

SYNERGY SYNOPSIS



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FOREWORD

'Synergy' denotes the coming together of two or more things to create an effect that is much greater than the sum of the two.

In homoeopathic practice, using two or more different approaches in tandem produces the best results. The utilization of traditional homoeopathic tools such as materia medica and the repertory (left-brain concepts) in combination with more modern homoeopathic approaches such as sensation and kingdom understandings (right-brain concepts) generate the most success in clinical practice.

This idea, termed Synergy, has evolved over the last three decades and has come to a very effective position. This is a system that can be taught, practiced, and replicated successfully by students and practitioners.

This small book is intended to be a ready reference guide for participants who attend seminars and for others who wish to have an overview of this entire system of practice.

However, this work cannot replace more detailed texts on each topic. These texts are readily available and the reference to each one can be found at the back of the book.

Many thanks with much appreciation go to Gaurang Gaikwad, Armeen Jasavala, Joanna Vogler and Antonia Mendonca, as they did most of the work for this book. Dr. Meghna Shah helped with the final correction.

Rajan Sankaran
Mumbai, April 18, 2013

THE PRINCIPLES OF HOMOEOPATHY



Samuel Hahnemann (1755-1843)

THE LAW OF SIMILARS

Homoeopathy is based on the principle that “like cures like”. In practice, this means that a medicine capable of producing certain effects when taken by a healthy human being is capable of curing any illness that displays similar effects. When the remedy matches the patient, it works.

POTENTIZATION

Sequential dilution and vigorous shaking of a drug renders it harmless physically, and at the same time makes it extremely powerful dynamically. It seems that in the process of potentization, stored up energy of the drug is liberated.

HOLISM

Homoeopathy recognizes that in disease, the entire being – mind and body – is affected, and it has the ability to bring a cure to the whole person – body and mind.

INDIVIDUALIZATION

Homoeopathy treats each patient as an individual, unique and different from everybody else. The medicine cures best when it matches, not just the disease, but the patient suffering from the disease.

STATE

The Remedy Produces a State of Being

A ‘state’ is a condition of the mind and body in a set of circumstances. It is a mode of being. Each remedy produces a state that is characteristic to it. Each patient has a state of being that is specific and peculiar to them at a given time.

THE PSYCHO-NEURO-ENDOCRINE IMMUNOLOGICAL (PNEI) AXIS

When we look at 'General' symptoms, as defined in homœopathic science, we find that they involve these systems: **the nervous system, the endocrine system, and the immune system**. These together with the mind form a psycho-neuro-endocrine immunological (PNEI) axis, the central, or main, controlling axis. It regulates all the parts of the body.

When disease manifests itself, symptoms of the PNEI axis occur first. These are followed by changes in the various organ systems depending upon each individual's pathological tendencies.

CENTRAL DISTURBANCE

Symptoms of the PNEI axis which arise first are collectively called the 'central disturbance'. It is of primary importance because it is the initial expression of disease.

One can arrive at an understanding of the central disturbance by examining the mental aspects of the person, as well as the generals. But we should also take into account the local peculiar symptoms and the modalities, which are also an expression of the central disturbance.

UNDERSTANDING THE MENTAL STATE

The mental symptoms of a patient form a pattern, which can be seen to come from a specific perception of reality (delusion). This pattern is referred to as the mental state.

DELUSION

Delusion is a false perception of reality. In addition, disease is a false perception of the present. The whole mental state of a person is an expression of this false perception (delusion).

THE IDEA OF GENERALISATION



Baron Clemens Maria Franz von Boenninghausen (1785-1864)

Boenninghausen took the idea of holism one step further and developed the concept of generalisation. His tenet was that every expression in a part is the expression of the whole. Every modality and sensation experienced in the local part belongs to the whole. The whole is in the part.

Boenninghausen's other invaluable contribution was:

the concept of the concomitant symptom.

