

The Sensation in Homoeopathy



Rajan Sankaran

**THE SENSATION
IN
HOMOEOPATHY**

RAJAN SANKARAN

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Duke Mu of Chin said to Po Lo: "You are now advanced in years. Is there any member of your family whom I could employ to look for horses in your stead?" Po Lo replied: "A good horse can be picked out by its general build and appearance. But the superlative horse — one that raises no dust and leaves no tracks — is something evanescent and fleeting, elusive as thin air. The talents of my sons lie on a lower plane altogether; they can tell a good horse when they see one, but they cannot tell a superlative horse. I have a friend, however, one Chiu-fang Kao, a hawker of fuel and vegetables, who in things appertaining to horses is nowise my inferior. Pray see him." Duke Mu did so, and subsequently dispatched him on the quest for a steed. Three months later, he returned with the news that he had found one. "It is now in Shach'iu" he added. "What kind of a horse is it?" asked the Duke. "Oh, it is a dun-colored mare," was the reply. However, someone being sent to fetch it, the animal turned out to be a coal-black stallion! Much displeased, the Duke sent for Po Lo. "That friend of yours," he said, "whom I commissioned to look for a horse, has made a fine mess of it. Why, he cannot even distinguish a beast's color or sex! What on earth can he know about horses?" Po Lo heaved a sigh of satisfaction. "Has he really got as far as that?" he cried. "Ah, then he is worth ten thousand of me put together. There is no comparison between us. What Kao keeps in view is the spiritual mechanism. In making sure of the essential, he forgets the homely details; intent on the inward qualities, he loses sight of the external. He sees what he wants to see, and not what he does not want to see. He looks at the things he ought to look at, and neglects those that need not be looked at. So clever a judge of horses is Kao, that he has it in him to judge something better than horses." When the horse arrived, it turned out indeed to be a superlative animal.

Taoist tale

FOREWORD

There is a joke I like :

Q: How long should a doctor practice?

A: Till he gets it right.

The key to consistent results is a deeper understanding of disease and cure, as also the development of methods of case taking and analysis which reflect this deeper understanding. In my own practice I found that the deeper the level reached in a given case, the better were the chances of success. My earlier works, namely *The Spirit of Homoeopathy*, *The Substance of Homoeopathy* and *An Insight into Plants* each represents a step in the deepening of my understanding of Homoeopathy. The last four years have witnessed a major shift, and this book records that shift and the method that has emerged from it.

Disease is a state of being, which is expressed as a mental state and as physical symptoms. The mental state is often experienced as stress. Stress does not arise from external realities (though it may seem to be that way), but from the individual way each one of us perceives our external circumstances. The truth is that the external reality is not the 'cause' of most of the stresses and conflicts that occur in our lives.

If we were to consider life's extremes or observe the hardest of external realities, at these moments there are seldom any conflicts within ourselves. Indeed in such situations it appears that one knows what the facts are and also knows exactly what is to be done. (It is well known that the incidence of suicide and mental illness drops during wartime.)

For example, if one's house is on fire, there can be little conflict in the mind in such a circumstance. One knows what best to do and one does it. One could say that there is a certain unity and harmony within. It is as if in such circumstances, a single inner voice tells us the action to be taken. There is seldom any inner debate or turmoil at such times. Let us consider another example – if one is being chased by a wild animal there are no two minds as to the action to be taken. One does not worry about the situation; the focus

is on the action and one just acts! It may thus be safe to say that in a really tough situation, where the problem is distinctly external, the mind innately seems to know 'what' to do (to the extent that it even knows 'how' to do it).

So then, how, or in what circumstances, does the stress or conflict arise? Stress or conflict comes into play when the external reality differs significantly from one's individual or inner perception of that reality. In the face of such a disparity between inner and outer realities, the unity and harmony within (which was so evident in the examples above) cease to be possible, and instead the person experiences duality and conflict. He experiences two inner voices: one voice saying 'what (it actually) is', the other articulating his inner perception of 'what is', which is quite different from the facts of his external reality. For example, an individual who is well-off financially objectively seems to have no ground for money worries. However if his own inner or individual perception is that despite his wealth he is needy and financially insecure (a mismatch between outer reality and his own perceptions), he will experience two contradictory voices within him. It is this inner debate, this conflict within, which brings about stress. Let us consider another example, that of a girl who constantly feels unloved by the whole world. Objectively, she has her parents who love her; the institution that she belongs to also takes good care of her; and yet she dwells on the feeling that nobody loves her. Subjectively she feels unloved. The voice of outer reality ('what is') is contradicted by that of her 'inner reality' (i.e. what she perceives to be the case). These two contradictory voices create turmoil and stress at every level in her.

Thus, one could say that what we experience as stress or conflict in any situation has little to do with 'what it is' (the external situation), but more to do with 'what it appears to be' (our individual way of seeing and experiencing that situation). When our own individual perception differs markedly from the actual situation, we are in effect suffering from a 'delusion', a false perception of reality, which colors the way things appear to us. One could compare this with wearing colored glasses, where everything we see takes on the same color. A delusion is like wearing life-long colored glasses that we never seem to take off. We view all situations in the same 'colored way'. It becomes the routine, every-day way we perceive ourselves and our world.

It thus appears that at the basis of stress or conflict lies a delusion, a false perception of reality. Let me explain the mechanism of this stress a little further: In any given situation, our mind and body tend to first perceive the situation and then evaluate what it means in terms of our survival. We thus

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know how to adapt and respond to the situation. This is, in a way, an automatic process. For example, when an insect stings you your senses perceive it and you automatically swing your hand to swat the insect. There is no conflict, no duality. There is action in the moment. The situation is perceived and acted upon appropriately and in proportion. The mind and body perceive it and react through reality 'as it is'. The incident or the situation passes without any trace or after effects. This is health in terms of adaptability, freedom to be in the moment, where the mind and body know what to do, and how much to do.

Reverting to the earlier example of one's house being on fire: in such a situation you might experience anxiety and fear, but these emotions would be in proportion and would evoke specific and appropriate responses. They would disappear when the situation has passed. However, the case is different when a person acts from delusion; in such an instance he is unable to see what the reality is. Instead he tends to view the situation in his own way, coloring and shading everything through the filter of his delusion. Thus he reacts inappropriately or disproportionately to the situation at hand. The situation evokes something in his mind, excites memories of the past, reminding him of several things that have happened to him before, of several situations, each of which appeared in the same colors and shades as the present one. Moreover, the present situation confirms and reaffirms his delusion, and it becomes more deeply etched in his memory for future time. Because of his 'deluded way of seeing' a part of him is unable to live in the moment, the present reality; however another part of him is unable to deny that reality, the 'what actually is'. This duality between 'what is' and 'what is perceived' causes deep conflict within him. Stress results. Thus it is a person's inappropriate perception and reaction that is the basis of the stress, not the situation itself.

If we are able to live in the moment we perceive the situation as it is. There is thus no conflict and the situation can be tackled and dealt with almost automatically (as was the case with swatting the mosquito!) The situation then remains a situation and does not become a problem. A situation only seems to become a problem when it is associated with the past, and when it confirms a false perception of reality, thus fixing it in our memory. So begins the process where each situation becomes a problem, connected as it is to a life-long problem, a fixed and false perception of reality, a delusion that rules an individual life. Once a delusion is established, whatever the situation it will always be viewed in the light of this delusion, and the corresponding reaction will always be inappropriate.

Each one of us has our own delusion, which influences everything in our life, the way we work, our interpersonal relationships etc., to the extent that emotional states, fears, hatred and even joy are based very much on this delusion. The delusion also gets represented in our dreams, nightmares and fantasies. Interestingly, these delusions appear to be shared by the entire human race. We can observe, by examining history, that delusions are non-specific to the individual, being shared by the entire human race. They are global. They transcend geographical and time boundaries, and can be seen to be expressed in the ageless and always appealing mythology, fairytales, literature, art, movies, and all other forms of human imagination.

Yet, we view all we experience in life in the light of our personal delusion. Our inner, false perception does resonate with certain events, characters and eras in history and even in mythology. We also identify with certain characters in novels or films, whose way of acting and reacting in some way echoes our own story. In this way the delusion takes us beyond our personal experience and connects us to other individuals throughout human history.

Let me illustrate this with an example. A young man might describe his state as being unhappy at his work place. This is his feeling. On further enquiry, when asked to describe this unhappiness in depth, he might say that his experience at work is similar to that of being captured and tortured. When asked to describe the words 'captured and tortured' the various images that may come to his mind are those of African slaves taken to America, or of concentration camps during the Second World War, and of the way the Romans treated their captives. These pictures of people who had been captured and tortured are from different eras, and thus have been a part of human experience (and therefore consciousness) through time immemorial. Once we realize this, we understand that this experience is not limited to the individual, but is truly global. The whole of humanity experiences it. Although the individual is describing a deep level in himself that is personal and private, the turmoil he describes is common to all and is found throughout human consciousness. So at the same time as reaching a plane that is intensely personal and individual, one also discovers that plane to be linked to all humanity. It is both personal as well as global.

