your head. The brick is like a wall and it blocks. It has to spin. It has to be a rectangular wall and not a circular wall. I am glad it is not a brick that is a circle otherwise I couldn't breathe at all.

The mansion might be like that. When people get scared from something inside the mansion like a ghost they want to leave. They can't

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because the windows and doors are locked. Everything is closed up. Dust gathers. The inside is connected to dust but not to the outside. That is like my inside. If one window is left open some air can get in.

Comment This is the second time she has brought into the conversation the phrase 'closed up' she mentioned initially. She is spontaneously connecting all the seemingly diverse words and concepts together. Even though a lot of the pieces are becoming connected, I still do not fully understand her. I don't know where she is going. I have no idea about a remedy. All I know so far is that there is an upper and a lower part separated by a mean, red, rough brick that spins keeping the dirt below and preventing air and water from getting past it. She longs for a soft, clean, sponge-like welcoming world that would not hurt her, even if she fell. To find out more, I shall follow her lead and ask about the term she brought up.

Dr: Describe closed up.
NN: Closed up is when you staple or nail wood to the door. If a mansion got closed up all the stuff of wood or metal just slams down on the whole place. Sometimes they do that at zoos to get ready for animals. You have to come in and clean once in a while just so it doesn't get dirty. The problem with me is that the brick never goes away. Everything is closed up and slammed shut. If you are inside, you can't get out. The outside can't get in. The person inside is closed up. There are so many walls – wall after wall surrounding that place and that person. If you break through one, there is another one. You get really tired after a while trying to break through.

Comment From the very start, she mentioned 'can't get out' when describing her nose congestion. This links her physical problems to the sensation 'closed up and can't get out' of her inner state. When this correlation is present, we are definitely on the right path to the source.

NN: Anyone closed in won't be able to breathe. Right after being slammed shut, you can breathe but after a small while, like a week, they would start to not breathe. There would be coughing and probably their head is spinning. You feel like falling in a sponge place. If you felt like that you can fall. But when you are closed in then you only fall in a hard place and it would hurt.

Comment When she is sick and can't breathe, she would like to be in a soft, welcoming place. Instead, she is in a hard, hurtful place.

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to scream and cover myself up and stay in my own little world. I wanted to go to a happy place.

Comment She has mentioned wanting to cover herself up before when describing the mean brick and being scared. Covering herself up is the way to enter into her own world, her own happy place. In the dream she is closed in a small place. If she tries to leave, there is danger, fire and dead bodies. She becomes frightened and screams, possibly similar to the screaming she did when her mother first took her to school. As before, being scared, she covers up and retreats to her own little world. I want to know more about this happy place.

Dr: Tell me more about going to a happy place.
NN: If something bad happens, I feel that I want to go away to bed. I go under my arms and image something else like sunshine and trees and oxygen and good animals. It feels like I am in my own perfect world. Nothing can go wrong. There is no fire and no bad things. When I uncover, I go back to the real world which is bad.
Dr: Bad means what?
NN: Bad is at that point where there was fire and people were dying. If you stay awake you would be stuck in that world but if you make it up, then you are in a better world. When you are down there everyone around is screaming and dying. There is fire everywhere with lots of red colour. I imagine red is a really bad colour. If you break the roof or a wall or a brick you are going between the lower world and higher world. If you make it up to the higher world it is nice with trees and flowers, like my own world. If you looked back down you have memory of the lower world and that is scary. There is fire and dying. I don't like when people die and I don't like fire or being near fire. It makes me cough. You have to break through and push up through the bad, push past the block between the good and bad worlds. Even if you get up to the better world, the bad world is still there. It should get mixed with the good world to become good. That is like breaking my brick. Anyone living down there in the bad world would want to break through the brick.

If you are stuck somewhere, you have to push up the wall to break out. It feels like pushing up at something blocking. It is bad when it is blocking something better. Pushing it up feels like a victory because you have finally broken that thing that was separating you.

