

THERE IS NO TWO

AN INTERVIEW WITH [DR. RAJAN SANKARAN](#)

By [NEIL TESSLER ND, DHANP](#)

Reprinted from the Winter 2003 edition of [Simillimum](#),
the Journal of the [Homeopathic Academy of
Naturopathic Physicians](#)

We're talking in Rajan's room in San Francisco, during his October seminar. On the table in front of the TV is a Three Stooges movie, as blatant a fingerprint as any. Rajan's easy manner and terrific sense of humor balances his relentless concentration on all phases of homeopathy, philosophical and practical. He does not look to the right or left, except to absorb the information offered by others. He seems to give little mind to his critics, except to give honest consideration to useful criticisms that reach his ear. He spoke of another homeopath that had written an extensive critical essay saying, "He accurately wrote about where I may have made mistakes, but he did not say anything about what he found good in it."

He sits cross-legged on his chair, gazing into space as he talks. His glasses are off, revealing a distinctly oriental cast to his eyes and creating a sage-like impression.

In his seminars, sage-like, he says:

"There are two vital qualities of a homeopath, you must be stupid and you must be lazy.

If you want to discover nonsense, you cannot use intelligence. Otherwise, you only see what appears to your intelligence.

You have to be utterly and completely stupid, then you can see what is.

It's not your mathematical summation.

My only regret is that I am not more stupid than I am.

You as a homeopath have to do nothing, you have to make absolutely no effort.

"Tell me a bit more." Minimum effort.

Sit down; be completely stupid, completely lazy.

Try to be clever, try to go ahead of the patient and you spoil everything."

Several times in this seminar you have used the phrase "the renaissance of homeopathy". How do you see this 'renaissance'?

I think there was a kind of plateau or a stationary phase of homeopathy for many, many years. Not much seemed to be happening in terms of development. Some people were following repertory, some *Materia Medica* and so forth. Then about twenty or twenty-five years ago, something seemed to be starting around the same time in different parts of the world; people who started thinking ahead. Some movement happened in this relatively still situation in some parts of Europe, North and South America and in India. [George Vithoukas](#) was one of the initiators of this movement, and there were others in other parts of the world who did the same, almost synchronously.

In South America there was [Candegabe](#), [Paschero](#), [Ortega](#), Masi and maybe others as well that I still don't know about. They started speaking a slightly different language. A progression. Ortega spoke about the miasms. Masi spoke about what he termed the "Primary Psora", Candegabe spoke about "minimum syndrome of maximum value" and Vithoukas gave his 'essences'. In India, [Phatak](#) gave his *Materia Medica* and [Dhawale](#) worked on the psychological aspects of various remedies.

In a sense, what each of them was going towards was to look beyond symptoms into something deeper, into a deeper understanding of patients and remedies. They were beginning to see that symptoms of a patient or a remedy were not a random conglomeration, but were a patterned expression of a deeper, core disturbance. That pushed case taking and understanding of remedies to another level. In a way, what all these different homeopaths were independently doing was so similar. Their work inspired a whole generation of homeopaths to which I belong and set a pace for future development in the same direction, namely to go deeper.

This was also a time when the schools started coming up, teaching started happening and seminars commenced. Then there began a lot of movement. People were beginning to see the limitations of modern medicine, realizing the value of a holistic approach and homeopathy was getting popular. So homeopathy had to develop to meet this expectation - it was the time for it.

Then there was a second generation of homeopaths, again, almost synchronously all over the world. I cannot name all of them, but I can mention Juergen Becker from Frieburg, [Jeremy Sherr](#), [Jan Scholten](#), Sehgal from India, [Joseph Reeves](#) from Israel and [Massimo](#) from Italy. Again, though each of them was working on their own, when we compare the works of these people, we can see a similarity of intention. In their own way each of them went even a step deeper to the source of the substances that we use. It seems like the earlier generation wanted to reach the core of the human and the next generation wanted to reach the core of the substances themselves.

