Rajan Sankaran
From Similia to Synergy

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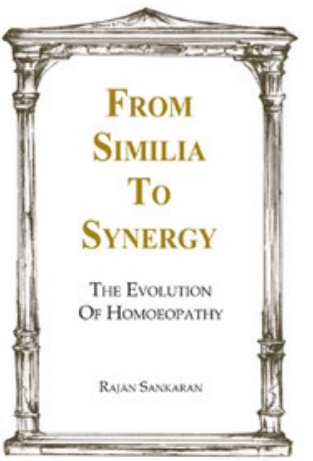

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From Similia to Synergy

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Rajan Sankaran

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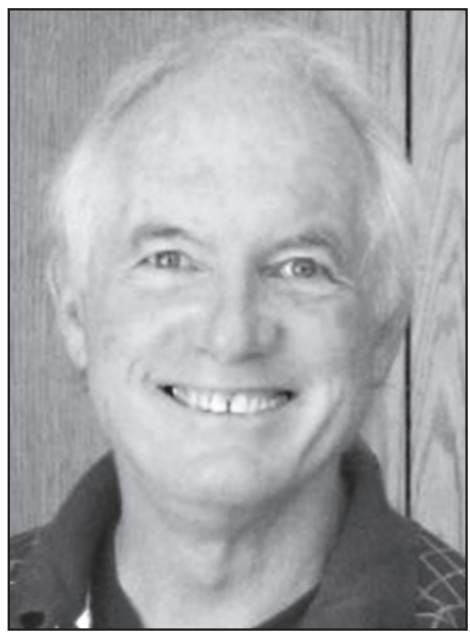

Dedicated

With Love and Gratitude

To

David Kent Warkentin

Who built the space crafts Mac Repertory and Reference Works to launch Homœopathy to the next level

My first and the foremost message to all students of homoeopathy is to acquire sustained trust in the system. I can attribute success of all great homoeopaths to the basic faith and passion with which they practiced homoeopathy. This faith comes from experience of seeing, reading and creating cures of difficult ailments, sometimes almost magical. Today it is very necessary for students to follow, study and learn from all masters of homoeopathy, old and contemporary. I can easily attribute my success to the basic faith that I had in homoeopathy because I had seen so many cases healed with homoeopathy, that my father was a homoeopath. Also the collaborative study with Dr Rajan Sankaran, Dr Sujit Chatterjee and all the others in the Bombay school helped my trust to continually boast my confidence. So many teachers of homoeopathy have time and again enforced the potency of the 'trust-homoeopathy' with in myself. **It is this fundamental trust that homoeopathy works.** This becomes like an operating system charged with excitement in healing with homoeopathy. This is the difference in the basic temperament, between a master of the system and an average practitioner of this system.

How does one acquire this trust and confidence?

This comes from learning the system thoroughly and seeing its successful application in different situations and in different approaches, by experts of the different schools of classical homoeopathy. As many cases, one sees, cures or reads can only boost the knowledge and conviction in homoeopathy. Every student and every teacher is evolving each day. This is what makes the system of homoeopathy so dynamic that every sincere practitioner of this system will have so much to contribute to homoeopathic learning. One who can learn from such an evolution has to get infected with this unshakable faith and confidence in homoeopathy. This faith leads to confidence and creates the momentum for systematic, productive and practical learning.

I remember my earliest days of practice when I was a young physician just 23 years of age charged with a lots of enthusiasm to cure with homoeopathy. One of my earliest cases, was a child aged one year and half; Came to me with multiple blisters, like as if from burns, big vesicles. It was all over the body. The faith in homoeopathy made me take pictures of the lesions to report a cured case! The child fitted perfectly into the description of the skin symptoms as in the remedy Mancinella from the Phatak's materia medica : "Vesicles. Large blisters as from scalds. Brown crusts and scabs. Pemphigus. Dermatitis; with extensive vesiculation, oozing of sticky serum and formation of crusts." Every word written there was resonating with what I was seeing! For this young homoeopath it was like a book picture present itself. However the remedy though indicated was not effective and the eruptions increased. The trust and enthusiasm was so innate that the mind immediately is into reevaluation of the situation. This is what you will learn from reading and seeing work of great homoeopaths like George Vithoulkas, Dr S R Phatak, Dr P. Sankaran, Dr M L Dhawle or Dr Sarabhai Kapadia who were the main teachers in my years of

growing into homoeopathy. Re-visitng the case and looking for further indications, I discovered symptoms 'salivation during the sleep'; 'craving for the bread and butter'; markedly open fontanelle. Using the Kent's repertory the remedy emerged by eliminating these rubrics was Mercury. So I gave that child Merc-Sol 200c one dose. Within two days one could not locate where that blisters where! The eruptions that were aggressively progressing and labeled as pamphigius by the skin consultant just vanished in two days. I still possess the pictures of this infant who is now 30 years of age and a healthy adult! So what I saw as mencinella was mercury. The art of homoeopathy lies in creating the similarity. The next most interesting experience that I remember is a case again of a female child one and half years of age. She was coughing violent and was running high fever. Some how the remedy Pulsatilla given on the symptoms of being carried and being a mild and gentle child who was thirstless and a hot patient did not help. In three days the voice was lost and there was a deep hoarseness. Even though Puls was chosen on the general symptoms proved to be ineffective. The desire to be carried increased to a great degree. The child just would not want to be put down. Cough sounded so hoarse. She had glands in the anterior cervical region. My study of the symptoms through the Kent's repertory led me to the rubric in mind section Carried desires to be, sub rubric, croup in. The remedy was bromine. With the cervical glands inflamed I got convinced of bromine and the health was speedily restored in two or three days.

One can see how the use of repertory and then the materia-medica to confirm the other aspects got me to a more effective remedy. Remedy that covers the most spontaneous, clear and intense symptoms is always likely to work (George Vithoulkas). Also the remedy that is covering the most peculiar aspect is likely to work. The important general peculiarities and pathological peculiarity also helps one to match the pace of the disease with the remedy in order to establish the similarity. I always use this yard-stick of intensity, spontaneity and clarity to decide if I am on the right track. This applies to any methodology that I use to solve a case.

In the initial practice these seemingly, unrelated peculiarities of the case when repertorized brought me good results. As if an unprejudiced picture emerges and then something reasonate in the materia-medica and your experience. Yeah, I got it. And once you get that feeling 'that I got it'; then many other symptoms happily fall into place. Slowly over a period of time your knowledge of the materia-medica and the acquaintance with repertory increases. This is fundamental to the practice and evolution of a homoeopath.

Section 2:

The desire to explore and seeing through the patches of darkness is obvious, when you work with a medical-system based on freedom from prejudice and individualization. Often one discovers newer symptoms, patterns and ways of understanding and carving the portrait of the disease as the master Hahnemann described it.

There were so many mental symptoms that did not connect. Dr Rajan Sankaran along with his colleagues looked for a theme that would explain the seemingly unrelated mental symptoms. It was his genius stroke of idea that came from the chapter of delusions in the repertory! I clearly remember a case of chronic indigestion not responding to the selected remedies then. Here the client expressed tremendous guilt that he spoilt his health by eating at a bad restaurant and hence he suffers since then. He was very anxious that he has an incurable disease. He was very conscientious person. He was very anxious that his burping habit would expose his sickness to his colleagues during business meetings. This man was very cautious about eating well and was very particular about legal matters in the office. He was markedly hypochondriac in his moods.

