

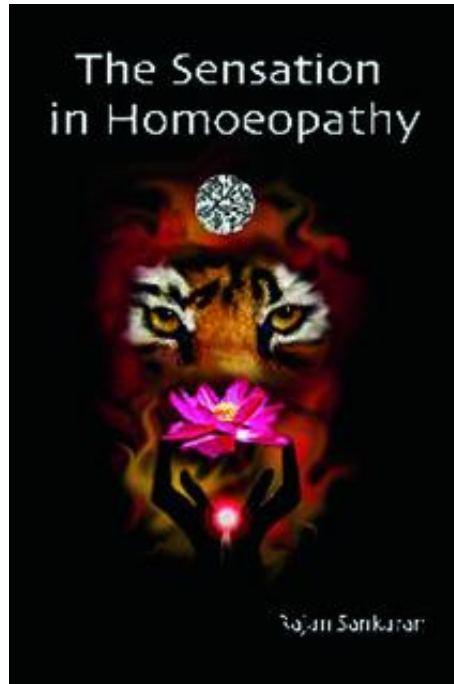
Rajan Sankaran

The Sensation in Homoeopathy

Leseprobe

[The Sensation in Homoeopathy](#)

von [Rajan Sankaran](#)



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THE SPIRIT OF HOMOEOPATHY

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

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

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

The Central Disturbance

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

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

dynamic effect. This realization changed my perspective of Homoeopathy and I tried now to understand what exactly is meant by dynamic disturbance.

From practice I could see that patients who had improved on the same remedy shared in common the mental and general symptoms, whilst it was the particular or local symptoms that differed from person to person. The mental and general symptoms together we termed as the Central Disturbance, and we now understood that the Central Disturbance comes first and pathological or local changes follow later. It is as if pathology 'grows' on the Central Disturbance as a creeper on a stick. To remove disease it is the Central Disturbance that needs to be corrected and the physical pathology will have nothing to sustain it.

It was thus that we were able to identify two principles underlying our successful cases.

The first principle:

A remedy that covers the mental and general symptoms in a case has a greater possibility of effecting cure than the one that covers the particular symptoms without covering the mental and general symptoms.

Principle 2: *Corollary to the first principle*

If a remedy covers the particular symptoms without covering the mental and general symptoms it is bound to fail.

The central disturbance comes first; there can be no affection of the parts without the affection of the whole. There can be no pathology without the central disturbance. Particular symptoms, on the other hand, depend upon the individual susceptibility of the patient or the prover (in the case of a drug proving); hence they are incomplete. The symptoms that are common to the provers and occur through several provings of the same remedy are the mental and the general symptoms.

The "State" rather than the symptoms:

As I started studying remedies in this light I realized that mental symptoms are of two kinds: 1. Basic feelings and 2. Expressions. Take a very simple example: the symptom "Fear of being alone" is an expression, while "Feeling powerless and incapable of protecting oneself" could be the corresponding basic feeling. In order to determine whether a given symptom is an expression or feeling I would ask the question, "Why?" Where I got a satisfactory answer the symptom could be classified as an

expression. Where there was no answer and the issue was "What?" rather than "Why?" the symptom could be classified as a basic feeling. Basic feelings are often proving symptoms and they are more reliable than expressions.

While it was easy to classify some symptoms into either of these categories there were many symptoms, especially the characteristic symptoms and single symptoms., that could be broken down into various components. While the components themselves may be found in other remedies as well, the characteristic combination of the components is often unique to a particular remedy. For example, Aconite has the symptom, "Predicts the time of death". Now this symptom has two components: one is the fear of death, and the second is the ability to predict (or clairvoyance). These two components in combination go to make up the symptom, "Predicts the time of death". Take another example: A single symptom of Kali carb. is, "Desire for company yet treats them outrageously." In this symptom there are three main components of Kali carb. The first is the need for and the dependence on company, similar to Calc carb., Phos., Puls. and Stram. The second component is, ". .. treats them outrageously', which means that he is irritable and discontent with the person on whom he is dependent. The third component is "Quarrelsomeness". From understanding these three components one can appreciate that what makes the Kali carb. person unique is that he is very dependent on people and there is a lot of anxiety about those he is dependent on, like his family members; at the same time he is never content with any of them, and is extremely irritable and quarrelsome. The same idea is conveyed by the symptoms, "Quarrels with his family", and "Quarrels with his bread and butter", which are listed in Phatak's Concise Materia Medica. Characteristic symptoms are formed by a combination of components, and single symptoms represent peculiar combinations.

