

Report of Diahom - 08

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The National Academy of Homoeopathy, India, in Sept 08, organized its bi-annual workshop for students of Homoeopathy. The current theme - Diabetes Mellitus- warranted by DM's spread in pandemic proportions and India leading the world with high statistics of this constitutional dysmetabolic state.

The function was inaugurated by Ms Sushma Pandey, the Mayor of Durg and Mr Bharat Lal-General Manager, Bhilai Steel Plant. Renowned Diabetologist Dr Shrivastav was present on the occasion. Rich tributes were paid to Late Dr J N Kanjilal.

The speakers represented a team of recognized homoeopathic experts in the field. The first lecture provided an insight of DM from the eyes of a Homoeopath. Dr KASIM CHIMTHANAWALA lucidly gave the evolution of this dyscrasia from the stage of diathesis to disease with management of complications. He stressed on the fundamental, exciting and maintaining factors and the entire management with the help of Doctrine of Case types. The second lecture by Dr SAGIRA, dealt with understanding and managing a challenging arena of Gestational diabetes. Her statistics revealed that DM affects around 1% of pregnant women in Vidarbha. Irregular habits, sedentary life and obesity in the pre-parturient state, smoking/tobacco chewing also played an important role. She recommended frequent ANC's/ultrasound for monitoring fetal development, testing of blood glucose levels with planned diet and regular walking.

The third lecture by Dr AADIL CHIMTHANAWALA provided an over-view of Heart, DM and Homoeopathy. He said that nearly 75% diabetics die of cardio-vascular disease. He stated that the prevalence of Hypertension in Diabetics is 3 times greater than patients who do not have DM which are both classical examples of the manifestive Tu-

bercular state of disposition. He presented cured cases of DM with cardiovascular disease with documentations. "I Am So Sweet!" a poem by Dr Fatema indicating drugs like *Acid-phos*, *Sulphur*, *Syzygium*, and *Uranium* was presented well.

While talking about Prediabetes, Dr SANJAY CHANDRAKAR, Raipur, said that it was an inherited state of pre-disposition to DM where the tubercular miasm is in a latent state and can react only to a severe exciting factor. In diathesis, reactions are expressed on all or any of the three planes ie spiritual, mental and physical but only at the level of sensations. He ended his lecture by saying that, cure is best achieved in the stage of diathesis and till the disturbances are at the sensational and functional level.

The subsequent lecture by Dr AMIT NIMBHORKAR, Amravati, highlighted the role of Mental State in DM. Persons with a sanguine or melancholic temperament were predisposed to develop DM. Ailments from shock, grief, bad news, over-joy, emotional setbacks, disappointed love, frustrations, humiliations, indignation etc are well known triggers. Administration of Homoeo-pathic remedies for both acute/ chronic cases, by proper assessment of the mental state, Psycho-therapy, Meditation and Education regarding self care can manage a case of DM marvelously.

Then followed an interactive session on Diabetic Foot by Dr SANJAY MANWANI(Durg). He presented cases of *Acid-flour* and *Heckla-lava* for effective palliation of DM foot. Dr NEETA MANWANI (Durg) spoke on DM Retinopathy. She commented that diabetics with about 20 years duration, 85% start developing eye problems that can be well postponed if the patient is administered constitutional homoeopathic remedies in early stages. Many repositories have rubrics pertaining to DM retinopathy. Few mentioned in Homoeopathic Medical



Repertory – Eyes, Aching Pain, behind (RM 531); Eyes, Amaurosis, Optic nerve paralysis (RM 531); Eyes, Anesthesia of Retina (RM 532); Eyes, Atrophy, Optic Nerve (RM 532); etc. Dr NISHANT AGRAWAL (Dhamtari) said in Nephropathy, at least 35-50% diabetics suffer from minor or major renal pathology which is psoro-sycotic in nature whereas in DM Neuropathy, a relatively early and alas one of the most distressing end results of the Diabetic pathogenesis is the affection of nerves. Its extent and intensity depending upon the duration of the disease and the status of glycemic control in which, role of mind and mental state of disposition must be considered while perceiving such a case for management.

The last two sessions delienated the role of Diet and Exercise in diabetics.

The scientific programme was comprehensive and innovative. Sessions were planned in a manner conducive to good interaction between faculty and audience. For those who could not attend all the scientific presentations, printed articles were provided. The Chhatisgarh group of The Academy (former students of the postgraduate residential training school) accepted the challenge of hosting for the first time a regional workshop in the twin cities of Durg-Bhilai. The supporting core group under Dr Aadil Chimthanawala - Drs Sanjay and Neeta Manwani, Preeti Majithia, Sanjay Chandrakar, Praveen Rai, Bharne, Nishant Agrawal and all committee members worked as a team. Their untiring efforts brought about to life “DiaHom-08” at Durg.

Dr Rajan Sankaran at Chennai- Oct, 2008

Reported by

Dr RAMA HARIHARAN

NJH Team, Chennai

The soul stirring invocation by Dr Bharatalakshmi set the shruti for the 2-day seminar by Dr Rajan Sankaran at Chennai. Outlining his methodology of identifying the “non human song” in the patient which easily leads to the similimum, he demonstrated it by many video cases. Dr Sankaran held the audience spellbound in his inimitable style. The jarring technical glitches throughout seemed to have their own agenda!

