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AN INTERVIEW WITH DR. RAJESH SHAH

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After about eighteen years of study, practice and teaching in the homoeopathic profession, what do you think about homoeopathy in general?

The homoeopathic profession has taught me different things at different stages. In the very early years, it gave me a sense of exuberance on realising that I had learnt a technique of healing which was a panacea! Homoeopathy as a science can often give the enthusiastic novice a feeling that he can change the world, whilst the more experienced practitioner realises that what he knows is not enough and accepts his limitations. Nevertheless, over years of serious thinking, the knowledge and experience get consolidated.

Now there is a clearer understanding. It is now possible to judge the prognosis of most medical conditions. It can now be stated emphatically that allergies are curable and so are most of the acute infections. Homoeopathy can cure many of the psychosomatic diseases such as migraine, eczema, early cases of rheumatoid arthritis, ulcerative colitis, etc., but in cases of psoriatic arthritis or schizophrenia, the capacity to cure is limited. Homoeopathy is an excellent healing faculty and it has a terrific potential, provided we apply it for the right condition at the right time, in a right manner.

How do you view the future of homoeopathy as a medical system in the years to come?

I have always felt that homoeopathy has been underrated as a medical system. I am terribly upset with the idea that we often restrict the application of homoeopathy to the treatment of certain non-treatable conditions as the 'last chance' therapy. I think homoeopathy should not be used as a last resort, and we should not be happy treating only some hopeless cases of neurotics, depres-

sions, terminal cancers and the like. We should not be unknowingly working just as a counselors.

My vision of the future homoeopathy is that of a mainstream medicine. And why not? Homoeopathy, beyond doubts, can tackle most kinds of infections including some rare infections resistant to the latest antibiotics. Homoeopathy cures viral infections for which modern medicine has been struggling for years. The simplest example is of warts. Homoeopathy is capable of handling acute as well as deep-seated chronic diseases. There is a hope for autoimmune diseases, for collagen diseases. This shows the strength and capacity of our system.

Homoeopathy, as I hope to see in future, will have a revolutionary face-lift. Homoeopathic medicines should be better understood and evaluated, in the modern light of immunology and nuclear physics. There will be a major breakthrough in this area, one day, I am sure. You will then find homoeopathy enjoying its deserving position.

I must admit at this point that, to achieve the desired status for homoeopathy, a lot depends on all of us. I mean, we homoeopaths.

What is your opinion about the new teaching techniques and methods of case analysis?

Well, I can only say that any prescribing technique or method used to analyse the case should be logical and based on a scientific understanding. I am of the opinion that if our science has to become universally acceptable, we should have sound, logical and simple methods of analysis as far as the prescribing is concerned.

Rajesh, can you elaborate more on this? I have read in your editorials that you are against certain case analysis techniques, which you find illogical and inexplicable...

Basically, the way I view this issue is that there are two major processes involved in the homoeopathic prescription, where one has to be careful. One, the case analysis; two, the remedy understanding. What has happened lately is that under the pretext of refreshing thoughts, some new case analysis methods have been introduced which are far from being scientific. For instance, the case analysis based on the theme of dreams and delusions. I stress that it is important to consider the repeatedly-seen dreams of the patients, in the prescribing totality. But, it is ridiculous to make speculative interpretations of the dreams and delusions, and base

the prescription on such a fantasy. This is unscientific. When it comes to interpretation, it tends to become quite subjective and personal. For instance, every prescriber can offer a different analysis to every dream theme, therefore leading eventually to a wide range of remedy suggestions. This could certainly be harmful.

Secondly, the remedy understanding. Hahnemann, Boenninghausen, Kent and other masters understood remedies more or less in black and white. But somehow, the new trends of incorporating the study of the materia medica with mythology, symbolism, dream-proving, story-telling and so on, have introduced a lot of unproven data, which I am afraid, will take homoeopathy far from universal acceptance.

How exactly is it that you think that a dream- or delusion-based homoeopathic prescription could be harmful?

