

The Missing Link: The Traditional Classical View Versus the Contemporary Classical View

More often than not, I have witnessed that whenever a new concept is introduced, there is some resistance, especially from the believers of the traditional classics. I am often asked these questions when I travel throughout the world:

“Is there any connection between the traditional classical homoeopathy and the contemporary classical homoeopathy?”

“Why does the language of contemporary classical homoeopaths sound so unfamiliar?”

“Why are Dr. Hahnemann’s and Dr. Sankaran’s views so different?”

“Is what we have studied in college about traditional classical homoeopathy all useless?”

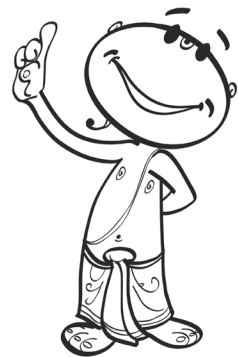
Many people debate whether or not the concepts of the contemporary classical method (which also includes the sensation method) are acceptable in light of Hahnemann’s established principles.

I firmly believe this conflict exists simply because we consider the two to be different. We do not perceive the existing link which unites them and, therefore, this link is often not revealed. *The new never replaces the old; instead, it includes the old. The new is the further extension of the old view.*

It reminds me of these lines by Albert Einstein. He said “Creating a new theory is not like destroying an old barn and erecting a skyscraper in its place. It is rather like climbing a mountain, gaining new and wider views, discovering unexpected connections between our starting point and its rich environment. But the point from which we started out still exists and can be seen, although it appears smaller and forms a tiny part of our broad view gained by the mastery of the obstacles on our adventurous way up.”

Einstein was a wise man besides being a great physicist. His work on the subject of physics and other matters speaks volumes about the greater insights he acquired during his life time. His omnipresent being (his work, his writings) is truly inspirational for many people, specifically **D!** **D** has written two books and this one is his third. Mind you, the concepts presented in each of these books were gathered from the great works of Einstein and many more, rather, anything that **D** could come across—be it universal laws or any stream of science or philosophy. As you move on through this book, you will see how **D**’s work is in reality a conglomeration of borrowed ideas from everywhere.

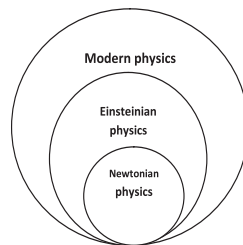
Is anybody frowning at this true confession of mine? Let me begin with the countdown!



In physics, we have the Newtonian era, the era of Einstein, and the present era of modern physics. Newton, at the macroscopic level, proposed that the universe is a three-dimensional space which is absolute, always at rest, and unchangeable in nature; whereas, at the microscopic level, the elements of the Newtonian world were material particles which he saw as small, solid, and indestructible objects, of which all matter was made. These particles also moved in the same absolute space and absolute time. In simple words, in the microscopic view, all living and non-living things are made of atoms, which constitute the smallest, most basic, indivisible units of everything that exists. Newton viewed those atoms as the building blocks of all matter. The whole universe is made of atoms, and it functions like clockwork according to definite laws. Newton succeeded in explaining the motions of atoms and all living and nonliving things through the concept of gravity.

Einstein asserted these same laws, but moved a step forward, offering quantum theory and the theory of relativity. In Einstein's universe of quantum physics, all subatomic particles are regarded as bundles of energy, which he defined as the smallest unit: the *quanta*. He concluded that the subatomic units of matter are abstract entities that have a dual nature. Depending on how you look at them, they sometimes appear as particles and sometimes as (energy) waves. This phenomenon is known as the "wave particle duality paradox". *The beginning of Einsteinian physics never meant the end of Newtonian physics; the two sets of laws coexist together.*

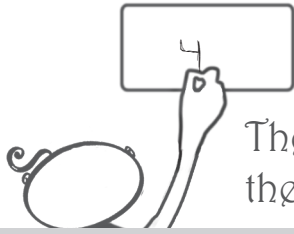
Einstein refined the explanation of the microscopic angles of things, but could not spell out the connection between the microscopic world and the macroscopic world. As science progressed, the understanding of physics also evolved, and modern physics appeared, providing an extended answer to all queries; it introduced the "*theory of everything*". This theory claims to fully explain—and link—the known micro and macro worlds. It posits that each of the elementary particles belonging to all living and nonliving things is actually a one-dimensional string. All of these strings are absolutely identical. However, differences between the particles arise on account of the different resonant vibration patterns of their respective strings. (According to string theory, the mass of an elementary particle is determined by the energy of the vibration pattern of its internal string.). Thus, the vibration pattern of energy decides the form of matter. (Hence, only energy patterns may be taken as the ultimate reality in science today.).



