# Sensation Refined

Rajan Sankaran

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**The cover design shows the spiral of going into the energy, closer and closer at each of the seven levels, and then discovering man as part of universal energy that manifests as plant, mineral (the iron mask) and animal.**

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Be soft in your practice. Think of the method as a fine silvery stream, not a raging waterfall. Follow the stream, have faith in its course. It will go its own way, meandering here, trickling there. It will find the grooves, the cracks, and the crevices. Just follow it. Never let it out of your sight. It will take you.

— Sheng-yen

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# About the Author

Dr. Rajan Sankaran, M.D. (Hom), F.S. Hom (England)

Dr. Rajan Sankaran, a homoeopathic doctor, graduated from the Bombay (Mumbai) Homoeopathic Medical College (now known as Smt. Chandaben Mohanbhai Patel Homoeopathic Medical College) in 1981. He has been practicing Homoeopathy since then.

He is known as an original thinker, and has introduced many concepts in Homoeopathy.

He has authored several books namely *The Spirit of Homoeopathy, The Substance of Homoeopathy, The Soul of Remedies, Provings, The System of Homoeopathy, An Insight into Plants (three volumes), The Sensation in Homeopathy, The Other Song, Sankaran's Schema and has also helped develop the software VitalQuest.*

Many of the books have been translated in several languages.

Dr. Rajan Sankaran lives and practices in the Juhu area of Mumbai, and teaches worldwide.

# Acknowledgements

The attendees of my seminars, particularly the November workshops, valued colleagues from all over the world, were an inspiration and encouragement for me to raise the standards each time. Their presence and feedback are a vital contribution to this work.

Jeff Baker, Penny Edwards and Samuel Flagler made very good notes of my seminars and these were a great help.

Mary Gillies, Robert Ullman and Judyth Reichenberg-Ullman have kindly given permission to quote their summaries of the method. I have also quoted from an interview with Greg Cooper on the website of the Minimum Price homoeopathic books.

Ilana Dannheiser's review of The Sensation in Homoeopathy published in Homoeopathic Links is quoted in extenso, with much thanks to her and to that valuable journal.

Laurie Dack kindly agreed that her comment be used as a foreword.

Meghna Shah collaborated in several of the cases and material here. Her talent, dedication and industry have been a key factor.

The entire work of putting the notes and cases together in a coherent way was done capably by Antonia deSouza. While working on this project, she raised several queries and these helped to clarify several points. Her keenness and inquiring spirit have helped to make the ideas here sharper and finer.

I am grateful to them all.

# Foreword

I want to share a few of the aspects of the method that affected me the most.

One was the wonderful consistency in exploring the main complaint, how in all the cases we saw, video and live, the mystery that is the chief complaint was investigated, and it blossomed from the particular to the general. This is such a confirmation of homeopathic principles – how the individualizing quality that is represented in each patient, which is the only thing that we can prescribe on, sits beautifully shining within the main complaint.

To observe this masterful investigation, and to see it again and again as the fulcrum that tips from the particular into the general in ways that are beyond my imagination, is forever a delight.

To watch this experience unfolding as in the case of a young woman with lichen planus.

"If I scratch here, it multiples over there. There are some spots that multiply on their own, without any help. Both don't go together. Some spots increase on their own without anyone's help, because it is capable - it is able to do better. To do things unrelated."

"What do you mean?"

"Completely opposite and remotely similar. Like cheese and chalk – they don't go together. Like two or three completely different things can be put together to make one thing."

"Like what?"

"Like how I live with my parents and my brother."

This moment is completely individual, incomprehensible and unpredictable. This is the point that opens into the case.

I felt the same sense of mystery when the young woman with alopecia said that not having hair made her different. And that she was proud of the problem because it made her different and individual.

This aspect was reaffirmed not only in the cases we watched, but also in the cases my colleagues brought to share with the group.

I also learned in the time that we shared our cases together. The presentations from around the world; how they were different expressions of the same thing. It was wonderful to feel all of us embracing a deeper understanding of homeopathy, reaching levels of our patients and our Materia Medica that are bringing successful prescriptions. We always knew this was possible but often wondered at the infrequency.

One more aspect, which was a personal perception for me, was that I saw the "embodying" of this 'approach' that Rajan has inspired. I experienced all of us absorbing the understanding that Rajan's method grew from; an understanding of dynamis, of energy, and how our remedies are energy patterns that are non-human. How this non-human quality sings and dances, and how we are responding less and less to the circumstances and more to the energy that 'animates'. I have found this impacting my life and the way I live, not only as a homeopath.

**Laurie Dack**

*Laurie Dack enjoys a full time homoeopathic practice in Vancouver, Canada. Her study and practice of homoeopathy have taken her to Europe, India and the U.S. over the past nineteen years. She now teaches in Canada and the U.S.*

*Laurie remains a valued collaborator and one of my closest friends on Level 7.*
*– R.S.*

# A review of
# *'The Sensation in Homoeopathy'*

**by**

**Ilana Dannheisser**

(in *Homoeopathic Links*)

*I thought it fit to reproduce this review, since it succinctly describes the concept of 'The Sensation in Homoeopathy,' from which this book takes off*

*– R. S.*

This latest book by Dr. Rajan Sankaran is the most evolved and comprehensive of his work to date. As he notes at the beginning, it is the fullest representation of his ideas, both new as well as incorporated from his earlier works. It approaches completeness, with regard to formulating a system of homeopathic case taking, analysis, prescribing and management (follow-up), knowledge of remedies, and the understanding of how this practise relates to the fundamental principles of nature. In its totality, Sankaran delivers more profound insights regarding all of the above, in a new way, representing a significant advance in the field of homeopathy. In collaboration with his colleagues in Mumbai, he has developed various principles and 'maps' which help to systematise homeopathy. To my knowledge, no one in the field of homeopathy today has attempted anything like the scale of this effort, which is not only based solidly on the firm foundations of homeopathic philosophy, but also opens new frontiers to understanding.

The fundamental idea is that a remedy is curative when it is given on the basis of the patient's deepest level of experience, his/her vital sensation. At that level, there is an energy that corresponds to something non-human, something which is like a plant, mineral or animal. It seems like non-sense. It is as if there are two songs playing in the same person: the human part, which is supposed to be there, and the non-human, which isn't. The song of the remedy will express itself with the language of its kingdom: plant sensitivity, mineral structure, or animal survival. It will express itself precisely as the song of a substance.

All of Sankaran's previous work culminates here. His observations, which led to the classification of kingdoms and miasms, were explained in his earlier books, and are recapped in greater depth. In An Insight Into Plants (2002) he introduced his model regarding levels of experience, and how this applies to understanding information, which the patient gives in case taking. In The Sensation in Homoeopathy, he takes you from the patient,

via the levels of experience and the maps of kingdoms and miasms, to the source of the remedy itself. Through his sensitive and skillful case taking, he shows how to encourage the patient to take you there. The cases selected for illustration have been carefully chosen to provide a suitable range. This amounts to nothing less than a coherent system of practise, one that can be learned and replicated.

Central to Sankaran's thesis is the concept of 'levels'. In the chapter called 'Deeper Insights' he expands on this: level one is 'name', two is 'fact', three is 'feeling/emotion', four is 'delusion', five is 'vital sensation', six is 'energy'. Each level arises from the one before, though in a circular, rather than linear fashion: from the level of 'name' (e.g. headache) to 'fact' (worse lying down) to 'emotion/feeling' (it makes me sad) to 'delusion' (it feels as if someone is driving a nail into my head), to 'sensation' (my head is splitting open) to 'energy' (to follow this progression, the source of the remedy might be from the tree family conifers). Equally, you can move in the other direction: 'energy' gives rise to the 'sensation' which gives rise to the 'delusion', which gives rise to the 'feeling/emotion' and so on. Then, Sankaran addresses the question of the next level - level seven - which has no other name. It is the level from which energy itself arises. Within this discussion he says, "We experience the Seventh level just at the moment of conception, where something, a life or energy form, occurs from nothing, just as creation has happened out of nothing. It is therefore the basis for energy. It is also experienced by us as a void at the moment of death." (p.225) In this way, Sankaran links our understanding of homeopathy to our human craving to comprehend the origin of life itself, within the universe. It gives the practical application of this discipline a spiritual base. Here some may agree, some may disagree. It hardly matters, for everything to level six can be verified repeatedly.

Whereas the first half of the book reviews and expands on the basic principles, the second half is concerned with its application, starting with the case taking itself. There is something special about this process. The aim of the case taking is to find 'the non-human' part, to go beyond the story, the emotions, the situation, and discern the essence of something which is usually hidden or concealed within the human expressions. Previously, Sankaran would aim to perceive the 'delusion' of the patient. Now, he says, he "chases the main complaint", since the physical expression of disease is the very crystallisation of the general vital disturbance. From that starting point, the patient moves from the local sensation of the complaint to the corresponding general vital sensation, which when verified at all levels, completes the case.

The words of the patient, at the level of the vital sensation, are the source words. When the patient comes to this level, it feels strange and irrational,

and the patient will seek to go back to the more familiar 'human' and rational levels. But this is precisely the point in the case taking where, if they are reassured that it is okay to talk this 'nonsense', they will lead you to the source. What makes no sense corresponds to something strange and peculiar. By paying attention to the unconscious expressions, such as hand gestures, or body movements, you can perceive even more about this energy. This is most true when the gesture is incongruent with the words used. To go to this level of the case is not always easy. In as much as it is uncomfortable, the patient often resists. But once there, the remedy will reveal itself.

