

The Sensation in Homoeopathy



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RAJAN SANKARAN

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THE SPIRIT OF HOMOEOPATHY

To the newcomer this chapter will serve as an introduction to my ideas. To those already familiar with them it will be a revision of concepts on which basis my present ideas and method have developed.

When I started as a homoeopath the state of the profession could be likened to a man with an air gun, standing in a field and shooting up in the air randomly. Once in a while a bird flew in the path of his aim and was shot. And the Homoeopath would say, "What a great shot that was!" Patients had to struggle to get in the line of fire! There was lack of consistency. Each of us had some brilliant results but not consistently. One case would be a success and the next five were failures. I realized that consistency was a necessity if we were to have any credibility as a system of treatment. Prescribing cannot be so arbitrary and such a matter of chance. My effort all along has been to find a method in the philosophy, one that is consistent and reproducible.

Let us trace my journey right from the beginning by briefly summing up the milestones in my understanding of Homoeopathy.

The Central Disturbance

I started by repertorizing cases quite mechanically. Initially I used to select a few characteristic symptoms because this seemed to make the reportorial work simpler. When going over successful cases we realized that in the cases where we had prescribed on mental and general symptoms we had much more success than in those where we had relied upon particular symptoms, or used pathology as a basis for our prescriptions.

I was attempting to understand why these prescriptions had worked and not the ones where we had relied on pathology, and at that time it struck me that when potentized beyond 12C Homoeopathic remedies do not have any material substance left in them; what remains in them is only energy. Hence potentized remedies are incapable of causing any physical, physiological or chemical changes in the body and can have only a

ILLUSTRATIVE CASES

The following cases will help explain and clarify concepts from the previous chapter. The reader should note that since this time my method of case taking has changed tremendously. I now pay a lot more attention to the chief complaint than I did at the time these cases were taken. The difference in the approaches has been explained later in the book.

CASE 1

The patient is a fifty-one year old European woman residing in India. She consulted me on 5th March 1997.

Information from her questionnaire:

- (1) Depression : started on June 16th, 1996 when my friend told me that he had met a woman to whom he feels strongly attracted.
- (2) Salpingitis, more on the left side, started again. At that time had the fear to be operated upon again. This pain comes on when I think about my friend, when I see him or meet him.
- (3) Headache, forehead, with blinking of the eyes. Only when in company. Better from pressure, better from cold applications.
- (4) Weight loss of six kilos.
- (5) Mental shock; till today I cannot believe what has happened.

D: Say whatever you feel like.

P: The reason why I have come now is that eight months ago, my friend told me that he had met a woman. He had strong feelings for her and he was completely shattered and completely broken and that was it. So of course I was also completely . . . (smiles) completely broken into pieces. *(The situation is one of disappointment in love. But seen through her eyes it is something that shatters and breaks into pieces. Further, she is very composed and smiling while she says this. The intensity of her words is not reflected in her attitude. The attitude is usually indicative of the miasm. The miasm is the depth to which the feeling is experienced. Corresponding to this depth will be the degree of desperation and this is*

THE VITAL SENSATION

(Extracted from 'An Insight into Plants', Volume 1)

Insights into the Plant Kingdom

The practice of Homoeopathy is not easy. Perhaps one factor that makes it difficult is that Homoeopathy is probably one of the very few, if not the only, scientific disciplines which has a method of identification that begins with specifics, rather than going from the broad to the narrow. Each patient's state is to be identified into a remedy state. And this is done through symptoms alone.

When trying to identify the remedy for a patient, very often homoeopaths will go by specifics only. I sometimes joke that if the same procedure were to be followed for others things it should be something like this: We start with three features of a thing to be identified, say . . . black . . . big . . . moving. One person says, "Oh, I know! It's an elephant!" A second one identifies it as a black cloud, while a third is sure that we are talking of a steam engine. It is therefore no wonder that when it comes to prescribing the homoeopathic remedy for a patient there will be as many suggestions as there are homoeopaths.