I would rather be in the higher part than the lower part. My head is better then. The higher world is clean but it is still too dry and hot. That

Comment Everything connects up now and I have a complete picture. She has clearly and directly explained what life is like for her. There is a lower place that is bad and a higher place that is good. Her body manifests her concept of this separation by being divided into lower that is wet, cold and dirty like a jungle and the upper part, which is dry, hot and clean like the desert. The separation prevents air and water from passing, thereby produces the cough and asthma, her physical complaints. The brick blocks the passage and to get to the upper good part, she must break through the brick. She told us that the brick is mean because it wants to keep the dirt in the lower place. Here too she describes the king of the lower place that wants to keep everything bad. She is stuck in the lower place, left behind all alone by those she loves, closed in and she can't get out. It is dirty and dusty and she can't breathe and she can't get out. She tries desperately to get out, hammering against the walls, but it doesn't work. She is stuck there. She is so scared that she cries, screams and gets dramatic but that does not help either, in fact it makes things worse. Instead, faced with this scary situation, she covers herself up and goes into her own perfect world where it is warm, soft, clean and comfortable, full of trees, air, clouds, sunshine and brightness. It is an ideal place where she is taken care of and never left behind, where she will never be separated. It is a place where she can breathe.

What is the symbol of what she experiences day to day? What is the hub of all her symptoms? The brick. The brick creates the separation, the division of the two worlds; upper and lower. The brick keeps everything dirty, causing coughing and won't let air in causing asthma. The brick is hard, rough, hurtful and cuts, the very opposite of her ideal, soft, spongy world. The brick prevents anything from getting out. She can't push through, or break out, therefore she is stuck and closed in all alone, left behind in that dirty, musty, unwelcoming mansion that no one wants to enter. She has told me herself, 'The problem with me is that the brick never goes away.'

Having understood her state, I ask her one final question.

Dr: Do I understand you correctly? Do you want the medicine I give you to get rid of the brick?
NN: Yes! That is it. Get rid of the brick. YES!

Comment I have never run into a more certain confirmation of having taken the right path to the source than the joy expressed on NN's face. Her expression told me that she knew she had been listened to and

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understood. It is our goal to perceive what needs to be cured from the patient's view. For NN, the goal was to get rid of the brick. It was not to cure the asthma or stop the cough. Those symptoms were not the real problem, they were only the effect of the problem. When I asked her about getting rid of the brick, she knew that I perceived all that needed to be known.

Analysis

This case is here mainly to demonstrate the case-taking method of allowing the patient to go at their own pace and direction. All I did was ask her to elaborate on certain points that I found to be peculiar in her statements. The combination of her lead and my inquires led me into her inner world with ease. Of course, not all cases are as fluid as this one. The methods used, however, are similar in most cases.

Of course, the remedy I prescribed is also important and I will now discuss the analysis of the case. Basically, the information needed has already been noted above. She has a tubercular reaction to her perceived sensation. She is panicked, scared and desperate to break out. What makes her react this way? What is she experiencing that drives her to break out? The answers to these questions will guide us to the family.

She perceives the world as divided into upper and lower parts. She is closed in the lower part where it is dirty, harsh, rough and hurtful. To make matters worse, it is her loved ones that have left her there, scared, alone and dying. Despite her best efforts to break out, she can't do it. She is stuck there. This experience is replicated in the way she experiences her physical symptoms. She also tries to get air through her congested, blocked nose, breathe through the congestion, but is unable to.

She escapes this terrible, scary reality by withdrawing into her own private idyllic fantasy world of softness, care and comfort. The experience that she wants desperately to break out of is one of the separation into upper and lower worlds, where she is confined, closed in, stuck in the lower, awful one. The only way out for her is the fantasy world of her own making where everything is soft, pleasant and welcoming. There is a group of plants that has just these themes, Sankaran's homeopathic family Hamamelidae. Cann. ind. is a well known member of this grouping. Cann. ind.'s fantasy life of vivid illusions, pleasing surroundings and enticing sensations of colour and music serve to escape the monotonous limitation of a boring existence. The similarities are apparent, however for NN, her fantasies of warmth, softness and togetherness serve her to escape the reality of the restriction and confinement being separated from her loved ones.

These rubrics would hardly have been enough to definitively point to that correct remedy. Most of the other rubrics or materia medica references are general or local symptoms and not the peculiar, distinctive characteristics on which precise prescribing depends. In addition to demonstrating the case taking method, this case confirms how valuable the new approaches in making a successful prescription.