Finally, the proof of the pudding: Sankaran discusses the follow-up, and how to determine the degree and nature of improvement. Ultimately, the change must be evaluated at the level of the vital sensation. There should be a shift at this level, and the overall 'state' should be reduced. If this is so, then the pathology has to improve. If the pathology has not improved at all, then it is probable that at the level of vital sensation there has not been a shift either. The last part of this book covers some discussion about acute situations, the method as it can be applied to children, some further points of clarification, and ideas for further advancement.

For anyone not familiar with Sankaran's previous work, or who has not observed this method in action at one of his seminars, this book will present many challenges, particularly with regard to his approach to taking the case. For those who have already been following Sankaran's progression, he has given us much more to work with.

Sankaran's ideas or methods have been criticised for lack of rigor. Within the first few pages of this book, he clearly affirms that his concepts have been derived strictly from the basics in homeopathy, from knowledge of homeopathic philosophy, materia medica and the repertory. Anyone who studies these concepts thoroughly cannot fail to recognise the validity of this claim; those who view these ideas superficially are bound to misunderstand and misrepresent them. Sankaran and his colleagues have given the field of homeopathy a valuable gift. What is most special is that success does not depend only on the extraordinary talent of one person. The ideas are coherent and comprehensive, and it is possible to replicate the methods. This signifies the potential to achieve more consistent results, to help our patients, to move forward, to "cure, as it is termed."

# Introduction

This book begins where *The Sensation in Homoeopathy* left off. It continues and consolidates the concepts and method described therein. I would strongly advise against venturing into this book before studying the earlier works, namely *The Spirit of Homoeopathy, The Substance of Homoeopathy, The Soul of Remedies, The System of Homoeopathy, An Insight into Plants, Sankaran's Schema* and *The Sensation in Homoeopathy* (in that order) so as to gain a firm foundation in the whole thought process.

To briefly recap my work so far, the evolution started with symptoms and repertorisation, which progressed to understanding the state of mind and delusion, and from there to a classification of kingdoms and miasms, which gave us a map of where we are going. From there we moved into a further study of the plant kingdom, and the sensation level. We started practicing that about five years ago.

This led us to the concept of the seven levels. This concept helped us to appreciate homoeopathy at a much deeper level, and shed a new light on our understanding of the human race. The new method, with its emphasis on the chief complaint, and on the energy pattern through the hand gestures, is based on this concept. My earlier book, *The Sensation In Homoeopathy*, is a detailed elucidation of the concept and method.

There have been successes, but also many failures, which cause frustration. We know there is truth in the concept and method, and we want to refine the method so that the failures are minimized.

Do we have to enlarge our database of the sources, or do we have to refine the method of case taking itself? I think we need to work on both these fronts. This book is not about new concepts, but, as the title suggests, it is a refinement of the ideas of the earlier work, so as to make the whole method more effective and consistent. We have tried to see where errors can come and where obstacles arise, and have suggested, based on our experience over the last three years, how these can be overcome. In this work, contributions from colleagues who are working with this method have been invaluable.

The formation of study groups throughout the world is very encouraging. I have been teaching since 1986. For a long time, I had been having some success, but I wasn't fully able to communicate the method. Over the last three years I've realized that teaching and sharing are not a one-way street. For the last few years, I had the feeling that people were resonating with what I was saying and were carrying it forward.

The development of the *VitalQuest* software program also contributed to the furthering of the database. It demanded that we be very definite about what we say, and we needed to find specific words and expressions in the various kingdoms and subkingdoms. We worked on the mineral kingdom in a somewhat new light, focusing on the non-human-specific aspect of the mineral remedies and found many source words of the minerals. We made some more progress with the animal subkingdoms. Working on the third volume of *Insight into Plants* added refined knowledge of eight more plant families. Most importantly, clinical practice, that great teacher and refiner of ideas, helped identify several areas where our work could be made more effective and consistent.

I felt the need to bring out this book, so as to take forward what I started in *The Sensation in Homoeopathy.* I still emphasize that this is a work in progress. It is developed enough, so it can be used with good success, to bring it to the awareness of the profession. But it is evolving continuously and we all need to work together to refine it further.

Since I wrote *The Sensation in Homoeopathy,* the ideas have become clearer and more refined, the technique much sharper. The cases are also doing very well. The results are better. A certain confidence has developed. The newness is not there anymore. But the old has become even more strongly founded. And it's really very satisfying to go into practice with that kind of confidence; that you know what you are doing. And you know what it's about. Not a confidence that you know everything, but rather that you know what the direction is even if you can't reach there all the time. Not a confusion anymore, many things have become very clear. It's really good for me to share that with you, because many of you are also working in the same direction and you are doing very well, because I get your cases. I really appreciate it.

What's interesting for me is that the method is more and more reproducible. Earlier maybe I would speak and people would appreciate it and they would go back and they wouldn't be able to reproduce it. But now a lot of people are doing it almost exactly as I would think that it should be done. And they

are able to speak the same language that I would speak, even better. It has become more reproducible and there is an immediate recognition when it is spoken. It's nice to see that. So there are groups of practitioners all over the world who are working in this way, discussing it, sending cases back, and it has grown.

It's difficult for me to say what happened in the past two years because I wouldn't know what it was two years ago from what it is today. But one of the significant things is the deeper understanding of the experience; living it and seeing almost nothing else. Secondly, refining the technique of how to get there. Understanding in cases, what exactly led me from one level to another and how to follow that, a deeper understanding of minerals and some in the animal and plant kingdoms. These were the main developments for me and I will share these in this work.

The three sublevels of Sensation (Level 5), the features of the various levels (and potencies), the rows of the Mineral kingdom, the classes in the Animals etc., have got much clearer. Also, case taking has become more flexible and easier; it seems to be now much less of a struggle for the homoeopath (and patient) than before.

To follow the patient into his nonsense is one of the most challenging and rewarding of experiences, both for the homoeopath and the patient. As Roger Morrison puts it, "In case after case, you followed the thread of the patient's expression to this non-human level. In each case I began by feeling, "What nonsense is this?" and ended by feeling, "What sublime nonsense that was!" I had already accepted the concept of non-human and made efforts to pursue it in practice but finally I came to understand that no other information was so specific."

The Sensation idea has come of age.

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The case interviews in this book have been concised and grammatised to some extent, for easier reading. Since the cases in sections I and III are much abbreviated, some information may appear in the analysis of a few, which was edited out of the presented text.
R: = Dr. Rajan Sankaran
P: = Patient
C: = Comment by participants who attended a seminar where the case was shown.
hg = hand gesture

# I

# Philosophy

# 1

# Old and New

These are notes from a lecture and discussion during a seminar in Esalen, California in October 2005.

We start with a case, which will serve as an interesting example of the difference between the old and the new methods.

I first took the case about five years ago when the idea of sensation was not so clear to me.

Ms. B., aged thirty-eight years. She wanted to speak to me alone, with no other person in the room, because she couldn't "trust anyone to be there."

Her main symptoms were:

- Stomach, tightening of pylorus.
- Shooting pain in both hips.
- Pre-menstrual complaints.

In the emotional sphere, she mentioned the following:

"There is a longing for a deep connection, and a disappointment from the longing. No one really stays; no one is there. I am fiercely independent. I defend it. I would like to rely on myself."

She had a dream:

"I was in my mother's house in the basement. Under the floor there were a lot of wires in flames. I rushed to get a fire extinguisher but it was the wrong one. My brother freaked out. I had to save the kids and put out the fire. It all had to be done right now."

It's interesting. Her chief complaints are tightening of the pylorus and pain in the hips. Her emotions are: a longing for a deep connection and a desire to be independent. Her dreams are about fire and flames on the wires in the basement of her mother's house. What can we understand from these things?

There is a little information about her mother's story in pregnancy: in her ninth month there was fire in their home and they had to run out.

Other dreams

- "I had a baby in my arms. It was my baby. I made the decision to keep the baby and I was euphoric. The fear was that I had to do it all on my own."
- A recurring dream: "I'm rushing to catch a train and I'm late. At the last moment I am blocked. Sometimes I miss it; sometimes I leave the people behind. It is always panic. I can't make it, I can't make it. No one is helping me."
- "Fire. The whole world is on fire."
- Specimens of shit.
- "All was completely dirty."
- A bottle gets broken.
- "I am separating."
- "Bugs on my body."
- Snakes.

She had a deep connection with her guru.

"With the guru I felt a connection. Without him, I felt empty and gray. I couldn't move. There was no life. Nothing excited me. I was so bored. I followed my guru to many places. I moved to minus 40 to be in the community of my guru. I was so busy then, I was running."

"I live these two sides, one is vivacious and attractive, and the other side is alone and disconnected."

She narrates a situation that had an impact on her: "I fell in love; the biggest love of my life, then he left me. He was with another woman the next day. At first it was a feeling of rejection and shock. I thought I was going to die. I was breaking. I completely gave myself up. He let me love him, knowing he was going to go away."

* * *

At this point of the presentation I invited comments from the audience.

C1: There is panic taking on the state of this woman.

C2: The pace is fast.

C3: Her love of the guru is always going to leave her longing because she's never going to get what she wants.

C4: She seems abandoned in disappointed love.

C5: There is the theme of connection versus abandonment.

C6: The fire is a recurrent theme.

C7: She wants to do it all on her own.

How do we integrate all these different things? What do we do with it, with her?