Normally, a scientific discipline should ask - is it a living or a non-living thing? If living, is it a plant or an animal? If animal, is it a mammal or a snake? etc. And then if it is a mammal the black and big and moving narrows our choice down to two or three. Then we can go on to asking more specific questions to differentiate further. Similarly, our task would be made much easier if we were able to follow a system rather than a random search throughout the *Materia Medica* - a jungle in which we can easily get lost without maps and signposts.

My search for such a map took me in two directions. Firstly the classification of states (patients' states, as well as remedy states) into miasms, based on the pace, rapidity, and especially upon the level of desperation: the psoric miasm being the least and the syphilitic the most desperate. This kind of understanding of states helped me a lot in differentiating between remedies that may seem similar to each other on

ILLUSTRATIVE CASES

(These are in addition to the several cases published in
'An Insight into Plants'.)

CASE 7

A seventy year old male was brought for consultation on 14.08.2001, by his two sons. He had been diagnosed as having cancer of the prostate with metastases in the bones. A surgery to remove the testes had been done, following which he had stopped passing urine, and could only do so with a catheter. Attempts to de-catheterize him had been so far unsuccessful, and the doctors were looking at the possibility of a second surgery if he was not able to pass urine normally.

D: Tell me what problems you have.

P: At present I have a problem with urine, with stool (constipation), hernia and severe cold. I also get acidity; two hours after eating I get burning sensation and am on antacids. While tightening my shoes I get pain in the back. Whenever I walk briskly I sweat from the head. While climbing stairs I breathe hard. When I pass urine I have pain. Stool I have to force. When I walk I get pain in both the soles.

D: What is the problem with the urine?

P: I get pain while passing. Urine does not get to the tip (of the urethra) from the middle portion, and gives me pain just like a needle. And when I pass stool it does not come out; it is adherent and causes very severe itching. Because I have had piles and fistula, and the skin there is very delicate and soft, and the stool is hard and rubs there. By rubbing the skin comes out. *(The sensation in the urethra is pain like a needle. In the rectum the sensation is that there is something delicate and soft which is being rubbed upon by something hard, till it comes off.)*

My memory is also weak; after speaking on the phone I cannot remember who has spoken to me.

I have cataract also. The doctor asked me to have it operated but I can read. And as long as I can read why should I get it operated?

D: You do not want it operated?

P: No. What is the use?

DEEPER INSIGHTS

Looking beyond the Delusion

Studying the plant families led me to a milestone in my understanding of disease, and as has already been explained, my earlier ideas about disease being a delusion and the subsequent emphasis on the mental state have since undergone a metamorphosis.

All remedies of a given botanical family share a common *general sensation*. As I attempted to trace this common sensation in patients I realized that this concept is not confined to the plant kingdom, but held true for the other kingdoms as well. It then started to dawn on me that this *general sensation* is a more basic and still better representative of the vital disturbance than the mental state, and that the mental picture is only an expression of this. I could now see that the general sensation was at a level deeper than the delusion. The delusion can be said to be a function of the imaginative mind, but the *general sensation* is located at the common point of the body and the mind, and therefore has to be very close to the vital disturbance itself. This common *general sensation* I now refer to as '*the vital sensation*'. The concept of such a domain may seem familiar, but it was for the first time that I was able to recognize it in practice and apply it for the benefit of my patients.