If 10 different people are asked to describe a situation, naturally each one reacts/perceives the reality from his/ her individual standpoint... never the same for all. So all of us are seeing reality through our own clouded perceptions.... we see not what there is but what we think there is. In a diseased person everything is clouded by this skewed perception. In order to find that clouded vision we have to be an unprejudiced observer and trace that energy faithfully. Dr Sankaran also showed how that clouded perception arises from an energy within us that is not human but from

the other kingdoms in nature viz plant, animal, mineral. Disease in a person is manifested in body and mind and so when the similimum is administered the clouded perspective vanishes and the person revels in freedom at all levels. He elaborated on the 7 levels of experience of classifying this energy...1st is fact at name/diagnostic label; 2nd fact is of discomfort but at local level; 3rd emotional level of feelings; 4th delusional level of imagination; 5th sensational/ experiential level belonging to the different kingdoms; 6th level of pure energy and the 7th level of being, where the person is still an individual but at ease with himself and his surroundings, in health, being an observer/ witness of all levels and able to move freely in and out of all levels appropriately.

Dr Sankaran emphasized that as disease was still a phenomenon, the key to enter into the world of the nonhuman song of the person was through asking “what” and not “why”. Why only gives rise to theories and conjecture, whereas “Truth has no logic — it is”. What each person is experiencing at that

time is his truth. In the diseased person this truth/energy exists in all his responses. Our entire materia medica is Truth as it is completely based on pure observations. An easy way to identify it is to observe the gestures and repeatedly ask the patient to focus on what was happening while that gesture was being made. It helps to unravel that energy/phenomenon and leads to the selection of the similimum. The indicated remedy reveals itself - Excess of sensitivity indicates the plant kingdom, a continuous emphasis on structure, its completeness/ incompleteness indicates the mineral world and the repeated theme of victim/ aggressor indicates the animal world. Let me share a few cases.

CASE 1: A 30yr old North Indian lady, a Bharata natyam teacher in Mumbai, suffered from asthma which came suddenly "just chokes me" (gestured with both her hands at her neck like strangling) feels the tightness in the chest (gestured like a rope around wrist) "that kind of tightness...body feels tight and rigid..." it can happen at any moment when she is anxious and stressed. So the disease of the lungs seems to be an expression of her entire being. This tightness was present even when she danced but she had to dance as only at that time she felt loose/free. She confessed that she was not a good teacher as often she made the students sit and watch her demonstrate the movements but even those movements were not free. He explored her fears and dreams to verify the pattern of her tightness/looseness. She had a fear of the aircraft bursting every time she saw one and dreamt of sitting inside an aircraft, tight with fear and then the aircraft would explode. As her sensitivity and reactivity was prominent of the plant kingdom Euphorbiaceae family wherein this theme of tightness/ looseness was present it was selected. As her symptoms were sudden; the miasm was acute, *Crot-tig* was selected. The follow-up after 6 mths showed her dancing freely and gracefully and she taught her students traditionally, sitting down. She still enjoyed dancing but it was not compulsive and her asthma completely disappeared!!

CASE 2: 35 yrs old pleasant man, well qualified and in a good position at work came for recurrent sinusi-

tis since few yrs. The pressure in maxillary sinus made it difficult for him to get up in the morning, occasionally unable to go to work, occasional fine specs of blood in expectoration in the morning, constant sniffing, < ice. Skin eruptions and peeling of skin on scalp and face at a few places. If after a cold soft drink, has paan, then gets no sinusitis! Fears the cold. He has stopped eating guavas, grapes, ice cold drinks. He had migraine in 1st yr of college with aura of dark colour before eyes. After allopathic medicines, aura changed to silver and later to mild rainbow like, as when there is oil on water.. He has occasional outbursts of anger when a situation does not resolve the way he wants it to.

Dr Rajan kept asking him to focus on the pressure at the sinus and this is what he revealed—something stuffed in and trying to come out/ break out; as though something dirty maybe pus, suddenly wants to be pushed out. This is associated with heat- something hot and burning spills suddenly onto your hands and so you throw it away. On further cajoling this point he spoke of his pet theory- "the expectation and reality gap"—take something expecting it to be good for self but later it is not good enough/ not needed so he throws it out.. occasionally he pushes his opinion on wife, child, mother rarely father. When asked to focus on the pressure he said, like pushing through egg if trying to get down from the local train in Mumbai at a particular station....there is pressure on all sides and one has to push through to get out...like a hot congested place with pressure on all sides. To him pressure = hot, sweaty, unclean, noisy, tense; getting out= cool, fresh, bright. Heat= burning, unbearable, fire, destroying everything around it, breaking everything to ashes; going up suddenly and fast.

Dr Rajan neatly summed up how this non-human song of building up pressure -as he lets it build up—he expects it to behave in a certain way but it does not—he is helpless and it bursts out with heat, fire destroying everything around it just like hot lava from a volcano. *Hecla-lava* not given and later he was completely free of sinusitis, headache, the skin eruptions came and went away and even his aggressiveness was better!!