

Eight Step Method

60 Minutes To Finding The Right Remedy

Introduction

As the popularity of homeopathy grows globally, it is important that we retain the essence of the classical system as given to us by Samuel Hahnemann. Unfortunately, today, too many practitioners use 'shortcuts', either because they have not been exposed to the correct approach or because homeopaths, just like everyone else, are looking for a quick-fix!

Let us not fall prey to charlatans and stick to the straight and narrow, for that is the only way we can be true healers. It is the only way we can be honest to our patients and restore them to good health.

This does not mean case taking has to be a long-drawn, tedious and time-consuming process – not even the Eight-Step Method (at the core of which is the concept of Key Sensitivity discussed in Step 6), which I find unusually accurate and precise. Practitioners that use this method will find that case taking is reduced to less than 60 minutes.

The reason this method is so quick and accurate is the practitioner has a solid framework against which to weigh the information provided by the patient. The practitioner also knows exactly what he or she is looking for – the patient's Key Sensitivity.

In this document, I have outlined the Eight Steps we will be studying in detail. Note: These are not sequential steps. They are more like parameters the practitioner uses to constantly distil the information gleaned during case taking.

Playing Detective

What is the best way to truly understand your patient? What do you look for in the case? How do you know what is relevant and what is not? How long does it take to find relevant clues? What do you do with them? And where do practitioners falter and go wrong?

Case taking provides a detailed and thorough understanding of the patient. As you proceed, there is usually a rush of information. Sometimes, the details tumble out; at other times, they have to be coaxed out; and at still other times, something will suddenly leap out at you. And in that instant, you may even find the right remedy! I call this the 'Eureka moment'. But how do you weigh the relevance of these clues so that they are not swept away along with the chaff?

The secret to accurate prescribing is knowing what is relevant and useful and what is not. Thus, as case taking proceeds, the homeopath is constantly evaluating; making linkages and connections; correlating; corroborating; checking, cross-checking and re-checking information. In other words, as you take the patient's history, you're constantly joining the dots.

It is essentially a process where the practitioner is **constantly distilling information**, where the unnecessary and irrelevant are continuously set aside before you arrive 'pure' and accurate rubrics.

I use a three-in-one approach comprising **three broad parameters** to collate clues and find the all-important pattern they weave: Miasmatic Theory, Kingdom Theory and Key Sensitivity.

So, where do you start? Well, prescribing, by default, implies that you arrive at a set of rubrics. Many homeopaths, perhaps for want of adequate training, arrive at rubrics almost mathematically. They take into account the patient's mentals and physicals, add thermals and thirst to them, and then scour the Materia Medica for a possible match. This is simply not good enough! No, it doesn't add up. I call this the 'sin of oversimplification'. I cannot stress enough that the formulaic approach to arriving at rubrics, even against a Miasmatic matrix, usually fails to lead you to the similimum.

There are three reasons why my Eight-Step approach never fails. One, the beauty of this method is that it provides **multiple entry points** to every case and the practitioner is not dependent on the verbal aspect of case taking. So remember – and this is very important – the entry point to a case may be found anywhere between Step 1 and 8.

Second, this approach yields extremely **nuanced rubrics**, which are the result of constantly distilling the information provided by the patient during case taking. With so many checks and balances, there can be no room for error. It is water-tight.

The third reason this method is very effective is that it yields answers to the most **challenging cases** – cases where the patient either cannot speak, is constitutionally dull and sluggish; uncooperative; or determined to camouflage his thought processes and sensitive issues.

Once you embrace the Eight-Step approach, the picture typically begins to take shape as you progress from Step 1 to 8. But that is a textbook formula and human nature is mischievous. It loves to upset the applecart! The good news is that these Eight Steps provide an entry to a case from almost any angle.

If you follow these steps meticulously and rigorously, you must arrive at rubrics at every stage. Does that mean you end up with eight sets of rubrics? Classically, yes. Since each step represents an entry point to the case from a different angle, each set of rubrics will be different from the others – but all of them should point to the same remedy. In other words, each set of rubrics dovetails with and correlates with each of the others. Diagrammatically, each set of rubrics should radiate outwards to each of the other seven entry points.

Naturally, there's a LOT of correlating, corroborating and distilling to be done. The practitioner is thus constantly **processing the case actively** rather than passively gathering data. I promise you this – the Eight-Step approach is water-tight..

Here's a detailed road map that will guide you with your detective work.

Case Taking: Eight Steps

Did you know that the Repertory contains rubrics for each of the following eight steps or entry points?

1. Observation
2. Journey of Disease
3. Physicals and Generals
4. Causative Factors
5. Mental Make-Up
6. Key Sensitivity
7. Subject
8. Rubrics / Kingdom Theory

Steps 1 to 3 relate to the WHAT of a case, that is, the description of the patient's disease. Steps 4 to 6 deal with the WHY of the case, that is, how and why the disease process developed.

1. Observation

Case taking begins at the point of contact. It begins well before the actual, initial consultation. Following are touch points to guide the practitioner's observation of their patient.

- * Height / Weight
- * Build
- * Hair
- * Expression General
- * General Appearance
- * Posture
- * Peculiar Gestures
- * Speech

2. Journey of Disease

This step pertains to chronologically tracing the patient's physical history. This tells the practitioner WHAT exactly needs to be tackled. It is about tracing the journey of disease and its various symptoms from birth to the present day. This process must be thoroughly understood. It also helps you understand the direction of cure after treatment begins because, often, old symptoms recur while you reverse disease.

While assessing the journey of disease, there are two aspects you must bear in mind: Dr Praful Vijayakar's Chart of Suppression, which shows the progress of disease from one (embryonic) layer to another; and Miasmatic Theory, to understand how the patient's disease has shifted 'gears' from one Miasm to another.