Follow up – three weeks
Dr: How are you now?
NN: The cough is starting to go away. I have not been coughing. I like flowers and lots of trees. I love fruit trees but I don't like cactus. They have too many spines and spiky sharp things sticking out. When you put your hand at it you get cut with all those pointy things.

Comment Immediately after commenting about her cough, she spontaneously talks about cacti. She is using the same words she used to describe the brick.

NN: I like fruit trees a lot and trees with flowers. I don't like trees with green only; they should have flowers. I do not like pine trees; they have spikes. When you look at them they are pointy at the top. I don't like tall trees. I could never climb up to the top. With other short trees, I can climb them. I like to feel that I can master things. If you have something that is your goal in your mind, after you do that you have mastered it. There is a connection with mastery and the brick in a way. By mastering something, you get rid of it. If I want to master the brick, I could get rid of it.

Comment It is great that she is feeling she can master the brick, as opposed to her previous state where she could not break through or overcome it.

Dr: Describe mastering the brick.
NN: The brick has sections. It is only scratchy on one side – on the side that is facing up. If you could turn it around it would suction up all the dirty stuff. But I don't know how to turn it over. I had a dream. I was at my school with my best friend. It was her birthday. There were older kids there too and we were walking into class. They had water balloons and were throwing them at our heads. I had a hat on and it got all wet. My friend went to get the hose. I knew my mother would get mad since I got wet. I ran into the classroom and we ran around chairs spraying everything with the hose.

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Dr: What was the feeling in the dream?
NN: I felt wet and cold. I was scared of the older kids. It was a different kind of wet and cold. In the lower part it isn't wet watery like the dream. The lower part is muddy wet; all muddy and wet and sticky.
Dr: Tell me about liking fruit trees.
NN: I love peach, apricot and apple, plum, orange and grapefruit. I like that they have lots of branches. Nut trees are ok. I do not like almonds but I like peanuts and cashews, walnuts and pistachios.
Dr: (question to the mother) What does she like to eat?
M: She loves nuts. She eats them every chance she gets. She likes these very special pecans, hazelnuts, almonds, cashews and pistachios. She definitely does not like walnuts.

Comment These interesting food preferences never came out in the original interview. Look at the difference between what the mother and the patient say about her preferences for nuts! Though the mother said in the initial interview that the daughter tells her whatever is bothering her and talks freely to her, she does not know her daughter as well as she believes.

NN is clearly better and I will wait and see her again in two more months.

Follow up – three months
Mother's comments
M: She been sick for a year and I have not seen any change. After the first two weeks, her cough disappeared. That is all. She still has a runny and stuffy nose. It is not letting her breathe. She has been sick with fever three times since the last six months. One day she had a fever of 100 deg. F. She was fine after that and but then got sick again with a cold lasting 4 days. There was sneezing but no cough. Today she has a cold and a fever of 101. I brought her in because now the cough has started again.
Dr: Is there anything different about this cold than the colds before she got a remedy?
M: This is the first time in her life she has fever for only one day. Otherwise there are no differences. She has been having nightmares for several days.
Dr: Are there any differences in her at all, in any area of her life, her mood, her sleep or eating?
M: I have noticed that she is more patient now and more willing to cooperate. She is not as frustrated or desperate. I am sure that is just

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because she is more mature now. It seems that she is more understanding when she is sick. Before she would get desperate and upset. In general she is better and more mature.

Comment We know from the previous interview that the mother gets very scared when the daughter is ill. This fear is making her emphasise the symptoms and overlook the changes for the better that have taken place. The daughter has no more cough, even when she gets a cold. Previously, her fevers reached 104–105 deg. F, and now they are 100 or 101 deg. F, lasting a much shorter duration. Most of all, she is far more calm and less desperate, indicating a deep, fundamental change in her inner being. The mother is not giving the remedy any credit for this improvement despite these changes having occurred in only the last three months. Of course, the mother doesn't know about the brick! Let's hear what the patient has to say.

Patient's comments
Dr: How are you?
NN: The cough has gone away. My nose is the same and running and stuffy. Even so, it is a little bit better. I am not blowing as much as before. Before I was blowing constantly and now it is only two or three times a day. Also after blowing, it is clear and I can breathe. That never happened before. Then after a while it gets stuffy so I have to blow again.