* * *

# 2

# What is Sensation?

I went to Country X for a seminar. The process of going was interesting. I applied for a visa, and was told I would have to go to Delhi for a private interview. I wrote to my hosts in Country X, to ask if they could talk to their ministry, to arrange that I be allowed to talk on the phone for the visa interview. They left a message with the Ambassador, and then told me to speak to him on the phone. When I phoned him, however, the Embassy said that he was away on holiday for one-and-a-half months. The Vice-consul didn't do phone interviews. So I wrote an email. There was no response for ten days. What to do now?

They said they'd arrange for me to speak to the Vice-consul. "We don't promise. However, send your papers." So I sent them the papers, and there was no response for two weeks. Three months after initiation of the procedure there was still no result. It was getting more and more delayed.

Now I was supposed to leave in a week for a big world trip of seminars. All my papers were held up. I made 30-35 phone calls. They told me the visa was ready. I sent somebody to pick up the papers at 9 a.m. They made him wait until 4 p.m., then told him to come the next day. The next day the same thing happened. They said my papers were not ready. The papers were for a different Sankaran, who wanted to go on the same day. Then they asked for a bank paper, which would take a week to process. In the meantime, the ambassador was back, so I phoned him. I said, "Give me my passport back, with or without the visa." He said, "You are an honoured guest, you must go!" So again I sent a man at 10 a.m., and he got the visa at 7.30 p.m. Throughout the day they would say they were putting the visa in his hand, while he would say he was still waiting outside.

My experience was at different levels.

**Fact:** I needed the visa. If I did not obtain it in time, I couldn't visit Country X. What could be done about it? Possibilities and solutions chased each other in my mind…

# 3

# Global and Local

The Sensation Made Easy

The easiest way to understand the sensation is this: It is the Global in the local. This is the clearest understanding.

**Global** means that which relates to, or contains, the **whol**e of something, or a group of things.

**Local means** 'belonging or relating to a **particular** area, typically exclusively so.' It is bound in time and space.

In space, the **Local** is an expression in a location of the body, or in a part of life where the problem is, whether it is work, relationship, a financial situation or other. In time, the **Local** is an expression that arises at a particular period, in a given situation.

So the effort here is to see what is it in a particular local that surpasses the local and becomes global. That is to say, what is it that transcends that situation and applies to the person as a whole, and over time? That is the common part of everything in the person, local and general, physical and mental, past and present. It is true of the whole person for all time, and in all aspects, mind and body.

It has to be the Sensation; nothing else can stay. Only the sensation can transcend the mind and body.

That is the basic core, the true vital sensation.

Once we get there, we will see that every phenomenon in space and time in that person will boil down to the same thing.

The core sensation is like a deep, unspoken (but constantly intimated) thread, running through every sphere of the individual's life and activity.

Let's take, for instance, a lady of sixty-five years who came to me with a swelling of the wrist joint due to a ganglion. She experienced severe pain. On further questioning, she described a sense of constriction in the wrist pain which became tighter and tighter. As she went on to describe other areas of her life, she mentioned her discomfort in her own home ever since

# 4

# The Sublevels of Sensation

The Vital Sensation itself can be understood as having three sublevels.

Sensation A = Kingdom

Sensation B = Subkingdom

Sensation C = Source

Know the kingdom first, then the subkingdom, then the source. The other way could cause many an error. At A you will get the kingdom words. At B you will get the entire constellation of the subkingdom words.

But often, you get C words first. Don't jump to a conclusion then. Keep it blank, and then fill it up only when it gets full. Then decide. Otherwise, the source words may mislead you.

Be clear with each of these levels. When you see the kingdom, you must see all the qualities of that kingdom and you must see everything in the case basically coming to the issue of that kingdom, namely lack/loss, survival or sensitivity.

When you see the subkingdom, you must see all the expressions of that subkingdom. For example, a case of Silicea used the word "explosion." So many thought of nitrogen. But if it was a nitrate, it must not only have the explosion but must also have all the expressions of Row Two, like inside/outside, stuck, claustrophobia, wanting to come out, not one of which were there in the case.

C words are the spontaneous yet unconnected things the patient says when in the energy and sensation levels.

Here is where we can make two mistakes

1. Since we do not understand, and often since we have not seen it before, we could avoid it, neglect it or bypass it.
2. We could fit it into a remedy that has a similar feature. This is not right too.

# 5

# Important Words

We use the **words** that crop up when the individual describes their problem, to help us go deeper into their experience. How do we know which words are significant? They may use words that seem completely out of the context of the situation being described, or they may always accompany a certain word with a strong hand gesture. For simplicity I have identified seven main criteria to help identify which (of the many words a person uses) are words of special significance. These criteria can best be remembered alphabetically.

They are: M, N, O, P, Q, R and S.

**M** = Movement

**N** = Non-human-specific.

**O** = Obdurate.

**P** = Picturised

**Q** = Queer

**R** = Repeated

**S** = Synonym or antonym of a previously mentioned word.

**M = MOVEMENT**

This is conveyed through speed, direction, force, sound and gesture. It is in the hand gestures, but it is also in the delusions, hobbies, and sensitivities, where the direction and speed is expressed.

For example, the Dioscorea villosa patient liked to do the short putt. It involved taking it and, in order to throw it, stretching the arm to the furthest possible point. This stretching in the short putt had the same energy as the stretching that she would need to do during her dysmenorrhoea, where she experienced the twisting and coiling sensation inside, which is the opposite of stretching.

The Rhus toxicodendron patient, liked to keep moving from place to place.

# 6

# Actions Speak Louder than Words

Sensations are deeply and clearly felt, but are very hard to put into accurate words. I realized that often individuals are best expressing their inner sensation through the medium of gesture, rather than speech. In effect, their hands are able to communicate and describe what their speech cannot.

As an example let us consider the case of a young schoolgirl with headaches. When describing the pain of her headache she kept making a pushing hand gesture, saying that her head felt as though a part was being forced out. She also described feeling very bad when her friends didn't share everything with her. When asked to elaborate how she felt, she initially kept saying; "Bad and sad", and then described a depressed feeling. All the while her hands where flying in the air depicting exactly the same hand gesture that she had used when describing her headaches. That is precisely what she felt even with her friends; that they were, through their actions somehow forcing her out, leaving her alone to the point of exclusion!

Hand gestures also help clear up the confusion that can arise when seeking to understand the deepest sensation. For example one person may give a good verbal description of how her lungs feel when she has an asthmatic attack. She may use words such as "blocked" and "jammed", but all along her hands are telling us another deeper, truer story. While she talks of 'blocked' and jammed her hands move round and round in a twirling motion, giving the appearance of tying or winding and unwinding something. By gently asking her to describe more exactly the sensation of "blocked and jammed" she finally comes to the deeper sensation of "tied and bound" – what her hands had been telling us all along! Thus hand gestures are the best indicator of the truth she is experiencing. With patience and persistence during questioning she is able to arrive at an exact description of the sensation her hand gesture had been constantly illustrating to us. We can then be sure that we have arrived at her deepest sensation.

# 7

# The Doorway Through Doodles

All of us have, at some time in our life, got bored during a lecture and found ourselves scribbling in the corner of the notebook. Or have, during a telephone conversation, drawn some repetitive shape on a sheet at hand.

I too noticed that when I got tired or sleepy during a conversation I would automatically, (i.e. involuntarily), start drawing repetitive shapes and patterns. After years of doing this, one realizes that inevitably there are two or three patterns that keep repeating themselves spontaneously. Very naturally, one tends to wonder where these came from, and what they mean.

I was certain that these are "individual," different and varied from person to person. They are also not logical, since they are obviously unconnected with external reality. Hence they must be an expression of an inner reality.

With this thought I began my research on these forms of expression.

This process is known as "Doodling," and the form is known as a "Doodle."

The dictionary defines "Doodle" thus:

Verb - To scribble aimlessly, especially when preoccupied; to kill time; to draw (figures) while preoccupied.

Noun - A figure, design, or scribble drawn or written absent-mindedly.

My interest in the subject grew and I began my quest by reading already existent research on the same subject.

A doodle, as described by various authors, is a "graphical expression of an unconscious association." The conscious attention is elsewhere, making the process of doodling only a partially conscious one. Hence a doodle is clearly an expression of the unconscious state. Thus, it is a doorway to the unconscious mind. Perhaps nowhere else is the saying that "one picture paints a thousand words" more appropriately applied than here.

# 8

# Types of Acute Situations

There is a huge difference between the acute miasm and acute condition. A person can be in the syphilitic miasm and land in an acute crisis. But the perception, even during the acute crisis, will not be of the acute, but of the miasm he is in. The severity of the complaint will show that it is an acute condition.

There are five categories of acute situations.

- The patient comes directly in the acute.
- The patient comes in an acute during a chronic, which is doing well.
- The patient comes in an acute during a chronic, which is not doing well.
- The patient comes in an acute during a chronic, which is doing okay, but the picture is very different.
- Acute causes like injury.

**1. The patient comes directly in the acute.**

Here we need to understand the acute as a part of the deep state of the patient and use the opportunity to find the global remedy of the case. It alone will be the remedy most effective in the acute situation.

**Case example 1:** Woman with acute depression. She had recently attempted suicide. She had gone into a sudden and severe depression. Her friend sought the appointment as an emergency.

**P:** I am very frightened.

**R:** Tell me about this fright.

**P:** When my husband screams at me I get very frightened. (hg hands to mouth and shaking). He is a very nice man but once in about six months he screams, and I am frightened. I shiver and sweat.

She expressed a lot of energy and hand gestures. At that moment, she was going through acute psychological trauma. The main thing was not that the husband was bad but that the screaming was bad.