Thus it was not enough to simply list mental symptoms and repertorize them but to discern these characteristic combinations of symptoms in patients. Through practice and further study it started to emerge that mental symptoms were not discrete, rather there was something in the background that seemed to be connecting them. What was apparent in the patient was a state of being, made up of various symptoms and components. And there was something deeper or more fundamental on which this state was founded. Each remedy and each patient has a peculiar state of being, comprising mental, general and physical states. The mental state is a peculiar combination of mental symptoms.

No wonder then that Hahnemann wrote in Aphorism 211 of *The Organon of Medicine*, ". . . *the state of disposition of the patient chiefly determines the selection of the homoeopathic remedy, being a decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician.*" He did not write that the mental symptoms determine the choice of the remedy but that the mental state does. I now understood I should be recognizing the mental state of the patient.

Delusion

Delusions are feelings not entirely based on fact but they are feelings nonetheless. The difference between mere feelings and delusions is that the latter are exaggerated, more fixed and often expressed in terms of images. The idea of using delusions came to me when I found that the rubrics, "Unfortunate feeling" and "Delusion unfortunate he is" have the same remedies listed in Kent's Repertory. This led me to think that "Delusion unfortunate he is", is nothing but the feeling of being unfortunate. I started studying the Delusion rubrics and tried to understand what delusion means in terms of feelings.

State is a posture

Through cases I realized that the whole of the disease state is an attitude or a posture which had perhaps been adopted by the organism for survival in a particular situation. It is this situation which is in the background that links the various symptoms of the mental state or on which the state is founded.

This posture continues to remain even when the situation has ceased to exist or has changed, and the person continues to perceive and react according to the original situation. Such an unsuitable posture and disproportionate reaction causes a constant stress to the organism, and this aggravates or excites specific pathology in the person. Therefore one can say that disease is a posture adopted by the organism to survive a falsely perceived situation. This posture puts the organism into a state of being.

Let us take the example of the remedy Fluoric acid. Some of its symptoms are: "Indifference to loved ones yet talks pleasantly with strangers", "Increased sexual desire", and "Lack of morality". These symptoms may seem to be unconnected at first sight, but when you have a situation of a man who is married to someone totally unsuited to him and he needs to break this marriage then these symptoms are appropriate in that situation. A single symptom of Fluoric acid is, "Delusion, marriage must dissolve."

Studies and cases of this kind were revelations to me. This meant that the mental state can be recognized as a posture adopted by the organism in response to a certain situation, and even after that situation ceases to exist the person falsely perceives that the same situation continues. He, therefore, is unable to see the actual or real situation around him and reacts as if the earlier or original situation is still present. The posture, being founded on a falsely perceived situation or delusion, is inappropriate or unsuitable. Disease is therefore an unsuitable posture or when examined in depth, disease is a false perception of reality or a delusion.

Thus one could now see that *disease is delusion and awareness is cure*.

An understanding of health and disease

We have seen that disease is a posture adopted by the organism for survival in a particular situation. A posture is unsuitable and needs to be removed when:

1. The original situation does not actually exist.
2. The situation now is different.
3. The reaction is out of proportion to the situation.

Conditional okayness and restriction of vision

Disease sets up several conditions for feeling okay. Due to these conditions (compulsions) and obsessions (fixed feelings) our ability to react to the situation becomes restricted. This restriction is a measure of our disease. When such a restriction is present we are no longer open to what is in front of us. As against this, health is unconditional okayness. In health a person feels okay without any conditions. It allows man to be in the moment and to react appropriately and proportionately to the situation he faces. If the situation calls for achievement he will achieve. If it demands that he remain passive he will remain so. He does not have either to achieve or to remain passive in order to feel okay. He is free to react in accordance with the situation. Health signifies freedom, spontaneity and being in the present. The spirit within is free to fulfill the requirements of the situation.

The delusion creates conditions for okayness. A person does not feel okay unless the conditions set up in his delusion are fulfilled. Disease is a restriction of vision. It is a narrow way of looking at things. Only awareness of this delusion can remove it, just as light removes the darkness. Disease disappears only with awareness. The -Homoeopathic remedy creates awareness of your delusion by putting you in touch with the original situation from which the delusion came.

