

## Ajab Nutrition se Gazab Bimaari

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Every year at the beginning of the New Year, the natives of Homoeonagar were required to undergo physical examination. This has been mandatory ever since Mr Repertory became the Mayor of the city. Delegates from all over the country converged in the city.

*Calc-p* was a growing child with chronic throat troubles. The development of the bone especially the skull bone was tardy. It did not keep pace with the rest of the bones in the body. She complained of diarrhoea from fruit with spluttering. Her friend *Arg-nit* too passed stool with spluttering but the stool was green and he craved sweets. He literally took the sugar jar from the kitchen and gulped down a mouthful.

*Nat-m* the Guinness World Record holder businessman for his salt eating habit, though was eating well, yet was lean, thin and emaciated. He could be easily identified among hundreds due to his prominent clavicles and thin neck like that of a Swan. *Mag-c*, the illegitimate child was fathered by *Fl-ac* who never took responsibility of any kind and had inordinate craving for meat. He could not drink milk as it passed undigested and could not thrive inspite of feeding and many medications. His father *Fl-ac* himself looked prematurely old. He desired different women, craved fancy dishes and could not drink anything warm as it produced diarrhoea. *Sil* suffered from deficient nutrition not because he was getting less amount of food or the

quality of food was deficient as it could not be perfectly assimilated. Consequently he became rachitic with large sweating head and open fontanelles and sutures.

*Lyc*, the semidropsical with upper part emaciated and lower half oedematous, had aversion to eat but as soon as he started and got the taste of the food, his appetite became ravenous. *Iod* was keenly observed by all and sundry. He was highly emaciated inspite of ravenous appetite. He was eating relentlessly. The visiting delegates were awed at his malnourished state inspite of eating at regular hours. *Abrotanum* could not hold his head due to weak neck. The child looked extremely emaciated in the lower limbs while the abdomen remained bloated.

Just then arrived *Syph* who loved talking about death, coffins and death related subjects. He was a dwarfed, shriveled-up looking youth with bald head, pouting lips and big belly. *Hyos* who had the habit of revealing secrets and ridiculing anybody and everybody, opened up by saying that *Syph* had the strong family history of alcoholism in his family.

The delegates were sickened at the prevailing conditions of the populace and were shocked as to why, inspite of good food and not so bad appetite, they were losing flesh. The best Homoeopath was summoned ASAP to take care of the natives.

A well-respected surgeon was relaxing on his sofa one evening just after arriving home from work. As he was tuning into the evening news, the phone rang. The doctor calmly answered it, and heard the familiar voice of a colleague on the other end of the line.

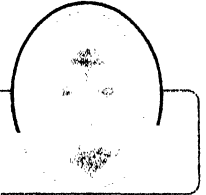
"We need a fourth for poker," said the friend.

"I'll be right over," whispered the doctor.

As he was putting on his coat, his wife asked, "Is it serious?"

Oh yes, quite serious," said the doctor gravely. "In fact, three doctors are there already!" 😊

# Dr DIVYA CHHABRA Seminar: "Confluence and Beyond", Mumbai 2009



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It was a marathon seminar: a one- woman show by Dr DIVYA CHHABRA organized by Homoeopathic Research and Charities for 3 days on 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> November 2009 at Choksey Auditorium, Mumbai. The seminar began with a short introduction by Dr JAYESH SHAH who described Dr DIVYA as a Perfectionist. Dr DIVYA began with her unique understanding of a patient as a person. The most important part of the seminar was, "How to approach a patient?" How she herself reaches the innermost level of an individual, "A Picture within a Picture!" It is a very experiential learning she has herself undergone, which she shared very openly with the group. Her hard work of many years was evident from the marathon material put forward for 3 continuous days.

Some very important lessons for our NJH readers who could not attend this seminar. Focus and understanding of Dr DIVYA was knowing, recognizing and touching the innermost point of any patient. Every patient possesses a picture within a picture and this inner picture is the true picture of a patient, the state which is a 'delusional state'. It is this deepest level of state where and on which we need to make our prescription.

Each symptom is expressing a 'state within', which is another movie going on inside the patient, which is different than what is going on outside. When patient comes to the physician and tells his story and if we can make logical correlations, it's not the deepest level. This deepest level is totally irrational and illogical. It is sudden, out of proportion, weird, exaggerated; it has no connection with reality. And it is this deepest level which takes us to the

'SOURCE', the kingdom, plant, animal, mineral etc.