He observed that symptoms that arose simultaneously in different parts of the patient were peculiar to the patient and therefore effective in individualizing the case.



Boger's Generals

Cyrus Maxwell Boger (1861-1931)

Boger's idea was:

All symptoms which are characteristic, all those modalities which are characteristic, are not local, but general. The idea of "genius" of a remedy also was popularized by Boger.



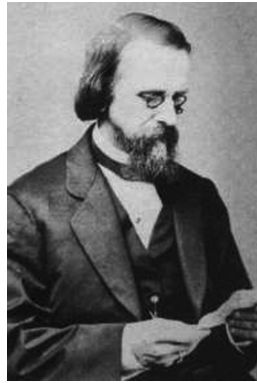
Phatak's Repertory

Based On Boger's Approach

S.R. Phatak

Phatak expanded on the idea of generalization found in Boger's Synoptic Key and added some very peculiar symptoms based on Kent's Repertory. Therefore, Phatak's repertory is a unique combination of Boger's generals and the strange, rare, and peculiar local symptoms of remedies identified by Kent.

KEYNOTES



H. N. Guernsey

Guernsey's described keynotes in the following manner:

“There is certainly that, in every case of illness, which preeminently characterizes that case or causes it to differ from every other. So in the remedy to be selected, there is, or must be, a combination of symptoms, a peculiar combination, characteristic or, more strikingly, key-note. Strike that and all the others are easily touched, attuned or sounded.”

This concept harmonizes with §153 of the Organon in which Hahnemann writes: “In this search for a homoeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbific agent corresponding by similarity to the disease to be cured, *the more striking, singular, uncommon and peculiar (characteristic) signs and symptoms of the case of disease are chiefly and most solely to be kept in view*; for it is more particularly these that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure.

The more general and undefined symptoms: loss of appetite, headache, debility, restless sleep, discomfort, and so forth, demand but little attention when of that vague and indefinite character, if they cannot be more accurately described, as symptoms of such a general nature are observed in almost every disease and from almost every drug.”

THE GENIUS OF A REMEDY

Cyrus Maxwell Boger writes in the foreword to his *Synoptic Key*, “*The Synopsis is intended to make clear the general expression or genius of each remedy, and thereby help the prescriber correct his bearings...*”

“The strain which runs through every pathogenetic symptom complex has been called the ‘genius’ of the drug.”

GENIUS	LOCATION (Organ) And parts / systems affected (e.g. nerves, glands, bones)
	PATHOLOGY TYPE (e.g. malignancy, degeneration, induration, suppuration)
	PACE (e.g. acute, slow, sudden, chronic, relapsing, intermittent, gradually developing)
	GENERAL TRAITS (e.g. collapsed, slow, hyperactive, dull, allergic, sluggish)
	GENERAL SENSATION (e.g. tightness, burning, hollow feeling)
	EXCITING FACTORS (e.g. injury, vaccination, shock)
	PERSONAL AND FAMILY HISTORY
	GENERAL MODALITIES (e.g. worse by exertion, better by motion, worse by slightest exertion)
	TYPE OF PERSON (e.g. age group, including phases of life such as menopause and puberty)
	BODY TYPE (e.g. emaciated, obese, emaciated at the neck)

STRUCTURED REPERTORISATION

The idea of creating a repertory is the idea of breaking down a phenomenon into smaller component parts.

Let us suppose that a prover reports that he felt very anxious and with this there was a lot of sweating, trembling and giddiness, and he felt like he had to hold on to something or he would fall. This is his phenomenon of anxiety. In the repertory it will be broken down into many sections, into many different rubrics. For e.g. Perspiration from anxiety, trembling from anxiety, fall as if he would, hold on to something desire for, etc.

Consider a case in which the patient says that he feels as if he will fall. And somewhere else he says he has flatulence in the evening. If, when we repertorise, we take these two rubrics along with others in the work-up, then we are combining random things without any pattern. This is risky and usually leads to polychrests.