This is how science evolved. In time, as our understanding further grows, new derivations will be added to existing theories.

The new includes the old in it to make it more complete.

In light of this truth, and since homoeopathy is a true science, the new method of practice has its roots deep in the traditional classical method which has been adhered to since the time of Hahnemann.



The Definition of the Case Witnessing Process (CWP)

In order to reach the deepest core, get the essence of an individual, and acquire an individualistic expression at the holistic level of an individual, the most important factor is how we understand him through the case witnessing process.

Why do I use the term “case witnessing” rather than “case receiving” or “case taking”? The answer lies in the meaning of the verb “to witness”.

- ▄▄▄ A witness is a close observer who gives a first hand account of something seen. (In relation to the legal system.).
- ▄▄▄ In relation to the legal system, a witness provides his or her observations of a situation as it is and does not add to—or subtract a word from —his or her testimony.

We must remember that every case that comes to us requires one hundred percent witnessing in order to understand a patient as he is; in other words, to be in a witness mode is the best way to stay unprejudiced. If we can witness our cases, only then will we refrain from superimposing the colours of our perceptions on the real holistic understanding of our patients. And that is the reason I feel it is important to use the case witnessing process with our patients and not just the case taking process!

What is the ideal case witnessing process that will help us get the individualistic expression of our patients at the holistic level? This was a question that I ruminated over for a long time. As I dwelt on this aspect of case witnessing, certain questions and issues surfaced in my mind.

1) ***Can the whole process be simple while thoroughly scientific?***

To understand this we first need to know the meaning of science in real terms. Science comes from the Latin word “*scientia*”, meaning “knowledge”. In its broadest sense, it includes any systematic knowledge-base or prescriptive practice that is capable of resulting in a prediction or predictable type of outcome.

In his book *Secret Lanthnides*, Jan Scholten defines science. He writes: “*Science is a theory or structure based on facts.*”

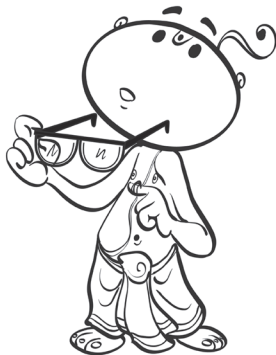
This definition has two aspects to it: the first encompasses the generalisation of ideas and theories, while the second refers to truth. The ideas have to be true and in accordance with reality. In brief, science can be defined as “true ideas”.

Science is the search for universal truths; it is something which, if true for one part, has to be true for the whole. Everyone should be able to perceive it and apply it universally. The same applies to the case witnessing process. Only when it is scientific and, simultaneously, exists beyond the boundaries of any system, does it get universally accepted to reach the real centre of the patient.

The hallmark of truth is simplicity. This is why *Feynman* says: “...the law (of gravitation) is simple and therefore it is beautiful, and nature has simplicity and therefore a great beauty.”

Any authentic science has to be both simple and scientific. Albert Einstein did research related to physics, but all his examples explaining the theory of relativity and quantum mechanisms were simple. He explained his theory of relativity by saying that when a man is sitting with his girlfriend, one hour seems like a minute. He also said that if you put your hand into fire, even a fraction of a second seems like years. Two hairs in my cup of milk are too much, he reasoned, whereas two hairs on my head are too few. The complex and scientific theory of relativity can be easily comprehended through his simple explanations and analogies, such that even lay persons can grasp it. One of *Einstein's* famous quotes is the following: “If you can't explain something simply, you don't know enough about it.”

Karl Popper, generally regarded as one of the greatest philosophers of science of the twentieth-century, stated: “Science may be described as the art of systematic oversimplification.”



