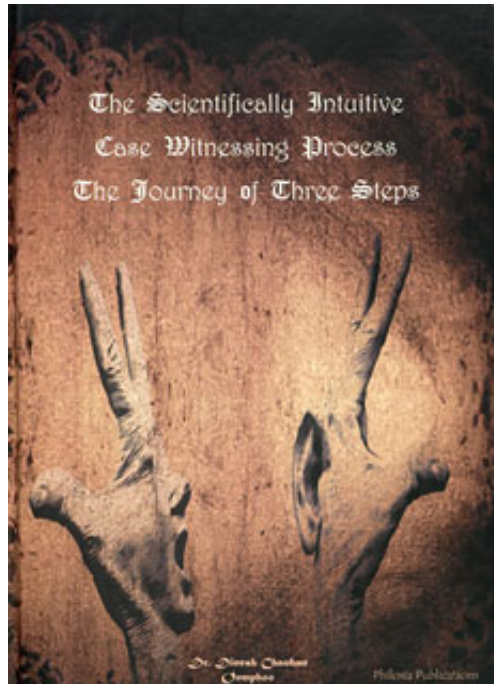


Dinesh Chauhan
The Scientifically Intuitive Case Witnessing Process:
The Journey of Three Steps

Reading excerpt

[The Scientifically Intuitive Case Witnessing Process: The Journey of Three Steps](#)
of [Dinesh Chauhan](#)

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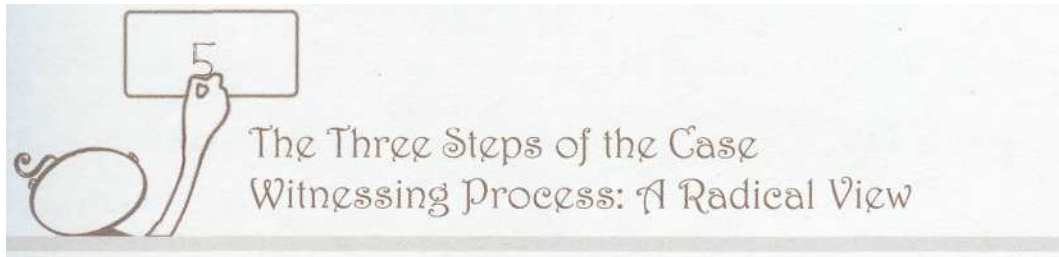
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As discussed earlier, we know that the case witnessing process is "integrative". Not only does it integrate homoeopathy, but it integrates all phenomena in the universe.

The more I fine tuned the process of case witnessing, the more I got totally absorbed. I began to see and feel it all around me. Things started unfolding on their own. I found that case witnessing was a concept that was being followed unknowingly—yet practically—in all phenomena throughout the universe. We need only to be aware and open our eyes to perceive, appreciate, experience, and explore it, and thus connect with it.

There are **three steps** in the case witnessing process...

- A] The Passive Case Witnessing Process Scientific & General
- B] The Active Case Witnessing Process Scientifically intuitive & Human- Centric /
- C] The Active-Active Case Witnessing Process Individualised (Designer's)



Some sections in the following paragraphs will come as repetition from D's book *A Wander with a Little Wonder: Child-Centric Case Witnessing*. As the co-author of this book, I felt it was mandatory to sum up certain of those ideas here (for my readers), because they will help the reader to understand key concepts about case witnessing that will be discussed in this book. The CWP, as D keeps emphasising, is universally applicable to any case, (treating either an adult or a child), and can be utilised with any method / approach that you feel comfortable with. You just need to keep the fundamental concepts in mind, which will help you unearth the deeper self of the patient. There are certain ideas that one needs to keep in mind while doing a paediatric case; those were emphasised in the book *A Wander with A Little Wonder: Child-Centric Case Witnessing*. There are some concepts that are important, too, in understanding how to do case taking of adults. This book will detail all of them, one after another, as we proceed.

A] The Passive Case Witnessing Process (PCWP): A Radical View
(The Scientific & General Part)

Once, when I was reading, I came across an eye-opening Sufi story.

Four disciples of a mystic were told by the master,
"It is time for you to go to the mountains and sit in silence for at least seven days.
Then, come back."