Delusion therefore is not limited by time and place. It repeatedly manifests itself in different eras through different people in human history. From the beginning of human civilization similar situations repeat again and again in various forms; expressions may vary but the same pattern is manifest. For instance, every era in the history of every country has witnessed examples

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of individuals needing and striving to be the most powerful. Common to them, and so many others like them, is the demonstration of power, the use of capture, torture and the rule of fear, seen in all countries and cultures over time. This is why mythology holds meaning for us despite the passage of centuries. The plays of Shakespeare can also be seen to convey various human delusions, through characters and situations so exquisitely constructed that they continue to be as valid today as they were at the time of his writing. Human delusions transcend all barriers of time, place, language, nationality and culture.

Often, there are attempts to trace the origin of these delusions. While some attribute them to childhood incidents and traumas, others trace them back to past lives. It is understandable that we seek to find the source of these recurring and repetitive patterns of perceptions and behavior. However in so doing we follow a path that is linear, which has the underlying concept of cause and effect: this occurred because that happened, but then what caused that to happen, and so on. Sometimes our ongoing question of “Why?” yields answers in the form of brilliant guesses. More often it yields theories only, as we can never be sure. We can only surmise.

In my understanding there is a question that is far more fruitful than ‘Why?’ and that is the question ‘What?’ The truth is ‘what is’ in the present moment. We live in the present moment, and this present reality is the only knowable truth. It is all that is accessible to us. Why the present reality is the way it is is not ultimately knowable to us. The ‘what is’ is more than enough for us to seek to perceive clearly.

There are forms of psychotherapy that aim at making an individual aware of his delusion or show him his fixed patterns of perception and behavior. But the danger of this is that such a concept could be understood intellectually, not experientially. While an intellectual understanding transiently feels comforting, it is not effective in the long run. The reason is very fundamental – a delusion is not intellectual. It does not arise out of a thought process, nor does it stem from emotions like fear, anxiety, hatred and joy. A delusion arises from a much deeper plane. Emotions are in fact the expressions of the delusion and not the source of it.

In fact delving deeper we are able to appreciate that the delusion is not confined or limited to the mind, nor does it arise from it. The delusion itself is a part of a much deeper experience – a sensation that encompasses the mind and the body – a far deeper level, making it ‘felt in our very bones’ so to speak.

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For example, if we have a delusion that a lion is going to get us, it is not something that is felt simply emotionally or intellectually. Even imagining such an experience brings about the sensation of that impending attack, a sensation which reverberates in the deepest core of our being. Our entire demeanor, our attitude, our nerves and endocrine glands are affected by this sensation.

I have thus come to understand that this experience of the delusion is in fact an expression of an even deeper, underlying sensation. Such a sensation is unique for each individual person and is felt at the level of both mind and body. Such an experience is far deeper than a 'mind' experience. It is even deeper than being a specifically human experience, since it is not confined to the mind. It is an experience the human shares with animals, plants, and minerals – the things that make up this earth. For example, when a human being experiences a sensation of being attacked as if by a lion, it is an experience that is confined not only to humans but is also shared by many animals. Other sensations are even more basic (for example, gravity, pressure, contraction, expansion) and are shared in common with all things on earth including the minerals. Sensation is not just mental, emotional or psychological. It is in fact something more physical, i.e., instinctive and basic.

This pattern or sensation, from which our delusion arises, seems almost to be the voice of the spirit of something within us. It rules a part of our human life and colors our experience. It sounds a discordant note. One can consider the analogy of two voices singing two differing melodies inside us at the same time. One melody is human and is in its proper place. The other melody, although also beautiful, is simply out of place inside the human being. Thus, these two voices sing together – what cacophony! This disharmony can be called 'conflict' or 'stress' in everyday parlance. If we are to attempt to remove or eradicate this stress we need to go to this deepest level of awareness.

I began to see that what we consider as disease, the totality of signs and symptoms, mental and physical, general, particular... all of this comes from one basic disturbance. And that disturbance is not in the mind, nor in the body; it is something deeper than both. At that level a person talks a language which is both mental and physical. The body and the mind can then be seen as expression of that level (sensation), and that language actually is not even the language of a human being. It's a language that is coming from a source that is different from human being: a plant, a mineral or an animal. If we start hearing that language with increasing depth and clarity, if we focus on those words and those gestures which are not human,

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and are therefore very peculiar (what we refer to as peculiar, queer, rare and strange in Homoeopathic jargon) then we start hearing another language, one that is different from the human language. And if we focus on this language, we can hear the source itself. Then it becomes clear to us whether the person is talking a mineral language or an animal language or a plant language. The next step is further differentiation whether it is a mammal or a spider or a snake, or it is Anacardiaceae or Euphorbiaceae etc.

That which is non-human in a human, the basis of stress, this is what I understand to be disease. Disease is the non-human song playing within us, the melody of another substance from nature. That song is perfect as it is, but when in the human being it is in the wrong place. This non-human song should not be there. Our own innate song, the human song, is in its rightful place, and this alone should be playing in the human being. The non-human song has to be diluted till it ultimately fades and ceases and only the human melody is heard. This is the job of the remedy. On the basis of the Homoeopathic principle of *Like Cures Like*, a remedy is selected which is prepared from a substance whose song is similar to the patient's non-human song. Such a remedy in time has the effect of diminishing the non-human song, so that the cacophony or conflict or stress ceases, and only one melody, the human melody, is heard distinctly. When this takes place at a deeper level the disparity between the perception of reality and objective reality also ceases, and the individual responds to his situation in an appropriate manner, as was seen in the case of swatting the mosquito, or putting out a fire in one's house, or escaping from a wild animal.

In the light of the concepts mentioned above it can be said that each one of us lives two lives at the same time. The primal one is our life as a human being as a part of a family that is well knit within society. Man by nature is a 'social animal' so his existence depends upon his interaction with society. At the same time it is in his inherent nature to fulfill his 'role' in his immediate surrounding. Side by side with this role playing he nurtures his own 'ego' and 'identity'. Once his ego needs have attained a degree of fulfillment he looks for spiritual growth. This is the most fundamental thing that differentiates him from other animals. All this comes to him innately, inherently characterizing him. This is the song of a human being. It comprises of-

- His role playing.
- His upbringing of his family.
- His contributing to society.
- His striving towards social causes.

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- With the most essential and personal goal of self enhancement, developing his ego and progressing on the path of spiritual development.

As a human being this is the only song that should be playing within him as his song, his melody, and his essence.

Among this commonality it is interesting to see how all of us as humans have similar qualities and features, similar fears and aspirations, similar thoughts and feelings. And yet there are so many individual variations. Each one is so much different from the others. A very important component of this human variation is that despite this commonality each one of us has a part which makes us uniquely individual. It is this part – a small part that is not human specific – which characterizes each one of us. There are also some qualities found in a given individual in a different proportion to others. For example one person may have more aggressiveness, another may prefer the color black, another have a very strong sweet tooth etc. These individual variations are not isolated, random phenomena. When we collate all these ‘out of proportion’ features in the perception and reactions of a given individual, we see a clear pattern which holds true for that particular individual, a pattern that is a reflection of another phenomenon, of an entity which seems to manifest a completely different energy to that of his human life in society as outlined above. The resulting duality is such that on the one hand each individual has his life as a human being, while on the other there is also a whole different story, a completely other world inside him.

This other world, the spirit of this other substance within us, this energy pattern that confers individuality to each of us has its appropriate place in nature and not in us. But we have borrowed this energy pattern so that we can cope with the way we perceive reality – it is our strategy of survival given our delusion. Thus this energy pattern is not innate to us but to the ‘source’ in nature from whom we have borrowed it.

So it almost seems that the spirit of the source is occupying some part of an individual, giving him individual characteristics. Even though this part is small compared to the magnitude of the human part, it differentiates this human from other humans. It is very prominent, as is someone wearing a strange hat. The strange hat would be noticed even if it forms a small part of the human. This other part (which is a reflection of the source from nature) has its own energy, own melody, own song which is constantly playing inside a human being.

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Often it is the normal human song which is playing in the forefront in daily life. The other song thus gets relegated to the background, but is audible through the characteristic words and metaphors we use most often. It also reveals itself in the sensations we experience and express in various situations, along with the gestures we use to indicate these inner feelings and sensations.

Sometimes it so happens that people try to make this song the main song of their life, by choosing a career or situation or a partner where this song can be comfortably played. A person whose song is an aggressive one, might choose a profession which needs that type of aggression.

He can thus live both his songs in his daily life – then there is some degree of harmony in his life. But for the most part we are not able to live more than a small percentage of the other song in our daily life. Then under such circumstances the human being expresses the ‘other song’ in his past-time, hobbies and interests and especially through dreams.