Instead, it may be more effective to take a phenomenon of the patient in one sector: physical, emotional or sensation. Take all of its components such as location, specific sensation, modality and concomitant, and then use rubrics corresponding with those components to reconstruct the phenomenon.

For example a patient reported a spasm in the lumbar region of the back from rising. He felt stiffness and a drawing pain on attempting to rise and this forced him to lie down again, unable to get up. This had started after an injury to his spine. Besides this, when we examined other areas, he had timidity when he spoke in public and had anticipatory anxiety which caused diarrhea.

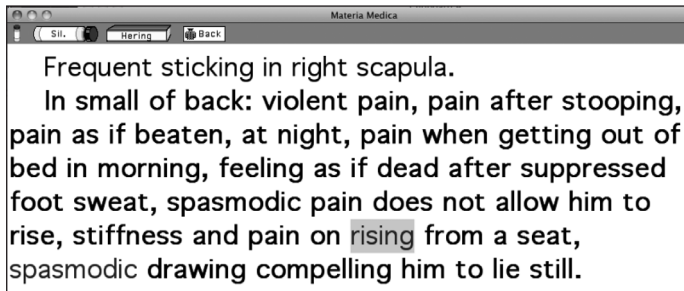
Here we can reconstruct his local experience with the following rubrics:

- Back, Pain, Drawing, Lumbar region, Lie down must
- Back, Pain, Lumbar region, Rising, Sitting from
- Back, Stiffness, Lumbar region
- Back, Injuries of Spine

We then come to the remedy *Silica*.

A reference to the Materia Medica shows that this is an exact reconstruction.

Reference from Reference Works:



Once we find such an exact match locally, we can explore the other areas and here we see clearly that Silica is covering also the mental feature.

- Mind, Timidity, Public when appearing in; Rectum, Diarrhea, Emotions from

Look to cover all the components of the phenomenon. Once we locate two or three remedies that cover that exact phenomenon, this can be used as an anchor in the case. We can move to another phenomenon (maybe at another level) and again reconstruct that. And if the same remedy comes through in both reconstructions, it is likely to be the right remedy.

It cannot happen in all cases. It is possible only in those cases which show several phenomenon in different areas.

Sometimes the characteristics in different parts may not be a whole set of rubrics. There may be only a single characteristic in each part. In that case you would be building a totality of characteristic symptoms.

Fingerprint: Mechanical repertorisation esp. one that involves big rubrics, e.g loquacity, desire for sweets, agg. first motion etc, often only gives us polychrests. Small remedies have little chance. To overcome this, look for small and peculiar symptoms in the case. It could be a local peculiarity, modality or pathology. This is best done by using Reference works by a broad-based search. If tingling in the right ear is the persistent, sure and prominent peculiarity we can search using “tingling/formication/crawling within three words of right ear.” If, for example, weakness is the main presentation, make a focused totality of the weakness. The remedies that match all the peculiarities of the weakness (and these will be very few and often uncommon) should be studied in detail. Sometimes you can take two very peculiar symptoms from very different parts of the case and see what remedies are common to them.

In any case you need to see if any of those remedies also match the other symptoms of the case in one form or another. For example if the patient has sensitivity to strong smell, the remedy might not have it in this form but it may have “smell acute”. Sometimes you can understand the symptoms of the case deeper once you suspect a remedy. For example a patient who says he is sensitive when the neighbors make a noise may be an expression of sensitivity to the selfishness and indifference of others rather than the noise (in a case who needed Sulphur). The a) peculiar symptom, b) peculiar local totality or c) the combination of two or more very peculiar symptoms from different areas is like a fingerprint; it is a unique identification code. If it exactly matches, the chances are that the rest of the clues will match. In this way you are able to prescribe lesser known remedies when needed.

HAVING AN OVERVIEW

When you look at a phenomenon or a characteristic of the patient, it is useful to not only look at what it is in terms of sensation, pathology, keynote etc., but also to look at what it means in a broader context.