Jan Scholten's work in understanding the minerals, Jeremy Sherr's work with the provings, Jurgen Becker's work with fairy tales and mythology, Sehgal's approach of going deep into the mind symptoms alone to find what he termed the "kingpin symptom" etc., are some examples. So there was always the attempt to go to the center somehow, deeper and deeper and deeper - each working in their own way. I find this phenomenon very, very interesting.

This development grew exponentially. Some took it to America and elsewhere, like [Nancy](#) and [Roger](#), [Jayesh Shah](#), [Misha Norland](#), [Anne Schadde](#), [Alize Timmerman](#), Divya Chhabra and so many others. Each contributed to this development.

Keeping pace with these developments was the development of homeopathic software. Starting as simple software versions of Kent's Repertory, they have now developed into *Materia Medica* and reference software with several search functions. More importantly they now incorporate the study of remedies by families and also the understanding of the source.

The idea of going to the deepest level and to the [kingdoms](#) is now increasingly accepted and practiced. I think this is changing the way we practice homeopathy and is not stopping; it is just going on from there and this what I call 'the renaissance'.

Perhaps you could describe the root of your own journey.

I started with the [repertory](#) - I knew this pretty well, I was working with this for a long time. Also with the [Materia Medica](#) because that is the most fundamental thing and I still think that everybody should have this

fundamental basis because it's solid, but to remain limited to the solid; it limits you too. You don't make your house your prison - and especially when you're not getting the kind of results you want consistently. Then you want to seek some method, some philosophy that has consistency.

We started studying cases of success and failure and found that only remedies that were based on mentals and generals had a very high chance of success as compared to those only based on local symptoms. Trying to understand this, we realized that disease was a holistic disturbance, initially manifested in the mind and generals.

We studied the mind and found that the mind state is not merely a set of unconnected attributes like jealousy, grief, etc., but is an adaptation to a certain perceived situation. This led to the idea that the mind state is a reaction to a delusion. Giving emphasis to the delusion in a given case vastly increased the success rate. I then worked on classification of delusions into types of adaptive behaviors based on the type of situation perceived. This I equated to miasms.

Then I came to the idea that patterns of a particular kingdom, like mineral, animal or plant would show some differences. This led to the [kingdom classification](#). Later, to classify further, I studied and found patterns in the periodic table and in the animal kingdom.

When studying plant families, to come to a common theme in each one, I came to understand that there are levels deeper than delusion, namely *sensation* and *energy*. This understanding revolutionized the way I look at cases and remedies. As a result, homeopathy has taken on an entirely new meaning for me.

This has been my path so far and I can for sure say that I don't have the success that I would desire - far from it - but when I look back ten years, fifteen years or even four or five years, I'm really content with the rise in the success. I know that I do solve cases today with remedies that I couldn't imagine giving three or four years ago. I know that no other remedy would have produced that kind of result in that case, from what I can see today. So in this way I am content, though, because of the large number of failures, I am discontent and that keeps me wanting to look further.

Earlier today you compared your miasm schema to cities on a map. There may be many towns in between, but the cities get you to the general vicinity. One often hears in conversation, "Well I believe there is this miasm or that miasm also."

These ten miasms work for me; therefore I don't see the need for more than this at the moment. There were not too many cases that didn't come into one of these and I think to enlarge it more would reduce its practical utility, as it would become cumbersome to operate. The differences would be too minor not to be confusing. The idea of saying that miasms are cities on a map or shall we say states of the union on a map, is that you could have a case or a remedy somewhere on the border between two miasms, but you can't think of a person having two miasms which are separated by a distance.

You said no pathology is classified as a miasm.

We treat not pathology but "states of being". In our homeopathic understanding, pathology is only an expression of the state within that needs to be treated. So we are focused completely on what is the state. It is the state that gets classified into miasms and kingdoms. If we treat the state then the pathology should go automatically. So our understanding of disease is not the pathology but the state. The pathology doesn't figure at all in miasm classification.