# 9

# Potency and the Levels

It is important to know if the person is feeling the sensation locally or generally. Often the sensation is the same, but the **level at which they experience it in their everyday lives** determines the potency. When the sensation is general, it is common to mind and body, and it comes up in all circumstances.

Normally, in the process of case taking, we are able to reach sensation level with the patient. However, he or she may not be living at this level in everyday life. In the guidelines given below, when we say that these degrees of expression of the state will be seen, it means that they will be seen in the person's **everyday life, and in his spontaneous narration** to the homoeopath.

On probing further, it should happen that a person, whatever his every day level may be, should go to the level of sensation and express himself with gestures. Therefore, just the fact that the person expresses gestures in the course of case taking does not mean that he is at sensation level. Obviously, the deeper the level, **the more readily, the more quickly** he will be able to go to the sensation level in case taking.

The level is also indicated by where the patient **shows a reluctance** to go further in the case taking process. If he shows a reluctance to go forward from the fact level, he's probably on Level 2. If he shows an inclination to stay with his emotions, and it needs effort to take him forward from the emotional level, he is probably at Level 3. That will be the level in his everyday life.

The potency is selected according to the level that is experienced daily by the patient.

### LEVEL 1: NAME: 6

**What is prominently seen:** Here the symptoms of the pathology are the only ones available, and completely dominate the picture. For example, oedema in heart failure, breathlessness in lung fibrosis, severe joint pains in osteoarthritis, paralysis in multiple sclerosis.

# 10

# Summaries of the Method

**A. Following are steps of the case taking process, based on a summary by Mary Gillies.**

**1. BE EMPTY**

Be empty of prejudice, of effort. Let the patient lead. This happens best when we merely say, "Tell me more about…" Be as non-leading as possible. The emphasis and direction must be the patient's, not yours. Only then will the pure picture emerge. We allow the individual complete room to move, giving no limits or direction. In this way the person is free to gradually reveal to us their deepest sensation.

If the patient says, "I feel like I'm in a glass chamber,"

Don't ask, "What does it feel like?" or "How did you get there?"
Rather, say, "Tell me more about this."

And the patient will tell us more about what matters to them.

Then again, if the patient says, "I feel as if I have lost my way,"

Don't ask, "What does it mean to 'lose my way,' give an example, in which situation…"
Simply ask, "Tell me about 'I have lost my way.'"

**Aphorism 83:** "This individualising examination of a disease case… demands of the practitioner nothing but freedom from prejudice, and sound senses, attention in observing, and fidelity in tracing the picture of the disease."

Stay empty of bias, open to the moment and empty of desire, free to follow.

> We must approach each session in the absence of memory or desire.
>
> —Wilfred Bion

# 11

# Refinements in the Understanding of Minerals

Man relates most easily to animals, then to plants, but much less easily to minerals. A mineral is non-living, while man is living.

The pace in minerals is different from that in humans. They've got life spans of several million years. A stone or a rock will be relatively unchanged for one million years. So when we try to examine a mineral in a human being, the whole scale is different. This is why we don't easily see mineral source words in the human experience. The sensation is expressed in terms of stages of human development.

The mineral experience corresponds with the stages of human development, which finds its reflection in the seven rows of the periodic table. The qualities of each stage have become clear to me like never before, and it is very gratifying to have the patients give us such clear pictures of their stage of development, almost as if they have read a book explaining the qualities of the different rows.

Patients, for example, with issues of separation and the birth process graphically describe the Second Row. They describe the process of being secure in the womb and the whole experience of being enveloped and protected and the opposite of it – to come out and to breathe and to separate.

Here is an example of a patient with varicose veins. He is a man of sixty-five years of age. I give here a short summary of a very long case.

**R:** Tell me about this.

**P:** I don't want it to increase so that I will need surgery. I am not earning money right now. I am retired and I don't want to depend on my sons. I want to be always financially independent.

So from the local, the varicose veins, we go to something that is of the whole person, which is his need to be financially independent.

**R:** What is 'independent?'

**P:** I told both my sons that they should live separately from me. Each one needs to be separate and independent. I am the eldest sibling in my family, and

# 12

# Awareness

Awareness can happen at any of the seven levels of experience. The deeper the awareness in terms of the level of experience, the better the effect.

**Awareness has three steps:**

1. Watching without judgement, simple watching.
2. Dissociating from the phenomenon…taking distance.
3. Experiencing the phenomenon, allowing the experience, yet at the same time being the watcher.

When you turn attention inwards, at first you become aware of your body and mind, the sensations from various parts of the body, then the thoughts and the emotions, then you get aware of a deeper world of imagination, somewhat like a dream state, and then you get in touch with an overall experience of sensation, which is characterized by a general sensation in the whole being, body and mind.

When this sensation is experienced deeper, certain sounds, movement and other energy patterns emerge and one's being is transformed, as it were, to a totally different state.

Deeper than this is the experience of the silence and the blankness and the stillness, which is the canvas for this whole experience. When awareness happens at this depth, there is total dissociation between the phenomenon and the observer, who is the true self.

Awareness at this level produces a very long lasting effect, and problems at more superficial levels, like emotional conflicts, seem to get automatically resolved without even being directly addressed.

# 13

# Thoughts on the Seventh Level

The Seventh level is the continuum. It is that part of you that is there from birth to death. On this continuum energy patterns, various delusions, and various pathologies play. It is constant, continuous and equal at all times. The other levels rise and fall.

The sickness is the energy pattern that is imprinted on you. Beyond that there is no sickness. The Seventh level is the part that is not sick. It is the bare slate on which the pattern of sickness is written. It is the state of hypnosis, meditation or coma or very deep sleep, which is beyond the six levels of experience, where the person is blank, silent and is able to observe and narrate the other levels.

### The Seventh Level and Case taking

In case taking the person has to go back to the level which is not sick, in order to observe the sickness. He has to go to a level which is continuous and which has not changed, in order to observe what is changing. He has to go to a level that has been there throughout, from birth to the present moment, so that he can describe the whole experience. Therefore the Seventh level is the most important level for healing. If this level didn't exist there would be no way a person could describe his turmoil and find the healing agent.

During the case taking process, the homoeopath can be likened to a blind man who is accompanying the patient on a trek. Neither of them knows where the path is leading. The homoeopath encourages the patient to keep on the path and describe to him in great detail what he can see on the way. When the path ends, the homoeopath lets the patient describe exactly where they have arrived.

This metaphor is interesting because it dissociates both the patient and the homoeopath from the path and the destination. It is as if the path and the destination belong to neither, and is examined by both as an objective reality separate from the observer. The only difference is that the patient can see it and the homoeopath depends upon the patient's description. The

# 14

# Health

**In a healthy condition what is the level of a persons experience?**

Health is synonymous with flexibility, or the freedom to act according the reality at that moment. So in health a person cannot be fixed at a particular level of experience, this has to vary from time to time according to what is needed in the moment. A healthy person is therefore going to be in fact level when he is auditing his books of account, in an emotion level when he shows affection to his children, and at the delusion level when he watches a movie or writes verse. He will experience the sensation level when he is at the mountainside or with the animals. He will experience the energy level when he sings or dances, and will experience the Seventh in meditation.

He will be in the moment and will experience the level appropriate for that moment.

**The Human Song**

Herd animals do not have a sense of identity, as much as man does. For them, it is simply an issue of security. Me, my possessions, money, ego, name is not so much a problem with other animals. It is a problem with man. There is a sense of individual identity as well as group identity. This is why we have names and surnames. One is the individual name, the other the family or group name.

The Human Song is the song that is the nature of the Human. He is a social animal and he is a being with his own will and individuality. He wants to blend in, to belong, and to give to the group. At the same time, he seeks development of the self and progress as an individual. Knowing that his ego is temporary, he seeks to find deeper, more permanent truths. Thus, he balances the spiritual seeking with material desires in a harmonious way, recognizing the reality of both aspects. So, he is partly self seeking and partly selfless.

There is a balance between self-interest and social interest. (When this becomes a problem for him, an important stress point for him, he would need Lac humanum).

# II

# Exercises in Finding The Story Behind the Story

# 1

# Metaphors and Mandela

It is interesting to see how different people express their experience of a similar incident. When disappointed by another, one person may say he felt stabbed in the back, the other feels as if a rug were pulled from beneath his feet, the third feels let down, the fourth feels betrayed, the fifth feels shattered, the sixth heartbroken, the seventh is shocked, yet others are variously forsaken, neglected, shunned, isolated, attacked, hurt and so on.

Each one expresses his experience through metaphors, idioms, similes, gestures and images. They appear so casual, but they actually come from a deep and constant experience of the person. In a way, it is involuntary and unconscious, and this makes it even more significant. It is a very good starting point for further inquiry, and helps to quickly get into the experience, bypassing the context and the situation in which it was experienced. Then it will be seen to be an integral part of the person's core experience and one is amazed at the unfailing way in which these seemingly casual utterances are so pregnant with significance. It is almost as if it is a coded language where the real message is hidden in words spread out among "normal" sentences, which when read together give a totally different message.

I am tempted here to use as an example some utterances of a man for whom I have the highest respect: Nelson Mandela. Here are some passages from his inspiring autobiography 'A Long Walk to Freedom.'

'At midnight, I was awake and staring at the ceiling – images from the trial were still rattling around in my head – when I heard steps coming down the hallway. I was locked in my own cell, away from the others. There was a knock at my door and I could see Colonel Aucamp's face at the bars. "Mandela," he said in a husky whisper, "are you awake?"