It is astonishing to know that both Einstein, a great scientist and physicist, and Karl Popper, a great philosopher, concurred that science is the simplified version of theories!

Only when this criterion is fulfilled, is it real science.

The whole process of case witnessing should be based on simple concepts that can be easily explained to non-homoeopaths or lay persons. It should be extremely scientific so that we can communicate it to logically oriented scientific people, including physicists and doctors currently practicing allopathic medicine outside the homoeopathic community.

I believe, the entire process of case witnessing should be scientific; all the questions that the patient is asked during the case witnessing process should be thoroughly scientific and logical, not because of any whim or fancy, nor because a homoeopath “feels like” asking those questions, nor because his “experience” prompts him to ask those questions. The process

should be undertaken in a clear manner and without the interference of the homoeopath's personality traits. It should be off the need of any analysis. It should be self explanatory and based on facts observed about the patient.

According to me, the homoeopathic case witnessing process should bridge philosophy and science. Philosophy is the implicit, inner knowledge about reality; whereas, science is the explicit, external knowledge. If these two are allowed to combine, then the complete picture of the truth, i.e., the patient's altered pattern within, will surface.

- 2) ***Can there be a scientific case witnessing process which is ageless, timeless, and beyond personality?***
- 3) ***Is it possible to make the whole CWP integrative?***

During case taking, many of us perceive the patient on the basis of our preset understanding, our knowledge of remedies, and according to our belief systems. Our acquired knowledge of *Materia Medica* often colours the case. Then we find ourselves in complete disagreement with other homoeopaths, and the final outcome creates a conflict. We do come to individual conclusions, but in the process, we often miss out on the real centre of the patient.

When we practice case taking according to our preconceived notions, we can become divided; however, if we witness a case in an integrated way, the case witnessing process itself will unite the different groups of homoeopaths.

Integrative comes from the Latin word "integrate", which means "make whole". Can each homoeopath belonging to a different system or school of homoeopathy, having a different approach of case receiving, connect with it? Can this whole process of case witnessing be made so simple that homoeopaths belonging to the traditional classical homoeopathy, as well as contemporary classical homoeopathy, identify with it, thus making the case witnessing process ageless, timeless, and beyond the personality?

This is what our founder, *Dr. Hahnemann*, must have meant when he wrote in *Lesser Writings*: "*How often have I wished for the concurrence of some physician of eminence on these points! I always hoped to obtain it believing that observation conducted by really practical minds must eventually unite in truth, as the radii of a circle though even so far asunder at the circumference, all converge in a common center.*"

Let me explain this to you with an example:

Why do some candidates win an election by an outright majority? The answer is simple, *because the voters, i.e., the common people, could identify with the candidate and his or her ideology. Similarly, a scientific case witnessing process is one in which homoeopaths from different systems can relate to it, and the homoeopaths are able to see themselves represented, in part, in the process. The goal is to bring together different schools of thought in an integrative way so that each homoeopath can speak about the same core of the patient—not according to his knowledge, but on a scientific basis and according to the patient's individualistic centre.*

A scientific case witnessing process which looks beyond the confines of single system approach or a set personality approach is integrative.

4) Can case witnessing really reflect a human-centric approach?

The word “**human centric**” means “according to the patient”, i.e., pertaining to human beings and not just book knowledge. Nowadays, we all read a lot and there is a tremendous explosion of knowledge. We are seemingly more informed and theoretically knowledgeable about things. Yet the truth is, in spite of all this knowledge, there is no real understanding of the human core; rather, there are a lot of hindrances which prevent us from perceiving the inner altered pattern of a patient.



Hindrance? For whom? Reader or **D**?

The reason being, we receive each case while wearing our glasses of bookish knowledge. I used to often find myself in this quagmire.

Saint Kabir, in his simple but dynamic style, shows the way out in a doha that says:

*“Pothe padh padh jag mua, pandit bhayo na koye
dhai aakhar prem ke, jo padhe so pandit hoye”*

(“Reading books, everyone died; none became any wiser.
One who reads the word of love, only he becomes wise.”)