Here is an example:

A patient once came to Dr. Kanjilal and said, "I am very sick. I have such severe pain, I can't bear it!" He was frantic with the pain. He said he felt he would die, so severe was the pain. Dr Kanjilal could have asked about the nature of the pain and its modalities, etc. However here we see that more prominent than the nature of the pain and the patient's other symptoms is the idea of sudden, severe, acute and violent pain. The remedy that we choose for the patient should have this as its very core, its essence. Such a remedy is *Aconitum napellus*. In Phatak's *Materia Medica* we see a description of the essential character of *Aconite*: "Symptoms acute, violent, painful...fear...frantic..." Understanding that the remedy should focus on nerves and pain, Dr. Kanjilal prescribed *Aconite*, and there was complete relief.

When we look at the characteristic symptoms of *Aconite* we find:

Rubrics from Mac Repertory:

- MIND; BESIDE oneself, being
- MIND; DEATH; presentiment of

Recorded symptom in *Materia Medica*:

- Fear of sudden death

Then, through the system understanding we can see that *Aconite* is in the acute miasm of the Ranunculaceae family, which has extremely high sensitivity of the nerves, and neuralgias.

Hence we can see the genius of *Aconite* – acuteness, violence, pain, fear and a frantic state – through symptoms as well as through the system understanding.

SO WE CAN LOOK AT THE SAME PHENOMENON IN TWO WAYS:

>>> EXAMINING THE EXACT CHARACTERISTIC SYMPTOM - THE LOCATION, SENSATION, MODALITY, CONCOMITANT, ETC.

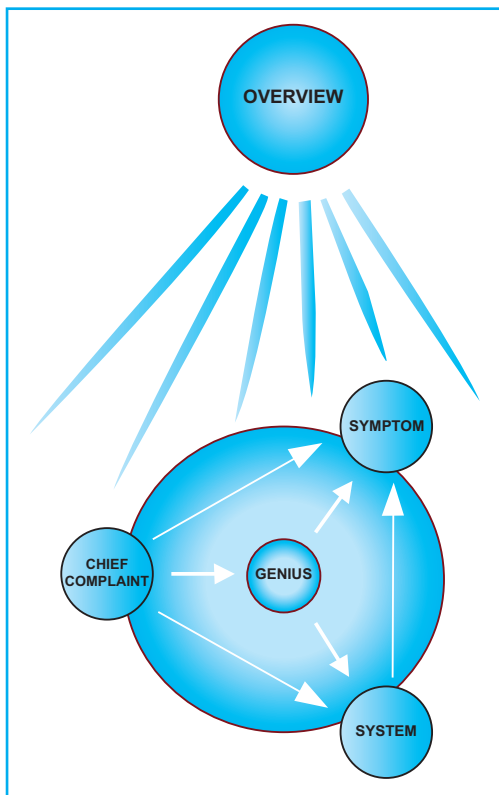
>>> LOOKING AT THE GENERAL PICTURE, THE OVERVIEW.

IT IS LIKE LOOKING AT THE INDIVIDUAL TREE, BUT ALSO SEEING THE FOREST AT THE SAME TIME.

THIS ABILITY TO MOVE BACK AND FORTH.

BETWEEN SEEING THE TREE AND THE FOREST.

IS WHAT SHOULD HAPPEN IN CASE-TAKING.



Another example:

A patient aged fifty years has trembling of limbs, baldness and poor memory. You can consider these as particular symptoms, but the broader idea is premature senility.

Every patient who has trembling at the age of 50 years is not automatically classified as a case of premature senility. One does that if the symptom can be seen to be part of a broader picture.

So to have an overview is to look at a local phenomenon in a broader context.

The overview includes the genius, the type of person, the general nature of the pathology, etc.

The overview is broader than the genius. In every case you can have an overview but not in every case can you have a genius.