I told him I was. "You are a lucky man," he said. "We are taking you to a place where you will have your freedom. You will be able to move around; you'll see the ocean and the sky, not just gray walls."

# 2

# Desperately seeking Adolph

## A study of Hitler

The thought of studying a possible remedy for Hitler as an exercise arose in the process of working on a case of Plumbum Metallicum. Hitler is the ultimate symbol of supreme power concentrated in one man, and then he went down.

I noticed, in some film clips, his particular posture and hand gestures. Typically he would stand at attention, with hands dorsiflexed. He would point and show a fist. He had a tic in his face, which caused the corner of his lips to curl upward. He would repeat himself, and work up into frenzy. His speeches exhibited energy. I wondered what VitalQuest would make of the content of his speeches, and whether Plumbum metallicum would come up prominently, hence I began putting them in.

Speech of 12 April 1922: "Christian capitalism is as good as destroyed, the international Jewish stock exchange capital gains in proportion as the other loses ground. It is only the international stock exchange and loan-capital, the so-called supra-state capital, which has profited from the collapse of our economic life, the capital which receives its character from the single supra state nation which is itself national to the core, which fancies itself to be above other nations and which already rules over them."

VitalQuest showed: **Mineral.** Series 6.

Remedies on analysis: Tantalum, Platinum, Plumbum.

Note that remedies nearly equidistant from the left and right ends of a row will have similar features, such as Baryta and Bismuth, Tantalum and Plumbum, Calcarea and Arsenic. This is because "I do not have" (left) is similar to "I have lost" (right). The remedy in the **middle** represents the qualities of the row, so it will automatically come up in the analysis.

The interesting thing about it is that in 1922, Hitler was ascending to power. It was a time when he should have been on the left side of Row Six of the Periodic Table, but he uses a lot of expressions from the right side, such as "…already as good as destroyed…loses ground…collapse…above all other…rules over them." These seem to indicate that inside, he had already gone down.

# III

# Techniques of the Art

# 1

# The Art

There is an art in case taking, a subtlety that I can demonstrate, but only try to convey.

The case taking process can start with anything. Anything that has the energy in the moment is a very good starting point.

A patient comes in, looking flustered, and starts with, "I am sorry I am late. I don't like to keep people waiting."

You can see that his energy is there in that moment. This can be a good opening.

"Tell me about this."

"You know, when someone has given me a time, I like to be there ten minutes beforehand."

"Tell me about that."

Now we understand that it is important for him to avoid a certain situation, namely to be late. What lies behind it, and further, behind that?

"If I get there five minutes late and he just looks at me, he doesn't have to say anything. I feel…ohhh!"

The plane is still on the runway. It is not taking off.

"Just looks…?"

"I can see it in his eyes. There is a certain anger in the eyes, you can make out that there is anger there."

"Tell about this anger."

"You know, when I once…"

"Only this anger, tell me the feeling in it."

" It is like he could just jump at me."

"Describe 'jump at me.'

"I didn't mean literally, 'jump at me.' I just said it figuratively."

"Tell me literally, what is 'jump at me.'"

# 2

# The First Ten Minutes

The first ten to fifteen minutes of the case are often the most crucial. They determine the direction of the case. This period is the vital area of case taking. Here, you allow the patient to go where he wants to go. Maximum space must be given.

If you want to take a friend for a picnic, you ask him, "Where would you like to go? Would you like to go to the beach or the cinema? If the cinema, then which show? Which particular cinema?" There you give him a choice.

But here in the case taking; you are not offering the patient choices or alternatives. You let the direction come from within him. Allow this space to the patient.

Then he and you together observe where the energy is going.

It is in the first ten-fifteen minutes that the patient is the most spontaneous. The purest form of energy can come to the surface during this time. This is why it is so important. Afterwards, when the questioning starts, it is more focused on clarifying and deepening the path taken in the initial part of the case.

In fact, the very presentation of the patient, how he comes, how he walks in, expresses his energy. We saw this in the previous chapter. The patient begins his narrative. He talks about his complaints. This is where you have to observe closely. Watch like a hawk.

Allow him to go on, and watch the words. See which non-human words are coming up. See the degree and depth of desperation, and his coping mechanism. From these, you will get soft clues towards where the energy and the miasm lie. It is a period of circumspection. 'Circum' is 'around.' 'Spection' is to look. You look around, and you see where the energy and the coping mechanism are showing themselves. You will also know at which point you have to enter into the case.

As long as the spontaneous narrative of the patient is yielding more and more energetic patterns or delusions, or is spontaneously going deeper in

# 3

# Keep the Patient in the Present

The sensation is something that is always with the patient. It is present and continuous. It is the emotions that happen in time. The stress situations or physical complaints are good entry points into the sensation. But the moment the patient enters the sensation level; he will be in the present.

By using the delusion, or the physical complaint, or the stress situation as a starting point, we examine the experience in that situation. The patient will express the experience through either a hand gesture or a non-human-specific word. When the patient comes to that level of expression, in order to dissociate them from the context and to make them go deeper into the sensation, a good way of directing them would be to say, "When you say this word or make this gesture, what is it that you are experiencing in this moment?" or "What is it that comes up to you **spontaneously in this moment** as you speak this word or make this gesture?"

By keeping the patient in the present, you are ensuring that you are keeping the patient in the sensation level, which is always present and continuous. And, you are completely dissociating them from the other levels, which are limited by space and time.

* * *

For example, if the patient says that he was in a situation of great embarrassment at a certain time, we ask him to describe the situation first. Secondly we take him to the experience during the situation. "What did you experience then?" Then we watch for the gestures, or the non-human-specific words that come up.

For instance, he might use the word, 'exposed.' Then the next question could be, "Tell about 'exposed.'" He might make a gesture of the palm opening out. You ask him to describe **whatever comes up in this moment** as he makes the gesture. That will be the pure sensation.

Similarly, if the patient comes to an impasse in the case taking process, the experience of the patient in that very moment, at a sensation level, will be very significant. We can ask them to forget what they are not able to express

# 4

# What, not Why

In the case taking process, the answers to the questions, 'Where?' and 'Why?' often do not lead deeper to the sensation. The answer to the question, "Where did you experience or feel something?" will lead the person to describe the situation in which he felt it, which is often a story, and is at the delusion level.

So the answer to the question, "Why?" will always lead to a theory, and will put his mind to work, which is of no use to us. Asking, "What does it feel like?" much more effectively goes deeper to touch their experience.

There is one exception to this. If the person does or doesn't do some **action**, then we can ask, "Why?" For example, if he says, "At the age of thirty, I decided to move from City A to City B." Here, you can ask, "Why did you decide to move?" because there is a reason behind it. He will explain by saying, perhaps," In city A I felt suffocated."

The question following this should not be, "Why did you feel suffocated?" It should be, "Describe suffocated, or tell about suffocated." You are asking him to express the **experience** of being suffocated. Then he will not give you a theory, but the experience. Not the mind, but the sensation.

**Stick to the Hand Gesture**

Say, "Tell me what you are showing with your hand." Often the patient will say nothing. That is where your faith and persistence is very vital. Stay with the gesture and keep asking, "What…" Ultimately it will go forward.

Suppose the patient talks about an emotion. "I get very angry with my wife." Do not ask, "Why do you get angry with her?" It is not significant. 'Why,' is a theory. It is intellectual. The answer is from the mind, and temporary, as it only pertains to the 'why' of the situation.

# 5

# Projection and Denial

**Projection and spontaneous denial are gateways to the sensation.**

Projection and denial are two sides of the same coin. Projection denotes that you attribute certain sensations to other people, objects or situations outside of you. And denial is when you negate certain sensations or sensitivities within you. However at a sensation level there is no individual, there is only the phenomenon. Therefore at that level all that is projected or denied becomes an integral part of the sensation.

The Sensation itself is an objective reality, apart from the subject who experiences it. Hence what is denied or projected is simply an addition to this. When the individual himself disappears, then all that was projected or denied becomes part of the sensation or the phenomenon. And this has to do with the source, which is a phenomenon by itself, apart from the individual.

This is something I often use in the case taking process. When the patient spontaneously denies something, I use this as the starting point of an inquiry.

For example, if on asking about his sciatica, the patient says, "Not that it will make me paralysed," then I use this to go further. I may ask him, "So tell me about 'it will make me paralysed.'" The patient will be a little surprised at this question, and will assume that you have not heard properly. He may say, "No, I told you that it will not make me paralysed." Then I may say, "I have understood this, but can you still tell me about 'make me paralysed.'" The patient is somewhat confused. He has to make an important switch at this moment. From subjective to objective. With some encouragement he does it. And talks about the possible experience of being paralysed. At some point in the inquiry, it will all come back to the patient's original sensation and at this point the difference between what is subjective and objective fades and one is looking purely at the phenomenon.

Somewhat similar is the case when the patient speaks in sensation language when talking about someone or thing. If this is used as a stepping-

# 6

# Flexibility in the Method

In my earlier books and seminars I emphasized that the chief complaint was the best starting point for the investigation into the sensation, since it had the maximum energy for the patient in that moment. I taught that we need to follow and stick to the chief complaint at all times, and go further and further with it, without back-tracking. Often this was met with some resistance from the patient. And we had to use varying degrees of pressure and persistence to go ahead. Some patients and some seminar attendees found this process too aggressive and described it variously as 'pushing too much,' or 'hammering the patient,' etc. I found that some rigidity had set in about the method, and the objective was forgotten in the insistence on following the technique. This led sometimes to unfavourable situations.