The idea of sensations itself, was not something that was entirely new to me. When I had conducted music provings with ragas a few years ago, I had the feeling that music affects the emotions and each raga produces a specific state of the mind. But of the provers who were affected by the music some felt emotions, others described vivid pictures, still others experienced only sensations, while a few simply described patterns. At that time I was unable to understand the phenomena of sensations and patterns. I understood now that with the provers who had experienced sensations, the music had had an effect much deeper than the mind or the body; it affected their very inner beings, their nerves, and this effect was far more intense than that on the emotions. It was beyond body and mind, beyond emotions, beyond even the specifically human experiences

AN INTRODUCTION TO THE LEVELS

In the recent years I have been able to discern with refinement the experiences of patients (symptoms) as belonging to seven levels. The success of several cases based on the concept of the Vital Sensation confirmed that at the depths of any emotional or physical experience lies a sensation. A little later I was able to identify the still deeper energy level. I could now see that patients described physical symptoms, emotions, delusions, general sensations and energy patterns. Through further observation and reflection I was able to identify seven levels in all. These are:

1. **Name:** At this level of experience the patient experiences his complaint only as a diagnostic condition. Sometimes in cases of terminally ill patients or those with extensive physical pathology one observes only the common symptoms of the condition, and it may seem that these are the only available symptoms that the physician can work with.
2. **Fact:** The experience of a person at this level is only of the local sensation or phenomenon. Thus he experiences his ailment only as a local symptom.
3. **Feeling:** Whatever be the patient's ailment, even if there is pathology, his experience of it will be emotional at this level of experience. For example it may irritate or anger or frighten him or make him very anxious. The emphasis is more on the emotion. He will spend more time describing his emotion, for example the anxiety, rather than the ailment itself.
4. **Delusion:** At this level the patient's experience of any ailment will be in terms of imagination, so that he talks about *what it feels like* rather than what it is or what he feels about it. For example, instead of emphasizing on his tonsillitis (Level I), or the sharp pain in the throat (Level II), or the anxiety about it (Level III) he might say, 'The throat pain is killing me' (Level IV).

A CASE FROM PRACTICE

CASE 11

The following case is of a fifty-one year old man who first consulted me on 11.04.2002. He had swelling in the lower extremities which had been diagnosed as Morphea (Scleroderma). (*Level I: Diagnosis.*)

D: What is the problem?

P: Problem of foot swelling

On examination: There is a swelling around ankles

There is pain. I had pain in the left foot last year and took antibiotics. Now exactly the same thing on the right foot for the last thirty days.

Swelling and pain and I can't stand for long. There is heaviness.

D: Describe this heaviness.

P: It is pain. I am not able to move freely.

D: Tell about that.

P: I can't stand for a long time. There is pain and heaviness. Probably due to some circulation.

D: What is the type of pain?

P: While pressing the skin, there is pain. It is not that severe that I can't bear it. It is not unbearable. (*He describes the pain as heaviness and because of this he is unable to move freely or stand for long. The physical/local sensation here is of heaviness. This is Level II, where the local sensation is a symptom and experienced as a fact.*)

D: What is the effect on you? (*What we are looking for here is to see to what depth or degree he experiences the heaviness; this will give us the miasm.*)

P: My mobility is reduced, I can't move. When walking around or standing for long time I want to sleep. I relax by keeping feet upward. The swelling is fifty percent less in the morning hours. (*What we see so far is that the heaviness is not unbearable and his mobility is reduced as a result of it. The sensation of heaviness seems to be of a sycotic proportion.*)

NEW INSIGHTS INTO HEALTH AND DISEASE

A shift in concepts

My earlier understanding of disease had been that at the heart of the organism was a fixed and false perception of reality, the delusion, which governed one's entire life so that a person lived out this delusion in whatever he did from day to day, whether it was his work, relationships, hobbies, dreams, stress and also through his physical pathology. Thus arose the concept "Disease is delusion, awareness is cure". But having recognized the existence of deeper levels, viz. sensation and energy, I realize that the delusion had only been an expression of a deeper disturbance.

There is a basic turmoil at the level of energy or the Vital Force, and this turmoil materializes at the more superficial levels. At the level of the nerves it is experienced as sensation, at the level of the imaginative mind as delusion, at the level of the emotional brain as feeling, at the level of the intellectual brain and the body as fact or physical symptoms, and ultimately at the level of individual organs or parts as structural pathology.