The conflict followed by turmoil and disharmony begins when the other song doesn’t get a vent for expression. Its intensity becomes so high that it is not humanly possible to express a large part of it. Then the part that cannot be expressed precipitates and crystallizes as physical and mental pathology. Since this pathology is a manifestation of this ‘other song’ it has the same energy pattern, the same sensation and the same melody. We can say that this other song, this non-human melody expressed in the human can be best heard through the language of disease. And this language of the disease in a person can be heard in the way he expresses his complaints, the exact sensation of his aches and pains or other complaints. It can also be seen in his perception of his situation, the words that he uses to describe it and the effect of the situation on him, coupled with his reaction to that situation.

Let me illustrate this concept with an example.

A woman who was an executive in a company came to me with severe pain during her menstrual period. When asked to describe her pain she said that the pain was like a recoil.

“It is like when you pull something flexible and it recoils – like how it hits you on a recoil.”

This is an unusual description of pain and thus possibly expresses her inner song. When we examine her life further she says she is most sensitive to being pushed and jostled around in crowded places.

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For the conduct of her daily duties and activities she has to go to crowded places. In her opinion people are uncivilized, because people push and pull you, jostle you for more space. Her instinctive impulse is to push and jostle. But she doesn't do so because she feels she is civilized and therefore should not do such a thing in retaliation.

Thus, the song that plays in her has the energy of jostling and pushing, of an aggressiveness that is designed as a survival mechanism in a situation of having to fight for and find one's space in a crowd.

One notes that this is the same language that is expressed in her physical complaint, in her pathology. This pushing and getting pushed back (recoil) is typically a phenomenon seen in goats within their group. The goat needs to be with his herd, yet needs to find his own space and it does so by jostling and pushing. This pulling, pushing is essential for its survival.

This lady experiences the same phenomenon in her life which makes it 'her inner (non-human) song'. But she doesn't allow this song to be expressed in her day-to-day life. Since it is not expressed outside, it is stored within her – needing a vent to express itself.

It finds expression in her physical body in the form of painful menses. It manifests in the way she describes herself, the various aspects of her life, her other feelings and sensations, and in the hand gestures she uses to describe those sensations. The behavior and body language that characterize her, the words she uses most often, examples that are given out of context, this entire phenomenon as a totality . . . all act like keynotes of the song that is playing within her.

So, this phenomenon of the animal kingdom, a phenomenon specific to the goat family, seems to have found its way into her; or more appropriately she seems to have taken on some of the energy of the goat family. Their spirit in some way matches and helps her survive in the situation she (unconsciously) perceives herself to be in. This is her 'other song' melodious in its own way, yet out of its natural place.

Another case that comes to mind is of a young girl of twenty-five whose main complaint was irregular bowel movement. She alternately had constipation and diarrhea. On being questioned about how this affected her, she replied that the constipation made her look fat. Looking fat signified for her not wearing good clothes and feeling less attractive. When asked further about the less attractive feeling she explained that if she stood next to a fat person she wouldn't like it because "it reflects on her". People would say "fat and fat". Similarly in the office she did not roam around

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with the people she called “sideys”. For her a “sidey” was someone who was dull and unattractive. Being seen with them “reflected” on her. If she was spotted with them it meant that she was like them. Since the word “reflects on me” came up very often I tried to understand it from her perspective. She said that “reflects” was a word commonly used by humans to indicate anything that reflects back, like glass, since it reflects what is inside and outside of it.

She further explained that in life she had a set picture of how her life should be and had a set image of the way she looked. Everything had to be in that set order – only then could one stay focused. She was asked to describe the word “focused”.

“Focused is the opposite of blur”, she said. She expanded on this thus, “Blur is the time when you take off your glasses and you can’t see – Focus is when you put them back on and everything seems to be in order again.” When asked about stressful situations in her life, she narrated the story of a relationship that did not work out. It affected her profoundly because she was so involved that she had almost forgotten who she was. Everything came down to “what he was, I was” – she had become him.

Situations in her day to day life that she found particularly stressful were going to meetings and making presentations. She faced severe anxiety as she was extremely conscious of her image and the way she looked – she felt people were looking at her and that that reflected on her.

This attitude of hers is typically ‘glass like’ behavior. With ‘glass’ behavior in general one has to be careful both inside and outside (presentation of anxiety) so that it doesn’t break. Moreover, it reflects what is inside (with friends) so it really doesn’t have anything of its own – just reflects what is in front of it (as had happened in her relationship).

It is important to know that this other concurrent song exists, and it is amazing to see how one can recognize it word for word, note for note, melody for melody. It is intriguing how we try to harmonize and live our external life in congruence as per this internal melody. Nonetheless when this is not possible we live a different life outside and inside. This creates dichotomy and disharmony which is the root of stress.

When we go to the depth of the case and we see the remedy source speaking to us in its voice, our remedy selection is much more confident and results are more consistent.

The chief complaint is the best and most direct way to access the non-human song or sensation in a patient. Recognizing the importance of the chief

complaint was a big step for me; it saved one from getting lost in the emotions, situations and story of the patient. One can use the chief complaint to get directly to the sensation at the heart of the patient's disease. The chief complaint can lead directly to the non-human melody of the patient. Although it is a direct route it is not always an easy one, and sometimes it may not even be possible. There are many cases where the chief complaint does not lead anywhere, and in such an instance one would have to use a 'bypass'. In this way one may have to encounter first the emotions and the delusion, before one ultimately reaches the sensation.

Deeper to the sensation, at a realm that probably corresponds to that of the Vital Force, is an energy disturbance. What we experience in our mind and body, 'in our very bones' as a sensation, is experienced at this level as a disturbed or abnormal energy pattern. This abnormal energy pattern resounds with the energy from the source. In a patient the energy pattern can be appreciated especially through hand gestures. I have found hand gestures to be the most indicative of the inner truth of the patient. Words may be misleading sometimes, especially when the patient attempts to be 'reasonable', but hand gestures are usually spontaneous, and especially if they are repetitive they can never be misleading. Having no logic or reason behind them they are most peculiar symptoms, indicating vividly the energy of the source. The patient will be seen to use such hand gestures in different situations, different contexts and through the various levels: physical, emotional, delusion and sensation.

This book describes in detail these concepts, the process of case taking and the techniques employed herein, illustrated by several cases. Sometimes there may be a repetition of the ideas. This has been done with the intent of clarifying the ideas in different ways. I have also tried to address all possible problems and doubts that could come up in practicing this method, since we have been using this method for the past three years. I have also included the comments of some colleagues who have been working in this way. These comments have been most useful to me and other colleagues.

Come, let us join in the joy of discovery.

Rajan Sankaran

October 21, 2004



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I am very fortunate to have the support and love of so many colleagues and friends, which plays a vital role in my work.

I first gave out these ideas in an international workshop in Bombay in November 2001. Later there were workshops in November 2002 and 2003. Attended by some very experienced practitioners, these workshops were an intense experience wherein eleven consecutive live cases I could demonstrate how the concept and method can be consistently applied. These colleagues then went back and applied it. Their results and feedback provided me with much needed independent corroboration. Notable amongst those who sent in their cases and comments are Jayesh Shah, Sudhir Baldota, Sujit Chatterjee, Linda Johnston, Andreas Holling, Laurie Dack, Jeff Baker, Bert Lefevre, and Mary Gillies.

A software (Vital Quest) based on this technique has been developed by Paresh Vasani and me. Discussions with him on this helped sharpen the method.

Rashmi Jaising, who has been witness to the developments at every stage, and who has edited the book, *The System of Homoeopathy*, took on the job of putting this book together and her sharp queries have further clarified many issues. I must say she took the entire work on her shoulders and the result is now in your hands.

To my dear friend Misha Norland, who has constantly encouraged me, must go the credit for suggesting the rather cheeky title of this work.

Artistic expression to the idea has been given to the concepts by Cheryl Feng, who has designed the cover.

The Sensation in Homoeopathy

Neil Tessler, editor, Simillimum, did an insightful interview with me for the journal last year. I have quoted from that interview in some places with his permission and I am grateful for this.

To all the above mentioned and to several others who helped me, the reader and I owe a debt of gratitude.



NOTE TO THE READER

1. This book represents a progression of ideas of the author. The reader is strongly advised to study thoroughly fundamental concepts on which this work is based, viz. Central Disturbance, Delusion, Kingdoms, Miasms, Sensation etc. The summary of these concepts presented in the first chapter is mainly for the benefit of those already familiar with them. Beginners are recommended the earlier works of the author, viz. *The Spirit of Homoeopathy*, *The Substance of Homoeopathy*, *The System of Homoeopathy*, and *An Insight into Plants*, before embarking on this book.
2. Concepts and maps have helped to systematize Homoeopathy. The reader should bear in mind, however, that the concepts proposed in this and earlier works of the same author have been derived strictly from the basics of Homoeopathy. Sometimes the simplicity of concepts attracts newcomers into believing that Homoeopathic philosophy, the materia medica and the repertory are all dispensable. Such misconceptions ultimately lead to failure. The author would like to reiterate that the ideas in this book come from the crystallization of knowledge of Homoeopathic philosophy, the materia medica and the repertory. The system that he follows in his practice has been constructed on the very solid foundation of these essentials, and this book presents only an overview of that system.