Rubrics like delusion, ruined his health; delusion that he has an incurable disease were the rubrics taken from the kent's repertory. This helped to understand his obsession with disease and his cautious nature. The prescription of Chelidonium 200c instantly relieved him of the entire distress. I could see that he did not worry so much about eating at the restaurants after the remedy. Here I could understand many of his mental traits by understanding the feelings that were behind the traits like fastidious conscientious hypochondriac etc. The idea of delusions and the chapter of delusions in the repertory became really alive after this clinical application was discovered. Dr Rajan Sankaran has played a major role in the process of bringing this chapter of delusion to its utmost use. Today it is impossible to not use the chapter on delusions. In the beginning of our practice this chapter appeared to be full of symptoms of insanity! This was also the birth of his first book the spirit of homoeopathy. I rate this as the most exciting period in homoeopathy for me ever! So many mind symptoms got understood when one goes into the feeling state that is behind the compulsive doing symptoms in a case. For example a person can be fastidious because of many deeper feelings behind this compulsion! He is afraid of falling sick; he is afraid people are observing him; he thinks he will loose his things; he thinks there are thieves around; he will be reprimanded; he will appear ugly etc. This was one big step in understanding the mind state of a person. Some of the readers will not understand the excitement of this discovery. How mental symptoms made a different meaning all of a sudden and became more comprehensible. In one stroke the method of case taking and perceiving reached the new dimension of feelings. Like delusion people are observing him became more basic to fastidious for example. Natural extension of these ideas led to the use of dreams into the fold. Dr Jurgen Becker of Freiburg Germany along with his colleagues worked a lot with dreams and fairy tales as means to understand the mental state. This is where the idea of dreams and delusions got integrated into classical homoeopathy. I am sure many of us will have files full of cases that were integration of the dreams and delusions that helped in successful prescriptions. **The use and importance of physical and pathological generals markedly diminished during this period of my evolution.** Over excitement with the ideas of delusions and dreams might have caused some of our prescriptions to go prejudiced or in totally wrong direction. This

does not take the credit of solving and understanding so many cases that we could not have dreamt of before this discovery. Even today it is so much integrated into the system and the technique that everyone I know uses it in someway or the other. Also the methodology and emphasis in the newer drug proving records have evolved over a period of time. The contemporary method of case taking has been markedly influenced by this development in homoeopathy.

One more parallel step in the development or evolution was the first attempt to create the system of the periodic table by Jan Scholten. This is still the most controversial proposition for many homoeopaths. For any system to be successful one needs to understand the basic thought process of the developer of the system. The step of the system of periodic table as if took away the necessity for any detailed symptom approach in homoeopathy. This was exactly the opposite of the location, sensation, modality and concomitant approach in homoeopathy. As I understand there can be good that can emerge from this development and also there is a potential for the students and practitioners to get carried away into some imaginary and prejudiced way of perceiving the case. Looking at this development and the use of it in my practice, I can surely say it makes complete sense when it integrates and adds to the basic methodology in homoeopathy. I can give this example of a case where the woman felt completely dependent and in need. She suffered from asthma and panic attacks. Detailed case taking and understanding her problems revealed her helplessness. She was in a constant fear of loosing her food clothing and shelter, as if she had no resources to generate this structure for herself. Her moods and depressions revolved around the memories of her childhood when she was abandoned in the orphanage and that she possessed only two pairs of clothes and was given little and forced to eat the food she disliked immensely. After receiving many unsuccessful prescriptions from very accomplished homoeopaths she was prescribed Lithium carb as one of my live case in the seminar. This was almost the first time I was working with the ideas of the periodic table. This prescription brought almost an instant relief in her asthma and also her emphysematous condition! Her moods and confidence improved greatly. I still cannot imagine coming to this remedy by the symptoms alone. Although the aspects of helplessness and aloneness are well described in some of our materia medicas. Newer drug pictures based on the system of periodic table started getting more clinical confirmations from colleagues especially in Holland and other European countries. Dr Rajan Sankaran revised some of the ideas to fit into his system as it was evolving into the sensation approach in homoeopathy. Dr Andreas Holling from Munster in Germany also holds some interesting ideas on how he utilizes the periodic system. I can easily quote some great cases solved by understanding and use of the periodic system that may be difficult to solve with symptom approach alone. However I also know of cases where I drifted far away from the essence of the case when I was prejudiced and forced the case and analysis to fit into a slot on the table! This is the main concern in the use of exclusive application of such a system without proper evaluation and critical filters that a homoeopath must develop. Everything depends on a holistic and mature integration of basics

with any modern propositions in homoeopathy. One has to be very careful and make a thorough study of the system before using the ideas loosely and inaccurately. The choice of an appropriate approach in a given case is a biggest challenge for a contemporary student and even a experienced practitioner in our times. Taking every case to the same place and then classifying it in the same frame-work does not work for me. Every case will have a different aspects that stand out as spontaneous, intense and clear. The frame-work I choose is the one that appropriately fits the case that has been elicited without prejudice. The case that is best elicited with the skills available at a given point of time, in our evolution. Often for me, the patient clearly leads me to the approach necessary in a given case. Every case presents differently and every methodology can be integrated if critical filters are in place. Failures and mistakes do happen with every human practitioner. One can only grow and learn from it and not make them into a habit! One thing that helps is meeting and discussing cases with colleagues. Their appreciation and criticism have been in the center of my progress in homoeopathy. This allows the so-called critical filters to develop.

Next significant development was the idea of plant families. The attempt by Dr Rupal Desai for me was the first move in that direction. The most significant step was the case of Dr Rajan and the symptom of 'forced out' in the Lilium tigrinum. It was like a new ray of light into my practice of homoeopathy. This symptom of forced out is neither physical or mental symptom. It came across as something that runs through the mind and the body. So it was defined as vital sensation. The sensation is that phenomenon which runs through the body into the mind Or vice versa. This way the physical aspects of the case that were somehow neglected started to come alive. Here so many plant families and their classifications into miasms allowed use of many plants that would not so easily be used otherwise. This was the birth of the sensation approach in homoeopathy. The essence of the approach is to find that central thread, that experience, which runs in the mind, body and the spirit. This also brought into use the hand gestures as representative of the energy pattern that is beyond words, beyond the mind and the body. For me this step took my level of case receiving into strange non-ordinary dimensions. We are able to for the first time reach and prescribe remedies that would be very difficult to imagine even by the delusion and the mineral classification system. For example a case of Ulcerative Collitis bleeding profusely with profound weakness not responding to steroids and other treatment responded immediately to Aloes Soc 1m, single dose. The lady experienced severe pain in the abdomen which made her pull her hair. Pulling or holding tight her hair was the prominent gesture. Investigation of the gesture took me to the feeling that she can control her painful urge for stools which is going to discharge profuse blood only by holding tight, in this case her hair. The opposite was forced out. This was experienced in a leprous way. She had issues with her in-laws that made her feel the same forced out feeling in violent and ugly way. She also expressed desire to throw her husband out of the window with the same hand gesture that described her stools being forced out. To withhold and to be forced out were the polarities. The dreams integrated with intense disgust for snakes, that was experienced as shit or

excrements soiling her. Hence the prescription of Aloes that is in the Liliacae family in the leprous miasm. For me this step was significant as patients delved deep into a non- ordinary reality and resonated with something similar in nature or in a story that resonated similar to the vital sensation of the case. Also for me the idea of polarities holds a lot of food for research and clinical applications. One major pitfall of this method is forcing the case to an unknown remedy or even a unproven substance. Often such remedies were prescribed that have no proving.

The idea of miasms and the idea of the sensation allowed us to prescribe far beyond the materia-medica and the repertory. There were colleagues who were asking and thinking if the repertory and the materia-medica are essential!

I can surely testify curing a most difficult case of Ankylosing spondylitis with Tiger's blood! No one could have the imagination or courage to do this 10 years ago. I say this with confidence, as this case in particular has not relapsed for 4 years since the first and the only dose of this remedy. The polarities were restricted and chained Versus free wild violent and open. The other characteristics of the animal kingdom and mammals being in the background to prescribe this remedy. This brought the ideas of the kingdoms-patterns running through the plants, minerals and animals. One major disaster of this approach was misuse of the images that a person gives, without really understanding the experience at the deepest levels. Also when the case approach is sensation-centric, it will miss out on some very obvious symptoms in the case. There are great cases solved by this method and also there are horrible examples of misuse of this method in prescribing. This method also brought the idea of levels as a guide to know if your prescription is only fitting the image or it is fitting into the deepest experience of the person.

I firmly believe that no one approach is full proof. Every approach when discovered and practiced over a period of time brought its virtues and pitfalls to the surface.