The basic energy disturbance at Level VI is very closely allied with the abnormal sensations at Level V. And this abnormal energy pattern and vital sensation occupy the core of the organism. Sensation originates from energy, and in the material body energy has to be associated with sensation. Life is associated with function and in a living body the function of the nerves is to receive energy and translate them into sensation. If the energy pattern is disturbed, the nerves pick up this disturbed energy, and abnormal sensations result. Where the energy pattern is normal, the flow of energy is smooth and imperceptible. The resulting sensations too are of that nature, and for all practical purposes one could say that sensation is absent. In this case the body works like an efficient machine which functions automatically and soundlessly. The presence of sensation directs our attention towards the body; thus

MIASMS

Hahnemann realized, as he continued to practice Homoeopathy, that in a large number of chronic diseases, the symptoms alone were not enough to lead to the correct remedy. In his search for the correct remedy, one that heals as completely and permanently as is possible, he was convinced in each case of the existence of a deeper, more fundamental or primitive disease which he called the Miasm. In every case therefore the miasm and the symptoms both had to be taken into consideration. Hahnemann divided diseases into three main categories: those arising from suppressed scabies (Psoric miasm), gonorrhoea (Sycotic miasm) and syphilis (Syphilitic miasm), and identified remedies for each of these groups. He instructed his students to establish first what is the fundamental disease or miasm in each case, and then to select an appropriate anti-miasmatic remedy to restore the patient's health.

My search for maps in Homoeopathy led me to examine Hahnemann's theory of miasms. Initially I understood disease to be a false perception of reality, or a delusion. The miasms I understood as the type of situation the person perceives. There are different ways a situation can be perceived, and each miasm represents one way of perceiving the situation. More recently, having sharpened my focus such that I was able to perceive the deeper levels of Energy and Sensation, I see the miasm also as the depth to which the Vital Sensation is experienced.

Corresponding to the inner experience of this depth is an attitude which is visible outwardly. Through this attitude is reflected the degree of desperation that the person feels. The deeper the miasm the more the desperation; the acute miasm may seem an exception to this as in many cases the desperation in the acute miasm will appear to resemble that of the syphilitic miasm. (The difference between the two is explained later on in the chapter.) The miasm is therefore, in my understanding, a measure of *how much* or *how intensely* or *how acutely or chronically* or *how deeply or desperately* the situation is perceived to be.

VITAL SENSATION AND THE KINGDOMS

“The primary difference between animals, plants and minerals can be summed up thus:

A **mineral** patient feels something lacking in him or something will be lost from him, that in his structure there is something missing, or it is complete and something is going to get missing or something is going to be lost. A mineral person thus sees a problem ‘within’ himself; either a lack or a fear of loss or something within. For example, ‘I may lose my voice’; this would be a typical mineral complaint. Or ‘I may be paralyzed’ or ‘My back is very weak. I need support on my back’: these are typical mineral expressions. No, you do not conclude from one-two sentences but you see this in all contexts. Everywhere in the case the problem has to be the same: ‘I lack or I will lose.’ So the problem is ‘within’ me - this is mineral.

In **plant** patients, things ‘affect’ them, they are not able to take this or that or that. Some typical examples: ‘His screaming affects me’ or ‘His shouting affects me’ or ‘The damp weather affects me, the smell affects me, the light affects me’. So it is not the ‘him’ or the other person per se who affects them, but it is ‘that’ in the other person, that particular phenomenon, for example the screaming or shouting that affects them - this is plant. So plant people will not say, ‘My husband is bad’, but will say, ‘I cannot tolerate my husband’s screaming (because I am too sensitive)’. The plant person may not actually say that he is sensitive but this is conveyed or implied when he says ‘I am affected by this or that’. So in the experience of a woman needing a plant remedy her husband will not be a problem as long as he doesn’t scream. Or such a person might say, ‘Bombay is okay, as long as it is not polluted’, ‘the pollution hurts’. What he means to say is that Bombay is not a problem, but I am sensitive to the pollution. So things ‘affect’ me - that is plant.