What is "the state"?

The state is the state of the being within, the turmoil within - which is expressed in his mind, in his body and in each and every expression of the patient. You may be having the pathology of cancer, but you could be sycotic in your state. The way you perceive reality might be completely sycotic. If you feel fixed or stuck in a situation and you need to cover up for that, your pathology could be anything and you would still need a sycotic remedy.

How do you see the role of the repertory at this stage in your work?

Repertory is very important in my present work to classify the kingdoms and sub-kingdoms and to find the common symptoms of a particular family or a subclass of animals. So I use a software program to tell me what are the common symptoms of this family and

what are those symptoms in which this family is most prominent as compared to others. In this way the repertory is of immense value.

The second, of course, is if the patient gives a very peculiar symptom, very strange, very characteristic, especially physical, then I would go to the repertory and have a look. However, I never did use the repertory for a numerical or mechanical repertorization of symptoms. You miss the case when you study a case numerically. You have fragmented the case, fragmented the symptoms of the *Materia Medica* into an unrecognizable entity and then you put it in and get, say, five different remedies that have completely different types of disturbances. The symptoms do not bring out what is inside. It would be very confusing for me to just put in symptoms and see what comes out.

Could you speak about the evolution of your case taking?

Case taking has changed completely. Earlier, I would ask more about minds and dreams than about the complaint that the patient came with. Now I see that the complaint that the patient comes with is the best entry point and the best representative of his inner turmoil. So I follow this through various levels. First he tells the diagnostic terminology, then he tells the actual symptoms, or the facts, and from that many times he goes on to his emotional feelings, and then into his imagination or imagery and finally into the sensation which you find is the same locally or generally.

Here I think I really understand the spirit of [Boenninghausen](#) who said that there is no local symptom at all, everything is general. The symptom that is found locally, expressed vividly, expressed with energy, expressed with gestures of the hands, is not local anymore. You find that that which is expressed locally, the sensation, will be the ruling sensation of the whole case, through his emotions, through his delusions, through his dreams, through his interests and hobbies, through his relationships, through his fears. When you go to the depth of all, you come to the very same sensation.

The very same pattern pervades the entire story of the person from his childhood until now and then you know you are absolutely on the center point because everything leads over there. If at that level you can find a remedy, the chance of success is very, very high. This

is the way I do case taking now, just follow the patient from the chief complaint right down to his deepest level, which is sensation and energy. At that level the patient comes very close to the source of the remedy he needs and uses terminology that is not specific to humans. He then clearly shows what his central issue is and from this we can see which kingdom or subkingdom he belongs to and then we can go on to find the remedy. This works very well.

How do you shepherd the patient?

I just persist until he takes me to the next level and if he's completely blocked I use some bypasses. For example, one of the bypasses is to work with a feeling that is denied. Let us say you are attempting to move from the level of fact to the level of emotions. If I say "What do you feel about a headache?" and he says "I don't feel anything", I ask him "What is that you don't feel?" Then he says, "I don't feel disturbed". So I say "Tell me about 'disturbed'?" and from then on you have the case again.

The idea is whatever you don't feel is also what you feel. Whatever you deny is also what you are. Whatever you express in any context is what you are. If you don't get it directly, you can get from some other context and it works just as well. So these are some bypasses. You can use dreams, fears, childhood, anything. These are some of the bypasses.

Could you discuss the approach to studying *Materia Medica*?

I think that you must have the fundamental knowledge of the symptoms of the [*Materia Medica*](#) . This is the basic foundation and there is no substitute for this. So you know the symptoms of the remedy. You know *Bryonia* is worse from motion, it is thirsty, it's a white tongue, its got homesickness, craving for warm things, etc. You must know this quite well. You have a good grasp of the main symptoms. That is very important. Once this is done, the second this is done, the next thing is study remedies as [families](#) . What are the *Violales*, *Umbiliferae*, *Solanacea* and so forth. So this is the study of remedies as part of a group, not only as individuals. The same thing applies for minerals and animals.