Specific mention must be made about the kingdom concept which appears simple and attractive to newcomers. Dr. Sankaran's understanding of the periodic table has indeed made it simpler to prescribe mineral remedies, but his ideas and prescriptions emerge from a very reliable background of philosophy, materia medica and repertory. For example he has proposed that the main theme of Aurum is being able to stand on his own feet and take up responsibility for himself as well as others; this is corroborated by well-known symptoms of Aurum, viz. 'Delusion he has neglected his duty', 'Ailments from unusual responsibility', and 'Conscientiousness' etc. The plant kingdom has been totally derived from symptoms recorded in various Materia

Medicas and provings, as has been explained in *An Insight into Plants*. Concepts regarding the Animal kingdom are also similarly strongly supported by symptoms and cases. Also, all these concepts have been verified by him in his own practice of over twenty years, as well as through the cases of his colleagues.

The reader is thus advised to strengthen his foundations through a diligent study of the fundamentals. This will keep him grounded and in touch with the basics, that should never be forgotten, even with the emergence of newer ideas and concepts. In fact, any real progress in Homoeopathy is impossible without a very firm footing in Homoeopathic philosophy, the Materia Medica and the repertory.

3. Abbreviations used in case interviews.

D: Doctor

P: Patient

Mo: Mother

Fa: Father

4. All dates mentioned in the case interviews are in the format: **dd.mm.yy**.

5. The author's comments/explanations have been given in *italics* at various points in the case, to convey his thought process to the reader.



INTRODUCTION

Hahnemann wrote in his Organon of Medicine:

*When a person falls ill, it is only this spiritual, self acting (automatic) vital force everywhere present in his organism that is primarily deranged by the dynamic influence upon it of an external, morbid agent inimical to life; it is only the vital principle deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by the **morbid symptoms**, and in no other way can it make itself known.*

By Hahnemann's definition, disease is something that is beyond any process and beyond any sensation, and far beyond symptoms; it is a dynamic derangement of the dynamic vital force. While these processes, sensations and symptoms are expressions of the disease, the disease itself seems to be none other than the life-giving vital force, albeit deranged, that itself possesses and endows to every cell and every atom in the body, the impetus to carry on its life and function in a very specific, deranged manner. Disease is energy, turmoil at the deepest point in the organism; and whether it be a deformed fingernail, or a ravaging malignant process, or then a panic disorder, they will each have contained in them this turmoil, this disturbed energy. The essence of the disease is there in everything that the patient experiences, in each and every symptom; and the totality of symptoms is the whole of the disease.

The vital force (and therefore the disease) permeates each and every cell of the body, and therefore symptoms cannot be discrete phenomena that simply have to be added up, and the remedy is then decided on this aggregate. Having been on that path in the initial years of my practice I can testify to its limitations. A few striking symptoms or keynotes may point to the simillimum in some cases, but this method does not work in each and

every case. Our materia medica is constantly expanding, and as more and more new remedies are added under each rubric, often no single remedy emerges at the end of such a mathematical repertorization. For consistent results in practice we have to, as Hahnemann advises,

“ . . . clearly perceive what is to be cured in diseases, that is to say, in every individual case of disease . . . ”

So far, my twenty-three years in Homoeopathic practice have been like a fascinating journey, that is eye-opening and full of learning, where each step seems to bring you closer to your intended destination, and yet the road ahead always offers the possibility of new discoveries, more learning, still further revelations. As I have mentioned, I began practice with mechanical repertorization, and as the results of this endeavor proved inconsistent I studied successful cases to understand which symptoms to select and which to leave out. My search led me to identify the Central Disturbance, from there to understanding the importance of the mental state and then to realize that this mental state originates from the Delusion. For many years I used the delusion theory, once again very successfully in some cases, but without result in others. And then some years later, my work on the plant kingdom provided the breakthrough. A common sensation at a level beyond both the mind and body was not only true with plant remedies, but true of all disease. I realized then that I had somehow accessed a level that was deeper than that of delusion. As I worked on a new technique of case taking I realized that this common or Vital Sensation was always found in the chief complaint, just as much as it was reflected in the mind state, dreams, hobbies, interests etc. I also observed it being expressed through hand gestures, and as I became attentive for hand gestures in every case I realized that while some of them expressed the sensation, there were others that were representative of the delusion, and still others that simply conveyed patterns or movement. These patterns seemed to me to be representative of energy. And energy was still deeper than sensation.

I realize now that the delusion had merely been one level along a spectrum of various levels. I have been able to identify seven levels in all, and beginning from the most superficial to the deepest they are as follows:

1. Name
2. Fact
3. Emotion
4. Delusion

5. Sensation
6. Energy or Universal level
7. Level of sleep or coma or unconsciousness or death

This realization helped me to put things in the proper perspective and I saw the various levels Homoeopathy has been and is being practiced. I could see that one can look for the simillimum at the level of the pathology or at the level of local symptoms, or at the level of mental symptoms, or at the level of the delusion and the dreams or at the level of the sensation, or now at the level of energy.

Recently, my friend, Dr. Juergen Becker, while inviting me to lecture in Freiberg, mentioned that some orthodox Homoeopaths say that Sankaran is speaking nonsense. He was taken aback when I replied, "I hope so", my firm belief being that truth is nonsense. In my understanding, truth is 'what is'. It defies all intellect, logic or reasoning; it is not 'what is supposed to be'. Neither does it follow the linear path of cause and effect. Truth, at its very core, makes no sense at all.

History is replete with tales of the miseries of war, and by logic there should be no war, ever. Yet wars continue to happen. Logically, smokers should not smoke because they are being constantly warned of the hazards of smoking; yet logic appears weak in comparison to their inner compulsion, which is their inner reality, their individual truth. It makes much more sense to love than hate, but hatred exists all the same. War, smoking, hatred: none of these are 'right', yet they 'are'. Logically all people should co-exist in peace, should eat healthy and exercise daily, should feel love; but the truth, that which 'is', is far from 'what should be'. Birth, death and illness follow no logic, make no sense. The behavior of human beings, things in nature, animals, plants, minerals, the weather: they all simply are what they are; one can categorize them, but they do not follow any logic or intellectual reasoning.

I have come to understand that logic, reasoning, intellect, linear thinking: these have little relevance in Homoeopathy. They help in establishing diagnoses, and also up to a certain point the patient's story seems to make sense. But once we get past the patient's 'external reality', and access the deeper and very, very individual core, all sense fades out, and what emerges is a unique pattern, strange sensations, peculiar symptoms, a completely absurd perception of the world around: things that completely defy all possible logic, and make absolutely no sense, neither to the physician nor to the patient himself. Homoeopathy deals entirely with 'what is'; it is not the study of 'why is' or 'what should be'.

The level of energy is, in my understanding, the deepest realm that we can access in patients. This is the level of the vital force itself. When we get to this level in a case we find patterns that make absolutely no sense. The experience of energy crystallizes at the level of the nervous system as a sensation experienced generally. The energy and sensation at the core of the organism can be found underlying every delusion and dream of the patient, his every emotion, his every physical experience. This is the inner world of the patient, the world of 'nonsense', his inner truth, his vital disturbance. This world is kept very well concealed by a garb of intellect, reasoning, logic, and often social and cultural conditioning. It is so much of a secret, that when revealed it amazes the physician and patient alike. The aim of case taking is to gain access to this secret, inner turmoil of the patient and find a remedy to match it.

The best place to begin our quest for this vital disturbance is the chief complaint of the patient. If one persists with the chief complaint one is often able to trace a direct path through the various levels to the deepest energy pattern of the patient. For example a patient described his backache like a rocket that fires upwards against the pull of gravity and travels at a very fast speed; in this case we come in touch with an energy pattern that has no reason to be, and yet it is the very center of the case. Another patient with warts described a sensation of swooping down from great heights, and steel claws that snatch a prey; the patient too confessed that it made no sense to her whatsoever, yet it is the purest language of the turmoil within. At the core of every individual is complete nonsense, which is their inner truth and this is disease.

I have come to recognize this inner nonsense as being 'non-human specific'. If we pay attention to the energy in the case we will realize that its pattern is similar to that of a plant/animal/mineral source in nature. Thus, it is completely out of place in the human being. The result is turmoil. This can be compared to two songs or melodies playing synchronously within us: one human and the other non-human. Most of the time the human melody plays louder and so is more audible; Homoeopathically speaking this can be translated as common emotions, aspirations, perceptions, struggles of all human beings. But time and again, from the background, the strains of a non-human melody surface. These represent what is 'non-human specific' in man, the source of his inner turmoil. As Homoeopaths we need to train our ears to listen to this softer but distinct non-human melody and understand the turmoil of the patient. Only a remedy prepared from the corresponding plant/animal/mineral source in nature alleviates this

disturbed energy pattern. The effect of the Homoeopathic remedy is to further soften the non-human song, so that the human melody becomes more and more prominent.

