

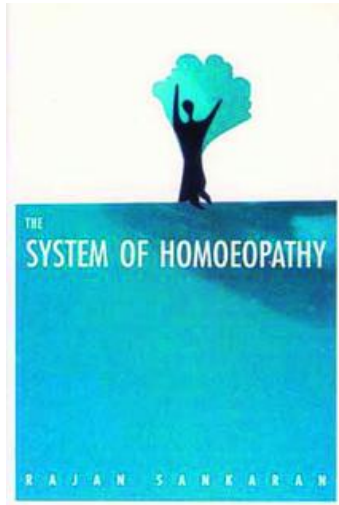
# Rajan Sankaran

## The System of Homeopathy

Leseprobe

[The System of Homeopathy](#)

von [Rajan Sankaran](#)



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## EVOLUTION OF THE SYSTEM

In the early part of my practice I used to repertorize cases mechanically. I would select a few characteristic symptoms because these made the repertorial work simpler. I did have success in some of my cases using this approach, but I was also faced with failure in many cases. So I began to search for a method which would prove successful in each and every case.

### **Potentized remedies have dynamic effect only**

I realized, when I studied my successful cases, that these were the ones where I had selected the remedy on the basis of mental and general symptoms. There were some cases where the selected remedy did not even cover the pathology. I began to question how this was possible. Then it struck me that when remedy is potentized beyond 12C it does not contain any of the original substance, but only energy. Since there was no material substance in the remedy it could not directly cause any material changes, only dynamic changes.

This realization that potentized remedies can only have a dynamic effect completely changed my outlook. I wanted to understand what this dynamic disturbance was.

### **The central disturbance**

In most patients I found that their mental and general symptoms matched those of the remedy. The particular symptoms varied from person to person. So I understood that disease first affects the mental and general plane, and the organ systems were the last to get affected. This disturbance of the general and mental plane I called the *central disturbance*. I realized that if the central disturbance is removed the peripheral symptoms would definitely cease to exist. So what we are treating with homoeopathic remedies is the central disturbance.

### **Expressions and feelings**

I studied the mental symptoms of remedies using the Repertory and Materia Medica. There was a large but little used section on "Delusions". As I studied this chapter from Kent's Repertory I found that under the rubric: "Delusion, unfortunate he is" were listed the same remedies that were also listed under the rubric: "Unfortunate feeling". This led me to think that the two were one and the same, that the delusion of being unfortunate was nothing but an unfortunate feeling. I started to study the delusions of various remedies, and understood that

all fit into patterns; each pattern is a posture that suits a particular situation. I understood that the mental state is an attitude in which each of the discrete mental symptoms falls into place.

But I also observed that in many of the cases there did not exist any situation in the life of the patient where this posture was needed. I understood then that postures could be appropriate or inappropriate. Appropriate postures were those that came on in response to a particular situation and remained so long as that situation existed. So long as the posture is appropriate and in proportion to the situation it does not need to be treated. In cases where there is no situation to warrant the existence of a posture it is unsuitable. *Disease is an unsuitable posture.*

### Roots of disease

As I continued to think along these lines I realized that children, who had no particular past situation, also had states, and adults too had states that could not be explained from their past situations. I concluded that these states must have been inherited from earlier generations. As I looked at my cases in this new light I found a striking resemblance between the state of the mother during pregnancy and the state of the infant. I also found similarities between the state of the parents at the time of conception and the state of the child. The idea of roots of disease was born in my mind. Roots are impressions from situations in the past of the patient *or* from previous generations, that make a person adopt a posture as if he is still in that situation. Such a reaction is *out of proportion* to the patient's present situation. A person may have more than one root, but at a given time only one root is predominant while the others are silent. When roots are excited they manifest as specific states of disease.

### Disease is delusion

I have already explained that I understood disease to be an unsuitable posture. This means that it is a reaction to a situation that does not exist, or it is a reaction that is out of proportion to the patient's present situation.

I found confirmation of this in my cases and understood that disease is a false perception of reality. I will explain with the help of a simple example. If a man is being chased by a lion he would be running very fast, would be scared for his life, etc. In this case his entire state, i.e. running very fast and intense fear are appropriate since his survival depends on it. He does not need any medicine or treatment. But if he is in the same state when there is no lion chasing him or if he sees a small pet dog, then his reaction is far in excess of what is needed, it is completely out of proportion. His state will require treatment.

Going back to the above example the man, when he sees a pet dog, reacts as if he sees a lion. This means that the dog appears to him to be as threatening as a lion. He cannot see that a small pet dog cannot endanger his life. He is not able to see the real situation before him (dog); he imagines it to be something else (lion). His state does not allow him to see reality for what it is. His view of reality is restricted by his state. This is his disease. It is a false perception of reality. Delusion is also nothing but a false perception of reality. Then I understood that *disease is a delusion.*

*8. Tubercular miasm:*

Typical of the tubercular miasm are races or games where a time has been fixed or a record has to be broken. The person must speed up, put in all he has into that short span of time. The need to achieve here is much more, and increases as the miasm gets closer to syphilis.