Dr Rajan has brought forward this idea of Synergy that will help homoeopaths to integrate and apply the most fundamental guidelines in classical homoeopathy with the sensation approach or the level of experience. This idea is a subject to debate in this moment amongst my esteemed colleagues especially in Europe. Colleagues who have developed deeper and sounder techniques of case processing with the sensation approach find very good results. On the whole the patients or the clients are often a part of this process and are very happy with this approach in homoeopathy. Particularly in Europe this method has renewed the interest in classical homoeopathy. It could be seen in the 'WISH CONGRESS' in Freiburg last year where over 500 participants attended the congress. (WISH : World Institute for Sensation Homoeopathy) The cases presented at this congress were of very high standard and the cures were brilliant. There was so much learning and appreciation from all the teachers and the participants. The fear amongst the group was to dilute the process of deep understanding that the sensation approach creates.

There needs to be some integration, for the old and the new to grow to gather. For me everything that I have learnt from the day one till my recent experiences with meditative way of case taking are all integrating. The most fundamental is the life force which will forever resonate with the similar. The art and science of creating this resonance is the key to success with homoeopathy.

I am in deep appreciation of this work where the entire evolution and developments in homoeopathy have been systematically elaborated for the students to get deepest insights into all stages of homoeopathic thought process. I end with this prayer for emergence of the "homoeopathic wisdom or the homoeopathic common sense." May it bring wholeness and flexibility that will take homoeopathy to its highest potential in restoring the sick to health.

Dr Jayesh Shah MD (Hom)

Mumbai India.

INTRODUCTION

The last three decades as a practitioner and teacher have been eventful years. I have seen homœopathy evolve to heights not imagined before; however, developments are a double-edged sword. On one hand, we see many improved results in practice; on the other hand, they have caused a schism in the profession between traditionalists - who viewed these new ideas with much skepticism and spoke fiercely against them - and 'post-modern' homœopaths, who embraced the ideas with such enthusiasm that they ignored the solid fundamentals of Classical homœopathy. Both these extreme positions have helped neither the practitioners nor the profession.

The basis of the split is to view remedies either traditionally as individual entities, or as within the framework of a group. In my practice, I see no division between the old and the new; rather, they are two sides of the same coin, like seeing the same thing from two different angles. If you consider an object — let's say a banana — it can be seen as an individual entity and described by its various features of color, shape, consistency, taste, origin, etc., or it can be seen as a fruit and traced by its common characteristics with other fruits. Just as you can understand all fruits through a banana, you can understand a banana better by understanding the features of all fruits in general. In the same way, knowledge of a remedy and a system feed each other, support each other, and are indivisibly integrated with each other. Understanding and practicing homœopathy with this insight has been my personal secret of success, as well as that of many of my colleagues.

I want to share this with the profession, to address interested practitioners from both sides of the divide and those in the middle, to discuss the reality of everyday practice: the cases, difficulties, mistakes, techniques, remedies, and systems. I feel that sharing this, in an organized way over two years, would put to rest some of the controversy and provide homœopaths with practical examples and an understanding of the development and integration of these approaches.

This book will open some practitioners' eyes to new possibilities, and warn others not to let fall by the wayside knowledge that has stood the test of time. Hopefully, it will remind 'neoclassical' homœopaths of the value of keynotes, rubrics, and polychrests, while revealing new possibilities like Hydrogen and Peregrine Falcon to 'traditional' homœopaths, and for all of us to see that all knowledge springs from the same source.

Advances in technology have allowed me to reach across borders, schools, and belief systems to directly address students and practitioners. An online forum, called **Wednesdays With Rajan** (WWR), was conceived and, at the time of writing this Introduction, has been active for one year. It has exceeded all expectations; more than a thousand homœopaths and students from 42 nations log in every week to get their next dose of a slightly higher potency of homœopathy. Brick by brick, we build a solid bridge where the new and traditional are seamlessly integrated and the practitioner develops the ability to travel between the two banks of the symptom and the system of this mighty river of homœopathy.

It was felt that we should write a text book based upon the various concepts addressed in WWR. These concepts begin with the Law of Similars, cover basic concepts like case-taking, Repertory, recent concepts of kingdoms, miasms, and levels along with the latest ideas of synergy, all of which represent the evolution of homeopathy to the present. This makes an excellent manual for practice, and can be the base-camp from which the student and practitioner can explore all areas of homœopathy. With a firm foundation, as provided here, the chances of swaying too far in one direction or the other are minimized.

For the book to come into being, it needed someone who, with the attention and care of an architect, would review the talks, discussions, questions, and comments, to put each in its place, to manifest the whole teaching in a way that is concise, holistic, practical, and useful.

Fortunately, when I broached the topic with my friend, Laurie Dack, she volunteered to guide the project. Laurie embodies all the teaching I have presented, and is an able practitioner and teacher. As an important participant in the renaissance of homœopathy, she is suited for this task. Please join me in acknowledging thanks to Laurie for volunteering her time and energy for this project. Shizuko Nagasawa, a recent but well-grounded and efficient entrant to the profession, ably assisted her.

I wish you, the reader, all the very best in your practice. May the spirit of Hahnemann bless us all.

Rajan Sankaran
Mumbai, April 2013

Generations In Homœopathic Practice

"With the newest evolution of homœopathic practice, we can produce a unique and innovative service for our fellow man. With trust, openness and good intentions on our side, we as a profession can grow and take forward the most beautiful and gentle method of healing, without overlooking the roots that our forefathers established. This synergistic integration of generations— both old and new—will be the legacy that lives on."

Homœopathic medicine is a medical art that is based upon fundamental principles that have been used effectively in healing for hundreds of years. As time has progressed, the evolution of homœopathic medicine has expanded significantly with each generation of practitioner. As a second-generation homœopath, I was introduced to homœopathy when I was a child. I benefitted from watching my father and several of his contemporaries in close quarters, and heard many enlightening stories and anecdotes about their teachers and seniors. It has been fascinating to watch the evolution of homœopathy across generations in addition to visualizing where the practice is going and what the future is likely to be. I have attempted here to give a structure to this evolution and have described it through its stages of development – invention, intensification, innovation and integration. These stages of homœopathic development loosely parallel the stages of development in other arts and sciences, as well as the stages of development in the periodic table. For example, the first, second and third row have to do with conception and development, the fourth row as solidification, the fifth row with invention and, finally, the sixth row with attaining full maturity, independence and leadership. This article aims to travel through the journey of homœopathic existence and examine each of the four generations along with the respective contributors of its time.

INVENTION

Let us begin with the generation of Invention, the era when the grounding foundations of homœopathic practice were established.

Samuel Hahnemann was the founder of homœopathy. He postulated a healing principle: "That which can produce a set of symptoms in a healthy individual can treat a sick individual who is manifesting a similar set of symptoms — the Law of Similars". This principle, like cures like, became the foundation for an approach to medicine to which he gave the name 'homœopathy'. Hahnemann also laid down the fundamental principles of potency, case taking, and case management.

LECTURE 1

DEVELOPMENT

Study Guide for Lecture 1

1) Read the following chapters before you start reading Lecture 1:

- Dr. Rajan Sankaran, The Spirit of Homœopathy, Chapters 1-15
- Dr. Rajan Sankaran, The Sensation in Homœopathy, Part I
- Dr. Rajan Sankaran, The Other Song, Chapters 1 and 2
- Dr. S.K. Tiwari, Essentials of Repertorization, Part II, Chapters 1 and 2

2) BOOKS NEEDED for Lecture 1

S. R. Phatak's Concise Alphabetical Repertory

Any standard Repertory like Complete or Synthesis

Sankaran's The Soul of Remedies

Sankaran's Schema

Kent's Repertory

3) Read Lecture 1

Where any rubrics are mentioned, open your Repertory and try to locate them on your own.

Let's begin at the beginning.