After a few hours, the first disciple said, "I
wonder whether I locked my house or not."

Another said, "You fool! We have come
here to be silent and you have spoken!"

The third said,
"You are a greater fool! What has it to do with you? Even though he spoke, at least you could
have kept silent!"

The fourth said, "Thank God, I am the only one who has
not spoken yet!"



The last disciple was D himself!

Our story also resonates with the tale I just referred to. To remain silent is one of the most difficult things to achieve today. We as physicians are so tempted to speak that no sooner than the patient enters our clinic, we bombard him with questions. The end result is a case history which suits the physician's knowledge and not the centre of the patient.

The secret lies in being silent not only verbally, but to be still in the mind, as well. It is in this silence that the patient's subconscious communicates with us.

LAO TZU (the great Chinese Taoist
philosopher) wrote:

*"Do you have the patience to wait until the
mud settles and the water becomes clear? "*

*"Can you stay unmoving until the right
action arises by itself? "*

Great words! Great insights!



I completely agree with Oomphoo! Those words are my inspiration, and the more I understand them, the more I realise that what I want to convey has a universal appeal. The truth speaks one language!

As pointed out by Lao Tzu, all of us know that when muddy water is allowed to settle, it attains clarity through being still. If the conscious mind is to realign itself with the internal recesses of the being—by withdrawing from the outer babble—there must be periods of waiting. One who understands the subconscious knows that it will emerge if one stops thrashing and flailing the patient with questions and, instead, trusts the process—until the focus arises by itself. We are conscious of only an insignificant portion of our being; for the most part, we are unconscious. Therefore, we ought to passively wait for the patient to connect with his altered pattern within. This forms the initial part of case witnessing, which is known as the "Passive Case Witnessing Process".

As mentioned in my previous book, *A Wander with A Little Wonder*, Passive case witnessing can be easily understood through the analogy of an eagle hunting its prey.

Initially, the eagle soars in broad circles high up in the sky. From this vantage point, it does not know anything about the prey, about where it is, or by what means it can be caught. The eagle simply soars passively, without even flapping a wing or making any movement. The eagle passively watches all the activities happening on the earth below. It might see a rabbit, snake, chicken, or any other prey. The eagle's scanning observation may continue for two, three, or even five hours, until it finally focuses on the prey. The passive phase of hunting is practised by the eagle whenever it starts hunting its prey; thus, it is a universal practice found in eagles throughout the world.

Passive case witnessing forms the basis of the entire case witnessing process. The Passive case witnessing process constitutes the initial phase of case witnessing, when we still know nothing about the patient. The phenomenon of Passive case witnessing remains constant in all cases and is universally applied to all cases. In this phase, you allow the patient to be in the moment, to say whatever he / she wants to say, and you go with the natural flow to see what will come up. Without interfering, you just sit back and witness the case.

The emphasis is on "not altering" the flow, as very often we guide the patient and take him on *our* journey rather than his own. We therefore allow him to speak whatever he wants to speak, without catching hold of anything. Here we have to become a receiving instrument to listen. The foremost rule is to possess *the data but not be possessive*. We just let the patient be in the moment and flow with the natural flow to see what's coming up, letting him start with whatever he is comfortable with, and we just sit back.

As it is rightly said "*be an idiot*". Here the physician doesn't have to do anything, but he should merely behave as a passive spectator and not an actor in the scene. Without involving our intellect or analytical mind, we just have to be with the patient, in his flow, trying to see his vision through his eyes, allowing him to wander in areas which he chooses, without interrupting him.

For the logical mind, on first confrontation everything will appear chaotic, but gradually clarity will start setting in. Initially, the prepared conscious mind of the patient pours out, and a few peculiar expressions will spill out as beads. Later on, these beads will gather together to form an exquisite necklace—the altered pattern.