Here I think I really understand the spirit of Boenninghausen who said that there is no local symptom at all, everything is general. The peculiar symptom that is found locally, expressed vividly, expressed with energy, expressed with gestures of the hands, is not local anymore. One finds that that which is expressed locally, the sensation, will be the ruling sensation of the whole case; it will be reflected through the emotions, through the delusions, through the dreams, through the interests and hobbies, through the relationships, through the fears. When one goes into the depth of all of these, one comes to the very same sensation. The very same pattern pervades the entire story of the person from his childhood until now, and then one knows that one is absolutely on the center point because everything leads over there. If at that level a remedy is found, the chances of success are very, very high. This is the way I do case taking now: just follow the patient from the chief complaint right down to his deepest level, which is sensation and energy. This seems to work pretty well.

The concept of the levels has helped me tremendously in my practice, and has completely revolutionized my case taking technique. My own results and those of my colleagues have so far been very encouraging. This prompted the need to put these concepts and techniques down on paper. Let me emphasize that this book is only an attempt to share these experiences with the profession. The ideas are still evolving and the techniques get more refined. It is a work in progress. As with "*An Insight into Plants*", I feel there are sufficient results to convince me that there is at least some truth in the idea and it has much potential. So long as we have failures, we need to look deeper, to look wider and to continue to evolve our concepts and techniques. It is a process, one that is sometimes frustrating and sometimes satisfying.

The book has three parts, each part representing an important step in the evolution of the current concepts and technique. The first two parts explain fundamental concepts and earlier approaches. This is complemented by successful cases. The third part has two sections, one explaining concepts, and the other dealing with the practical application of these. More recent cases have been included to explain the current technique. Some of the readers may be experienced practitioners while others may not be so experienced; there may be many who have far more experience than I do and many successful cases as well. But through my teaching I have seen

even very experienced homoeopaths display the same zeal when it comes to learning and wanting to help patients better. I hope all the readers can gain something out of this book for themselves and their patients.

I do not claim one hundred percent results. In fact there are so many failures that only go to point out how little I know, and each day only brings more and more to the consciousness that there is so little that we know, and so much unknown that we do not even know how much there is that we do not know. This brings to mind an old Tamil saying, “What is known is a handful; what is not known is an earthful!” But even though the vastness of this unknown fills one with wonderment as well as despair, there is at least one thing that is satisfying and that is that the results are better now with Homoeopathy than they were twenty-five years ago.

In the last ten years my ideas and approach to Homoeopathy have far more depth, and remedies I could not even have dreamed of prescribing three years ago seem easy to prescribe now. Cases I had no clue about seem easier to solve now. Yet, I know that in this lifetime we cannot even begin to understand what we are doing. There is an anecdote that I like and repeat often: A judge had sentenced a prisoner to six hundred and seventy-five years in prison, and the prisoner asked, “How do you expect me to do this?” The judge replied, “Do the best you can.” That is how I feel: that we can only do the best we can. If in the course of our work we can have fun and enjoy what we are doing and enjoy the discovery, enjoy taking cases, enjoy going into the heart and soul of our patients, if we can make that journey and through that journey maybe get in touch with some parts of ourselves then I think that is the best we can do.

I trust that my colleagues will test these ideas in practice and if they find them of value, will participate in developing these and other ideas further, so that we may have more and better tools in our chosen task of *‘restoring the sick to health’*.



PART I

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 reflected in the attitude of the patient. This patient says that she feels completely broken into pieces and shattered, yet her attitude is one of composure.) We had a relationship for sixteen years and without any problem. I mean it was a kind of relationship that was harmonious in every field. I mean both of us were on the same (spiritual) path. Intellectually also very much in affinity, vitally, physically; so it was an integral kind of relationship which was built around years and we never once had a problem of that sort. *(The problem is the break of a relationship. The relationship was something that was built around years and now it is shattered and completely broken into pieces. Something had to be built and then it was shattered; it is as though she is talking of a structure. It seems as if the relationship is structure for her. It is likely that she will need a mineral remedy.)* And now when people see that I am not well, and when they ask me, "What is happening? Why have you lost so much weight?" I tell them that I am going through a difficult phase in my life. Until now, not one of my friends can imagine that thing has happened between us. They just can't believe it. Even for me, till today, it is difficult to believe. *(She has mentioned in the questionnaire "mental shock". There is a shock and it shatters and breaks completely into pieces something that was built over the years. This is how the situation seems to her. And although she feels shocked and broken she appears composed.)* I feel better now. I feel I am recovering, and I will go through it. *(She is hopeful of recovery.)* I get a pain in the left ovary every time I think about it or talk about it.

D: Tell a bit more.

P: It was very, very bad when I first suffered from it. At that time when I came to India I was twenty-two years old. Before coming I had pen friends and so through her I came. She had a number of friends all around her, and one was a man, fifteen years older than she was and he became my friend. But at the human level, the relationship was terrible; I mean for me it was really a torture. *(Once again there is the theme of a relationship, and the feeling is of torture.)* He tells lots of lies and he was flirting very much with girls, young girls, much younger than he is always. And for me it was the first time I fell in love. It was coming to India, and for me he was an example and an ideal. He was very close to our spiritual leader, but there was such a gap between what he is saying and preaching and how he is behaving. For me it was something that was devastating when I realized that. *(She looked upon him as an ideal, and when she discovered that he was lying she was devastated. This is similar to her feelings in the other relationship; completely broken, shattered.)* But still for twelve years I stayed in this group of friends. We never had any sexual relationship. I think he is scared of it, and I was not also attracted in that way. For me, he can speak, express himself very powerfully and beautifully. And at that time I was asking so many questions and he could speak very well and I was very much influenced. *(What attracted her that he*

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She continues to remain well in body and mind.



CASE 2

Mrs. S. M., a twenty-nine year old woman consulted me on 22.9.'98 for the following complaints: moles developing on the face, backache, painful menses, weight gain, depression, hair loss and poor urinary control. Her case form had been filled out neatly and systematically. She has two daughters who were already my patients for sometime and she was very anxious about them and would keep calling me or visiting the clinic if they had the slightest problem.

A summary of her case follows:

I am very pessimistic, any small thing also upsets me. For example if my child does not eat or throws temper tantrums. If we are traveling, all along the way I will be thinking if we will return okay.

Things got worse after the pregnancy with my first child. We were deserted and had to find a house and the baby was on the way. There were a lot of problems with my in-laws. I started getting palpitations and started getting into a shell. I did not like many people around me; I would get scared. I used to get scared of in-laws. We were asked to leave the house and we had no house.

We went through financial ups and downs for one and a half years. Later, once the child grew up I used to get very tired, very tense.

I fear the darkness. There is a hefty man who keeps calling out to women in the building by their names. I feel his presence, that he will come suddenly. He keeps following us. He is tall, very dark, the gangster type. I cannot even answer him back. I fear that he will break open the window and come inside. I imagine that he is breaking the window. He may touch me. These fears are worse when I hear about robberies etc. Initially I was only scared of his face; now the options increase.

Another fear is of creepy reptiles. I am also insecure about my husband; I fear I will be deserted, left alone, he will go away. Separation makes me insecure. I will be alone with my kids. I have known him since childhood as a very good friend, so that thought is also scary.

I got scared after hearing about someone being raped and thrown on the railway track. I got panicky when my daughter got late by fifteen minutes. I feel heat and perspiration of the palms in such situations. I feel I cannot do anything alone and I call my husband. Although I know that it is okay, I cannot rely on

someone. That trust does not come that that someone will bring my daughter back home. I only trust my parents and husband.

I get angry if my children do not listen or spoil the house. In my anger I lose control and beat the older child. I feel that making them eat is the biggest job of the day. I keep running after them.

I do not leave anything incomplete. I finish it and only then I can rest.

I do not like noise or big crowds. I do not mind staying alone, rather than facing a lot of people.

I get panicky and create more panic than there is. I sweat. I keep thinking about it. When my husband is out of town I dream that that guy will open the windows. In childhood, I frequently had the dream that there was a cabin in a tree near my school and there was a ghost inside. A lady with three heads who kidnaps children was there. There was a small tea stall with a big tree and baby bathrooms nearby. There were ghosts: a three headed lady who kidnaps and harasses children. I do not see the ghost but feel I should not go there. It is a secluded area.

When I see any dark, hefty male looking similar to this person I start getting scared and change my route.

Childhood: I was very bold. The teachers would tell us not to go with strangers who would give pencils or sweets. But I was not scared. All these fears started only after marriage. I was very scared of my in-laws. I would be scared like a child is of its mother. I would not do any forbidden thing. I would go into the room and shiver. There was the fear of being shouted at. If my husband was away I would not stay there; I would come running to my mother's house. I got a nervous breakdown within three months of my marriage; there was shivering and fever. I would be very scared and would do whatever work was given to me.

The lifestyle had been very different at my mother's place. Here there was no appreciation, only criticism.