Compensation

Compensation involves covering up by an act of will some elements of our own nature without actually changing these elements. In all relationships man has to compensate in some way. Compensation is required when a particular quality is not useful in a particular situation, or when it is not approved by society, or when it is positively harmful to one's image or life in any society. If the compensation is very intense or when the patient is very sensitive to the presence of a particular quality then overcompensation takes place. This means that a pattern of behavior will be developed which will be exactly opposite to the patient's real nature. To find out uncompensated symptoms we need to ask the following:

1. What is the situation that the patient has chosen for himself?
There must be a lot of uncompensation in that. An example of this is a vocation pursued by choice.
2. What are the things in the situation that he is happy or comfortable with; these will be in tune with his uncompensated state. Examples are hobbies, interests, aims, ambitions, goals etc.
3. What are the features, that despite knowing that these are not good in his situation he cannot help? These will be his uncompensated symptoms.
4. What are the things in his nature that are socially frowned upon but he still cannot avoid? These will also be uncompensated symptoms.
5. Fears and fantasies also reveal uncompensated symptoms in opposites.

In provings uncompensated symptoms are brought out; the effect of the remedy being unfamiliar and short lasting, there is no time for compensation.

True or uncompensated symptoms will be seen in situations of crisis, in childhood, in the patient's behavior with those close to him, wherever there is involuntary behavior.

Dreams

In dreams most of our feelings or actions are uncompensated, whereas the reverse can be said to be true of the waking state. Dreams are therefore the most direct and most obvious path to the patient's delusion. They therefore have immense value as symptoms.

Dreams cannot be ignored, and neither should they be interpreted.

What to look for in dreams:

1. The exact description of each ingredient in the dream
2. The exact feeling in the dream: The feelings in the dreams are so individual that they never cease to amaze.
3. The depth of the feelings and the degree of desperation in the dreams.
4. Where is the feeling in the dream or its opposite found in the patient's life?
5. What does the patient associate with the feeling in the dream spontaneously?

Whatever the dream and however perplexing at first there will always be some feeling associated with it, which will be found in the rest of the case and in the most important incidents in the life of the patient.

Dreams are usually seen where the feelings are heavily compensated. They can be pleasant dreams and their opposites (unpleasant dreams), situational dreams, symbolic dreams (usually without emotions), projected dreams and deep, vivid, repetitive and connected dreams which are usually very important.

Practical application of these ideas

What is to be cured in diseases?

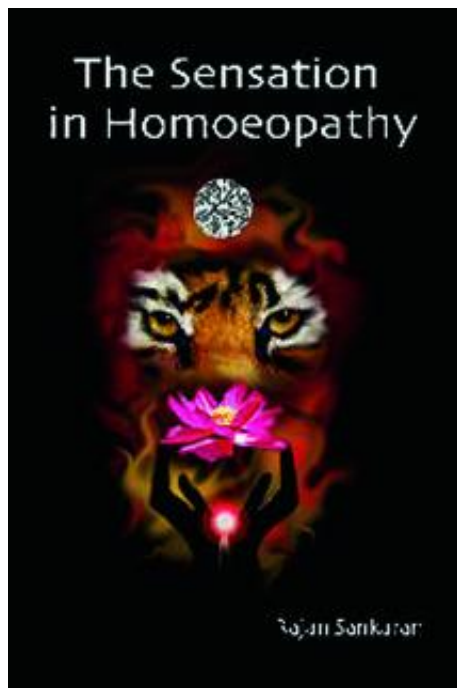
From an understanding of the concepts stated above we can see that:

- A. *It is the Central Disturbance that is to be cured and not the pathology.* Remove the central disturbance and the pathology ceases. The Central Disturbance is the P-N-E-I (psycho-neuro-endocrine-immune) disturbance.

Hahnemann defined disease as a disturbance of the Vital Force. It has been understood in more recent times that this governing Vital Force acts through the controlling organ systems in the body, viz. the P-N-E-I axis. The symptoms of the P-N-E-I axis together represent the Central Disturbance. If the remedy covers the Central Disturbance, then it will cure the particulars or pathology even if that pathology is not typical of the remedy.

The following symptoms can be said to represent the central disturbance or P-N-E-I axis:

1. The symptoms of the mental state of the patient.



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