The objective, namely to reach the sensation level, is what is paramount. And one can use different paths. One needs to be flexible, according to the situation. It is good to try to get there by the shortest and the clearest path, namely through the chief complaint, but if one comes across a dead end, or a serious road block, then one must have the wisdom to backtrack and find alternative paths, though they might be more circuitous.

One other strongly held view was that the story is unimportant, and therefore must be avoided. I think that this is not wholly or always correct. Very often, the story itself has a lot of juice in terms of the sensation. And one must have the flexibility to be open to this.

When there is such flexibility, the process of case taking becomes less rigid, less of a torture, less aggressive and pushy, and it follows the stream of energy in a gentler, smoother and a more natural way, just as a stream winds its way, curving here and curving there through the mountain, but ultimately finding its path. As a result of this flexibility, the entire atmosphere of the case taking changes, and it becomes easier on both the practitioner and patient.

Do not push too much or too little. Go wherever it is the easiest with the patient. The objective should be fixed, not the way. If the resistance is too

# 7

# Animals have a Process and a Life Story

In a Plant case, when you come to the sensation, you'll get more synonyms of that, and its opposite. The word will stay and keep expanding there; you'll see it in the life situations, delusions, and dreams.

But in an Animal case, when you come to one sensation, it won't go further because it is not the centre of the case. Each sensation is a part of a **process, which has many other sensations and actions**, all connected to one another. Together they make up the survival strategy of the animal, which is the central experience. Therefore, when you ask about one sensation, he will go to another aspect of the survival strategy, rather than expand on the one sensation. You can see this clearly in Case 3 of this book.

If an animal case says, 'long nose,' and you ask about it, they may say, 'big ear.' You will think, this is not what I asked about. You will persist on the 'long nose. But for them, the two are intimately connected, so you must note what came when you asked about one. 'Long nose' is part of the pattern that describes the animal. If you keep chasing 'long nose,' it won't go further. It won't get longer!

So don't be irritated or frustrated if the patient appears to give something other than what you asked for. If he has given something at sensation level, consider it equally important. See whatever comes, and flow with it.

Here is a case of a woman with osteoarthritis, sun migraine and depression. It is concised for easier reading.

**P:** I've certain problems, my children are settled abroad, and they don't want to come back. For the last twenty-eight years I was helping in a hospital, now suddenly my husband has asked me to work at his factory. It's not my nature; it's not my cup of tea. Then he's not well, I have to be with him, look after him like a mother. That takes a toll on me. I have to give up my music, my yoga, my walks, and be with him. How much can I crucify myself? So it's a sort of struggle (hg) inside me, my own fight with myself.

**R:** What is this fight with yourself?

# 8

# Connected in the Context

Many times, when you converse with people, you are trying to converse on a particular topic. They take you to another, and you wonder why. But for them it is deeply connected. Once you begin to listen to that, you know who they are. That is freedom from prejudice.

We had a patient who was describing a sensation of pulling in. Having obtained a sensation, I was very keen that the patient expand on this.

**R:** Describe 'pulling in.'

**P:** Twisting.

**R:** Describe 'twisting.'

**P:** Like how a wet cloth is twisted and how the water drains out.

**R:** Tell me more about 'twisting.'

Since my focus was on 'pulling in,' I was looking for a further description of pulling in. Apparently 'water drains out' had no connection with the twisting. I completely ignored it, thinking it was part of the image.

But later in the case, in the context of another situation, the 'pulling in' sensation was once again expressed. And she said, "I retract, pull in, and I push the water out." After some more time, she said it again. That rang a bell. Now I had heard it for the third time. The pulling and twisting was associated with 'pushing water out.' Therefore, 'pushing water out' had to have significance.

The remedy was Sepia officinalis. When faced with danger, it pulls itself in, and pushes out the inky fluid. "Emptying myself of the water."

So in such cases, you ask about one aspect, and another comes out. It does not seem to be connected. **But in the context of the source, it is absolutely connected.**

# 9

# What is the Effect on You?

When the sensation is not clear, the question, "What is the effect on you?" takes it further. This is because it shows the person's most sensitive area.

Suppose we see a patient who comes for the treatment of his wart. On asking him to tell about it, it is possible that he may say nothing more, since a wart itself may not have any sensation or modality. The inquiry about the wart per se might come to a dead end.

In this case, one way to go further, could be to ask him the effect of the wart on him. There the local becomes the global.

In the effect of the wart on him, you might clearly perceive the area of his sensitivity. A patient who needs an animal remedy, might say that it makes him less attractive or in a way inferior in comparison to others, or he may express it in terms of the effect on his survival. A patient who needs a mineral remedy may be afraid that this wart might turn cancerous. When you inquire further, he might express his fear of losing the limb. A person who needs a plant remedy might express his extreme fear of surgery. Further inquiry may reveal his global and deep-seated sensitivity to the slightest pain. Thus, when asked for the effect of the chief complaint, each patient would express his area of maximum sensitivity or vulnerability.

This holds true especially in mineral cases. The local sensation is not there so much, but the particular complaint becomes a problem with development, or performance or potential loss in the formation, maintenance or breakage of structure.

Usually, a person spontaneously goes to the effect. The effect of the problem is what is global in the local.

* * *

In this following case, of a woman with rheumatoid arthritis, no specific sensation came through in the chief complaint.

**R:** What is the effect of this on you?

**P:** The effect of the arthritis is that it makes me dependent on other people to look after me. I'm almost like a child. I want to be independent and to be able

# 10

# Lessons from Practice

In a twelve-day intensive workshop with very experienced homoeopaths in November 2006, these were the areas that we identified as the most common sources of error in the method. This summary, presented on the last day of the workshop, was highly appreciated by the participants, who said that it addressed several lacunae in the practical application of the method. It is placed in this book, as a revision of the concepts and learning presented in the earlier chapters.

### Pre judice

Pre judgement is to judge before we know through experience. Once we fix our mind on something, we hardly see anything else.

We can prevent prejudice by being aware of our own thought processes during the case, and by keeping our minds open and free to go with the patient. Be alert to see, in the energy and characteristics of the patient, what does not fit in with the idea that you are forming of the source. If you don't look for what is not included, you will stay in your prejudice.

### Local and global

Dig into the local till you see the global. Come to a place where you can see what is not of only one part, situation or time.

### Flexibility in the method

Do not push too much or too little. The objective should be fixed, not the path to it. If there is too much resistance from the patient, a tactical retreat is necessary. Then find another window.

### The energy is in the story too

It is everywhere. We need to follow it wherever it comes up, and not wait for the patient to respond to our questioning before we start looking.

# IV

# Cases

# Case 1

# Completely Opposite and Remotely Similar

A twenty-three-year old woman with Lichen planus.

This interview is a retake. She had been treated earlier, with only partial success. Her problem was quite extensive; the lesions had spread over the lower limbs.

Words from previous case-takings: strikes, throws, neglected, jealous, unattractive, dirty, pursued, kill, guide, hit back, trapped, sarcastic, big, small, bugs, scorpions, caught, pulled, cannot move, include, exclude.

The earlier remedies were based on her mind state. She was a very emotionally affected person, her parents would complain about that. The focus would go on her behaviour and emotions. There was nothing very obvious in the lichen planus itself. But I decided to focus on the chief complaint. If you keep going into that in a minute way, the pattern can be seen there. It can be seen in everything. This is a case in point. I called her to the live seminar.

**R:** What is the problem? Start afresh as if you are telling me for the first time.

**P:** (Shows her ankles, where there are highly discoloured lesions). It is the spots.

**R:** Talk to me about these spots.

I have put my step into the spots. I am taking this particular path, and will take it to the center. Choose one path and then go with it.

**P:** They come after itching. But the spots in the inner thighs came on their own.

**R:** Tell more about these spots.

**P:** Whenever I worry about something, it increases.

Here there are two paths, the worry and the spots. I have already chosen the spots, so I am going to go with that path. All roads will go to the centre, but the spots are the chief complaint, and this route will be quicker. I found that when you ask about worry, the patient goes into a lot of stories. So by keeping the focus on the chief complaint, you cut down on your case-taking time.

**R:** Tell me more about the spots.

**P:** One spot has reduced a bit. Generally I get tense before exams, but after exams I am okay.

# Case 2

# A Sudden Shot

Live seminar case of a woman about thirty-five years old.

**R:** Tell me your problems.

**P:** I get cough and cold at the change of seasons. I have to go for antibiotics. I have had the problem for the last four years. I get constipation for one day, only for one day, before my periods.

**R:** What is bothering you the most?

**P:** The headaches started six years ago. I used to get weekly attacks. I used to get heavy sleep during the headaches. Slowly the frequency has reduced; now it happens once a month, before my menses. But the strain lasts for three days. I just drain out. I feel very tired, exhausted.

**R:** Talk a little more about the headache, just describe it more.

**P:** It starts at night. I can feel that a shot is given on my head (hg of gun to head, and laughs) and it starts. It slowly increases. I feel like tying my head very tightly. I get very sleepy. I feel very much drained out, very tired. Later, when my period starts, I feel absolutely fine.

"A shot is given on my head" = "Something happens to me from the outside." And this drains me out. In a mineral, there is a drain; a loss of energy and capacity. But the moment something else does something to her, it is a soft clue of the Animal Kingdom. "I don't have energy; all my energy is gone" is Mineral.

A hard clue is when she gives the source words of the kingdom, subkingdom and source. But before the hard clue comes, a lot of soft clues come; including the way she takes the appointment, and speaks in the beginning. So if you are alert to that, you will be aware of it, without getting stuck in it.