If these two things are studied together this would be the best. The problem can sometimes come when you

only want only one side and not the other; then you are limited. So you only want the symptoms, you don't want to know anything about the group from which it comes. Then you are limited. For example, if it is a case of snake, you can take loquacity and so forth, and you repertorize, then surely you will not come to a remedy like *Crotalus* or *Naja* because it doesn't have these symptoms in the book. You will miss it. But if you know these are the group symptoms of the snake and you know what is the special thing with *Naja*, either as a symptom or as a survival strategy in nature, then this would be much better. Then your knowledge is complete, not only from the book but from the source as well. I think these are the two sides that you need to be strong about.

What about the issue of signatures?

This means different things to different people. If by signatures you mean that if a person looks like a pig, give him pig's milk, or he makes a little curving movement like this, we should give a snake or if he wears yellow clothes so give *Chelidonium*. This is completely superficial and with this I don't agree.

However, remedies are the spirit of the source from which they come. The idea is, that if we go to the deepest core of the patient's being, we find that spirit that comes from nature. At a very deep level you can maybe see a connection. If you apply it superficially it is a disaster. The turmoil that we call "disease" is a language of nature that expresses the very spirit of the substance that is needed. So when we study the remedies we will see many aspects that relate to the nature of the substance and when we study the person at a deep level we will see this also, sometimes with remarkable exactness.

What do you think of the idea of layers?

It is my experience that if you find the remedy that is really at the deepest level, they will do very well on it for many years. Usually at the end of that time they are so healthy they don't need any other remedy. Otherwise, you will just get a partial effect, but you have not really got it. As [Hahnemann](#) said, you are zigzagging towards cure and I can't do that very often, it makes me dizzy!

Improvement will also go by levels. First the symptoms improve, then the feeling (emotion), then the delusions,

then the sensation. That process takes two or three years in a chronic case. The deeper the miasm, the more time it takes.

I don't subscribe to the layer concept at all. If there are five different expressions in a given moment, the whole thing is the expression of one, there is no two.

If the remedy has to change, the whole should have changed. That new remedy has to cover each and every expression of that moment. The totality of symptoms, the complete expression of the disease in the moment, is an expression of one disturbance.

You check the main areas that are important to the case, whether it is the things they love or hate, childhood, etc. If it doesn't come to the same place, something is seriously missing. Establish it so firmly. Be extremely circumspect and questioning of your own conclusions.

If you go the depth of the person, you see the main switch, which in one flick makes all the individual bulbs light up.

Let's discuss the development of knowledge in homeopathy.

Everybody in any field of human knowledge is motivated by the endeavor to find something deeper, to become aware, not only what is outside, but also what is inside, deeper and deeper and deeper. If it is a movie and it is a good moviemaker, his job is not only to portray the fact, or the feeling, but also to go inside and show what it is that is the inner energy pattern that is expressing itself through it. Really good movies have a quality that goes beyond space and time because that energy pattern is not only restricted to that situation and that person but it is something that pervades through space and time in the human consciousness. The attempt of the moviemaker is to reach that level and if he touches that level he has made a great movie that stands through time.

The same thing is true for an artist. When an artist makes a painting or a sculpture he freezes in time something that is timeless and beyond space. A scientist as well wants to discover, become aware of something deeper, something that goes beyond the external world into something that is universal. This is the whole endeavor of the human being. Whether it is

art or music or religion or literature; everything goes and progresses in this way. From strict discipline and rules, like religion has, art has, music has, from there you progress into something that is emotional and then to something that is just energy; what you can call modern art or deep music or spirituality.