In his own words, Samuel Hahnemann wrote:

> *"I took by way of experiment, twice a day, four drams of good China (Cinchona). My feet, finger ends, etc., at first became cold; I grew languid and drowsy, then my heart began to palpitate, and my pulse grew hard and small; intolerable anxiety, trembling, prostration, throughout all my limbs; then pulsation in the head, redness of my cheeks, thirst, and in short, all these symptoms which are ordinarily characteristic of intermittent fever, made their appearance, one after the other, yet without the peculiar chilly, shivering rigor, briefly, even those symptoms which are of regular occurrence and especially characteristic - as the dullness of mind, the kind of rigidity in all the limbs, but above all the numb, disagreeable sensation, which seems to have its seed in the periosteum, over every bone in the body - all these made their appearance. This paroxysm lasted two or three hours each time, and recurred if I repeated this dose, not otherwise; I discontinued it, and was in good health." Samuel Hahnemann*

(Cullen, W.: 'Abhandlung uber die Materia Medica. Ubersetzt und mit Anmerkungen versehen von Samuel Hahnemann.' 2 Bande. Im Schwickertschen Verlag. Leipzig 1790.)

The Law of Similars: Hahnemann's Experiment

It began with Hahnemann discovering the Law of Similars. In his attempts to discover why Cinchona, the bitter red bark of a tropical tree, was an effective medicine for malaria, he experimented by taking medicine himself. He developed symptoms of periodic fever and chills, headaches, vertigo, and many symptoms similar to malaria. This lead him to postulate that a disease will be cured by a substance that can create a similar state in a person. This was the birth of the Law of Similars.

The Remedy Produces a State of Being

Along with this discovery, he realized something else of profound significance. During a 'Proving', Hahnemann noticed different symptoms emerging. He took careful note of each one, recording and collating all his findings. As the experiments continued, he became aware of a change in his whole being.

Hahnemann soon realized that remedies didn't produce a symptom but did produce an effect on the organism which then developed a whole host of expressions in the

LECTURE 2

DEVELOPMENT (Cont'd)

Study Guide for Lecture 2

1) Read the following chapters before you start reading Lecture 2

   - Dr. Rajan Sankaran, *The Spirit of Homœopathy*, Chapters 21- 24, 30-38
   - Dr. Rajan Sankaran, *The Other Song*, Chapters 3 to 9
   - Dr. Rajan Sankaran, *The Sensation in Homœopathy*, Part II, Chapter 1; Part III [Section 1], Chapters 1, 4, 5, 6 and 7; [Section 2], Chapters 1 and 2

2) BOOKS NEEDED for Lecture 2

   - S. R. Phatak's *Concise Alphabetical Repertory*
   - Any standard Repertory like Complete or Synthesis
   - Sankaran's *The Soul of Remedies*
   - Sankaran's *Schema*
   - Kent's Repertory

3) Read Lecture 2

Where any rubrics are mentioned, open your Repertory and try to locate them on your own.

Up to this point, we have seen cases where the patients describe peculiar physical or characteristic concomitant symptoms which take us straight to the Repertory in search of the precise rubrics. The remedies that appear in the rubrics are studied and a prescription is made. But when the patient describes symptoms on an emotional level, the path through the Repertory often becomes more challenging. We need to understand the patient at a deep level before we enter the pages of the Repertory.

[Case 24] Lady Affected by Her Friend's Death - *Baryta carbonicum*

A very quiet woman from the south Indian state of Kerala arrived at the clinic accompanied by her husband. I noticed that she did not respond to my greeting and sat directly beside her husband, allowed him to begin the consultation.

After their marriage 15 years ago, they had come to settle in Bombay. Recently, his wife had become very fearful. She was too afraid to sleep alone at night when he traveled. "Doctor, in the last while, she even calls in our 13-year-old son at night to share her room. She is too afraid to be alone."

I turned to her and asked if there had been any kind of stress in her life when these fears began. She glanced toward her husband and he continued to speak for her. "Well, yes. She was very much affected by the loss of her friend, a neighbor who lived in our building. After her friend's death, she started to become frightened, especially of sleeping alone."

How can we understand this? We could look at the rubric:

- **Mind**: Ailments from, death, parents or friends, of

This is a direct rubric choice. We have taken the exact information and circumstance described by the patient's husband and gone into the Repertory, basing our rubric choice on a single situation.

If we take one more step and ask ourselves, "Why is she so affected by the death of her friend? Who is she? Who reacts to the loss of a friend in this way?" we may come to a fuller understanding of the totality of her expression.

I tried again to engage her, asked simply, "Tell me something about yourself."

Her eyes quickly darted toward her husband and once more he responded, "She was born and lived most of her life in Kerala in South India. We came to live in Bombay 15 years ago, but she still does not have any friends here. In our entire apartment

LECTURE 3

INTEGRATION

So far, we have studied certain fundamental concepts:

- Hahnemann's discovery of homœopathy
- Concepts of Holism and Individualism
- Repertory and Materia Medica
- Case-taking and individualizing each patient
- Peculiar symptoms
- Little bit about kingdom, miasm and the levels

Study Guide for Lecture 3

1) Read the following chapters before you start reading Lecture 3:

- Dr. Rajan Sankaran, *The Sensation in Homœopathy,* Part III
- Dr. Rajan Sankaran, *The Other Song*, Chapters 10 through 15
- Dr. Rajan Sankaran, *Structure*, Vol I, pgs 21-53 and 131-307, Vol II, pgs 523-865
- Dr. Rajan Sankaran, *An Insight Into Plants*, Vol I, part I and part III as an overview [you can also read Vol II and Vol III later]
- Dr. Rajan Sankaran, *SURVIVAL* – the MOLLUSC, Chapters 1 and 2.

2) BOOKS NEEDED for Lecture 3:

- The Soul of Remedies
- Sankaran's Schema

Integration

It may seem that there are two very different approaches being discussed here: traditional classical homœopathy using Repertory, Materia Medica, and Provings, and what is now referred to as the Sensation Approach with kingdoms, miasms and levels. Many practitioners and students feel they have to choose one way or the other. They question themselves in a particular case, *Will I look at symptoms and rubrics or will I look at the kingdom, sensation, and miasm?*

When I started to practice, I enjoyed very good results with traditional classical homœopathy, using Repertory and Materia Medica. 'Guess the Rubric' was a game I had played with my father when I was young so the Repertory was, and continues to be, essential to my practice.

As the years went on, I noticed that my colleagues and I had inconsistent clinical results. There were some marvelous cases that were doing beautifully and others that had been given many well-considered remedies with no amelioration. Why? Our results were unpredictable which lead to uncertainty in practice. The question of inconsistent results became uppermost in my mind. While trying to understand what made our results so variable, I thought about the homœopathic process.

A patient describes a set of symptoms; the homœopath puts them through a reportorial search and the remedies that run through those rubrics are considered.

For example, a patient may come in with the symptoms of: ailments from worries, weeping disposition, yellow staining leucorrhea, aggravation from sun, aggravation from warmth, and aggravation from fatty food. When all these symptoms are repertorized, several remedies come through all the rubrics: *Nux Vomica, Pulsatilla, Nitric acid, Ignatia,* and *Calcarea*. What to do now? How to proceed from here?

In the resulting repertorial chart, diverse remedies like *Nux Vomica, Nitric acid, Calcarea* come through, which are completely different from each other. At this point, what the patient needs becomes a matter of interpretation. One homœopath may think, "Oh! This is a *Calcarea* case," while a colleague may think, "This is definitely an *Ignatia* case." This is the uncertainty.

Another aspect that leads to unpredictable results is that when one set of symptoms is considered, a remedy comes through. But when a slightly different set of symptoms is highlighted, we come to a completely different remedy choice.

- These inconsistencies were very troubling.
- Is a patient a random collection of symptoms?
- Is a remedy an arbitrary group of symptoms?
- Does Ignatia mean symptom A, B, C, D, E, and F?
- Is a patient 1, 2, 3, 4, 5, 6?
- Are our patients and our remedies just random sets of symptoms?

Reflecting on these questions, we realize that each remedy is derived from a substance that belongs to a group; they are not a random set of symptoms. For example, *Lachesis* belongs to the group of snakes, *Ignatia* belongs to the Plant Kingdom and to a specific botanical family known as the Loganiaceae.

