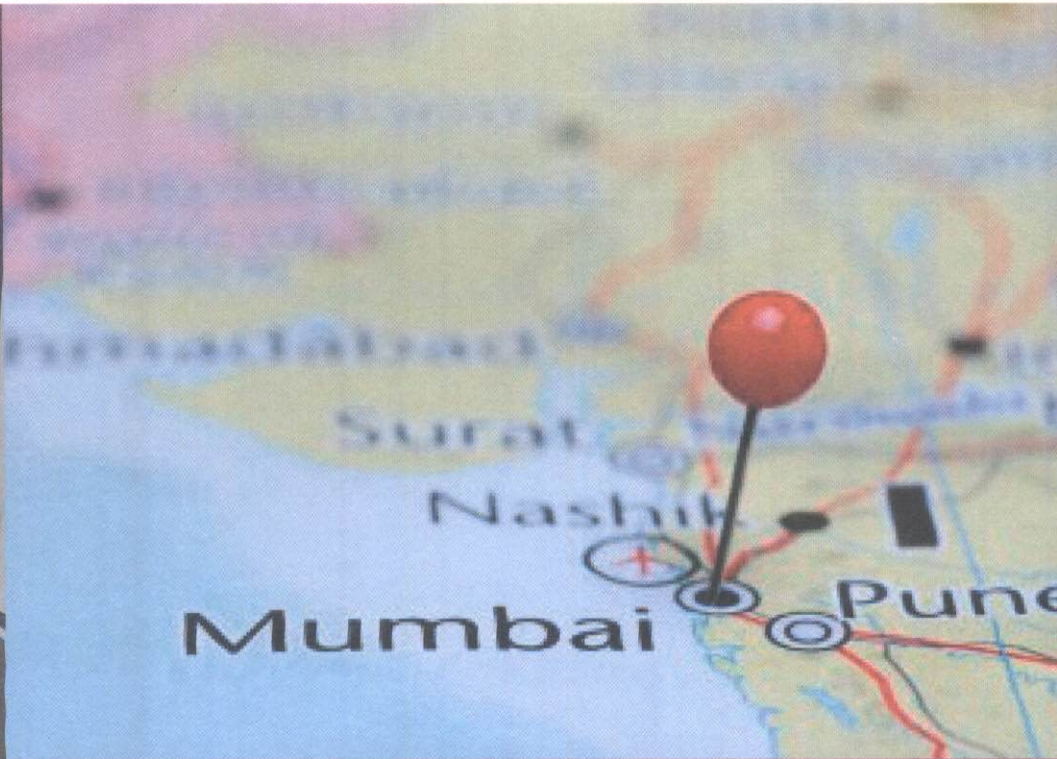




Darina with Dr. Gajanan Dhanipakir after a Friday afternoon lecture.



In this article, Darina Mosova explains her motivation behind a trip to India to study with Dr Rajan Sankaran at The Other Song in Mumbai and reflects on how working in India as a homeopath compares to working in the UK. Finding many of her expectations and assumptions challenged, and observing a range of diverse practice methods, she shares with us her observations and insights.

A JOURNEY OF DISCOVERY AT THE OTHER SONG, MUMBAI

“ His examination revealed that he had no fever, no pain anywhere, and that his only concrete feeling was an urgent desire to die. All that was needed was shrewd questioning... to conclude once again that the symptoms of love were the same as those of cholera. ”

Gabriel García Márquez, *Love in the Time of Cholera*

I worked for a few years in a homeopathic pharmacy in London, where I had the opportunity to help customers with acute complaints. I often struggled, however, with chronic cases seen outside the pharmacy context. Patients felt better in themselves for a period of time, but often the deeper issue remained unresolved and their complaints eventually would come back, at least partially.

Luckily, there were almost always things that could be done before referring a patient. I had the detox route, the intercurrent remedy, dietary supplements, to name a few. But why was it often not as straightforward as described in the classical literature and in most seminars? Was I just palliating? Was the problem that the population is heavily toxic and our

diets void of nutrients, causing a weakened vitality not responsive to homeopathic remedies, as I had heard many times from other colleagues? What was I missing?