Any doubt keeps harassing me: I cannot forget it easily.

There is involuntary urination; I don't have control especially at night. In the daytime there is no problem.

My appetite has increased and I have not lost weight at all after the delivery.

I have no fears when my husband is there.

Dreams of traveling to a hill station, all four of us.

There is no fear of dogs or cats; only of creepy reptiles and centipedes.

I love plants and enjoy watching them. I can just sit and watch them for two hours, that fresh look with dew on them. I like going on walks in hill stations. I am very particular about order and set everything right before my husband comes home.

PART II

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 other 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 account of their symptoms. For example, *Sulphur*, *Medorrhinum* and *Platina*

share the symptom *Egotism*. We can differentiate between them quite easily when we understand that the *Sulphur* ego is psoric and not desperate, optimistic, and not too high. The *Medorrhinum* ego is sycotic and it is more desperate than the *Sulphur* ego; he needs to cover his weak spots, but even if his ego is hurt it is not the end. The *Platina* ego is syphilitic; it is the most desperate of the three, extreme, can lead to suicide or homicide, and altogether quite hopeless.

The second direction I was led to was the classification of states into kingdoms, especially the mineral, plant and animal kingdoms. After having keenly observed several hundred patients in my very busy practice, I was able to identify differences in their states, in their behavior, reactions etc. that corresponded to the three major kingdoms. These differences arise from a most fundamental difference between the kingdoms.

A patient needing a mineral remedy perceives a problem in structure, whether it has to do with relationships or role as in profession or performance. The plant kingdom person has a problem with sensitivity, and the animal kingdom person's issue is that of survival, hierarchy or competitiveness. This differentiation helped me significantly in narrowing down on to the patient's remedy.

However, these classifications being too broad, I felt the need to take the next step i.e. to further subdivide each kingdom into subkingdoms for easier identification, and to see if the miasmatic classification could be made more specific.

I approached the miasms first. It became clear that the three major miasms were only the major stops on the way and there were other significant stops in between. For example we can say that human life can be broadly divided into three age groups, namely young, middle and old. However, we can be much more specific if we were to include in this classification specific age groups each with their specific qualities like infancy, the teething years, the school-going age, the teen years, the twenties, the thirties, and later the menopausal years and finally senility. The same kind of narrowing down can be done with the miasms by identifying more miasms in between the three major miasms. Some of them I have identified as acute, typhoid, malaria, ringworm, cancer, tubercular and leprosy. Each of them has its own distinct character and interestingly each corresponds to a specific age in human life, as I later discovered. All this helped me to fine-tune the classification of disease states into miasms.

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?

D: Why don't you want it operated?

P: Previously I couldn't see things that were near. Then I was told that by doing half an hour of Yoga you could control your vision, where it is it will remain there. I did it and now I can see nearby things and I can read. So why get it operated? I cannot see distant things. *(He has found a way to maintain his vision as it is, and he is okay to live this way. He wants to avoid surgery. His attitude is sycotic, viz. that the problem is not fatal and he can live with it so long as it does not get any worse. His action is avoidance. Now if we ask the question, "What is he avoiding?" we will get the Vital Sensation.)*

D: So why don't you want it operated?

P: Sometimes cases get spoiled.

D: What do you mean by spoiled?

P: Sometimes the operation does not succeed and one loses one's eyes. So many times I have read it in the newspapers. My friends have been operated and they are alright. But my conscience does not allow me to get operated.

D: When you say that your conscience does not allow what do you mean? *(At each point we pick up what is peculiar in what he says, or whatever has the potential to lead us one step further and base the next question about that. We persist this way until the sensation and miasm become very clear.)*

P: My will power does not allow me. What you do your heart should tell you, your feelings should be there, your will power should be there that I have to get operated.

D: When you say your will power doesn't let you, what do you mean?

P: Whatever we think it should come from the heart that we should do this thing. My conscience doesn't say to me that I should get it operated.

D: What is the feeling in your conscience, in your will power?

P: That I might get my eyes spoiled; instead of getting cured I might get worse. Now I am seventy. How long am I going to live? Three or four or five years, so it is alright.

Now there is this new problem. Previously when I passed urine it was slow. But then I was asked to get tested for cancer and that all started this. *(He got tested for cancer and that necessitated the surgery, and after the surgery there was a problem with urination; this is the way he sees it. The cataract surgery similarly may end up worsening his eyesight, whereas right now he is able to maintain it as it is. So he avoids surgery. For him surgery connotes the problem getting worse or leading to another problem, whereas it is something that he is willing to live with.)*

D: What started it?

P: After the biopsy my urine stopped. I had a lot of pain. Then I was advised surgery. Now I am with the catheter. When they put it it gives me a lot of pain.

PART III

SECTION I

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 and situations. It is as if the music through the sense of hearing was touching and activating the very vital force to produce such sensations. This made me conclude that music was not an emotional experience but a vital one, and probably all remedies and states were essentially *vital sensations*.

With this emphasis on sensations it came to my notice in practice that patients often described sensations far better and more accurately with hand gestures than through words. However, a little later I realized that only at times did these gestures complement what the patient was saying through words; at other times the gestures communicated what the patient was unable to articulate, and in still other cases the gestures were totally disconnected with what the patient was saying, so that I had to ask the patient what he was showing with his hands. The gestures sometimes were indicative of sensation, sometimes they might represent the delusion, but at other times they were only patterns that could not be reduced to either a nervous or emotional experience. These, I thought, were similar to the patterns described by some of the provers during the raga provings, and like the sensations, could not be localized in either the mind or the body; they were too general. Further, what the patient was conveying through these patterns was mostly movement, sometimes together with form, shape, color and speed. These patterns seemed to me to be representative of energy. And the domain of energy was once again general and still deeper than sensation. Thus there were two levels deeper than delusion, viz. those of vital sensation and energy.

A spectrum of levels

Now I could see that patients could describe symptoms at various levels. They could emphasize the diagnosis itself; this I regard as the most superficial experience of their disease, and I refer to this first level as the level of Name. There are some others that emphasize their physical complaints; this level I have called the level of Fact. Through my earlier work I was already familiar with the further levels of Emotions and Delusions, and now I was able to recognize still deeper levels, viz. Vital Sensation and Energy. Thus a spectrum of levels emerged.

The level of the Vital Force

What was the relevance of these levels? As a result of having understood these levels our perception and understanding of the term delusion deepened beyond being merely a mental phenomenon to a general

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).

5. **Sensation:** Here the patient experiences his ailment or, for that matter anything major in his life, at a general level, or as a general sensation.
6. **Energy:** The experience of the ailment or complaint will be in the form of an energy pattern.
7. **Seventh level:** The experience at this level is of the space that supports the energy level, or which houses the energy pattern.

It follows then that symptoms can be experienced at any or all of these seven levels.

The concept of the seven levels is universally applicable, as is true with all of Homoeopathy. It indicates not only the level at which the patient experiences symptoms, but also the various levels of all human experience.

Some common examples

Let us now examine some phenomena and activities and look at how their experiences can vary from one level to another.

1. The experience of a journey to the Himalayas can be different for different people.

One person may look at the mountains, and the only experience that might register with him may be: these are the Himalaya mountains. (Level I)

Another person may be more interested in facts like which is the highest mountain among these, what is its height, which country is it part of. (Level II)

A third person may be moved to tears by the experience, or may feel pride or joy at the sight of them. (Level III)

An imaginative person may see himself scaling the heights of the highest mountain, or may imagine that he is flying or touching the sky. His experience is at the delusional level. (Level IV)

Looking at the mountains may evoke certain sensations in a person, like a generalized sensation of lightness, or a thrill running throughout the body. (Level V)

The experience at Level VI can be seen in a person whose reaction is to jump up and down in joy, like a small child would.

2. Forming a relationship can involve several steps.

Initially we get to know the person by name. For example: This is Uma. This corresponds to Level I.

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.)*

- D:** What is the effect on you when mobility is reduced?
- P:** I am more comfortable. In every way, in thinking. *(He seems to be accepting it; this is a sycotic attitude.)*
I have a very poor memory.
I feel restricted. *(Restricted also indicates sycotic miasm.)*
- D:** Tell about restricted? *(When we ask about the miasm, we will be again led to the sensation. If we pursue the sensation the miasm will become apparent. The two are inseparable always.)*
- P:** The leg becomes heavy. I keep pressure on one leg, and then on the other. I should have balance on both sides, equal weight. May be this makes me more uncomfortable.
- D:** Tell about restricted?
- P:** I feel heavy in the foot. I feel lazy.
- D:** What is the effect of that on you?
- P:** Psychologically I feel I have pain. I need more rest.
- D:** What is the feeling there?
- P:** Because of heaviness in foot I feel I should be more comfortable and in a relaxing atmosphere.
- D:** What does comfortable and relaxing atmosphere mean for you?
- P:** Peaceful. Tension-free. No noise, no arguments. *(He says tension free. Tension or anxiety is an emotion. Here there is absence of the emotion.)*
- D:** Tell more about this.
- P:** No worries of any sort. So far don't have any tensions. [Gestures with his hands coming inwards.]
- D:** When you said tension, you indicated something with your hands. What are you expressing by this gesture?
- P:** I don't feel any more pressure. *(The physical sensation was heaviness. Now in this situation he is telling us about pressure, which is related to heaviness. There is also an accompanying hand gesture here, and one must keep watching the patient's hands when he starts gesturing.)*
- D:** Tell about pressure. What is pressure?
- P:** Pressure due to work, anything to be completed.
- D:** Describe pressure. I want to know how you experience pressure. How does it feel to you?
- P:** Excited, nervous.