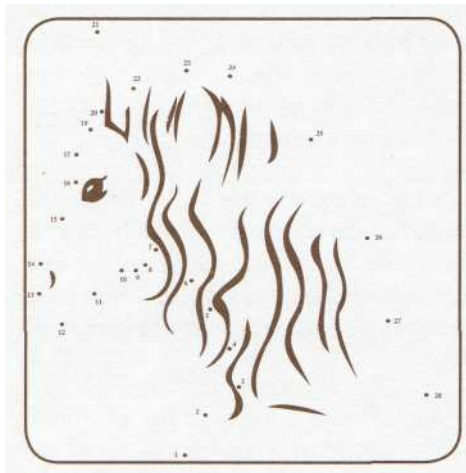
The whole Passive part will give you a hint about the innermost core. It clears the path for the Active and Active-Active case witnessing process which is entirely based on the information you gathered in the Passive phase.

Aims of the Passive Case Witnessing Process:

The **first aim** is to pay attention to all the verbal and nonverbal expressions that are

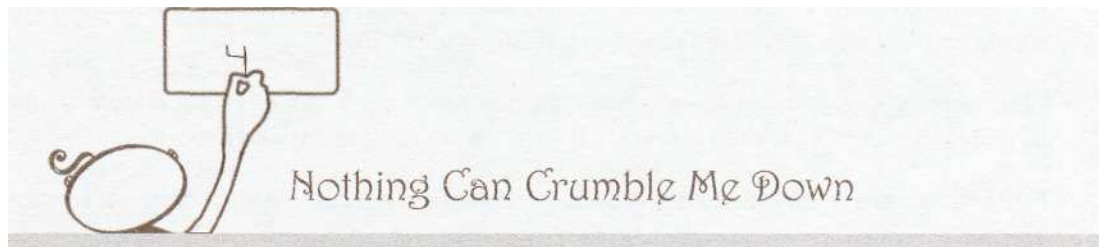
- » *out of place*
- » *out of order*
- » *out of flow*
- » *out of content*
- » *out of proportion*
- » *out of your knowledge*
- » *out of the patient's knowledge, and*
- » *out of any time zone*

These expressions arise sporadically and are often not connected. Ninety percent of the time during Passive case witnessing, the patient will talk a flat line common talk. However, in between the conscious common talk, the important expressions, which are significant to us, will manifest through the patient's verbal and nonverbal expressions (something very similar to an ECG, where the PQRS complex comes up sporadically in between the flat line graph.). It is interesting to witness how, later on, all these sporadic expressions join together by themselves to give us a clear picture of the altered pattern of the patient.



The isolated dots in this picture don't make any sense to us. But when the same dots are joined by a line, the hidden graphic comes out. Similarly, during Passive witnessing, the subconscious shows up in spurts as apparently isolated, out of place, or peculiar expressions that initially don't seem to be connected. In the later stages, all these expressions make complete sense and assist in finding out the "big picture", or salient feature, in a mass of data.

Let us together understand this through a graphic diagram:



"The block of granite which was an obstacle in the pathway of the weak becomes a stepping-stone in the pathway of the strong."

-Thomas Carlyle

Mrs. S.A. consulted me in January 2009 for recurrent episodes of cold and cough, diagnosed as allergic rhinitis and allergic bronchitis. The patient was taking allopathic medicines like anti-allergy drugs. She also had some associated complaints including nausea and vomiting with severe acidity.

D: Tell me about yourself and your problem.

P: I've had this current problem for one and a half years. *I am very much susceptible to cough and cold. Mainly, cough. It is like an attack kind of a thing.* It comes in the night and it is so bad that I cannot sleep. It's like I have to cough every second. Sometimes it leads to vomiting. It is so severe, it comes at any time. I do not know why the cough happens. I have even reduced eating sour things, cold things, curd, etc., etc. *When there is a change in the temperature or in the environment* like from winter to summer, the cough comes up mainly at that time. It is most severe in the night. As soon as the night starts, it becomes severe. I have taken medication for this. I was under allopathic treatment of cough syrups. The allopathic doctor advised for the tuberculosis tests but it was all normal. The E.S.R. was 72. And right now I am under Ayurvedic treatment. It has been around sixteen days but there is still a consistent cough in my throat. *It's like something crawling into my throat. It appears like that.* (HG: fingers of the right hand are semi-flexed and point to the throat.). (Pause).