My counter question to you is, how do you justify the scientificity of such an approach in this era? I have heard the stories that one prover is administered a remedy and another person sits in the next room to 'receive' the effect of that remedy, with intent to 'prove' it! I read a report in an American journal of a teacher administering a remedy to a patient. The teacher then declares that not only the patient who was administered the remedy would get cured, but all others in the neighborhood who required the same remedy, but not being administered the remedy, would also get cured! Isn't it outrageous? How can the homoeopaths tolerate this kind of teaching? If we go to the WHO or Prince Charles with this kind of development in homoeopathy, they would surely withdraw all their support.

I strongly feel that the time is changing. There is a lot more awareness, and homoeopaths can not be fooled any more with such fantasies and theorising. Homoeopathy, for me is a scientific system and not a spiritual form of healing.

How can there be speculative materia medica? Can you us give some examples?

Speculative materia medica is one where the entire understanding of a remedy is imaginary and not supported by the drug proving. A well-known example, is of *Aurum metallicum*. In brief, as against common belief, *Aurum metallicum* is neither industrious, nor conscientious. He isn't responsible or dictatorial and isn't ameliorated by music! *Aurum* is not religious and does not have

any great sense of duty. The commonly held image of *Aurum* has originated from fantasy land! Similarly, we have have a lot of such baseless symptoms existing in the materia medica. I am strictly against it.

What could be the origin of these speculative theories according to you?

It is difficult to say. I think, some of these ideas are the stretched out versions of grand generalisation, which give one a free way to sky high imagination. Although, I am sure, Boenninghausen must not have ever imagined that his concept of grand generalisation will one day get such a fantastic transformation! Boenninghausen wanted to say that certain modalities may be generalised to have broader application of the materia medica. Boger stretched it little further, Phatak and others supported it in the sixties. Probably, those in search of new methods to teach old ideas and for the entertainment of the delegates at seminars with these so-called novel methods did the extreme distortion.

But, don't you think such analysis and the teaching is thought-provoking and interesting? Do you think it helps the student understand remedies better?

Yes, I agree that it is interesting to hear such theories and stories. But are we interested in just getting entertained or in producing consistent results in practice? Do we want to make homoeopathy merely interesting to study or have an effective practice? More and more experienced practitioners are getting conscious over this issue and are have started showing a long-term concern. It may be perhaps very entertaining to hear the cases where the prescriptions are derived from some vague symptoms . . . I have heard of a case in which dreams seen by the mother during pregnancy are used to prescribe a remedy for a 10-year-old boy. One of the theories I heard lately was about a case where the prescription was based on the past life of the patient! . . . It is interesting, no doubt, but it is funny and utter nonsense. Where is the limit? Where is the rationale?

An analogy will not be out of place if I say that, when an allopath successfully treats cases of pneumonitis with standard antibiotics, he makes no dramatic theories, he just does his job. It is more important for us to repeatedly succeed and produce predictable results.

What about the doctrine of signatures?

The doctrine of signatures is good to gather the initial information about the remedy. But, you do not need to work hard to find a relation with every feature of the original source and make a connection with the remedy. One could say that *Graphites* is an inert substance and correspondingly the remedy is dull and docile. But the same rule does not apply for *Lycopodium* which is also an inert substance and similarly for *Ferrum*. If we had to make such connections, we would have an interesting materia medica where a banana remedy should be a great aphrodisiac and so on! This is not homoeopathy.

I do not believe in such speculative theorising. Hahnemann was wise enough to guard against his own proposed theory of the doctrine of signatures.

Let me ask you a frequently asked question, what does classical homoeopathy mean to you?

It is simple. Classical homoeopathy, for me, is nothing but practice based on the fundamental principles laid down by Hahnemann. A case has to be well taken, thoughtfully analysed, thoroughly evaluated. The prescribing totality should cover the mentals, the generals, the particulars. It should also reflect the pathology, the miasmatic predisposition.

The totality should reflect the patient as an individual. The selection of a single remedy, correct potency selection based on the susceptibility and other criteria, along with a long-term plan for the case, are all integral components of classical homoeopathy.

Another similar question is about the constitutional remedy. What is it, according to you, and does the constitutional remedy remain the same life-long?

I think, there should be no controversy about it. The constitutional remedy is one which the constitution calls for at any given phase in life. It can not change frequently, but it can not remain the same life-long. It should not.