The homeopath is the musician who wants to reach the deepest melody, the scientist who looks into the depth of the microscope, the archaeologist who wants to go to the deepest level of ancient artifacts. I don't see any difference between an artist, a musician and a scientist or an author of literature and a homeopath. They are all doing the same thing.

Different homeopaths are all doing the same thing as well. Some through [repertories](#), some through characteristics, some through imagery, some through the mind symptoms, some through [miasms](#), it doesn't matter. So I have the feeling that things are happening together in a synchronistic way, there is a movement forward in many areas of human endeavor. We can only observe the phenomenon and say that the time has come. It is happening and I don't think we should or can stop it.

The very contemporary distinctions of fundamentalist vs innovators seem immaterial in this light.

Honestly, I don't see much difference. I trust that the motives of all homeopaths are the same fundamentally. That is to come to a remedy that will heal the patient. So I respect the intention of all homeopaths, regardless of whatever group or school or method of homeopathy to which they subscribe. But I do feel that we are all little islands and that in our little islands we remain limited unless we are able to trust that the other one has the same intention as us. Then we can join hands and pool our knowledge so that we have something that is somewhat more than our little territory. It can never be complete because knowledge is too vast to ever be complete, but at least we are not totally limited by our little space. I think that if we do that, it has come in my experience that our successes can go up and our aim to find a remedy for our patient will be furthered.

I can say that I have learned from everybody that I have come across; whether it is somebody who is repertory oriented, or Kentian, or miasm based, etc. I think I can hear the same language in all of them. Apparently on the surface there are a lot of dissimilarities. It is like

when you are on a mountain there are many paths and it seems each one is leading to a separate place, but when you go on the top you see that every path converges there. While you have not reached the top you only see differences, when you reach the top you see no difference at all. The only difference is in the path, not in the destination.

I think also that each homeopath needs to choose one path in which he goes. He shouldn't confuse too much. He shouldn't say, "I go on this path. No, no this path. No, no this path." He will never reach the top. He will be flitting from one path to another, getting completely confused. There is a lot of this happening now days. He should choose one method resonating with him.

There are people who cannot think in images. They may not like to choose the path with imagery. There are people who like to be very strict mathematically; maybe it suits them to go with the repertory better. Let that be their fundamental way of doing it. So each one will choose the path that suits him the best, but he can borrow from other paths from time to time. Once your foundation is strong, you can reach across and get something. But make your foundation pretty strong in what you are doing; in your method. Each one has to choose, it is completely homeopathic there as well, completely individualistic. I don't think one is right and the other is wrong.

You asked me about the controversy between so-called fundamentalists and innovators. This division between one and the other is the most basic problem of the human being. The human being in general is always split up between this and that. Am I this or am I that? Am I the God or am I the Devil? Am I good or am I bad? Am I selfish or am I selfless? Am I black or am I white? Am I West or am I East? Am I a man or am I a woman? Constantly in the human history there is always a division. But the truth is that above and beyond this division there is one. There is no two. You are this and that. You need to be both fundamentalist and innovator.

In the mind of every fundamentalist there is an innovator and in the mind of every innovator there is a fundamentalist. They are two essential parts of the human being. You need to have your house and you need to go out too. There is no point asking, "Are you going to be in your house or are you going to be out of your house?" No-ho-ho!! Doesn't happen! You need to

be in your house and you need to go out too. So I don't know if I am an innovator or a fundamentalist. I think I am both and I think all of us are both.

If we deny one part of us, then there is the division. I think I am both man and woman. I am both left brained and right brained. I am materialistic and spiritual, a scientist and an artist, a human and an animal, a child and an adult, selfish and selfless. I am both sides of every coin. In the same way, I think I am both innovator and fundamentalist. We should accept that both the sides are going to "be" and both are right. So it's not "you or me" it's "you and me" and it's "me and me" also. It's all within us. In my understanding of homeopathy, when you fight something outside of you, you actually fight something inside of you.