When all these things happen, I face a constant weakness. When I am suffering at night, I take anti-allergic drugs like cetirizine. I take the cetirizine and the cough subsides but after some time the cough comes back again, so there's no relief from it. This is the basic thing, which I am facing. *I am very susceptible to allergies*, like if I eat something I don't regularly eat, I get allergic skin rashes. Mainly *I am susceptible to temperature changes in the environment*; if it is too hot or too cold I am susceptible to that. Otherwise, you can always say that basically I am an anxious person. I always fear things that I do not know,

which might come up in the future. Because of that sometimes I face the problem of vomiting and nausea. Every morning I feel nauseated, maybe because high acid levels in my stomach. It was very acute about five to six months back.

Whenever I get up early in the morning, say at about 6:30 in the morning, it is very high, but if I get up at 8:00, then it is fine, so if I get up too early it happens. (Pause).

Nothing more as such, these are the basic general problems that I face. (Coughs). Nothing more ...

D: What else about you would help me to understand you as a person?

P: As a person *I am an extreme kind of a person. It's like ... when I hate someone, I hate very much to the core; if I love someone, I love to the core. I am not a mediocre kind of a person* and I am very short-tempered by nature, but I feel it has reduced to a certain extent. Sometimes I am a pessimist. I view the negative first rather than the positive. I am anxious by nature. *I get panicked very easily.* When I get angry then I say anything; I do not see who is in front of me. I am very aggressive by nature. When I have to give a presentation or something I get very nervous beforehand. *I start shaking. I start sweating, my hands start sweating, and I start fumbling* because of that. But I am a balanced kind of a person when it comes to career and family. I believe in giving equal time to both. But if I have a choice, I will always give my family priority. There are some kinds of projects which I always used to fear. When these projects come into the picture I always think that *I cannot do that.* Maybe I can but there is always this perception that *I won't be able to do that.* So when those projects come up I always feel anxious about that. Even when I do something right I feel it is wrong. Sometimes I do not feel satisfied that I am doing the best. I could have done better. *There is a never-satisfied feeling which percolates.* It's like I always keep finding faults in myself. (Pause).

D: What else can you tell me about yourself?

P: About myself? My father has a transferable job so every two or three years we get transferred. So I have seen different regions. There were some things in life which I wanted to do, like medicine, but due to some *incapability in me I was not able to take it up.* That is always a regret in my life. About myself, on the professional front I am fine. On the personal front *I always want things to be done my way.* You can say maybe *I am stubborn at times.* (Pause).

That is it, nothing much ... now my studies will be over in five to six months and then I plan to join an organisation. (Pause).

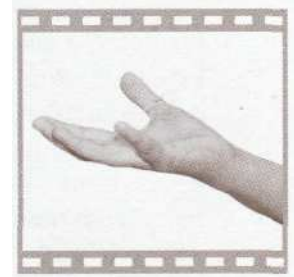
D: What else? Just be in the moment. Whatever comes up, keep talking. It will help me to understand you in general.

P: I believe I have grown up as time has passed but sometimes I believe that I have not matured as much as I need to mature at my age. Sometimes I behave like that. At times

there were failures in my life but I coped with them. But now

I feel that as time has passed, previously I was much stronger than what I am today. Maybe it should have been the other

way round, but what I believe is that previously I saw failures as part and parcel of life. Now *it is like an ego problem* (HG: moves the right hand, faced upwards, all fingers spread apart a little and the elbow on the table) that failures should not have been there. *The environment in college is very competitive.* (HG: hands still in the same position) so maybe because of that, it's like ego clashes, so *there is always an anxiety to do better than others and stand apart from the others.* (HG: the same gesture again). *I am very competitive by nature.* I always want to be in the top, top three. (HG: right hand moves, palm facing downwards and fingers spread apart a little.). So I am very competitive by nature and that's why simultaneously, along with my studies, I kept doing other co-curricular activities. In between, I did so much that I was very exhausted.



(Here we see there are many peculiar hand gestures. So we make a note of them and move ahead.).