How to see this hidden picture? How to reach similitum after seeing hidden picture?

Dr DIVYA gives certain definite guidelines to perceive this picture. There are three main tools.

**1) Jigsaw puzzle:** One need to put all pieces together to form a complete picture, totality.

**2) Free Association:** This is very helpful to reach the deepest level. Patient is told to close eyes and a word is given to him from where the game starts. Patient is told to speak anything that comes to him without thinking, howsoever irrational and illogical it may sound. And from whatever answer he gives, a chain of words start by patient and physician which will lead to confluence point and finally source and similitum.

**3) Confluence point:** It is a word, a phrase which is common to both mind and body, that clearly links the key symptom of the state to the source and hence the similitum.

To know this confluence point, "let go logic". Don't get stuck up in the detailed 'story' of patient where we can have logic and reasoning. That will not give you true deepest picture of patient. Reach illogical and irrational feelings and expressions of patient. Many a times during case taking patient will tell you, it's weird, it's nonsense, I don't know what I am saying, I am not making sense, it's stupid, it's absurd, it's peculiar, its *ajeeb* etc. Don't let these words go; it means he/she is very near to deepest level. Let patient describe these words, his feeling and experience and it will lead you to confluence point and similitum. Often patient close their eyes while talking about their inner story. Many

a times there is a different type of smile that comes on the face while talking about his inner style. Patient is not looking at physician but imagining that inner picture or experiencing and visualizing. That is the time when words will just flow with force, speed and nothing can stop it. This means patient is very near to his deepest level. Don't let this go. Tell patient to disconnect himself from logic and just talk about the sensation in general. Encourage patient to spell his visuals.

Certain other areas from where the core of patient can be touched other than chief complaint is craving/aversion. In this taste and smell and how they feel is most important, as touching and feeling are basic primordials coming from within which has no logic and no thoughts. Eg In one case of *Bryonia*, patient had Av for *kantola*. Why this aversion? When was asked to feel and describe it, patient said because *kantola* is tasteless and it rotates in his mouth, he doesn't feel like gulping it and feels like throwing it out as it gives 'dryness' in mouth. In same case patient had described an important sensation of dryness at few other locations also, pointing to *Bryonia*.

Any acute, severe major illnesses in past and the peculiarities experienced in it also tells us about the inner state. Eg same patient of *Bryonia* had suffered from Malaria and was hospitalized. While inquiring about the complaints fever during, he said he had severe bodyache from slightest movement of bed, which is again characteristic of *Bryonia*.

Patient's interests, hobbies, sports, movies,

passions, dreams and their peculiarity would give us clarity about remedy. Also opposite words and repetitive words coming up during case taking are important.

These concepts were demonstrated through live video case presentations. Remedies arrived at as similitum were 1) *Thorium* (Radioactive substance) 2) *Bryonia* (Family - Cucurbitaceae) 3) *Rotten Cauliflower* - Cauliflower with Fungus (Family - Cruciferae or Brassicaceae) 4) *Vulture* 5) *Bat* (Bird + Mammal) 6) *Nitrous Oxide* (laughing gas)

She also described common symptoms, important words and themes of different families and groups related to above remedies.

About Posology, she shared very interesting experience of Potency proving conducted by their group of very well proved drugs like *Calc-carb* and *Nat-mur*. When following potencies were proved, provers came out with following:

- 1) 30 - Patient's gave direct symptoms of the remedy.
- 2) 200 - Dreams from childhood, State in between of denial and acceptance
- 3) 1M - Intensity of symptoms high, intense feelings available, there is denial of feelings. Dreams were symbolic, nothing to do with real life, avoidance.
- 4) 10M - Dreams extremely unlikely to happen in anybody's life, Dr of something that happens rarely once in few yrs, indifferent to others.
- 5) 50M - Reactions were very intense.
- 6) CM - Provers did not turn up and behaved like Insane. No apology, no guilt feeling, no calling back, completely in their own world.

### What is Adolescence ?

The teacher had just finished reading a story to the Fifth-grade class. She decided to check the student's knowledge of some of the vocabulary that had been used. "Who knows what the word 'adolescent' means?" she asked. Out of the entire class of 30, not one child raised a hand. After a few more silent moments, she decided to give them a hint: "Adolescent - it's something all of you are, and I am not." Finally Little Johnny tentatively raised his hand, and in a very soft voice said, "Virgins?"