It is important to note the precise chronology of the journey of disease, preferably noting dates so that you can perfectly correlate it with the patient's mentals and, later, Key Sensitivity. I cannot stress enough how very crucial this correlating is to piecing the jigsaw together and to accurate prescribing.

3. Physical And Generals

Generals are very important in pathological cases. Patients often exhibit cravings, which are peculiar symptoms. These striking symptoms are strong pointers to the right remedy and may include a strong desire for, say, fried food or sour food, a desire to chew pencils and chalk. These markers indicate a very peculiar constitution. Sometimes, it is very difficult to secure a mental history of the patient. In these cases too, generals prove excellent pointers.

Watch Out For:

- * Thirst, appetite, sleep, menstrual cycle and history, sex drive
- * Diathesis: A constitutional tendency including a predisposition to certain illnesses and diseases rather than others. Uric acid, gouty, rheumatic
- * Speed of case and constitution

Speed of Constitution: This refers to the pace at which his disease progresses: 'Fast' and 'slow' constitutions.

Shifting Gears: Turning points that make the patient switch gears from one Miasmatic state to another.

How To Find Constitutional 'Speed': Select Rubrics

Thermals
Pathology
Peculiar, Queer, Rare Symptoms
General Modalities
Discharges
Concomitants
Appetite, Cravings / Aversions
Thirst
Sexual function
Time / Season effects

4. Causative Factors

This refers to the WHYs of a case. Why has the constitution fallen sick? What has caused the patient's immunity to falter? Why has the patient contracted a certain disease or grown weak at the physical and mental levels?

Factors

- Physical: Exertion, substance abuse, injury, chemical reactions, vaccination, strong anti-perspirants, lack of sleep, viral or bacterial infections, bites, poisoning
- Mental: Mental exertion, shock, excessive stress (this must be assessed while taking the mental history)
- Lifestyle
- Food habits

5. Mental Make-Up

Life Situation: What are the patient's thought processes as traced from their childhood, as well as their family dynamics at the time. By assessing this, we can also find the Miasm the patient was born into. This stage provides nothing less than a thorough understanding of the constitution and lays the foundation for the progression of disease in adulthood.

Nature and reaction to situations
Mode of Living: Ups and down
Education
Profession
Economics Status
Sexual Life (Married / Single)
Review of Accompanying Person

Changed Disposition: At present after sickness

6. Key Sensitivity

What Is Key Sensitivity: The Eight-Step approach is akin to peeling an onion, whose scaly, outermost layer protects a soft and sensitive core. It is when you understand the patient's core – his most painful and sensitive issues – that you arrive at the patient's Key Sensitivity, which, in turn, leads you to the right rubrics and right remedy.

These key and core issues are expressed in the patient's disposition and behaviour, of course, always through the prism of his Miasm. But to arrive at these all-important issues, the practitioner must probe ever deeper, listening to what the patient is NOT as much as he is saying, and reading between the lines, always guided by two key questions – What is the issue that the patient is most sensitive to? And how has he coped with it?

When you have a clear and solid understanding of the patient's Key Sensitivity, you must find out why the constitution has turned indifferent (Sycotic Miasm) or gone out of control (Syphilitic Miasm). In other words, if you find out 'what makes the patient tick', you've found the key that will open the case!

How To Find Key Sensitivity: If the patient's history reveals why the constitution has fallen sick, his Key Sensitivity will reveal exactly how he has coped; why he has turned indifferent (Sycotic Miasm) and / or what went out of control (Syphilitic Miasm) or what he is compensating for. Critically, his Key Sensitivity will link effect with cause.

After determining the patient's Key Sensitivity, we must observe its expression at all Miasmatic levels, and how and why he progressed from one Miasmatic state to the other. This is where we come to Tri-Miasmatic Drug Pictures.

The patient's sensitive issue can be found in different ways. I always begin with Dr Rajan Sankaran's Kingdom Theory

There are certain specific sets of rubrics you can use to find the patient's Key Sensitivity.

Here, I would like to stress that it is important to pinpoint what the patient is indifferent to. This is how we often get to his Key Sensitivity because, being painful, it is that issue to which he has turned indifferent. Was it his family, marriage, his job, performance at work, his appearance, etc?

7. Subject

'Subject' is the category to which the patient's Sensitive Issue belongs. Subject is a clue to the Kingdom and Sub-Kingdom according to which we can classify the patient. This is later confirmed by rubrics from the Repertory according to the patient's Miasmatic state.

It is at this point, after corroborating, checking, re-checking, collating and distilling all the information gathered so far that you arrive at the Right Remedy.

8. Confirmation of Remedy

This stage can serve a dual purpose. One, as with the other steps, it too can provide an entry point to the case. However, if you have already arrived at a remedy and are confident of it, use this step to cross-check your rubrics.

Rubrics: Will: Moral, Intellect, Sensitivity, Attachments, No Attachments, Peculiarities / Abnormalities

Summary of Case

- Examining the patient at the general and systemic levels
- Proposed Similimum: Summarise the case in terms of what is wrong with the constitution and what has to be rectified.
- Potency Selection
- Follow-up

Conclusion

Before I arrived at my Eight Step Method, I had followed Dr Sankaran's Kingdom approach and Dr Vijayakar's Rubrics method very closely. And even though I found both methods very valid, I believed there was something missing.

Thus, I began to observe the common thread in all the cases I solved, as I worked my way through thousands of patients. It took a few years before I realised that Key Sensitivity was indeed the key to solving any case, regardless of patient, disease or how challenging it was. It is what gets you to the very source of disease – and sets your patient free.



Re-awaken the healer in you...

- Dr Anita S Salunke

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