In January 2016, I fell ill with a hormonal issue that would have required medical intervention. I wanted to treat it homeopathically. My own therapist was fully booked, so I started looking elsewhere. I already knew of Sankaran's school in Mumbai, The Other Song, International Academy of Advanced Homeopathy (TOS), so I made an appointment with one of their well-known consultants. He prescribed one single remedy, which I repeated once, followed by an LM. Six months later my problem was virtually gone and I was the same old me.

I felt rather satisfied. I wanted to see how homeopathy is taught and practised in India, what tools they use and how. Was it generally encouraged to treat patients using the classical methods, or were there more modern ways such as Synergy or even Sensation, which I found difficult to understand fully? Do they detox, or patiently remove layer after layer of suspected issues? Do they prescribe Narayanis? Just how differently or similarly do they practice compared to us in the UK?

I knew that homeopaths in India face similar healthcare challenges to their fellows at the turn of the century in Europe and the US. Whereas patients in Europe now go straight to Accident and Emergency with acute pain, bleeding or breathing problems, in India they often go to their



Above: Dr Dinesh Chauhan shares his experiences with students and lecturers, as we celebrate the end of our 6 month homeopathic journey.



Mumbai, the Gateway to India.



About the author

With a background in arts and languages, but from a strong medical family, Darina Mosova came to England to study English, and a year later homeopathy, in 2005. She worked at Ainsworths Pharmacy from 2008 to 2017, first as a dispenser/adviser and, from 2009, as a manager/adviser. For over five years she also worked at the Sunrise clinic, a charity which provides low cost homeopathic treatment in North London, on a part-time basis. In June 2017, she decided to enhance her clinical training by studying at The Other Song in India. She is now in the process of moving her life to Africa, where she will continue her work in homeopathy.

homeopaths. Physicians need to be ready for almost everything. Therefore, a sound clinical knowledge, together with a skilful use of homeopathic tools, is vital for every homeopathic practice.

I wanted to see more, so I took my savings and set sail for India, with TOS as my destination.

In Mumbai I was welcomed, along with two other international and 25 Indian homeopathic doctors, at the school reception. After the introductions and the welcome chai, we were thrown straight into the deep end of homeopathy in India.

I soon realised the first obstacle I had to overcome. I do not have a medical background myself, so I had to enhance my physiology and pathology knowledge if I was to keep up with the lectures. We had live cases with analysis every morning from Monday to Friday, usually two cases each morning. Three days a week they were taken by Dr Sankaran and the other two days by Dr Sujit Chatterjee, who commonly sees cancer patients.

These patients would have been seen by an assistant homeopath the day before, who would have taken the case in detail at Levels 2 (facts) and 3 (mental-emotional), as well as the patient's past history, in order to elicit

the peculiar and characteristic symptoms from the physical local and physical general in the case. This also provided an exercise for us in case taking and analysis at Levels 2 and 3. We would receive this information every day to study and have a remedy suggestion ready for the following day.

The next day, the patient would be seen by the senior homeopath, Dr Sankaran or Dr Chatterjee, who would enquire further at Levels 4 (delusion, dreams) and 5 (sensation), if appropriate, and find out about the patient's nature. They would also confirm any peculiar information found at lower levels. Back in the classroom, we would watch the case taking live. At the end, there would be a discussion, which gave us the chance to give and explain our remedy suggestion, as well as ask questions.

In the afternoons, we had lectures on different subjects from the very basics to the most complex theoretical insights. We had discussions on philosophy, materia medica, repertories, exercises on case analysis, case taking and even sometimes meditations. We had yoga once a week at lunch time for an hour.

After 5pm and all day on Saturdays, providing we had any energy left, ▶



Darina stands with her mentor group and mentor, Dr. Devang

we would sit at the clinic with our mentor, or other in-house consultant, and watch them take cases, discuss follow-ups, and sometimes even assist with case taking. The relationship was from colleague to colleague rather than teacher to student. The clinic itself receives dozens of patients daily with a success rate of 50-55%, where 15% have remarkable or excellent improvement and 40% are currently improving, at the time of writing¹.

Towards the end of the course, we witnessed live cases from other well-known senior homeopaths, including Dr Jayesh Shah and Dr Mahesh Gandhi. The latter sees psychiatric cases and the former uses meditative techniques. In one recorded session, we saw a case taken by Jayesh Shah, where a partially paralysed western woman, who had been brought in a wheel chair, started walking and even walked upstairs after the session. That was a WOW! moment, where even a conservative like myself had her set of beliefs shaken.