Remedy - Spirit of Source From Which It Comes

Each remedy has a particular essence, a unique nature, a specific quality that comes from its source. It is not an arbitrary list of modalities, desires and aversions, fears and anxieties, etc. The symptoms are an expression of the innate quality of that substance. The remedy itself is the 'spirit' of the source from which it comes.

Grouping – Kingdoms and Miasms

A remedy can be grouped according to the substance it is derived from. The first category pertains to the kingdoms of Plant, Animal and Mineral. These are basic classifications drawn from the world of natural science. I have discovered that these groupings can be immensely useful in practice. The second grouping is the miasms.

Patterns in the Three Kingdoms

Is there a pattern that distinguishes each of the three kingdoms? What do remedies that belong to a specific kingdom have in common?

Minerals – Structure

Let's consider three remedies from the Mineral kingdom: *Natrum Muriaticum, Argentum Nitricum,* and *Baryta Carbonicum.* Look at our knowledge of Materia Medica and what do we see?

Natrum Muriaticum – relationships

We know one of the main symptoms of *Natrum Muriaticum* is disappointment in love. The remedy is concerned with relationships, most characteristically the breaking of a love relationship. This sensitivity shows the strong dependence and need of *Natrum Muriaticum* for relationship.

Lecture 4

[Case 43] Can I Do It, Can I Not Do It - *Tantalum*

(In this case-study interview, D = Doctor and P = Patient. Italics are author's notes.)

A young man, 26 years old, came to the clinic for treatment. He had been diagnosed with a severe case of nummular eczema on his leg. Over the last eight or nine years, he had consulted several homœopaths with very little relief.

D: Tell me, what is your experience of having this problem (eczema)?

P: I feel handicapped.

D: What do you mean by 'handicapped'?

P: As if I don't have legs.

This is how the case began. His experience of the eczema was of being handicapped, which for him meant not having legs, which is precisely the main characteristic symptom of Baryta Carbonica:' Delusion as if he has no legs'. His remedy was not Baryta carb but from the same row of the periodic table.

D: Describe that.

P: I feel handicapped because I feel I lack the ability to stand on my own feet and take responsibility and leadership.

D: Tell me more.

P: Always in my mind there is the question - can I do it or can't I do it? Should I or should I not, do I have enough or don't I?

Baryta Carb feels, 'I don't have it'; there is no question.

This patient wonders, "Can I do it or can't I? Should I just keep doing the conservative thing according to the rulebook, doing exactly as others tell me? Or should I strike out on my own and take a leadership role?"

When asked to describe this dilemma further, he gave a very good example of two well-known sportsmen in Indian cricket.

P: In life do I want to be Sunil Gavaskar or do I want to be Kapil Dev?

Lecture 5

The Value of the Repertory

The Value of the Repertory

I have found that the more familiar we are with the Repertory, the easier it is to integrate different approaches of analysis. With the introduction of different concepts, kingdoms, and themes, the Repertory has been neglected at times. This is a big loss. The subject of this talk is the value of the Repertory and the benefits of developing skills to use it artistically.

My Familiarity With The Repertory

I started my study of homœopathy with the Repertory. My father repertorized each one of his cases. He made a list of symptoms that he included in his Repertory search, neatly written in the case record forms. For many years, he taught Repertory at the homœopathic colleges. He would bring home cases from his clinic and, when I was just 13, he would call out the rubrics: 'Desire for sweets' or 'Agg from warmth'; my job was to find common remedies shared by these two rubrics. From a young age, I became familiar with the Repertory. Even before I actually knew the names of the remedies, I knew the abbreviations. With this kind of background, the Repertory became one of the main tools of my practice.

In my father's time, Kent's Repertory was almost exclusively used. Later, in 1976, Barthel and Klunker from Germany and Switzerland compiled the *Synthetic* Repertory. They compiled information from 14 different repertories to create three volumes as a supplement to Kent's Repertory. The first volume was The Mind, the second was Generalities, and the third volume was Sleep / Dreams and Sexuality.

Repertory As An Index Of Symptoms

A Repertory is an index of symptoms. Beside each symptom is a list of the remedies that are associated or expressed by that symptom. The Repertory is organized in different chapters, listing the symptoms, rubrics and sub-rubrics beneath each heading.

Advantages Of Repertory

There are innumerable advantages of the Repertory - far too many to list - but the most prominent ones are:

- Our memory cannot possibly hold even a fraction of our Materia Medica, so the Repertory catalogue is an essential tool. It is impossible for us to remember all

Lecture 6

REPERTORY (Cont'd)

Study Guide for Lecture 6

1) BOOKS NEEDED for Lecture 6:

- S R Phatak's *Concise Alphabetical Repertory*
- Standard Repertory like Complete or Synthesis
- Kent's Repertory
- Boenninghausen's Characteristics Materia Medica and Repertory

2) REFERENCES:

I recommend you read the following books

- Dr. Shashi Kant Tiwari, *Essentials of Repertorization- part I- 1/7-29*
- Tyler, M.L. and John Weir, *Repertorizing*
- Patel, R.P., *Art of Case Taking and Practical Repertorization*
- Kanjilal, J.N., *Repertorization*
- Bidwell, Glen Irving, *How to use a Repertory*
- Kent, J.T., *Repertory of Homœopathic Materia Medica*
- Schroyens Fredrick, *Synthetic Repertory*
- Boger, *Synoptic Key*
- Boenninghausen, *Therapeutic Pocket Book*

REPERTORY (Cont'd)

We will continue to explore our most fundamental instrument, the Repertory. Skillful use of the Repertory grounds our thinking of symptoms, modalities, and rubrics. It gives us the foundation to explore homœopathy itself. If we lose that ground, we lose our footing.

The advantages and different types of repertories have been discussed. Now, I would like to point out some disadvantages of the Repertory and the care that needs to be taken for successful repertorization. I will also talk a little about my own way of repertorizing.

One of the main disadvantages of the Repertory is:

Well-proven remedies are highly represented.

Every symptom of a proven remedy is listed in the Repertory. A polychrest, like *Sulphur, Lycopodium, Natrum mur, Calc. carb*, with very complete Provings, have a huge number of symptoms and thus thousands of entries in the Repertory. If someone did a mechanical repertorization with common symptoms like;

- Desire sweets
- Aggravation from warmth
- Irritable,

etc., without emphasizing the strength of one symptom or another, the result would always be *Sulphur, Natrum mur, Phosphorus or Lycopodium* because these remedies appear in the most rubrics. This shows the importance of skillful repertorization. When the patient describes a peculiar symptom and we open the Repertory in search of that specific expression, the Repertory becomes a direct link to the Materia Medica. This way of using the Repertory facilitates us accessing all the remedies, otherwise we would be giving polychrests all the time.

Another caution in using the Repertory is: Be careful while using interpretative rubrics of the Mind chapter.

In the Mind section, we need to tread carefully because it consists of symptoms that are interpretative, some are additions from clinical observation and can be somewhat

LECTURE 7

MATERIA MEDICA

Study Guide and Summary for Lecture 7

We have studied the overall idea of the Sensation Method and the Repertory. In this lecture we will study Materia Medica.

How to study a remedy

- Source information
- Materia Medica - the PQRS symptoms with LSM
- Kingdom
- Miasm
- Complementary and similar remedies
- Repertorial rubrics
- Cases from practice

- Phatak's Materia Medica

Study of three remedies, one from each major kingdom:

Silicea

Pulsatilla

Lachesis

How to study a remedy

Source

The first step I recommend is to study the Source from which the remedy is derived, to acquire some basic understanding about the origin of the substance, the kingdom, and sub-kingdom.

Materia Medica – the PQRS symptoms with LSM

To study the Materia Medica of a remedy it is most useful to focus on the peculiar, queer, rare and strange symptoms along with the location, sensation and modalities. The characteristic and unique symptoms are especially important, as are the outstanding mental and general symptoms. When a thorough symptom picture is understood, then we can look at the remedy from the kingdom perspective.

Kingdom

After determining the kingdom the remedy is derived from, we can study its place in the kingdom, which will enable us to see how the characteristic symptoms are understood.

Miasm

The next facet to study is the miasm of the remedy, the pace and depth. Is its sphere of action acute and fast-paced or do the symptoms build slowly, producing deep chronic types of pathology?