One can compare the constitutional remedy to an overcoat. The measurement of the coat would change very slowly from birth to the age of, say, 18 years, after which its height remains more or less the same but the width might change, say every 5-10 years. Its consistency, the thickness, and the material might require some change depending on the weather. If it snows, one might need to

wear gloves and a scarf. This is just an analogy.

The constitutional remedy essentially covers the totality of the case. The constitutional remedy cannot be determined on the basis of some vague speculative theme. Our body system or constitution is very intricate and we understand it little. I do not think that we can fit it in a box of a single constitutional remedy forever.

How often do you change remedies in your practice? Whenever you do change the remedy, does it not mess up the action of the previous remedy, especially in cases with an acute flare-up during chronic treatment?

While treating the deep-seated, chronic disease, once the remedy is well-selected and administered, it does not require a change for a long time. The higher potency may be required at a later date.

The change of remedy is required in three main incidences: One, if the remedy does not produce any effect, even after administering a higher potency, the remedy is not indicated and needs to be changed. Two, the first remedy has done its job using one or more potencies, leading to a change of symptoms and calling for another remedy. Third, if the patient is confronted with an acute ailment during the treatment of a chronic disease, he would require the indicated remedy to combat the acute disturbance.

Whilst treating the acute disease, one may be required to change the remedy frequently. This is because of the pace of the disease, the symptoms change and hence the remedy. For instance, the treatment of pneumonitis may require *Arsenicum* in the early phase and then may later call for *Phosphorus*.

There should be a reason for every change of remedy. At the same time, one should not rigidly stick to the same remedy when it's no longer indicated. An indicated change of remedy cannot mess up the case. Needless to say that no two remedies are ever indicated at the same time.

How much importance do you give to the miasms? Do you regularly 'un-block' cases?

Miasms are quite important. They give you an idea about the depth of the illness, they give an indication about the nature of the remedy required. It helps you distinguish from superficial remedy to a more appropriate deep acting remedy. For example, if you are confronted with a case of lung cancer and the patient has the typical

fears of *Aconite*. If you give *Aconite*, it may help but superficially. There is nothing wrong with it, but you should be aware that the patient will later need a deeper-acting remedy, maybe *Calcarea* or *Thuja*

It was Hahnemann, as you know, who on witnessing frequent relapses after initial improvement with indicated remedies such as *Belladonna, Pulsatilla* and *Hepar sulphuricum*, came to the conclusion that many of his cases required a deeper 'miasmatic' remedy for more lasting recovery.

I do not use nosodes to routinely unblock cases. But I have observed that they are often indicated in many chronic diseases. In many cases, a dose of the corresponding nosode, administered at some time during the course of treatment, is part of the constitutional prescribing strategy. Although, there are plenty of cases which do not require a nosode throughout the course of treatment.

However, the nosodes can be successfully prescribed as individual remedies. For instance, we have numerous cases of *Tuberculinum, Carcinosin, Thyroidinum* and so forth.

Do you use organ remedies, mother tinctures, or biochemic remedies in your practice?

I have no experience with organ remedies and mother tinctures. I feel it is a crude form of homoeopathy. I may be wrong . . . I do not use biochemic remedies.

Do you usually go up through the scale of potencies or repeat the same?

Once the remedy has been selected, I usually start with a dose of 200C potency. Many cases may need a repetition at the end of four to eight weeks. Some may need a higher potency after 2-3 months and even higher on a later date.

All cases are different; some may require just one dose of 200C and absolutely nothing for over a year. Some may need a dose every month for about 4-5 months and then a higher potency or change to a connecting remedy. Some cases may require a repetition of remedy, say twice a day every day for as long as six months! It all depends on the case. There are rules for every step in classical prescribing. One just can not haphazardly act as per the whims. There should be a logic in every action. The posology is a methodical science.

Could you tell us in brief about your approach to case analysis on what you call 'hard-core prescribing'?

Well, hard-core prescribing, to put it in simple words, is nothing but the prescription based on the solid, logical, non-speculative and non-controversial totality of the case. It should involve a sound method of analysis whereby most prescribers could come to a similar remedy prescription and the plan of treatment.