(English translation)

In this *doha*, Kabir daringly says that despite all our reading, despite all our learning, we cannot become wise. Only if we “read” Love and become loving and lovable, will wisdom dawn in us.

The same truth applies to the case witnessing process. It does not matter how much we read; it is only when we read the inside of a patient that we can bring their inner altered pattern to the surface. That is what is most essential and vital. Most of the time, we try to fit our knowledge into the patient’s centre; however, it is the patient who will reveal his centre in his own way.

For instance, if we ask a patient about his chief complaint and he talks about his dreams, we will tell him, “No. First talk about your chief complaint.” For him, the chief complaint is not

bothersome, but we still keep asking about it, because that's how it's done in the case taking format. In such cases, we encounter a lot of friction.

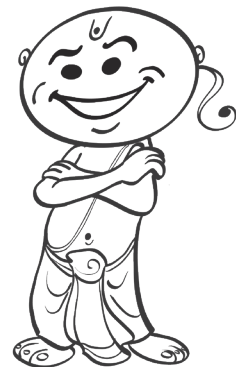
The case witnessing process should be a smooth process. It cannot be simply bookish, i.e., we cannot proceed with mechanical case taking as written in textbooks. For case taking to be "**case witnessing**" it needs to be wholesome and spontaneous. The case *witnessing* process is one in which we sit with the patient, go his way, perceive things according to his viewpoint, and see where his focus lies. Everything must transpire in the spur of the moment. Any attempt to make a standard case witnessing process is futile, as it differs from person to person.

Also, in homoeopathy we strongly believe in the concept of **individualisation**. Every individual has been born blessed with a precious existence of life that is truly unique. Each person differs from another since they feel / think / perceive / sense / react / cope with their illness and their surroundings in a unique and individualistic manner. *How then can we apply the same case witnessing techniques to all people as prescribed in textbooks?*

There is always a difference between *a tailor-made outfit and a unique designer creation, isn't there?* An ordinary tailor will stitch the clothes according to a standard size and pattern. But a designer will tackle the same job differently. The designer will study a person—his physique, complexion, personality, the occasion the outfit is to be worn at, the colour which will best suit the client, and what pattern will go with the client's personality. All these factors will be given due consideration, along with the individual's interest. Everything is designed while keeping the individual person as a whole in mind. The designer will stitch together an outfit which will be meant to suit only that particular client and nobody else.

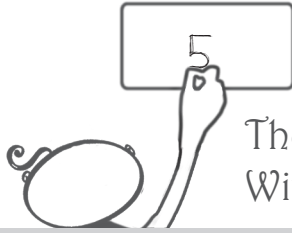
In the same way, the whole case witnessing process is aimed only at understanding the unique individualistic pattern of a patient. There has to be a designed / individualistic / human-centric approach which the patient defines.

Wow! **Designer's approach!!!** I never knew **D** had an eye for fashion. Or should I say that a tailor (oops, sorry, a designer) in him has found its place in homoeopathy. A "designer homoeopath" ... sounds like a good designation indeed!!!



During the case witnessing process, the patient should be understood on the basis of his individuality, his individual "I", at that given moment.

In this human-centric Case Witnessing Process scenario, my patient is the director, producer, and actor in his own film, and I am just a spot boy to throw light wherever he wishes. The whole process is designed according to the individual patient. Case taking shapes



The Three Steps of the Case Witnessing Process: A Radical View

As discussed earlier, we know that the case witnessing process is “integrative”. Not only does it integrate homoeopathy, but it integrates all phenomena in the universe.

The more I fine tuned the process of case witnessing, the more I got totally absorbed. I began to see and feel it all around me. Things started unfolding on their own. I found that case witnessing was a concept that was being followed unknowingly—yet practically—in all phenomena throughout the universe. We need only to be aware and open our eyes to perceive, appreciate, experience, and explore it, and thus connect with it.

There are **three steps** in the case witnessing process...