The genius, the sensation, the miasm, the grand general, whatever is the broader, deeper picture, all these are different aspects of the overview. What Kent and Boenninghausen and others emphasized was that we can prescribe on characteristics as long as the overview matches.

PRIMARY, SECONDARY AND TERTIARY EXPRESSIONS OF THE STATE IN THE CASE

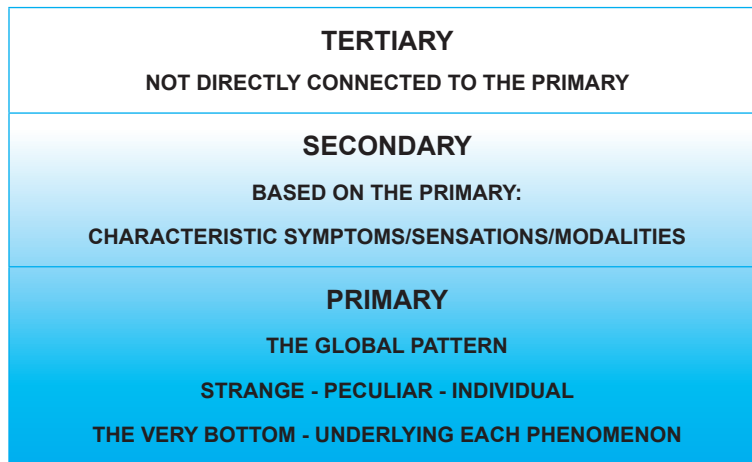
There are three levels of expressions in the case. These can be called primary, secondary and tertiary.

Mistakes are often made in case analysis when we confuse one for another.

For example: A patient says, "I feel anxious when disconnected from the group."

Here, we have three things: one – "Anxiety"; second – "Disconnected"; finally – "Group."

We need to know which one is primary in the case, or else we will be misled.



**Our main mistake is in taking the tertiary expression as the primary one,
and then seeing the rest of the case from this viewpoint.**

How do we know what is Primary?

There are 5 criteria for this:

- 1) When we explore the chief complaint, exciting factor, crisis situation, etc and we go deeper into the patient's experience, what we get is the very bottom - that is the primary expression.
- 2) We can confirm that this is the primary expression by checking with other aspects of the case such as dreams, childhood, fears, interests, and observations.
- 3) We can come to the primary expression by taking any phenomenon and seeing what underlies it, what is an expression of it. Or by taking a broader view (overview) and seeing what pattern the phenomenon is an expression of.
- 4) Seeing the entire pattern of what in the particular group or category is available, this often makes sure that this is the primary expression. For example if we ask about, "I feel anxious when disconnected from the group" and the patient talks about "disconnected" and then goes on to describe it as a feeling of "out of touch" and "numb" and "distant" and "like a dream" etc. Then we are getting the whole pattern. This usually happens when the expression is primary.
- 5) The expression at a primary level will be strange, peculiar, and individual. It will be unrelated to the situation; it will be clear and characteristic. It will connect to what the patient says in other parts of the case. It will be Global not Local.

What is Secondary?

Secondary expressions are those that are directly based on the Primary. They can be characteristic symptoms or sensations, modalities, etc.

For Example:

In the expression above "I feel anxious when disconnected from the group", if the primary expression is the feeling of being disconnected, the secondary expression could be: fear of strange things or new situations. This is a symptom based on the feeling of "disconnected".

What is Tertiary?

Tertiary expressions are those expressions that do not directly connect to the primary. One has to explore deeper and then go to the secondary and finally lead to the primary. For example in the expression "I feel anxious when disconnected from the group," the idea of group is tertiary in the patient. When you enquire about 'Group' the patient will bring you to "disconnected" which is primary.