*9. Leprosy miasm:*

With the leprosy miasm one could relate perversions like sadism. The person gets pleasure out of inflicting cruelty and pain on another person (the feeling of the person would be that people are being cruel to him and inflicting pain upon him). An activity such as sadism is also unacceptable by society, is considered shameful (would isolate one from society).

*10. Syphilitic miasm:*

A person of the syphilitic miasm would chose a game where, from the outset, there is very little hope of him winning, as for example **playing chess with the computer**.

This is again only a correlation. The concept of the game simply helps in understanding the attitude typical to the miasm. However, also important is the attitude with which the game is played. For example, football, which is typically psoric, can be played with a "cancer miasm attitude". It is very important for him to achieve the goal and he must put in everything he has, stretch himself beyond his limits to achieve it.

## **DEPTH OF FEELING AND INTENSITY OF REACTION**

As the miasm gets deeper so does the intensity with which a person feels and reacts.

### **Feeling of isolation**

A common feeling among human beings is that of being forsaken. If we study remedy examples from various miasms, we will see that as we travel along the miasmatic spectrum towards syphilis the feeling becomes one of isolation. I have come to understand that the greater the degree of isolation a person feels, the deeper is the miasm. In reaction, the sensitivity to the presence of strangers also increases with the depth of the miasm.

In the case of the psoric miasm the person can be part of a group. As we approach sycosis this group tends to narrow down to a few selected people. The person feels a weak spot within him that needs to be hidden, and so he will be comfortable in the company of only a few. In the syphilitic miasm the feeling is one of complete isolation. The leprosy miasm, which is very close to the syphilitic has the feeling of being abandoned by his own people, and so he has no one left in the world.

### **Ego and the fear of falling**

The theme of big and small, the feelings of egotism and feeling that he is small and insignificant, also increase in depth as the miasm progresses towards syphilis. As an example

*Miasms beyond sycosis:*

These correspond to **old age**, from sixty years onwards. Around this time people can begin to feel that they have only a few years remaining, and they have not accomplished whatever they had wanted to. They also begin to feel unwanted by their children and by society.

*7. Cancer miasm:*

The attitude in the cancer miasm is of a person who is between **sixty and seventy years** of age. He has been unable to accomplish many of the things he had planned to. Now as he gets older, it becomes increasingly difficult for him to work with the same vigour and enthusiasm. **The tasks seem very much out of his reach.** He feels that his life is slowly slipping out of his hands, as problems of old age begin to set in and he has **no control over his life anymore.** But there is still a **little hope** that, if he stretches himself beyond his capacity, if he puts in an **extraordinary effort**, he can still manage to achieve it.

*8. Tubercular miasm:*

The tubercular miasm corresponds to an age group very similar to cancer. The feeling here is that old age is narrowing in on him and he has very little time left to live. There are still a lot of things left for him to accomplish. So he starts to work at a very **hectic pace**, as there is a lot to do and **very little time** to do it in. He is racing against time.

*9. Leprosy miasm:*

The corresponding age group is between **seventy and eighty years.** He is no longer able to make himself useful and has the diseases of old age. He finds it difficult to relate to younger people and their values, and so he narrows down his acquaintances to very few. He is no longer wanted by his family and by society, and is cast off into an old persons home. There is **no hope left for him**, only death.

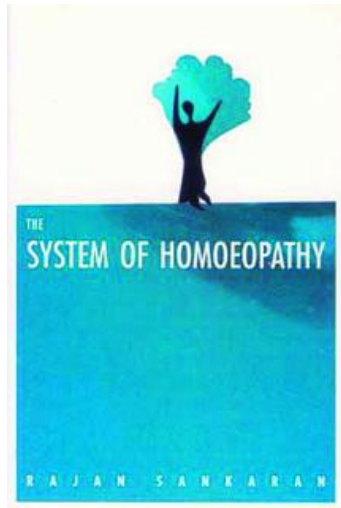
*10. Syphilis:*

The age of syphilis is **beyond eighty years**, the age of senescence. There is **absolutely no hope** now. His health deteriorates as his body is prey to many illnesses and even coping with himself is impossible. The only way out is death.

This is merely a correlation of the miasmatic classification with the various stages in a man's life. It does not imply that all infants will need acute remedies and all old persons syphilitic remedies. What it does convey is that every miasm has an attitude that is characteristic of it and that corresponds to a particular stage in life. One has to identify this attitude and try and discern what age group it is characteristic of. For example, does the patient have the fear of sudden danger from the outside world, like an infant? Or does nothing worry him too much and everything seem within reach, like a teenager? Or has he given up and accepted his deficiencies, like a middle aged-person? Or does he feel no hope in life, like a very old person, etc.? Understood in this way this concept can be applied practically.

## **MIASMS AND GAMES PEOPLE PLAY**

If we look around us and observe our behaviour we will be able to identify patterns



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494 Seiten, geb.  
erschienen 2000



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