Homoeopathy, as we know, is an art. But, we should not forget that the art is founded on scientific principles. It is not an abstract art. In my opinion the homoeopathic principles and their application should not be based on vague ideas but rather on hard-core logic and facts.

Do you think that there could be a method in homoeopathy where all the prescribers could come to a single remedy? Is is really possible?!

I think we must have a method whereby, if not all, most prescribers could come to a similar conclusion after the case analysis. I understand that it is difficult, but I am sure it is not impossible. What is more important is that it is necessary to have some kind of standardization in case taking, case analysis and the planning, without which our science cannot advance.

What happens in our field is that you attend a seminar with the same teacher on the fourth occasion but could not solve a single case during the fourth teaching encounter!

I am aware that the homoeopathy is quite individualistic. However, I do not believe in escaping from the reality that many of our methods fairly are un-standardized. This, I think, is mainly because we tend to prescribe largely on the variable data. We need standardization which, in my opinion, is possible with hard-core prescribing.

Do you propose some specific method when you talk about such hard-core prescribing?

I think whichever method you choose to analyse your cases, should have sound logic and a hard-core totality. You may choose to go Kentian or may prescribe on the essence or using the key-notes, or a combination of approaches, as the case may demand.

You are often talking and teaching about the concept of Facets? What is it exactly and is it not a new theorising?!

The concept of Facets I talk about is something based on logic. It is simply based on the drug proving. I assure you that it is no new toy for theorising!

What exactly do mean by the 'Facets of the remedy'?

I believe that every remedy has multiple facets. It depends on what we see in a patient at given time and how we compare that with the remedy. I believe that it is possible to use every polychrest more widely. We cannot restrict the applicability of our remedies to any single idea, for instance, *Pulsatilla* for timidity or *Lycopodium* for cowardice. Cowardice or timidity are nothing but some prominent facets of the said remedies. The facets are like a symptom-syndrome, like a group of interrelated symptoms in a remedy and proven together, in the same prover.

The concept of facets widens the application of our materia medica. We have so many *Pulsatilla* cases which are not mild or yielding but rough and rash.

How do you decide or recognise the facets of remedies?

Strictly from the drug proving. I do not believe in any source other than the drug proving as far as basic remedy appreciation is concerned.

What about the clinical provings, i.e., symptoms cured after giving a remedy which does theoretically cover those symptoms...

No! I do not believe in adding those symptoms to my repertory which are cured after administering the remedy. This is simply because, I expect the remedy to do a lot more than what it has been known to prove in the drug proving. And, whatever it can remove as a *simillimum* cannot be presumed to be the same as what it can produce as a symptom.

Can you further explain 'the facets' with some example?

Yes. As I told you, my understanding of the facets of any remedy comes from the drug proving. The interesting thing is that I try to see what kind of emotions have been produced together in the same prover.

For example, you know that sadness is produced in over 400

drugs. Similarly, cowardice is produced in the drug provings of 80. If you have a patient who has these two prominent two features, *i.e.*, sadness and cowardice, what will you do? You will probably repertorise to see which are the common drugs producing these symptoms. I will look at it in a slightly different manner. My search will be for a remedy which has the capability to produce cowardice and sadness, at the same time, in the same prover...

Is there any remedy like that...?

Yes, there is. It is *Sulphur*. *Sulphur* is probably the only remedy in the entire materia medica which has produced these two important mental attributes in the same prover. This is the facet of *Sulphur*. Likewise *Sulphur* has some other facets. Most remedies can be studied this way...

Sounds interesting. How do you get this idea at the first place to study the facets?

Frankly, I can not recall how it happened. It was around nine years ago when it occurred to me, that it is important to see which symptoms were being produced together in the drug proving. Constant study of the drug proving and the repertory allowed me to identify this unique concept which I have thereafter repeatedly applied to check if it works. On applying it on numerous cases, I could see its application as well as the limitations . . . Many medicines have been studied and evaluated with this idea and it has helped me tremendously in my practice.

Is it only the combination of the mentals and the emotions that you look for, or the physicals as well?