Complementary and similar remedies

To differentiate a particular remedy, studying complementary and similar remedies is very helpful. Which remedies are similar or close in terms of symptoms, kingdom, sub-kingdom and pathology? What differentiates these remedies from each other?

Repertorial rubrics

The next step is a search of all the rubrics in which the remedy appears, either from a Repertory extraction (an alphabetical list of rubrics in which the remedy appears) or directly from the Repertory, paying close attention to the ‘grade’ of the remedy and size of the rubric. Are there any single remedy rubrics?

Lecture 8

DISCUSSION SESSION

I would like to describe some cases, which will illustrate how to apply the Materia Medica ideas that have been presented. The case examples will include Silicea, Pulsatilla and Lachesis to help reinforce the remedies already discussed.

CASE 1

(In this case-study interview, D = Dr. Rajan Sankaran and P = Patient. Italics are author's notes.)

Date: 7th August 2008

Patient: A young woman twenty-five years of age

Profession: Fashion design

Chief complaints: Abnormal facial hair growth and thinning of hair on the top of her head. Her hair was dry with an oily scalp. She had been diagnosed as Polycystic Ovarian Disease and was given contraceptive medication. She said that the medication, 'freaked me out'. Her menstrual cycle was regular but she experienced pain and cramping during her period.

Pathological diagnosis: Polycystic Ovarian Disease

I asked her to describe her complaints and here is her response:

P: I am very conscious of my hair thinning out. I don't like people talking to me about it. I become sad and depressed and it tends to play on my mind. The main fear is that eventually I might be bald. I have never been conscious or protective about my hair, but suddenly it has become very important. Everyone in my family has long hair.

I feel I don't have enough self-esteem and self-confidence. I am very self-conscious. People judge me by my looks. I feel very sad and low. I don't feel like doing anything and I go into a shell. I don't want to socialize. I like to be on my own, left alone. I don't want to come out of my shell. Then I feel very angry. Why can't I deal with all of this?

I asked her to go into the experience of this feeling.

P: I don't like mirrors or looking at myself in any way. A weird feeling runs through my body, exactly like when I have an examination - butterflies in my stomach, everything churns inside. I can't move. My heart rate goes up, my hands tremble

LECTURE 9

MIASMS

Study Guide for Lecture 9

4) BOOKS NEEDED for Lecture 9

S. R. Phatak's *Concise Alphabetical Repertory*

Any standard Repertory like *Complete or Synthesis*

Kent's *Repertory*

Boenninghausen's *Characteristics materia medica and repertory*

References

- **Dr. Rajan Sankaran – *The Substance of Homœopathy, Part II***
- **Dr. Rajan Sankaran – *The Sensation in Homœopathy, Part III, Sections 1 – 6/263***
- **Dr. Rajan Sankaran – *An Insight Into Plants, Vol. I, Part I/53***
- **Dr. Rajan Sankaran – *The Other Song, Part 2, 11 – 24***

Miasms as a classification started with Hahnemann, who presented it as a theory about the nature and origin of chronic diseases. Hahnemann found that diseases recurred or persisted in spite of seemingly well-selected medication, and proposed that an inherent 'taint' exists in a human being, which predisposes the individual to a particular set of symptoms and diseases. He postulated that this taint, which he named a 'miasm' or 'polluting exhalation', originated from a particular type of infection. He identified Psora (the itch), Sycosis (a venereal disease that manifests as figwarts), and Syphilis as three main, distinct infections, which leave such a taint. This was primarily an etiological concept; however, Hahnemann also identified a distinct group of symptoms and manifestations for each of the miasms. He classified remedies according to the miasms, and postulated that the miasm be treated by a remedy from the corresponding group.

Miasm - A Way to Classify Disease and Remedies

Initially, I did not see the practical value of this theory. I felt that if a remedy covered the totality of symptoms, it would automatically address the miasm. I saw the concept of miasms as an etiological theory of chronic diseases, a theory without much practical use. However, when I came to the idea of disease as delusion, the miasm classification came to life. I observed that the patient's delusion had distinct qualities based on the intensity and pace of the perceived situation. I recognized three different types of states possible:

1) the situation is hopeful

2) the situation is not solvable but can be lived with

3) the situation is destructive and hopeless

I saw Hahnemann's idea of miasms as a way of classifying states of being and remedies. This was of great practical value. I began to study the miasms from a typological viewpoint rather than an etiological one.

The Search For a Common Pattern in Antisyphilitic Remedies

How can this be done? One way would be to see remedies we consider antisyphilitic as sharing a common pattern. With this hypothesis in mind, I embarked on a study. If a common pattern was found in well-known antisyphilitic remedies, then we could conclude that this was the pattern of the syphilitic miasm, which allows us to classify both the patient's state and the remedy states accordingly. In this way, the miasm concept could become very useful in practice.

Hopeless Despair Leading to Destructiveness

Let's consider five well-known antisyphilitic remedies: *Aurum metallicum, Hepar sulph, Alumina, Mercury* and *Platinum*. We see that there is an underlying pattern in this group of remedies of a deep destructive quality in the physical symptomotology. The homicidal and suicidal features of these remedies are well-described. From this, we could make a hypothesis that syphilitic remedies have a destructive attitude of the mind; if we explore a little further, we see that the destructive attitude is accompanied by an expression of despair and hopelessness.

Kent writes in his lecture of *Aurum metallicum*, "Intense hopeless depression and disgust of life…talks of committing suicide."

Phatak describes *Syphilinum* as having, "Hopeless despair of recovery, antisocial, horrid depression." These remedies are known for destructive pathologies, ulcerations, degeneration, and necrosis. We see that in syphilitic remedies there is destructiveness in the mind as well as the body.

Miasm - Etiology and Specific Pattern of Disease

A miasm is not only an etiology of disease but also a specific pattern of disease, encompassing both physical manifestations and mental attitudes. This becomes useful clinically. We can restrict our search to remedies from the syphilitic miasm for patients who show this deeply destructive pattern.

The Search For a Common Pattern in Sycotic Remedies

When we examine Thuja, Medorrhinum, Silicea, Pulsatilla, and Causticum, what pattern is seen in sycotic remedies?

Over-reaction, anticipation, and caution

First, we observe the tendency to form warts, growths, keloids and tumors. In the mind, there is a perception of fragility leading to a need to be careful and to cover up. The sense of anticipation is a common symptom in this group.

The destructive quality of the Syphilitic miasm is not present, but we see a strong tendency to caution and fixed ideas. From the perception of fragility and caution comes an over-reaction, either in the form of egotism, or the other extreme of carefulness. This over-reaction comes from defenses that have been built up to protect the weak, fragile spot from exposure. Generally, egotism is a cover-up for a person's lack of self-confidence, just as over-cautiousness is a cover-up or over-reaction to anticipatory anxiety. The pattern of over-reaction is also seen on the physical level in the over-growth of tissue in the development of warts, keloids, and tumors, when a 'sentinel pile' (overgrowth) develops at the edge of a fissure in order to protect the vulnerable area. This pattern is also evident in the over-response seen in allergies, asthma, and a reaction to vaccines. We can understand the Sycotic miasm not only as

SYNERGY

Introduction

Consistency of results is very important in practice. In homœopathy, the traditional methods of Repertory, Materia medica, keynotes, and comparison of symptom pictures with respect to the patient has been the foundation for homœopathic practice. This approach has led to many successful prescriptions and wonderful results.

In the past two decades, there has been much emphasis on remedy classification. This has brought fundamental developments in the understanding and application of kingdoms and miasms. Along with this evolution has come the importance of understanding the exact experience of the patient. This has led to the rediscovery of the Sensation, the generalization of the local sensation into the general state, as described by one of our great master homœopaths, Boennighausen.

Increased findings of the qualities shared between each remedy and its source has brought new dimensions to homœopathic prescribing.

These ideas have been termed 'The Sensation Approach' - many homœopaths throughout the world have made use of various aspects of the method. These concepts have especially appealed to the artistic segment of the homœopathic world.