I feel very anxious when I am not doing something or when something is not turning out my way. *I am not ready to take suggestions from people, like sometimes they say, "No, you should have done this or done that." But I feel that I have done my hundred percent,* so I am not ready to *take in, or percolate* suggestions. What they are saying is right, but *I am not able to absorb* it into myself. Maybe there is this *stubbornness in me which hinders absorption of the right suggestions* or something like that. It is like I hear it for its sake but I am like no ...this should not be done, and only what I think is right. Because of this, there are fights in the professional field; because it is team work so you have to listen to people. There is a kind of ... *I am not able to mould myself as per the people's suggestions* or as per what they want me to do. When I know that it is wrong, *I am not able to digest that I am wrong.* There is a kind of *high-inflated ego* which comes into the picture. (Pause).

(Previously, the patient said, "There is a never-satisfied feeling which percolates." And now she says, "I am not ready to percolate suggestions." These are the finer things which we have to observe. We have to see what is out of place or unusual coming up along with her more common talk. Here we also see that the word stubbornness has come up twice and she has made use of nonhuman words to qualify this stubbornness. So we see with all these peculiarities that she is focusing on.).

There have been instances where I was like ... a friendship lasted more than six or seven years but a small instance like the person was not speaking to me properly arose, so the friendship has been broken because of that. The friendship was long-lasting, seven to eight years which is a very good length of time. But still if I ponder about it I think No ... I did the right thing. I do not consult people when I make decisions. I am the best person to take my own decisions. Until and unless I need the other person's help I don't consult. And I have a basic nature; I don't do certain things but I expect another person to do

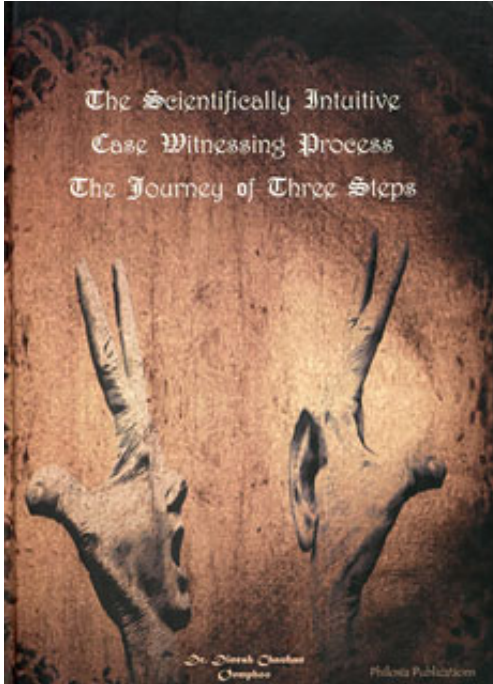
those things for me. (Pause).

Previously I was more aggressive in my nature but now it has mellowed to a large extent ... But I still think it is on a very high level. I don't try to *mend* things with people I don't like because i don't like them. So if I don't like them, I don't even try to have a friendship with them. It's like that. I am *a very extreme kind of person* by nature in that front. I know that maybe I need these people in future but I don't *try to mend things* with them. I think I will never be able to jell with these people.

It is a little difficult task for me *to absorb suggestions*, but I believe there is now much more flexibility in me than before.

(We end Passive Phase here.)

AT THE END OF PASSIVE CASE WITNESSING PROCESS	
Why to end Passive here:	We have got the focus repeatedly in the Passive process at a general level, so we now become Active to confirm the focus and to make it vital. We will then go into the whole process. We always start the Active journey from the level of experience that the patient is in touch with.
Out of place, out of order expressions so far:	<ul style="list-style-type: none"> • It is like an attack kind of a thing. • 1 am susceptible to <i>change in the temperature or in the environment...</i> • Crawling into my throat • Throat always feels choked • 1 am an extreme kind of a person. • There is a never-satisfied feeling which percolates. • Due to some of my incapability 1 was not able to take it up. • 1 am stubborn at times. • 1 am not ready to take or percolate suggestions. • 1 am not able to absorb it into myself. • 1 am not able to mould myself. • There is a kind of high-inflated ego which comes into the picture. • 1 am not a kind of a person who likes mending things. • 1 don't consult people. 1 am the best person to take my own decisions. • A little difficult task for me to absorb suggestions. • There is much more flexibility in me.
Focus:	Stubbornness, not able to percolate, not able to mould/mend, not able to absorb, flexibility
Level of experience:	Delusion The patient gives different images to the focus or she qualifies them with the deep feelings.



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