SUMMARY OF CONCEPTS

Certain concepts from the previous two chapters are summarized below.

Age wise

- Level 1 Senile
- Level 2 Old age
- Level 3 Middle age
- Level 4 Teenage
- Level 5 Childhood
- Level 6 Infancy
- Level 7 Conception, death.

Levels and Nervous System

- Level 1 hypothalamic (autonomic)
- Level 2 intellect
- Level 3 emotion
- Level 4 imagination
- Level 5 sensitivity
- Level 6 vitality
- Level 7 consciousness

The Levels and Space

- Level 1 Limited to a part of a part of the person
- Level 2 Limited to a part of the person
- Level 3 Limited to the person
- Level 4 Limited to mankind
- Level 5 Limited to all things on earth
- Level 6 Encompassing the whole universe

Levels of Homoeopathy

- Level 1 Pathological
- Level 2 Symptomatic
- Level 3 Emotional
- Level 4 Delusional
- Level 5 Sensational
- Level 6 Energy based

Levels of physical symptoms

- Level I Diagnosis/Pathology
- Level II Local symptoms, Location, Sensation, Modalities
- Level III Concomitants, general effects of Level II
- Level IV N E I symptoms (The neuro-endocrine-immune axis), cravings, sleep symptoms, general modalities
- Level V General sensations, affections
- Level VI General movements and patterns

Levels and sensitivity

- Level 1 not sensitive
- Level 2 locally sensitive
- Level 3 sensitive in feelings
- Level 4 sensitive in nerves, mind
- Level 5 sensitive in most basic issues
- Level 6 universal and intense sensitivity

Levels in follow up

Level 1 will say the blood sugar is gone down

Level 2 will say his pain in the knee is better

Level 3 will say he feels better on the whole and is happier and less irritable

Level 4 will say he does not feel in a tunnel anymore

Level 5 will say his heaviness is less

Level 6 will say he feels more energetic and can now bounce up and down.



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 sensation governs our functioning. In the absence of sensation one is not so invested in the body, and the human energy is thus freed and made available for the higher pursuits for which human beings are intended.

Energy is universal. At the level of energy the human being is connected to other things in the universe. The organism shares its central, abnormal energy pattern with other things in the universe, so that this energy cannot be 'human energy'. This energy characterizes other things in the universe; it is not characteristic of human beings. There is perhaps an energy pattern which is characteristic to human beings and so will be normal for them, and this is what alone should govern the human being; his physical, emotional and nervous functions. This would be health, to have the normal energy pattern in the place of the abnormal one.

References in the Organon of Medicine

As mentioned above, abnormal energy means abnormal sensations, and this is perhaps the beginning of disease. Let us examine the aphorisms in the Organon of Medicine where Hahnemann has referred to sensation.

(9)

In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purpose of our existence.

(11)

When a person falls ill, it is only this spiritual, self acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for, as a power invisible in itself, and only cognizable by its effects on the organism, **its morbid derangement only makes itself known by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician**, that is, by morbid symptoms, and in no other way can it make itself known.

(86)

When the narrators have finished what they would say of their own accord, the physician then reverts to each particular symptom and elicits more precise information respecting it in the following manner; he reads over the

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.

Let us clarify these concepts with the help of examples:

Let us first examine a situation, and take the example of the presence of a criminal in a neighborhood.

If a criminal enters into a particular locality while he is fleeing from the police, many residents of that locality may experience a sudden, intense fear for their lives. They may react by locking their doors and windows very securely to protect themselves from the possible danger, or they may choose to flee to a safer place till such time as the danger has passed. Once the criminal leaves the area there is no danger anymore and they can get on with their lives as usual; it is likely that in a short while the incident will be forgotten.

On the other hand if a criminal were to move permanently into a particular locality the residents would react differently. Some may try their best to somehow get him out of there; during that time they will feel unsafe and be cautious with regard to themselves, their families and their property, but their focus will be on the effort to get him out. Others may feel helpless and feel that he is here to stay and that there is nothing they can do about the matter; these people, having accepted the presence of the criminal as permanent, will live by avoiding any situation that may be threatening. Still others may fear so intensely for their lives that they may choose to give up their home at any cost and move to a completely different locality, far away from this one.

In the first case the presence of the criminal is seen as a sudden threat to life, but it is a temporary state of affairs. The reaction here is panic and one wants to be protected or escapes. But when the criminal comes to reside in the locality the situation is seen as permanent. With some people there is effort; obviously the situation is not seen as totally unchangeable and there is hope. With others there is acceptance; the situation is seen as unchangeable, yet one can survive by avoiding the danger. To another few people the situation appears very threatening and completely unchangeable, and so there being no hope of things getting better they take the extreme step of changing altogether their environment. In the last instance there is maximum desperation. The reaction here is to escape, which appears similar to the reaction in the case of the temporary threat, but here the situation is seen as permanent and there is no hope of things improving.

The depth and the attitude/reaction in the case of the temporary threat correspond to the acute miasm. When the situation is seen as permanent,

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.

'That entity affects me'. The other thing is personified. For example the physical complaint may be expressed like this: 'the tonsillitis kills me'. The 'tonsillitis' becomes an entity or a person (aggressor), who kills him (victim). Me versus him. The victim versus the aggressor.

This is the most basic difference between them all.

The mineral lacks something within him; the plant is sensitive and gets affected by something outside of him; and in the case of the animal it is 'me against the other one', it is 'he', 'he' affects me, 'he' is the problem, 'he' should be put down.

And this is known only when you reach the core of the case. Superficially one can appear as another.

— *From an extempore talk.*

Local and general sensations

Sensation is the discernment or consciousness of any experience. The experience itself and its nature qualify sensation. Energy is the basis for sensation. Energy is in the form of patterns. These patterns cannot be 'felt', and their experience can only be described in terms of movement, speed, direction and perhaps color. When this energy pattern is received by the nerves it is experienced as sensation. The nervous system is the connecting point of the mind and body, and a sensation experienced at this level is a general one. This general sensation, which is common to the mind and body, is called the vital sensation.

There are also purely local sensations which have no correspondences on the mental or general plane. A simple example is the experience of a mild electric shock. The electrical current or energy may come in contact with one locality of the body, and when it is mild its experience will be confined to only the nerves in that locality. Thus the sensation of shock is experienced only physically and is limited only to one part of the body. It is local rather than general. The sensations experienced only at Level II are purely local, whereas the sensations experienced at Level V are general. The general sensation, which has its origin in the disturbed energy pattern, will be found at Level V in its pure form, in Level IV where it takes the image of a delusion, at Level III in the garb of an emotion, at Level II where it will be reflected in the predominant local sensation, and at Level I in the experience of the pathology.

Let us consider the example of a patient with a deviated nasal septum who suffers from frequent colds. She complains of difficulty in breathing and

SECTION 2

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 explore this

perception deeper and deeper until at the end the fundamental issue of structure/sensitivity/survival (which I now recognize as the vital sensation) and miasm concurred.

In contrast, through the new approach one reaches the vital sensation from the chief complaint itself. The chief complaint is a microcosm of the all pervading central disturbance (vital sensation and energy), and having touched this most central point right at the outset, one can see the rest of the case to be branching out from this core. In this way we now hit the bull's eye very early in the case, often much before the patient tells us his life story. In fact, if this approach is used skillfully often it may not be necessary to know the patient's story. As I have used this approach repeatedly a technique has emerged whereby the chief complaint can be explored to the greatest possible depth, so that at the end of this exploration the remedy is clear. Then as we examine the patient's stresses, dreams, fears, hobbies etc. the remedy is confirmed in each of these areas. In this way one is very sure of the remedy being prescribed.

Another remarkable feature of this technique is that the physician lets the patient lead him to the source of his remedy. The physician plays the role of an observer, simply waiting and watching. He does not interrupt the patient (unless he digresses), does not lead the patient rather is led by him, does not analyze, interpret or force connections. I often jokingly tell my students that a physician needs to be stupid and lazy. By this I mean he should refrain from analyzing or making 'clever' interpretations and connections; all connections should come from the patient himself. The physician needs to be lazy in that he should not actively interfere in the case by leading the patient, but should allow the patient to lead him.