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|--|---|---|
| A] The Passive Case Witnessing Process | } | Scientific & General |
| B] The Active Case Witnessing Process | | Scientifically intuitive & Human- Centric / |
| C] The Active-Active Case Witnessing Process | | Individualised (Designer’s) |



Some sections in the following paragraphs will come as repetition from **D**’s book *A Wander with a Little Wonder: Child-Centric Case Witnessing*. As the co-author of this book, I felt it was mandatory to sum up certain of those ideas here (for my readers), because they will help the reader to understand key concepts about case witnessing that will be discussed in this book. The CWP, as **D** keeps emphasising, is universally applicable to any case, (treating either an adult or a child), and can be utilised with any method / approach that you feel comfortable with. You just need to keep the fundamental concepts in mind, which will help you unearth the deeper self of the patient. There are certain ideas that one needs to keep in mind while doing a paediatric case; those were emphasised in the book *A Wander with A Little Wonder: Child-Centric Case Witnessing*. There are some concepts that are important, too, in understanding how to do case taking of adults. This book will detail all of them, one after another, as we proceed.

A] The Passive Case Witnessing Process (PCWP): A Radical View
(The Scientific & General Part)

Once, when I was reading, I came across an eye-opening Sufi story.

Four disciples of a mystic were told by the master,
“It is time for you to go to the mountains and sit in silence for at least seven days.
Then, come back.”

After a few hours, the first disciple said,
“I wonder whether I locked my house or not.”

Another said,
“You fool! We have come here to be silent and you have spoken!”

The third said,
“You are a greater fool! What has it to do with you? Even though he spoke, at least you could
have kept silent!”

The fourth said,
“Thank God, I am the only one who has not spoken yet!”



The last disciple was **D** himself!

Our story also resonates with the tale I just referred to. To remain silent is one of the most difficult things to achieve today. We as physicians are so tempted to speak that no sooner than the patient enters our clinic, we bombard him with questions. The end result is a case history which suits the physician’s knowledge and not the centre of the patient.

The secret lies in being silent not only verbally, but to be still in the mind, as well. It is in this silence that the patient’s subconscious communicates with us.

LAO TZU (the great Chinese Taoist philosopher) wrote:

“Do you have the patience to wait until the mud settles and the water becomes clear?”

“Can you stay unmoving until the right action arises by itself?”

Great words! Great insights!



I completely agree with Oomphoo! Those words are my inspiration, and the more I understand them, the more I realise that what I want to convey has a universal appeal. The truth speaks one language!

As pointed out by Lao Tzu, all of us know that when muddy water is allowed to settle, it attains clarity through being still. If the conscious mind is to realign itself with the internal recesses of the being—by withdrawing from the outer babble—there must be periods of waiting. One who understands the subconscious knows that it will emerge if one stops thrashing and flailing the patient with questions and, instead, trusts the process—until the focus arises by itself. We are conscious of only an insignificant portion of our being; for the most part, we are unconscious. Therefore, we ought to passively wait for the patient to connect with his altered pattern within. This forms the initial part of case witnessing, which is known as the “Passive Case Witnessing Process”.

As mentioned in my previous book, *A Wander with A Little Wonder*, Passive case witnessing can be easily understood through the analogy of an eagle hunting its prey.

Initially, the eagle soars in broad circles high up in the sky. From this vantage point, it does not know anything about the prey, about where it is, or by what means it can be caught. The eagle simply soars passively, without even flapping a wing or making any movement. The eagle passively watches all the activities happening on the earth below. It might see a rabbit, snake, chicken, or any other prey. The eagle’s scanning observation may continue for two, three, or even five hours, until it finally focuses on the prey. The passive phase of hunting is practised by the eagle whenever it starts hunting its prey; thus, it is a universal practice found in eagles throughout the world.

Passive case witnessing forms the basis of the entire case witnessing process. The Passive case witnessing process constitutes the initial phase of case witnessing, when we still know nothing about the patient. The phenomenon of Passive case witnessing remains constant in all cases and is universally applied to all cases. In this phase, you allow the patient to be in the moment, to say whatever he / she wants to say, and you go with the natural flow to see what will come up. Without interfering, you just sit back and witness the case.