And ‘me versus the other person’: that is **animal**. In the animal person ‘he’ affects me, ‘he’ is bad, the other person is the problem.

CASE TAKING

The aim of case taking

Disease is that which is non-human in man. This non-human part seeks expression through human issues, human pre-occupations, human emotions, human aims and desires. The diseased man speaks a human language in a human voice, but the essence of his speech is non-human. The essence of his symptoms, of his emotions, his dreams is non-human. This non-human essence is distinct and definitely discernible, but the non-human part is still concealed in human wraps. The aim of case taking is to follow the trail of this non-human essence and get past the human cover, right to the non-human part that is the center of the vital disturbance. It is thus important to look behind the emotions, story and situation of the patient and go to the heart of the disease, to see what is peculiar there that characterizes the individual.

All of us are alienated from our human origin by the presence of a small non-human part, and that is what makes us sick. This small part is what differentiates us from each other, and though small it makes a huge difference. The physician needs to bring out and expose that part. In this he needs to be like an archeologist who excavates a treasure without touching it, interfering with it, labeling or classifying it, but purely unearthing it and making it stand out so clearly that there can be no controversy as to what it is. To do this is an art. One does not add to or subtract from, interpret or analyze anything concerning the patient. One only has to uncover the patient's inner turmoil so that it is seen as clearly and in as much detail as is possible. One is only required to bring that which is hidden in darkness to light, to make what was unknown known. It is not simply 'case taking' but 'case uncovering' to the very depth.

The old and new approaches

The old approach was to start with broad and seemingly unconnected data, and then go step by step into the center. I would listen to the patient's story and try and understand his false perception of reality, then

THE SENSATION IN HOMOEOPATHY

Energy and sensation at the heart of the organism

The vital sensation is the non-human specific part of man. Energy is that which is universe specific. Together they are that part of man which he shares with something else, his 'other song'. This other song is the song of the source; it belongs to another kingdom, a 'non-human' kingdom.

The non-human energy forms a small but significant part of the man. It intermingles into the anima of the organism, which, by itself, should be purely human. If indeed it was purely human it would be similar to the spirit of any other human being; but having also the essence of something non-human it becomes distinct. The non-human part lends it individuality. The presence of this non-human energy in the spirit of the organism is perceived by it at a general or nervous level as an abnormal or vital sensation. This vital sensation has the character of the source of the energy.

The spirit or the vital force of the organism, now slightly colored, or altered, or characterized by this non-human part, drives the organism to function in a very singular fashion. All the human pursuits of the organism now have this distinct color or quality, and all its physiological processes are also similarly altered under the influence of this altered vital force. This is reflected in an altered and very singular view of reality, a unique mental state and abnormal sensations and symptoms in various parts of the body. The non-human part thus expresses itself on every plane of the organism. It must be emphasized here that we are talking about an alteration and not a replacement. The human spirit is altered by the presence of a non-human energy, but not replaced by it. Thus the human being will continue to live as other human beings do; his goals, aspirations, pursuits will all be human, albeit with a certain distinction. His physiological functions may all be within normal limits to begin with, yet they have an individual character as is reflected in individual, characteristic symptoms.

THE REALM OF NONSENSE **(The World of the Source)**

Level Vc: The Level of the remedy

Often patients hesitate when they reach the level of the vital sensation, and instead of spontaneously going deeper they tend to back track to the levels of emotion or delusion. Level V is non-human specific, and it seems strange also to the patient. They have probably never confronted their turmoil at this depth, and when they are faced with it they revert back to the more 'human levels', the ones they are familiar with.

If the patient does back track he should be stopped in his path. At this point the physician needs to have the reins firmly in his hands. The patient should be encouraged to go deeper into the sensation level by repeatedly bringing him back to this level and persistently asking him to describe the sensation.