**R:** Describe the shot a little bit more.

**P:** Something is banging on my head (hg of banging with a hammer). I hold my head and squeeze my eyes.

**R:** What's the shot like? Describe it a little bit more, whatever you can say about it.

**P:** Something like it's piercing me (hg finger piercing other hand), like how an insect bites you and slowly it starts and that area gets affected; it happens like that.

# Case 3

# An Open-and-Shut Case

An eighteen-year-old girl with recurrent headache.

**R:** What's the problem?

**P:** Since a month and a half I have been getting this terrible headache. It mostly starts from my right side and as the day proceeds it just spreads. And sometimes I feel a crushing pain in the side of my nose. If it is here then there is a kind of obstruction (hg: of pushing to one side) and it gets better when I switch off the light. Walking and certain jolts increase it. And my mummy suffers with the same kind of pains. So that's it.

**R:** Tell a bit more about the headache.

**P:** It's like an **obstruction** (hg: of circling, with one hand, the right eye) in the eye. Sometimes I feel it is little swollen, not red. But this whole area would get kind of compressed. The frequency was much more when I had exams going on. Now I am relatively free but it happens in the evening or anytime. But somehow I know that the headache is going to happen, that slight lingering and then it starts, heaviness.

Local Sensations: – terrible, crushing and obstruction. Of all these sensations, the hand gesture is there in obstruction.

**R:** A bit more about the type of headache you have.

**P:** It's not a throbbing pain (hg: of holding space like a ball), its just a compression and the degrees vary, if it's an over stressed day then it irritates me. But during exams I cannot even sit and concentrate on my books. It's a just a compression (hg: holding a space ball with right hand). Even my eye and all, this whole area is majorly compressed (similar gesture). It's not a throbbing pain; I can feel a pressure on the eye, the side of my nose and all this area. And if I press that, it definitely gets better.

More sensations: Compression, majorly compressed.

**R:** When you say, 'compression' what do you mean exactly?

**P:** Like I explained to you, it's not a throbbing pain (hg: of throbbing), I can feel a pressure, the whole thing, on the eye and the side of my nose and all this area. And if I press that it definitely gets better.

**R:** So, describe this pressure a little bit more.

**P:** As when I apply it, to make it better?

# Case 4

# Separation and Synergism

A man aged thirty-one years.

**P:** My problem is fungus in the nails of my legs. It started at age eighteen. It became worse and worse and last year it spread to other fingers (hg like a wave). The second problem is pimples on the face. My hair has also become grey, from the age of twenty-three or twenty-four. Also dandruff. This is on the physical side. On the mental side, it's more complicated for me to clarify. I found myself, from a young age, always trying to find something better than I do now, or find an answer to solve the question. To solve something. To create something in the computer world, with technology/science; to develop something in science, in Biology. I want to be far ahead of Yale and Harvard.

"My life is about solving something, creating something new, and being far ahead." This is global. His problems are local. So the challenge will be to find the global thing in the two.

**P:** We are three to six months ahead, this is good, to do with my curiosity. I can't sit in one place. I get bored, when I try to listen to a lecture in the university. I never went to lectures in the university. In last few years, I changed my place, my home, six times. I don't find it – or maybe I didn't look for the right place to sit. I am divorced and have one child. I feel that some of the reason that causes me to be worse, is that I don't sit in one place. I don't have the connection to the earth. (hg: of hands drawing apart in a line). If I think I can do something better, then I can't rest. I can't let my thinking go. I am kind of restless. Because I am all the time thinking (hg of fingers pointing together). There is a problem with my happiness.

So the hand gesture has the 'drawn apart' and two fingers pointing together.

**P:** Then it can't switch (hg: turning against each other in a twisting motion, like opening the cap of a bottle).

What is this? We don't know the remedy yet, because he is talking of something that doesn't belong to a kingdom, or a subkingdom, so it belongs to the source. At the source level, you can't know what the remedy is, unless you know the kingdom and subkingdom.

**P:** Happiness is when you feel, not think. All the time I find myself thinking. If I do something, I try to be perfect, and more perfect. I try to do 100%. But 90% of the time I am thinking. It is very intensive work. It is some kind of relief not to think about it.

# Case 5
# Breaking Out

A twenty-nine-year old man with sinusitis and psoriasis.

**R:** Tell me what is your problem?

**P:** Doctor, basically, this sinus is getting too frequent these days. Every two months I end up wasting three to four days with the sinus. It started long ago but now with this sinus I find it very difficult to get up in the morning. This full area (shows infra orbital area of both the cheeks) this part has such a tremendous amount of pressure; you feel the pressure inside. That is the main thing. When I get up in the morning I can cough up, or blow the nose. It comes out, but the problem remains. You feel groggy throughout the day. Secondly, I have developed these big time scales on the head that have moved down this way (finger scrolling near the ear to the chin), both sides, here and only this place, that's all (shows infra orbital area both the sides and forehead). This is like a reddish kind of inflammation, which develops some scaly kind of thing.

**R:** Tell a bit more.

**P:** More?

**R:** Tell about your sinus thing again, 'pressure' and all.

**P:** Sinus - basically I don't know how I picked it up. Mostly it's from people if they have a small infection, cough or cold, I take it from them. I just can't take ice in anything. Even if it's melted in a soft drink, it starts the same day. Yet if I have a soft drink, which is normally chilled, or water, which was put in the fridge, then it is not much of a problem. That is one part.

The first day it starts with irritation somewhere inside the throat and behind this (gestures showing the throat and nose) and when I first spit out in the morning there will be fine specks of blood. It stops later. On the second day it stops. It is whitish gray on the first day and feels a little drier than otherwise. It slowly moves to yellowish, and if it stays, it goes to green and then, on its way out, it goes to a very clear fluid and cough comes only if it is there for a longer period of time. The pressure sometimes is a little too much, the ears get blocked and then you have to blow the nose. I mean, close the nose and blow it. Then the ears open up (gestures closing the nose) and sometimes you feel you should poke something there and possibly the pressure will get relieved, or something like that.

# Case 6

# The Volatile Case

This is a follow up, but we can understand some subtle things in the case.

Woman, sixty years old. She has been on treatment for emotional instability, mood fluctuations, migraine and food allergies for about five years. She showed significant improvement. This follow-up illustrates certain important aspects about sensation. That is why this case is included.

**R:** So tell me one thing, if you were to compare your state now with, let's say, five years ago, what's the difference?

**P:** I am much more stable emotionally. My moods, my emotions were extremely volatile (hg), many a time I flew off the handle. I felt like crying if anything happened that I wouldn't know how to handle. Now I am much more able to handle tricky situations. Even if they are fraught with emotions, I am more on an even keel (hg) emotionally. I think even my friends see that change in me, that I am laughing more, and am much happier. I also try to eat the right kind of food, exercise and keep as healthy as possible. Even emotionally I try to talk to myself.

I am more spiritual now, though I was spiritual from the beginning. Faith was something that always helped me through everything, even the most difficult situations in my life, and now its even stronger. Anytime that I find I can't handle something, then I always tell Him, "Okay, I have nothing to do with it. I want You to look after it. Catch my hand and make me walk because I am not going to walk." So I just do that, and that helps me a lot, that total faith in that.

She says the word 'volatile,' and it has energy. When a person says the word, 'volatile,' are we going to find a remedy for 'volatile?' The word could be misleading. It could be something completely different from the dictionary meaning, or the common-use meaning. But we need to understand what the person means by it. We need to go behind the word to the sensation. The word itself has many interpretations, and could be misleading. So far, the opposite of volatile is 'to be on an even keel.' Synonym and antonym. A sensation and its opposite are felt by Plants. The mood fluctuations may be common. But not everyone uses the word 'volatile.'

**R:** When you said you were very volatile earlier, what was that volatility like?

**P:** That volatility was emotionally. There was no emotional support for me. I tended to cling to my friends. But friends are there for you, they are good

# Case 7

# I am a Cabbage

Woman, fifty years old, with severe headaches and backache, and fibroids.

**P:** I am having a chronic backache, and it became quite intense. At that time, I desperately wanted to get help but…my family doctor said, "You're getting old." I told him that my back is paining. He said, "When you get old, you have to get used to the aches and pains." So I just dropped it. I used to get **stuck** (hg: palms facing us, fingers splayed).

I went back to the doctor and asked if acupressure will help. I work with handicapped children, I need to jump about. He said, "You can have some tablets…"

**R:** What's bothering you the most?

Let the patient decide what has the energy.

**P:** My headache right now. And fibroids, I don't want to go into surgery.

**R:** Tell me about the headaches.

**P:** They're bad. My eyes get red. I'm working all the time, not just sitting and thinking about my headache. Are my eyes red from the headache or my work? My work is very stressful. To listen to parents of disabled children, and it's so complicated. All day long for the last ten years I've been doing this. For the last ten days, it aches very badly.

**R:** A bit more about the headache.

**P:** The headache gradually comes from the middle of my head. I can feel it coming. (hg: fingers beginning to crawl)…it rocks my brain (hg: facing curved palms, holding space, and moving in a rocking fashion). I was thinking a lot about today and being alone. I'm alone a lot, my husband flies. I was so happy I could tell you about how bad my headache is.

**R:** Describe 'rocks my brain.'

**P:** It doesn't throb. I work with it. It keeps like this (body rocking with hg: of facing curved palms, holding space). Even though it is worse from noise, I can't tell them be quiet. So while I'm bending, it's just there. Then sometimes it eases (fingers come together) like it's receded. I'm so happy. And then again it comes very strong (Hg: curved palms holding space)

# V

# Appendix

# 1

# A Preparatory Explanation to the Patient of the casetaking procedure

We often face problems with the patient's co-operation in case taking with the new method. How can we improve in this?