The emphasis is on “not altering” the flow, as very often we guide the patient and take him on *our* journey rather than his own. We therefore allow him to speak whatever he wants to speak, without catching hold of anything. Here we have to become a receiving instrument to listen. The foremost rule is *to possess the data but not be possessive*. We just let the patient be in the moment and flow with the natural flow to see what’s coming up, letting him start with whatever he is comfortable with, and we just sit back.

As it is rightly said “*be an idiot*”. Here the physician doesn’t have to do anything, but he should merely behave as a passive spectator and not an actor in the scene. Without involving our intellect or analytical mind, we just have to be with the patient, in his flow, trying to see his vision through his eyes, allowing him to wander in areas which he chooses, without interrupting him.

For the logical mind, on first confrontation everything will appear chaotic, but gradually clarity will start setting in. Initially, the prepared conscious mind of the patient pours out, and a few peculiar expressions will spill out as beads. Later on, these beads will gather together to form an exquisite necklace—the altered pattern.

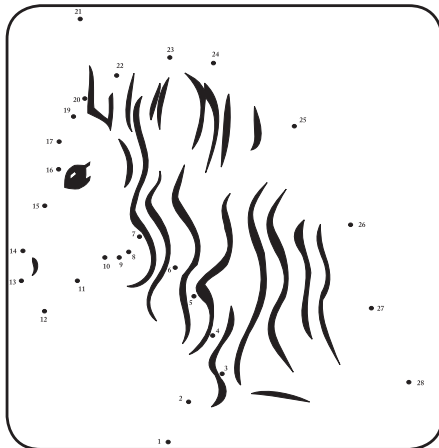
The whole Passive part will give you a hint about the innermost core. It clears the path for the Active and Active-Active case witnessing process which is entirely based on the information you gathered in the Passive phase.

Aims of the Passive Case Witnessing Process:

The **first aim** is to pay attention to all the verbal and nonverbal expressions that are

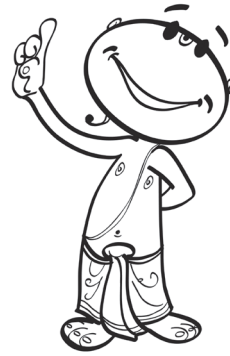
- |||▶ *out of place*
- |||▶ *out of order*
- |||▶ *out of flow*
- |||▶ *out of content*
- |||▶ *out of proportion*
- |||▶ *out of your knowledge*
- |||▶ *out of the patient's knowledge, and*
- |||▶ *out of any time zone*

These expressions arise sporadically and are often not connected. Ninety percent of the time during Passive case witnessing, the patient will talk a flat line common talk. However, in between the conscious common talk, the important expressions, which are significant to us, will manifest through the patient's verbal and nonverbal expressions (something very similar to an ECG, where the PQRS complex comes up sporadically in between the flat line graph.). It is interesting to witness how, later on, all these sporadic expressions join together by themselves to give us a clear picture of the altered pattern of the patient.



The isolated dots in this picture don't make any sense to us. But when the same dots are joined by a line, the hidden graphic comes out. Similarly, during Passive witnessing, the subconscious shows up in spurts as apparently isolated, out of place, or peculiar expressions that initially don't seem to be connected. In the later stages, all these expressions make complete sense and assist in finding out the "big picture", or salient feature, in a mass of data.

Let us together understand this through a graphic diagram:

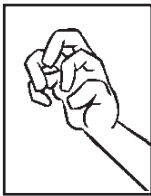


Great! Thanks, **D**, for reading my mind!

(That will add some PQRS to all the flat line talks by **D**!)

Let us suppose that in the Passive case witnessing process, the patient goes into three different areas. Let's arbitrarily put it in the following terms. In Area 1, the area of chief complaint, he gives us three peculiar, out of place things (A, F, B). At one point, he makes a peculiar hand gesture (HG) while narrating something common. Then, he shifts to another area—Area 2, the area of dreams. Here, he gives three verbal characteristics (C, D, F) of which one (F) is seen blended with the appropriate hand gesture (HG) that he exhibited before. Finally, he goes to one more area—Area 3, the area of fears. Here, he gives four verbal (P, Q, F, R) peculiar expressions. We see the same hand gesture (HG) which was seen earlier in the other two areas; it appears randomly.