The realm of nonsense

Often the most fascinating point in a case is the passage into the sensation level. At this point the gates to a secret world open up to us. This is the inner world of the patient. The language of this world, its sounds and its energy are all so different and so incongruous with the outside world that they seem almost bizarre. This inner reality has no reason to be; it is completely illogical, unreasonable, unexplainable and therefore incredible. This is what I call the world of complete nonsense.

We all have distinctly separate outer and inner worlds. In our outer worlds things are usually logical, tangible and often follow the laws of cause and effect. In contrast our inner worlds are full of things completely bizarre and nonsensical. We seem connected to things, phenomena and people around us through a common outer world or outer reality. But the inner world is very individual; it has nothing to do with the common outside world, nor with anyone else's inner reality. And it is secret, often so secret that we ourselves are not aware of its existence. We believe the external world to be the only truth, whereas it is this nonsensical inner world that is our truth. In fact we experience, perceive, feel and know

FOLLOW UP

A lasting amelioration

Hahnemann writes:

'The highest ideal of cure is rapid, gentle and permanent restoration of the health, or removal and annihilation of the disease in its whole extent...'

Sensation and energy are at the very core of the disease. For a lasting amelioration there has to be a change at this deep level. Such a central change will undoubtedly be accompanied by peripheral or local changes. Any local change, therefore, needs to be explored to the level of sensation, to determine if there has been a corresponding improvement at that level. This being the case, one can be sure that the patient's health is being restored.

The initial aggravation

I noted that, after having based the prescription on the vital sensation, often there was an aggravation following the remedy, an acute crisis. Usually the patient felt better after this acute episode. During the acute episode a lot of emotions also surfaced; in some cases there was a lot of fear and one needed to encourage and console the patient through it. The patient needed to be seen often or to be called regularly till he came out of this crisis. At the end of this period the patient reported feeling good in themselves. In such cases often the effect of one dose lasted for quite long and the patient continued to improve.

How to do the follow up

1. One needs to determine if the patient has improved and what are the chances of recurrence. For a lasting amelioration the sensation has to be significantly diluted: This can be seen in various areas:
 - (a) The chief complaint has improved substantially. If the pathology has reduced the sensation has to come down. One has to determine how much better it is at the deepest level, because that is where the real action of the remedy happens.

ACUTE SITUATIONS

What do we do in acute situations? How do we arrive at the sensation in the short time that these afford? Is it possible to recognize levels here?

In acute situations the chief complaint being very clear, the sensation is most obvious. It is being experienced in the moment and usually comes directly, spontaneously, without thought or logic. The main thing that is happening with the patient and the way it is perceived will give the vital sensation. The focus should be on the sensation, and often from the local sensation one is able to get directly to the center. One can also expect to find hand gestures reflecting the sensation and energy.

Once the sensation in the chief complaint has been elicited very clearly one can expect the rest of the case to unfold in a fairly short time. Therefore the acute problem often offers the best opportunity to arrive at the remedy. It is also easier at this point to determine the patient's level of experience, as he experiences reality in the moment.

It does not mean that the remedy prescribed in an acute episode or crisis will be of the acute miasm; it can be of any miasm.

One should always keep a close vigil on the patient in an acute situation. Often if one has been unable to find the remedy in the chronic situation it becomes clear in the acute situation.

Once the sensation in the chief complaint has been elicited very clearly one can be reasonably sure of the remedy even if the patient is in no condition to go further with the case. The other areas may be explored later.

Usually in an acute situation the response to the remedy is very quick and often very long lasting and profound.

Often in a chronic case when we see an acute situation, we need to go into it and explore what the sensation is at the deeper level. This is a

CHILDREN'S CASES

The new method of case taking seems to work in various types of cases. What the physician needs is faith in the method and persistence. He should know that the vital sensation will come and should be willing to wait for it. One needs to have complete confidence in himself/herself. If at any point in the case something does not make sense it should not be a cause for worry; if one has faith and is open, at the end of the case everything makes sense in terms of the vital sensation and energy. The goal is clear in this method, and one should persist until the vital sensation is unearthed.