However, I have found that the most consistent results are realized when the artistic side and the logical, traditional side join together. In fact, these two ways of thinking are integrated; when we understand this, our prescriptions are well-rounded and complete.

I have also become aware of a third aspect - the 'genius', or the main idea of a remedy, the flavour or essence of a remedy. This has been referred to in some of the homœopathic literature as the 'generalization' of a remedy state.

With these three aspects woven together, the consistency and success of my prescribing has increased significantly. I have seen the most wonderful results using this integrated approach and am so eager to share this with my colleagues, practitioners, and students.

SYNERGY

I have come to the conclusion that when 'symptoms' and 'system' - the left and right brain - come together, it is like a matchbox and a match. You can toss them into the same bag or drawer and nothing happens, but strike them together and you have fire.

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

This is synergy - two things come together with a result that is greater than the sum of the parts. Whether you pick up the matchbox and bring it to the match, or the other way around, the outcome is the same. When the two come together, the fire is lit.

This is the way I work.

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

The reverse may also be true. Symptomatically, I see that the patient has a certain neurotic state that started after the death of his friend. This is a rubric for Ignatia, Nux vomica, Kali bromatum, Natrum muriaticum and several other remedies, 'Ailments from death of parents or friends'. When I examine the other side, ask the patient about his experience, he describes it as a sudden shock, a surprise, a feeling that he wants to avoid. The fire is lit. The Loganiaceae Sensation comes together with the Sycotic miasm with a rubric containing two other Loganiaceae plants, and you know that the remedy must be Gelsemium.

There is a point when the right and left sides come together with a realization that the remedy has to be this. It is not merely this data added to that data, but an entire understanding of the System on one side intersecting with the rubrics on the other side; the fire is lit.

Synergy

The Triangle of Symptoms, System, and Genius

I would like to share with you the most current evolution of my own practice. It grew from my understanding of the Sensation not as a separate and independent method of practice, but as an interdependent and flexible tool. Used corroboratively and synergistically with traditional methods of analysis, it expands the view of the case and of the remedy. This allows the greatest understanding of what is to be cured in disease, and what is curative in a remedy.

As I focused on the integration of Sensation with traditional homœopathy, interesting things began to happen. I began with a question: How does one best arrive at an understanding of what is to be cured in each patient? I realized that this basic question meant using a flexible approach to case analysis. When approaching a new case, I would look for the anchor – a solid and dependable characteristic that is beyond interpretation. But I found that the anchor given by the patient depended entirely on their level of experience of their own state, and how they were able to express this. One patient might give one or more general symptoms; another might talk about a characteristic physical particular; another might talk directly about his Sensation.

In a fully integrated approach, one does not need to push the patient to express herself within a particular framework that might stray too far from her level of experience. Instead, we can choose a viewpoint of the case that resonates with her experience, as she is able to tell it. This allows for a more organic and gentle style of case-taking that fully respects the patient. This is less draining for homœopath and patient alike. This is important not only because our process should be gentle, but also because we have found that pushing patients to reveal a deep level of experience in many cases simply doesn't work.

Following this line of thinking led to deeper consideration of the various angles from which one can view a case and a remedy. There has been the angle of 'symptoms' - of traditional Materia Medica, Provings, and rubrics. Then we came to understand the angle of 'system' - Sensation, in which we see that the deepest experience of the state (in both patients and remedies) relates to themes of the kingdom, family, and remedy source, as well as to the miasm (the depth of the state, which includes the coping strategy).

I saw that each of these angles could lead to the remedy, yet each could fail on its

Appendix I

Article on Phatak's Repertory

My student and colleague Dr. Munjal Thakar has written a very comprehensive article about Phatak's Repertory and his approach to case analysis.

An Insight into Dr. Phatak's approach

by Dr. Munjal Thakar

Dr. Phatak was a master clinician. He was, to the best of my knowledge, the most recent of the followers of Boger's approach. Unfortunately, Dr. Phatak has written little. Moreover he has practically never penned down his cases. In fact, he never kept written records of his patients!

In the article below an attempt is made to unearth Dr. Phatak's rationale in-absentia. How accurately it depicts the reality will always remain a matter of doubt. To minimize errors I have rechecked his writings, his language, his phraseology, and his practical application of these concepts in the cases, before making a conclusion about his thought process & its application. I have referred to the following literature :

a) Concise Materia Medica- Dr.S.R.Phatak

b) Concise Repertory- Dr.S.R.Phatak.

c) Clinical experiences - Dr. S.R.Phatak, Edited Dr.P.Sankaran

d) Elements of Homœopathy- Dr.P.Sankaran.

e) Collected Works of Boger- Robert Banan.

I will try and demonstrate how I could unearth the rationale, by putting together several bits and pieces from various literature written by Dr.Phatak, Dr.P.Sankaran, and others.

For this, let us first of all take a close look at the Materia Medica Dr.Phatak has written.

"Materia Medica of homœopathic Medicines"- Second ed.

Case 10: Young boy with prolapse of rectum. He had great craving for eggs, but when he took eggs his prolapse would be worse. He was given Calc.carb which completely cured the condition.

Comments: [Refer above point 6. Structure & content of Phatak's Repertory.]

The above mentioned cases clearly depict the flexibility with which Dr.Phatak evaluated symptoms in any case. This flexibility is completely unlike the modern ways. In the modern practice of homœopathy it is already predetermined what is to be looked for in the case and what is most important in the case. This has lead to rigidity in approach. It has lead to rigid schools of thoughts in homœopathy! The issue is not so much about having different viewpoints, but more of being rigid about what we think the truth is. Essentially correct scientific thinking should liberate us from rigid approaches; it should by its innate nature promote integration of differences. Are we going wrong somewhere?

Case11: Long ago I was consulted by a young lady who had developed black pores on the face. She became so self-conscious that she avoided meeting people. Once however she had to go and attend a social function. There someone, an acquaintance, asked her how she developed the pores. This embarrassed the patient so much that next day, she got convulsions and thereafter the convulsions seemed to recur on and off. I gave her Opium and her seizures disappeared. I gave her Opium on the rubric "Embarrassment agg." For which my Repertory gives only four remedies viz. Ambr, Ign, Op, and Sulph. Homœopaths generally know well that Opium covers the effects of fright, but it also covers the effects of embarrassment.

Comments: In Phatak's case and also Boger's cases the mental symptoms are seldom given the importance the way we modern homœopaths give. The case above is one such illustration where emphasis was given on mental symptoms. Here also, Dr.Phatak and Boger seem to be following the same dictum, viz …. mental attitudes, causation, have their own place in the selection of the remedy, when they are very marked."

The question, that still remains unresolved in my mind, is this "Are we treating the mentals the way they should be?"- As I think aloud, - the modern homœopathic approach has seen brilliant cures with fair amount of consistency with the way it treats mentals, yet an equally good number of cases are merely palliated (in spite of there being a possibility of a complete cure). This leaves us with space of improvisation. Secondly, I am sure Dr.Phatak and Dr.Boger, had their share of failures too. One could hypothesize that may be the modern approach might have better worked on those failed cases…In any case, the failure of these Masters will not be available to us to study the pattern of their failure. Had this literature been available, we would see their limitations. I think, knowing the limitation of their approach is imperative. It will complete the circle and bring to light a larger picture. Such a study will carve a niche for both- the modern approach which we follow today and the approach followed by these Masters.

their approach is not replacing what we do in our Modern approach, but a thorough conglomeration of the two viewpoints.

It has resulted into : a) A solid consistency in my ability to produce improvement (in both acute and chronic cases) - i.e. towards a cure. b) More than anything it has given me a cutting edge insight into clinical decision making, interpreting cases & follow ups etc. c) It has given me glimpse of the method to take a case towards cure when you know that you have managed to prescribe only a partially similar remedy; i.e. when is the next remedy required and what will be the totality that would point towards the second prescription.

[Courtesy: The article was first published in German language in the journal "Zeitschrift für Klassische Homöopathie".]