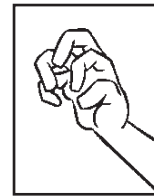
AREA 1
Chief complaint
A + F + B + (HG)



AREA 2
Dreams
C + D + F (HG)



AREA 3
Fears
P + Q + F (HG) + R



All such expressions are noted down as they are and left unedited. This prevents our missing any nonsense or nonhuman expressions of the patient in the Passive case witnessing process. What we do with this information is explained next.

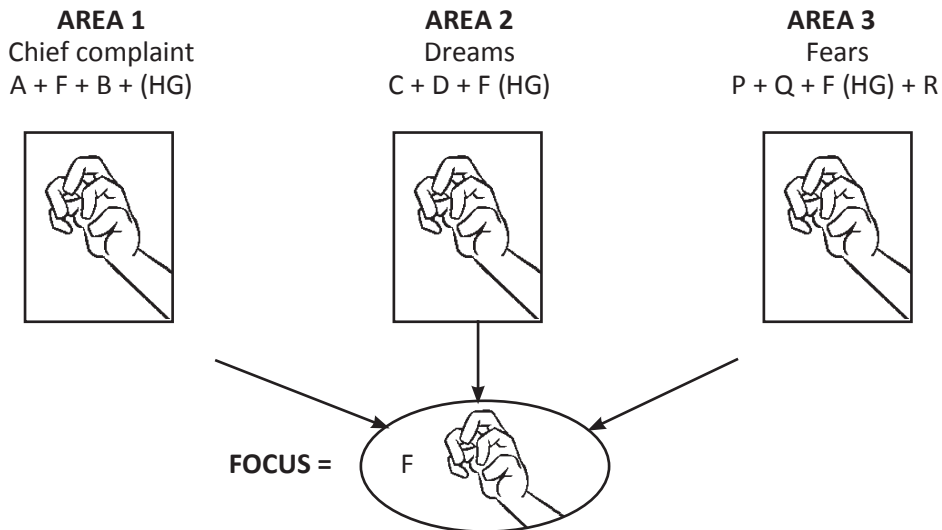
The **second aim** is to *find the focus of the patient*:

To find the focus is to understand those issues / points / expressions that repeatedly come up in the case and / or that are out of place or out of order to the current conversation of the patient. The expressions can be verbal or nonverbal and should be repeated in more than two different, unrelated areas of the patient. For example, the expressions that come up in the patient's chief complaint will again become the focus of his or her dreams, interests, hobbies, imaginations, fears, or life incidents of great importance.

The same expressions in different periods and situations in a patient's life will tell us exactly what he is in every stage of life, as his individuality is bound to remain the same in

every aspect of his life. That which comes up again and again is definitely the centre, the *focus*, of the patient.

Let us again explore the above graphic diagram and, this time, take one step further.



From this, it's simple to recognise that "F" is the one thing that is common in all the areas. Therefore, it becomes the focus of the patient.

We also observe the peculiar hand gesture (HG) coming up repeatedly, though it is not always aligned with the verbal message. This concludes that it is an integral part of the focus. Now we will enter the Active and Active-Active case witnessing process by inquiring into this focus.

One mistake that we should not make is of seeking a dazzling focus. *The focus need not necessarily be a striking word, delusion, or sensation.* It can be an ordinary emotion like anxiety or a reaction. *The focus is not the end. It's an entry point from where the whole nonhuman journey of altered pattern will commence.* Furthermore, our whole aim in the Active witnessing process will be to make this focus (common focus) specific to the patient and bring out its quality as we reach the end result.

The focus is the pivotal point around which the entire Active and Active-Active process revolves. The focus helps us know where we should begin the human-centric (Active and Active-Active case taking process) case witnessing journey and lets us know with what we should begin.

The **third aim** is to find out the patient's Level of Experience (LOE), which is his experience of the inside and outside world at that given moment of time:

- ▄▄▄▶ *Is the patient just naming his / her problems or is he / she speaking the plain facts about himself / herself? NAME AND FACT [Level of experience]*
- ▄▄▄▶ *Is the patient just talking about common emotions that each one of us feel? EMOTION [Level of experience]*