Children's cases require keen observation on the part of the physician and co-operation from the parents in describing the child's behavior as accurately as possible. The emphasis is now on the vital sensation, energy pattern and gestures, and often, if one is observant enough, these are easily apparent in the child's behavior. Below are given some hints that have been useful in taking children's cases, and also illustrations of the same.

Observing the child

Often, in the actions of the child the energy is apparent. For example, in the case of a child with recurrent colds and coughs, one may observe the child only running about the place continuously, moving about constantly and rapidly. This child may not even experience the cold and cough, rather only the energy that compels him to keep running. Often, in cases of little children, the level of experience is that of energy, or level VI and they need the remedy in the 10M potency.

As children get older they express the sensation in terms of imagination or delusion. But here too they often freely use hand gestures, and their imagination is described in a lot of detail. In general, in children, their levels of experience are closer to the sensation and energy levels, and they have more to do with the source itself. Children, being less inhibited, it does not feel odd to them to describe the source, nor to speak the language or the nonsense of the source.

CLARIFYING DOUBTS

Q: *How does one reconcile this new method with the traditional Homoeopathy we have been taught with the Repertory and Materia Medica? And does the emergence of this new method mean that all that we did in the past was wrong and should be discarded?*

A: I do not say that this new method is the only method, or that this is only the right method. The way I see it is that there is no one right way; it is not this or that, rather it is this and that. There are still many cases that have to be solved using the Repertory and Materia Medica. This method complements our use of the Repertory and Materia Medica. What I only recommend is that one should not cross over to the text books prematurely, before having identified the central disturbance of the patient. Our text books are essential, and the new method is founded upon my knowledge of these books. Thus this method and the text books complement each other well. One is able also to understand the remedies from the books in a new light with the help of this method. Further, one is also able to come to remedies less proven by using the new method; sometimes one may even be able prescribe remedies that have not yet been proven. Yet using the new method does not mean excluding what you do or know.

All that we know and all that we have practiced and been taught that is traditional is by no means useless. I do not suggest at all that it should be discarded, or that it should not be practiced any more. It would be our greatest mistake to do that. In fact I would recommend to all students of Homoeopathy to first strengthen their foundations in the Organon of Medicine, various Materia Medicas and repertories before moving onto any contemporary approach. My advice to them is that they should first be thoroughly acquainted with the works of Hahnemann, Boenninghausen, Kent, Clarke,

CONCLUSION

Feedback for the New Method

For the last three years, each November, I have been leading a two week workshop in Mumbai. It is attended by homoeopaths who have been following my work through my lectures, seminars and books and who have been applying my techniques in their practice. Apart from teaching through video cases, I also do live cases every morning of the course, and these live cases are followed by discussion and analysis and suggestions and ideas from participants. In this way we have been spending these fifteen days each November together, sharing experiences, cases, ideas and learning and refining the technique that has been presented in this book. After the last workshop in 2003 some of the participants were able to sum up what they had gathered. I have included their feedback and comments here as I feel they may help the reader put all that I have explained through this book in a better perspective.

Dr. Mary Gillies

1. ... how easy it is to be lost in the story. How important to move deeper and ask what the experience of being in that story is like. I realize how much I meet and keep my patients at the emotional level. Your constantly demonstrated expertise at moving on from level 3, or even by-passing it altogether was so illuminating.
2. You constantly reassure the patient, by repeating their words, how well they are being heard and understood. It was wonderful to see how patients responded to such a quality of intimate listening, and how, without ever using a word that was not their own, you guided them deeper.
3. Your explanation of selecting words which held, as a rock climber's footholds must hold for him to move up safely, was superb. I finally understood what you meant. In fact you gave me exactly that bodily feeling of testing a foothold, and knowing how sure it was not from the size of it, or look of it, but from the feel of it. The knowledge in