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Appendix II

Miasms

By

Dr. Roger Morrison

Miasm is staging a comeback. After nearly sinking into oblivion, Hahnemann's concept is receiving tremendous attention in many locations. Harry van der Zee published his Miasms during Labor describing the miasms in terms of Grof's psychological insights. Jeremy Sherr recently published his scholarly book, *Dynamic Materia Medica: A Study of the Syphilitic Miasm*. Rudolph Ballentine's new book, *Radical Healing*, deals mainly with miasm. And Rajan Sankaran has been slowly evolving his concept of miasm for the past 10 or more years. Why this sudden rebirth of interest in the concept that Hahnemann proposed 175 years ago?

A Little History

Hahnemann published Chronic Diseases in 1828, bringing to the world his theory of miasm. Hahnemann had been grappling with the question of the frequent failure of homœopathy in chronic conditions. He writes, "Why, then, cannot this vital force, efficiently affected through Homœopathic medicine, produce any true and lasting recovery in these chronic maladies even with the aid of the Homœopathic remedies which best cover their present symptoms…?" (Chronic Diseases) In other words, Hahnemann was searching for the reason that chronic cases relapsed after benefiting from homœopathic treatment. He says he began to consider this problem in depth from 1817 or 1817 and after many years of thought and effort he came to the discovery of miasm, "To discover this still-lacking keystone and thus the means of entirely obliterating the ancient chronic diseases, I have striven night and day, for the last four years, and by thousands of trials and experiences as well as by uninterrupted meditation I have at last attained my object. Of this invaluable discovery, of which the worth to mankind exceeds all else that has ever been discovered by me, and without which all existent Homœopathy remains defective or imperfect, none of my pupils as yet know anything." (Letter to Baumgartner) He felt he had unlocked a great truth. Eventually in 1827 he revealed his theory to Stapf and Gross – his two closest students.

Hahnemann had a special understanding of the word miasm. Miasm is understood to

Tubercular Miasm

The feeling of the miasm relates to the ever encroaching and eventually fatally suffocating infection. The patient rebels, struggles, longs for freedom from his condition. He hurries to live his life even as he intuits that it is burning away from him. He feels the walls closing in upon him. His loved ones cannot be trusted. He suffers from respiratory conditions, persecution complex, and deformative arthritis.

Abrotanum. Acalypha. Apis. Aranea. Arsenicum Iodatum. Atrax. Balsamum. Brucea. Bromium. Calcarea Iodata. Calcarea Phosphorica. Cereus Bonplandii. Cimicifuga. Cistus. Coccus Cacti. Coffea. Drosera. Elaterium. Euonymus. Ferrum Iodatum. Ferrum Phosphoricum. Fluoric Acid. Ginseng. Iodum Kali Phosphoricum. Latrodectus. Magnesia Phosphorica. Mygale. Myristica. Myrtus Communis. Natrum Phosphricum. Oleander. Phelandrium. Phosphorus. Pix. Rumex. Salix Niger. Sambucus. Senega. Succinic Acid. Tarentula. Theridion. Ustilago. Verbascum.Vespa.

Nosode – *Bacillinum. Tuberculinum* (in all its preparations). BCG vaccine.

Leprosy Miasm

Lepers have suffered enormously through history. The condition is slowly progressive and eventually leads to death. However, even more disturbing to the patient is the reaction of those around him. He is reviled by his friends and community. Where they looked at him with affection they now feel loathing. This results in a desperate state of self-disgust and self-hatred. He feels contempt with his condition and towards himself or others. He desires to tear, mutilate or bite himself. He suffers from suicidal thoughts or impulses, depression, morbid obesity.

Known Remedies of the Leprosy Miasm

Agraphis. Aloe. Ambra. Androctonus. Aristolochia. Aurum Sulphuricum. Azadirachta. Baryta Iodata. Baryta Sulphurica. Cereus Serpentinus. Cicuta. Coca. Codeinum. Comocladia. Curare. Cyclamen. Fumaria. Gratiola. Homarus. Hura. Hydrastus. Hydrocotyle. Indolum. Kola nut. Lac Defloratum. Laurocerasus. Ledum. Mandragora. Mephites. Ocimum sacntum. Rhus glabra. Secale. Sepia. Skatolum. Solanum Tuberosum Aegrotans. Spiraea.

Nosodes – Leprominium. Psorinum.

Syphilitic Miasm

Syphilis was an inexorable death sentence in the pre-antibiotic era. The condition is utterly destructive – either physically or mentally. Extreme nihilism marks the patient in the uncompensated state. The diseases are destructive of bone and tissue leading eventually to death. The patient reacts to his illness or his perceived life situations as though under a death sentence. He is prone to feelings of violence and revenge. Suicide or homicidal feelings are common. Destructive addictions often

Appendix III

Miasms - an Overview

By

Dr. Manish Bhatia

In his work *The Spirit of Homœopathy*, Sankaran had described disease as 'delusion', the 'awareness' of which becomes a 'cure'. In his subsequent work 'The Substance of Homœopathy', he extends his approach to disease to the concept of miasms. Unlike others who developed their understanding of miasms through the cause and classification of diseases, Sankaran evolved his ideas of miasms by trying to find the common theme in the mental states and delusion of known anti-miasmatic remedies. From there he extended the concept to the physical and pathological states corresponding to the miasms.

For example, to develop an understanding of Psora he studied known antipsoric remedies like Sulphur and Psorinum and compared their underlying theme, delusions and state to find the common miasmatic ground.

Sankaran says - "The acute (miasm) is the immediate reaction necessary to survive. Psora is the reaction to a situation which demands struggle with the circumstances outside in order to survive. Sycosis is the reaction to a situation that demands that he accepts his own weakness and cover it up to survive. The syphilitic reaction comes with the realization that adjustment is no longer sufficient and that in order to survive he must bring about a radical change in the internal or external circumstances, or both."

Sankaran's approach on the mental plane may seem radical to many but on the ground his use of physical symptoms of the miasms is very classical. The only difference is that Sankaran has come to hold the ear from behind the head! Sankaran has evolved his understanding of miasms with his understanding of medicines and their mental states.

The significant aspect of Sankaran's concept of miasms is his focus on newer miasms like Tubercular, Leprous, Cancer, Malarial, Typhoid and Ringworm. He says Typhoid miasm is a sub acute miasm, which lies between the acute, and Psoric miasms. It has the main feeling of a critical situation, which, if properly handled for a critical period, will end in a total recovery. Ringworm miasm lies between Psora and

Sycosis. It is characterized by an alteration between periods of struggle with anxiety about its success, and periods of despair and giving up. Malarial miasm, which lies between acute miasm and Sycosis, has an acute feeling of threat that comes up intermittently. Tubercular, Leprosy and Cancer miasm lie between Sycosis and Syphilis. In Tubercular miasm the feeling is of intense oppression and exploitation, and a desire for change. Cancer miasm has a feeling of weakness and incapacity within, with a desire for perfection. Leprosy has the feeling of intense oppression, intense hopelessness, and an intense desire for change.

The other difference in Sankaran's approach is his list of anti-miasmatic remedies. Since he uses a different classification of miasms and also relies on the 'state' of the patient to judge the miasm, he has his own list of anti-miasmatic remedies.

I cannot dwell deeper on Sankaran's approach here but I would like to say that although Sankaran's miasms appear very different from Hahnemann's miasms, they are actually not. Sankaran has picked all his miasms from infections and uses physical symptoms too, to identify a miasm just like others. The difference in his work is that he has been able to associate different mental states with each miasm and the transition from one miasm to another is shown through successive changes in the mental state. The only drawback in Sankaran's approach is that his process relies so heavily on a specific method of case-taking, analysis and understanding of mental states that it introduces a lot of subjectivity and others may find it difficult to get the same results by following his approach.

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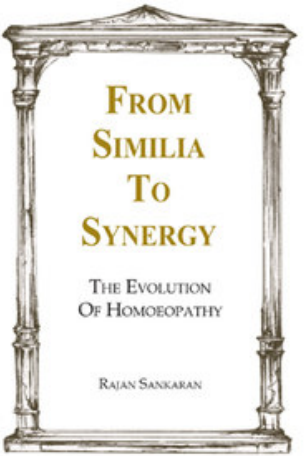

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