It is not only the mentals. When you look into the source books with the idea of such group of symptoms, you will find amazing things. There was a case of hemorrhoids who has an irritable temperament. Even after a long study there was no clarity. You have cases where you have a long history written before you, but it does not click! In this case, we tried to search for possible combinations. It was interesting to find that *Nux vomica* has proved irritability in the prover where it also proved hemorrhoids. And we could see *Nux vomica* covered the totality and could cure it.

With the facet idea, many less-important symptoms also become valuable guidelines for prescribing, we have consistently observed.

Why do you think a combination of symptoms in the same prover is more important than a compilation of symptoms in more provers?

Well, when you study the source books and the repertory, you find a huge mass of data, enough to get lost in. Just imagine, 3000-plus symptoms of *Sulphur*, over 1100 symptoms of *Carbo vegetabilis*!

In practice, for a case with seven symptoms: Instead of considering remedies, that have produced the seven in separate provers, it's more logical to consider the one remedy that has produced three of the interrelated symptoms, if not all seven at the same time in the same prover. For example, a remedy capable of producing mortification at the mind level, neuralgic pain in the lower limb, and a wartlike growth on the skin in a single prover is more important than the remedy which produces mortification in one prover, warts in another, and the neuralgic pain in the third.

Which is the remedy...and did you have a case . . . ?

Yes, a couple of cases. It was *Staphysagria*...

Does this concept of facets, always work in practice?!

One should not hesitate to doubt any new ideas. In fact, one must! I too was skeptical about its efficacy in the beginning. But now, I can say confidently that it aids greater understanding of the remedies and in selecting the prescription. There are some rules and criteria that one must follow. This concept facilitates case-analysis and case-individualisation, whenever applicable.

You have introduced another approach to case analysis, which you call 'The Phenomenological Approach .' Can you give some brief idea . . . ?

The Phenomenological approach *per se* is not new, but its application in homoeopathy is original. The Phenomenon idea is an extension of the Facet concept. It is the consecutive event of symptoms in a patient, being compared with the drug proving. The drug proving is not just the conglomeration of dissociated symptoms. If you closely examine, there are so many symptoms occurring in a chain form. For instance, the *Lycopodium* proving has sadness leading to anxiety, which eventually leads to irritability. Very basic symptoms, but very important because they follow each other in a definite sequence. This is what I understand by phenomenon.

The study of phenomena reveals the individual's characteris-

tics enabling us to perceive the true portrait of patient's personality. The Phenomenon, I have observed, reflects the intricate nature of the inner man in a decipherable manner. This is important.

Our drug proving sources are full of such phenomena and it is extremely interesting to study them and apply in practice. It has opened up new avenues for me in practice. I think this concept can best be illustrated with the help of cases.

How do you perceive such phenomena in the patients and in the remedies?

Whilst taking a case, you have to find how the patient behaves on experiencing a strong emotion. Many times patients tell us quite spontaneously.

To identify the phenomenon in the *materia medica*, as I told you, you have to go back to the drug proving and the repertory. You will be amazed to find that our repertories have such phenomena listed almost on every page!

What is your experience with the newly proved drugs and new drug proving?

I am somewhat conservative with regards new provings. Although, it would be good idea to have new entries in our materia medica. In my opinion, we have enough remedies, over 3000 already! I prefer to handle my cases with a couple of hundred remedies, which have a well described proving and well-proved efficacy. I am unhappy about learning, teaching, and proving new remedies which can not be made available in the pharmacy for the use of the homoeopathic community at large. My proposal is to re-prove some of the century-old polychrests in the modern light. Sometimes, I wonder, are we using the same *Tuberculinum* which was proved in 1878, and is the source of that *Tuberculinum* the same as one made today?

Can you share with us some of your successful cases . . . ?

I would rather talk about the failures in practice, of which there are plenty! The nature of homoeopathy, gives every homoeopath, irrespective of background, his share of failures. And, at times, one has terrible failures. You prescribe a remedy for acute hyperpyrexia or a small patch of vitiligo, and nothing happens.

I tell you that every failure in practice is an opportunity for introspection, offering an opening to learn, to find out where you went wrong. I call failures ego-breakers: They keep you on your toes. As there is a system of having a death-conference in hospital practice, we homoeopaths should have a kind of failure conference!

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