Each day at TOS was packed with learning and discussion. I could go as far as I wished in terms of learning, as the material is all there, live or recorded. The humanity of their personnel and mentors is humbling. I also went to the Homeopathic Medical College where Dr Sankaran and most TOS homeopaths graduated, which also has a hospital. The homeopaths there all use different methods and have different ways to reach the Simillimum, in order to promote a gentle and permanent cure. What they all had in common though was a consistent application of homeopathic philosophy with the use of the minimum dose and above all a genuine care for, and commitment to, their patients.

It would appear that the Indian homeopaths, like Gabriel Garcia Marquez, understand that profound healing in disease is connected to love and shrewd questioning.

“Physicians need to be ready for almost everything. Therefore, a sound clinical knowledge, together with a skilful use of homeopathic tools, is vital for every homeopathic practice.”

The teaching of British homeopaths is alive in India

Two of the finest physicians I met were Dr Sunirmal Sarkar from the Kolkata school and Dr Gajanan Dhanipkar in Maharashtra, who both make use of the old literature – Burnett principally. They combine it with modern medical knowledge of physiology and pathology to manage cases, which have not been treated effectively by conventional homeopathic approaches².

They see 70 to over 100 patients daily, including emergencies and serious pathological cases, so their working days are long and challenging, working at least six days a week. The results are quick and consistent. People come

A JOURNEY OF DISCOVERY

from all over to be treated by them. In Dr Sarkar's words, “I should mention that my experience and practice has been mainly and hugely influenced by Dr Burnett. I have read and memorised all of his material, and the results have been fruitful.”³ Other British masters that have influenced his clinical practice are Margaret Tyler, Margery Blackie and JH Clarke⁴.

In a Mumbai Practice

It is common for patients to have their practitioner's mobile number should they need for emergency or a quick text to say how they are doing. In acutes, typically the practitioner expects to receive updates of the condition every few hours, regardless of the day and the time.

Patients are not told what remedies they are given, unless they want to know. This is a widespread practice in India which prevents self-medicating by unnecessary repetition of the remedy. Homeopaths usually give Sac Lac to take daily. After the provision is finished, patients come back for a review.

Patients attend clinic with family members, who are asked to intervene when the patient is not forthcoming or to confirm information. Surprisingly often, a great deal of detail is given by their family members.

Doctors give advice on different matters, including how to deal with a jealous spouse, or how to preserve a love relationship. The consultation takes at times the shape of a conversation with more than a hint of counselling. Advice on practising yoga and meditation is also common.

Top Tips from my time at TOS

The characteristic and peculiar symptom is the greatest secret in homeopathy. Always aim to find that symptom in the highest possible level of experience. It can be a concomitant, a location, a modality, or a recurrent dream, for example. Study the remedy that comes up, along with the family of that remedy.

Your materia medica will have the last say. Use the classics: Boericke, Phatak, Allen's Keynotes, Hering's Guiding Symptoms, Choudhury's Study of MM, Kent's Lectures.

Use mental symptoms only if they are clear and sure, and keep away from judgment. We hear this all the time, but still make this mistake. This is because mind symptoms are far more interesting and easy to remember.

Read your repertory preface. You'll understand the structure better and find it easier to work through.

Repertories: use Boger Boenninghausen's Characteristics Repertory (BBCR) for acute and short cases where you have pathological and objective symptoms with clear modalities and concomitants, especially in fevers. Do not use BBCR when mind symptoms and physical generals are clear and prominent, or with a detailed case history. For that, use Complete Repertory, Murphy, Kent, and Barthel & Klunker's Synthetic Repertory. Use Phatak when you generalise the local symptoms in acute, obscure cases. Use Knerr for hospital cases when the clinical disease symptom is connected to a mind symptom. For example, Mind, anxiety with bronchitis; Stomach, aversion, meat to, in heart disease; Mind, absent minded in albuminuria.

Share your knowledge. When you share, you remember your own work better. ●

References

- 1 Dr Meghna Shah, personal communication. 3.05.18.
- 2 Dr Dhanipkar Gajanan, personal communication. 24.03.18.
- 3 Sarkar, S. (2015). *Just you see, broadening the homeopathic horizon.* (3rd ed.). Mumbai, India: Homeopathic Medical Publishers.
- 4 Dr Sunirmal Sarkar, personal communication. 12.11.17.