What sometimes happens when you ask the same question again and again is that the patient gets puzzled. In such cases firstly you explain to the patient about the whole idea of our case taking. And secondly, have faith in the method. Without faith in the method and confidence in you it's very difficult.

Here I would like to quote what Andrea Sullivan explains to her patients:

"We treat people not just conditions. Although you will be sharing with me all about your physical condition during our time together, you are going to talk with me about your mental, emotional and physical health as it relates to those physical concerns.

I will ask you probably a hundred times, "Tell me what you feel," or ask you to tell me more about a particular issue. You will be thinking, "I have already answered that question." And you did, but we know that the more a person is asked the same question; they may be able to bring out a deeper level of response or go to a deeper level of awareness about the issue. So please be patient with me.

I will also ask you to help me understand the hand gestures you make, because the gestures you make are expressive of the energy that you have around a particular concern or issue.

And homeopathy is an energetic medicine. The plant, mineral or animal substance that I am going to give to you has been diluted so much that there is only the essence of the substance remaining. It is that energy that we are giving to the energy of the body to do the healing."

# 2

# A Questionnaire to Elicit the Sensation

We send this questionnaire to outstation patients who cannot come in person. We can use it our practice.

(1) Chief Complaint: What is your main complaint? Describe the chief complaint in as much detail as you can, especially with regard to the sensation that you experience locally. Describe it in as many words that you can, use pictures or images. Ask yourself, "What do I feel locally?" See your hand movements at that time and try to describe those hand gestures.

(2) What is the effect of the chief complaint on you, on your life? How does it affect you? Describe this feeling in as much detail as you can.

(3) Describe the stressful situations you have faced in the past or if there are any in the present, in detail. What was/is your feeling to be in that situation? Describe that feeling in detail. What did/do you feel like doing, with that experience or feeling? What is the emotion and what is your inner experience (sensation) when you have that emotion? Especially what do you experience in your body at that time?

(4) Take your mind to any one situation in your life, which had a big impact on you. Describe the feeling to be in that situation in detail, especially in relation to images and sensations. Notice if you have any hand gestures when you describe that experience. Then describe the movement in as much detail as you can.

(5) Describe your dreams or nightmares, or any fearful situations. Describe the experience, what it felt like. What is the sensation?

(6) Is there a particular movie or story that you read, or any news that you heard, which had a big impact on you? Describe the story in your words, emphasizing which part of that story affected you the most, and the feeling about that. Describe the feeling using images and the sensation that you experience about that.

# 3

# What Do We Look for in the Follow-up?

How do we know that the patient is definitely improving? How can we be sure that his problem is getting healed and chances of recurrence are minimal?

We ask about the chief complaint and, of course, we must see that there is a substantial improvement in the chief complaint.

The first question I generally ask is "How are you?" That is, "How are doing in general?" the person as a whole has to be better. That is the first thing you need to hear.

In the routine follow-up I ask five things:

1. How are your symptoms?
2. How is your mood?
3. What dreams did you get?
4. What stress situations do you face now?
5. How do you feel overall?
6. How is your energy?

These questions represent Level 2 to Level 6. In fact, I make my patient write these things before I see him or her. They fill in a little follow-up questionnaire.[14] This becomes an exercise in self-observation for them.

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[14] A follow-up questionnaire:

(1) How are the complaints you came with?
(2) Are there any new complaints to report?
(3) How have your mood and state of mind been?
(4) Is there, or has there been, any situation that has affected you or is causing stress?
(5) Did you notice any change in the way you are dealing with stressful situations?
(6) What dreams did you have?
(7) How are you feeling in general?
(8) Any thing else you like to say or report, or any queries you may have?

# 4

# Repetition of the Dose

One frequent question that is faced by the practitioner is, "When does one repeat the dose?" This can be also done by examining the levels as follows:

**Possibility 1**

**There is change at a level lower than the one on which the potency was selected.**

For example you gave 1M, and there is improvement in Level 3 (local symptoms, and emotions) but no change at Level 4 (generals, dreams, etc). This calls for a repetition of the same (in this case, 1M) potency (provided the patient is still in the same level).

**Possibility 2**

**There is a change at the same level on which the potency was chosen. And the patient is in the same level.**

This calls for wait and watch without repetition.

**Possibility 3**

**There is a shift to a level higher.**

This calls for increasing the potency.

**Possibility 4**

**There is a shift to a lower level.**

This calls for a review of the case. Most probably the remedy was wrong.

**Possibility 5**

**No change anywhere.**

This calls for a review of the case to decide if the remedy and potency are correct, and if they are, then one needs to wait.

# 5

# Memory in the Material

A colleague of mine came to me for treatment, and did well on Curare. A little later, he got a dream that Red Indians surrounded him. They were dipping their arrows in a brownish liquid, and shooting at him. The strange thing about this is that he didn't know that Curare was used for arrow poison. I knew that it was used for arrow poison, but didn't know the colour. I checked the source on the Internet, and found that it was a brown liquid.

* * *

Some time ago, I wanted to obtain lion's milk for a proving. I asked the zoo veterinary doctor to help me get it. Fortunately there was a lactating lioness at that time. However, obtaining her milk posed quite a challenge. In order to do it, they took a cage with movable walls, coaxed the lioness into it, and then pushed the walls of the cage closer together so that the lioness was stuck within, and unable to move. She was boxed and almost closed in, her head was stuck. She protested vehemently. It was under these circumstances that they obtained a few drops of her milk.

Later, when we proved this substance, Lac leoninum, one of the provers had a dream. A royal lady, with hair spread out, looked most ferocious. She was tied completely, pressed from all sides. Something harmful was being done to her. She was tossing about in agony.

The similarity is too close to be a coincidence.

It seemed as if the milk of the lioness retained the memory of the experience she went through.

* * *

A third example is one you would have read earlier in this book, about a patient dreaming of the number 35. He did not know the significance of that number. The homoeopath, who successfully treated him with Bromium, only later realized that its atomic number is 35.

* * *

When Nancy Herrick did the proving of Lac lupinum, the general animal themes were there, but also what came out was the theme of being killed to extinction, which is what happened to the wolf.

# 6

# Some Questions from Readers

Often people ask me questions on different aspects of the method, philosophy and remedies. I have included here some of these questions, which perhaps others may have too.

From an interview with **Greg Cooper** on **www.minimum.com**

**When symptoms suggest all three kingdoms at the same time.**

GC: Is it possible for a person to need an animal remedy, a mineral remedy and a plant remedy? For example, how would case taking proceed in these scenarios: An architect feels ashamed (sensitive - plant) after he loses a competition (animal) for the most efficiently structured house (mineral)? Or if a person feels vulnerable (plant) in the cells of his body (mineral) to hostile microorganisms (animal)? Or, "I am easily offended (plant) by rude classmates (animal) because of my internal weakness (mineral)."

RS: The idea of kingdoms is that, when we go into the depth of a person's state, we find that it has a pattern that matches with a substance from the Animal kingdom, or the Mineral kingdom or the Plant kingdom. A person has only one state at a time, and therefore, he needs only one remedy at a time. That remedy belongs to one kingdom, and therefore, it is not possible for a person to need an animal, a mineral, and a plant remedy at the same time.

Here we are given an example of an architect who has lost a competition for the most efficiently structured house. When we ask him what is his experience in that particular situation, he may say, for example, that he feels ashamed or embarrassed. We have to ask him one step deeper, 'Describe the experience of being ashamed or embarrassed.' That question will take him into a deeper level, where he will give, not the emotion, but the actual experience of it, which will be a sensation. That experience could be, "I felt I lack something, or I am incapable of something", which would be Mineral. Or the experience could be, at the deepest level, "I felt that others are better than me,"

# 7

# Index of Remedies

# Sensation Refined

**The method is now clearer, easier, and more refined than ever before.**

This book consolidates a system, the process of which began in 'The Spirit of Homeopathy' and carried on to 'The Sensation in Homoeopathy'. Since the latter was written, there has been much progress in the Sensation idea.

'The Sensation in Homoeopathy' gave us the philosophy and guidelines to practice.

This book addresses the problems and pitfalls that seekers in this method face. It answers many queries about the sensation and its expression, and how to understand it better, in a clearer and simpler way.

One of the significant things is the deeper understanding of the experience; living it and seeing almost nothing else. Secondly, refining the technique of how to get there. Understanding in cases, what exactly leads us from one level to another, and how to follow that. A deeper understanding of minerals and some in the animal and plant kingdoms.

The three sublevels of Sensation (Level 5), the features of the various levels (and potencies), the rows of the Mineral kingdom, and the classes in Animals have got much clearer. Also, case taking has become more flexible and easier. It seems to be now much less of a struggle for the homoeopath (and patient) than before.

To follow the patient into his nonsense is one of the most challenging and rewarding of experiences, both for the homoeopath and the patient. As Roger Morrison puts it, “In case after case, you followed the thread of the patient's expression to this non-human level. In each case I began by feeling, “What nonsense is this?” and ended by feeling, “What sublime nonsense that was!” I had already accepted the concept of non-human and made efforts to pursue it in practice but finally I came to understand that no other information was so specific.”

Explained in detail, with several illustrative cases, this book documents Rajan Sankaran's most recent advances in the method.

The Sensation idea has come of age.