It feels like the brick went away. That caused the cough. It feels that my insides have cleared. When I breathe in, I can feel it open. It is fresh and clean. Before I could not breathe in deep because of the brick. The brick is completely gone. Now I am sick a little bit but the clean and dirty mixed together and turned everything inside fresh and clean. There is no more muddy dirt. I feel better because the cough is gone and the nose is less stuffy. I am 75% better. Half belongs to the cough, which is all gone, and half was the nose, which is half better. That makes 75%.

I have been getting a rash when I take a shower. It is itching and it turns all red. After the remedy it started happening more often. Every time I take a shower I get a rash on the legs. It is red and bumpy and little bumps and they really itch. After when I scratch it dries and then goes away after 10 minutes. After the remedy, I got a stomach ache. It is stopped now after a week. Every other day I have a strong stomach ache like a cramp. One day I had to come home from school and it lasted all day. It was happening for two weeks and then stopped for a week and then again. Now it is not as intense as before.

Patient's comments
Dr: How have you been?
NN: I did get another stomach ache but it was gone right away. There have been fewer rashes and not every time I get a shower. My stuffy nose is the same. Three or four times a day I blow my nose but I can breathe through it just fine. The cough has been gone a long time. I am very happy all the time now. I have been happy every day. When I come home from school I tell my mother and father I am great.
Dr: What about the separation and the brick?
NN: There is no separation between the upper and lower. What brick? Oh yes, the brick. It is all gone. I got a little bit of sneezing last week but this week I am better, completely better. The brick was gone a long time ago and has not come back. My lungs are all clean. The dirt is completely gone from everywhere. I feel just fine.

Comment After hearing so much about the mean brick as the source of her troubles in the initial interview, you can imagine my surprise when, after merely four months, she doesn't even recall the brick! Actually, it should not be that surprising. When the remedy cures, it takes the pathology out of the consciousness. Her failing to remember the brick is the surest sign that her problem is resolved and will stay that way.

More methods

Case taking is not a random process, nor is it a routine of asking a standard set of questions. To be successful, you must always be paying attention to all the forms of communication. You must follow the patient by picking up peculiar words or symptoms, and carefully inquiring about those unusual aspects of the story. You should ask just the right question at just the right time. Through this delicate dance of careful questioning, listening and observing, you can follow the patient deeper into their world of his source. A question asked when the patient is speaking very close to their source will have a different answer than the reply given to the same question asked at the beginning of the interview. In the example above, what started as a cough became a block and then a brick. Staying with the brick it opened up the world of separation, dirty, alone, left behind and attachment, it brought me to the inner world of the source.

As you will see in most of the case examples, much of the interview is for the purpose of information gathering to understand the patients' perspective and

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experience. Once you have arrived at the source, the remedy should be clear. It is important not to stop there. Make sure that every single peculiar word, symptom, gesture or observation has been so thoroughly investigated that it connects to the source. At this point, it is helpful to ask questions to confirm the remedy. Often I will cycle back and ask about the same key points again to ensure that I understood exactly what the patient meant, and that every point is part of a whole. How often there is one small little symptom or word that I have let slide out of my awareness because it has not been clarified and remains unexplained. Do not let it go unattended! If you do, you are assuming that loose end fits well with everything else you have understood. It could well be that it is the opening to a deeper level of understanding, leading you to an entirely different remedy, that is a far more suitable. Cycle around and back again through each and every point until you are satisfied they all reach the source.

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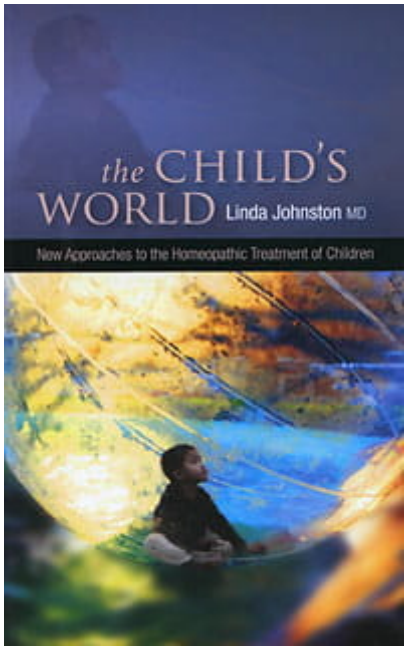
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