With the discovery of the seven levels the path from the chief complaint to the vital sensation is a well defined one. The patient constantly gives us hints/clues to his central disturbance, and one is now able to recognize these clues at every level. One is aware at every point in the case taking process to which level the patient has led us, what level follows, and what questions to ask in order to get to the next level. One journeys with the patient along a new path in each case only to discover something very novel at the end, but the directions and goal have been defined for us in a very general way through this new approach. In retrospect the old approach seems like a maze in which it was easy to get lost. In contrast the new one is like a defined trail, in which one has to be on the alert for guideposts to stay on course.

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 presence of a non-human energy within the organism is experienced by it to a certain intensity or depth. Where the non-human energy is remarkably different from the human energy, its presence in the organism is viewed with

greater depth or intensity, with desperation. Where the difference in the energies is not that remarkable, the presence of the non-human energy is regarded by the organism with certain intensity or depth, but this is accompanied by hope. This human perspective of the non-human energy and sensation is the miasm.

The altered energy pattern, the vital sensation and the miasm are at the heart of the disease state, and the turmoil of any human being can be understood only by a clear view of these. When the vital sensation is examined completely, its qualities understood clearly, the kingdom and sub-kingdom become apparent. The vital sensation and miasm together represent the source. A remedy prepared from the source, potentized so that it has the energy of the source, helps to reduce this alteration in the human spirit.

The heart of the case

Energy is the basis of sensation, and so it is very closely allied with sensation. Expressions of this sensation exist at every level. As has been emphasized in the chapter on case taking, the chief complaint is the condensation of this vital sensation at a physical level. If we understand this microcosm we can understand the macrocosm. At every level, however, there are also other symptoms that are not directly related to their origin at Level V. Such is the case with purely local sensations. The sensation that is directly linked to its origin at Level V, when it is pursued all the way down to its origin, will be accompanied by energy, as it is founded upon energy. Energy is recognized by movement and represented by patterns. Repeated hand gestures are an embodiment of the vital energy. These hand gestures thus represent the heart of the case.

The energy of the case can also be reflected through pattern discernable in the patient's speech, movements, walking style and c. In the clinic, however, it is the hand gestures that are mostly observed. The hand gestures may be consistent with the patient's description of his delusion, but if they have energy they represent the vital sensation.

When the hand gestures start to appear one can be sure of having touched the vital level. If the hand gestures accompany the patient's description of a sensation one sticks with that sensation and pursues it; this sensation will be the vital sensation. On the other hand if the sensation is not expressed verbally but the hand gestures are repeated or emphasized, sticking to the hand gesture will ultimately lead one to the sensation. The hand gesture is a direct expression of the non-human part of man, and sticking with it will

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. It is seldom that people have ever 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 non-sensical. 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 non-sensical inner world that is our truth. In fact we experience, perceive, feel and know things of the outer world

only through the filter of our inner world, so that all that we know, feel, perceive and experience is very limited.

The inner world is the world of the source. It is a world that is not innately our own, that is borrowed from a substance, energy or process in nature. It is out of place in a human being. When the gates to this secret, inner world are opened to us we hear a new language, the language of the source. To hear this is sometimes as startling to the patient as it is to the physician because it sounds so non-sensical.

To discover the relationship of this nonsense to the source is indeed thrilling, but it also serves as the ultimate confirmation of the remedy. A remedy that satisfies the tenet of similarity at this depth is apt to be the similimum. Such a search also serves to ratify the concept of disease as a disturbance or turmoil with a non-human pattern, borrowed from a non-human source in nature. This relationship is easier understood in some cases than in others. In the case of some well proven remedies, the *Materia Medica* contains some strange and seemingly illogical symptoms that have to do with the source. In some cases of animal remedies also it might be easier to understand this relationship: the ultimate issue in such a case is of survival, and knowledge of the survival patterns of animals comes from observation. The sensation in the case of a mineral remedy will be linked to structure and function, and once again with minerals whose function we are acquainted with this relationship may not prove that difficult to establish.

For example, a male patient who received the remedy *Venus mercenaria* described a protective shell that was a safe place to be and a pure state. He described this pure state as a soft and milky fluid, which he compared with soft, ocean waves. He further described something coming in and crushing till the juice is gone and only dead tissue is left. And the climax came when he cupped both his hands and repeatedly brought them together, took them apart and said he was showing a clam. His main complaint was episodes of dissociation, in which state familiar words would sound strange and sometimes unfamiliar words would seem familiar. These episodes would be triggered if he felt insulted or ignored by someone. His chief complaint and emotions have nothing to do with a milky fluid or a shell. He feels insulted and ignored; these are emotions and are well within the human realm and make sense in the human context. A soft, milky fluid and a shell have no human context whatsoever. They are completely out of the human realm and make absolutely no sense. It is easy to see here that they come from the source.

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.

- (b) There is an overall change. If the patient reports feeling better, I usually ask the question, 'What difference has this (amelioration) made to your life?' The patient may express a change at various levels: at the level of the chief complaint, at the emotional level, at the delusion level, or at the level of sensation. Further, I cross question the patient: if he says, 'I feel relaxed' I ask him how he can be sure of this. I ask for examples. One should be skeptical in the follow up, and, as in the first interview, examine the truth of the patient's words. If he gives the example of a situation one looks to see how was the experience in the same situation earlier? One explores this till the basic sensation and miasm are reached. Ultimately any change must be evaluated at this level. The patient may begin at any level, but ultimately one has to evaluate his progress by determining how much is the change at the center. Any change of expression must have come from a change in the sensation.
- (c) It is interesting to enquire the change in quality of relationships, of interests and hobbies, of dreams, in the patient's pace to know if there has been a shift in levels. In this case there would be a corresponding shift in potencies.

2. To know the level of experience: In the follow ups one expects the level of experience to change. From a more superficial level there must be a shift to progressively deeper levels, ideally right up to the sensation level, till the patient can confront his innermost turmoil and become aware of it. Awareness can happen at any level: a patient may become aware of his emotions, of his delusion, or of his sensation. Awareness at the sensation level is the most effective and most lasting. A shift in the level of experience is accompanied by a corresponding change in potency. The potency (LM included) is to be raised if the level of experience is raised during a follow up.

Ultimately patients get into a level which is not disease. They get more peaceful somehow, more calm, more peaceful, introspective, aware. This gets them in touch with a higher reality. This higher reality is not the opposite of the uncomfortable sensation. In fact they cannot describe it in terms of a sensation. It is beyond disease. Some reaction of the remedy has happened. The decrease in the sensation makes more space for them to be in touch with a higher consciousness and they can't describe it in terms of a sensation. All they can say is that they are calmer and more peaceful, that they feel more free than ever before.

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 good test to see if one still comes to the same remedy that the patient received or if there is something different. Very often it comes out to the same remedy and then

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 to 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, Allen, Schmidt, Phatak, and all the other masters of Homoeopathy. Once their foundations are strong and their concepts clear they can

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. I found Dr. Sehgal's reference to his father's advice helpful: "Believe everything I say, and question everything I say". I wonder whether one difference between the way we learn in the West and in India, is the order in which we believe and question that which is new to us. In the West the scientific method demands that we question everything before believing anything. This has advantages, but also limits what we can take in, as apparent "nonsense" (i.e. possible sense we haven't understood yet) is filtered out and never considered. In contrast it seems in India there is more readiness to take the "unbelievable" in, consider it, question it and then find the meaning in it, or not. May be neither way is right or wrong, both having their advantages and pitfalls. I only mention it here, since you've indicated you wish to put our letters on the website, and perhaps someone unfamiliar with your teaching might find some of the points below initially "unbelievable" I'd want to encourage them to be open, to try this new method, and only then come to a decision as to its validity.

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This much awaited book describes, using numerous case examples, the concept and use of **Rajan Sankaran's** latest, and perhaps most significant contribution, 'The Seven Levels of Experience' which enables a homoeopath to know at all times, in any given case, where to begin and where to aim. In this way of working, a definitive pathway for case taking is provided, a means by which to observe and utilize the active energy patterns of the patient (hand gestures and body movements), plus a way of matching the patient's level to the remedy potency that is required.

Another key component of this system has to do with becoming attuned to the patient's sensations. There is a certain energy in precise sensation(s) having to do with both the chief complaint and the general state of the patient, which has enormous significance. Dr. Sankaran has termed these as the vital sensations. Vital sensations are not merely physical symptoms or emotions, but rather the common sensations that connect the mind and the body. Indeed the vital level is deeper than the mind or the body; it is at the center point of the diseased state. These are non human specific phenomena i.e. not exclusive to the domain of only human beings and thus take us directly to the source of the remedy itself.

Dr. Sankaran's system incorporates miasm and kingdom classification (plant, animal, mineral, nosode etc.) as well as the 'Levels' into one comprehensive, sophisticated, yet elegantly simple way of perceiving the patient. It is a quantum leap in the understanding of disease and has resulted in remarkably increased level of success and the use of numerous remedies, including some not well proved ones and yet others previously not even known. In many other cases one has been able to use old remedies in an entirely new light, with a deeper understanding.