RESOURCES:

BOOK	CONCEPT(S)
The Elements of Homoeopathy by Dr. P. Sankaran	This book illustrates practically every aspect of homoeopathic medicine, whether it is the study of Materia Medica, Hints on Case-Taking, Value of Repertory, Cross References to the Repertory, Difficulties in Practice, and The Scope of Homoeopathy.
The Spirit of Homoeopathy	This book is divided into four sections: Philosophy, The Mind, Case-Taking and Finding the Remedy, and Materia Medica. The first section looks at what disease are – the origin and the dynamics of disease. The second investigates the understanding of delusions, mental state as a whole and body-mind connection. The third section covers the artistic aspect of homoeopathy, understanding the patient. The final section furthers the understanding of remedies, and includes remedies as examples.
The Substance of Homoeopathy	This book illustrates how delusions can be classified using Hahnemann's theory of miasms. With numerous illustrative cases, this classification can be used as a map of disease to facilitate remedy selection. A detailed study of homoeopathic drugs with reference to their source reveals the purpose of the traditional classification into plant, animal and mineral kingdom.
The Soul of Remedies	Clear, concise, confirmed descriptions of the inner view of a hundred different remedies and how they express this in clinical situations.
The System of Homoeopathy	Illustrating the method of case-taking, case analysis and follow-up, this book includes detailed cases and a number of short cases, through which emerges a System of Homoeopathy. Hints and guidelines about understanding the mental state, eliciting the mind and body connection, central delusion, what to do and what not to do with dreams, plus a further understanding of miasms and kingdoms.

BOOK	CONCEPT(S)
The Sensation in Homoeopathy	Using numerous case examples, this book gives one the ability to know at all times in a given case, where to begin and where to aim, through The Seven Levels of Experience. This way of working gives a definitive pathway for case-taking, a means by which to observe and utilize the active energy patterns of the patient (hand gestures and movements), plus a way of matching the patient's level to the remedy potency that is required.
An Insight into Plants – Volumes 1, 2, 3	This book provides a framework of how the plant kingdom can be classified and understood. Tracing the common sensation of each family, this book shows how this sensation can be seen in the remedies in that family. The remedies are differentiated by the miasm to which they belong.
Sankaran's Schema	This book aims to bring in a nut shell, in a tabulated form, the different concepts and information spread over Dr. Sankaran's books – The Spirit of Homoeopathy, The Substance of Homoeopathy, The System of Homoeopathy, The Sensation in Homoeopathy, and An Insight into Plants (Volume I, II, III), and Sensation Refined.
Structure – Experiences with the Mineral Kingdom	The periodic table readily lends itself to the task of classification. Its seven rows and 18 columns can be understood, seen and experienced as stages of human development. Recent explorations into the rows, backed by several clinical cases, provings and research, have thrown new light on the Mineral Kingdom that makes it significantly easier to recognize the remedies in practice.

BOOK	CONCEPT(S)
Sensation Refined	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. Here, there is a deeper understanding of the experience, living it and seeing almost nothing else.
Survival - The Mollusc	Within are described the qualities of Mollusca in nature, its subdivisions, and expressions in the human being. Each of these is described with source words, proving information and clinical cases, to make it easy to recognize in clinical practice.
Survival - The Reptile (Volume 1 and 2)	Within are described the qualities of Reptilia in nature, its subdivisions, and expressions in the human being. Each of these is described with source words, proving information and clinical cases, to make it easy to recognize in clinical practice.
The Synergy in Homoeopathy - An integrated approach to case-taking and analysis	An integrated approach to case-taking and analysis. Never before has the connection between the patient and the remedy been so clear – symptoms and system are two sides of the same coin and this results from an integrated approach. Both the factual and conceptual aspects of the patient and the remedy must be seen together. The knowledge of old masters, such as CM Boger, is explained in detail. Through illustrative cases, the secret of success is depicted through this integrated approach. Through a seamless blending of the old and new, conventional and contemporary, the results are proof of a quantum leap in homoeopathic practice.
Synergy in Practice	Practical application of the Synergy Approach in homoeopathic practice illustrated through numerous cases.