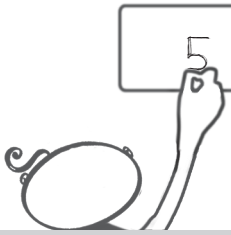


The Three Steps of the Case Witnessing Process: A Radical View

As discussed earlier, we know that the case witnessing process is "integrative". Not only does it integrate homoeopathy, but it integrates all phenomena in the universe.

The more I fine tuned the process of case witnessing, the more I got totally absorbed. I began to see and feel it all around me. Things started unfolding on their own. I found that case witnessing was a concept that was being followed unknowingly—yet practically—in all phenomena throughout the universe. We need only to be aware and open our eyes to perceive, appreciate, experience, and explore it, and thus connect with it.

There are **three steps** in the case witnessing process…

A] The Passive Case Witnessing Process — Scientific & General

B] The Active Case Witnessing Process } Scientifically intuitive & Human- Centric /

C] The Active-Active Case Witnessing Process } Individualised (Designer's)

Some sections in the following paragraphs will come as repetition from **D**'s book *A Wander with a Little Wonder: Child-Centric Case Witnessing.* As the co-author of this book, I felt it was mandatory to sum up certain of those ideas here (for my readers), because they will help the reader to understand key concepts about case witnessing that will be discussed in this book. The CWP, as **D** keeps emphasising, is universally applicable to any case, (treating either an adult or a child), and can be utilised with any method / approach that you feel comfortable with. You just need to keep the fundamental concepts in mind, which will help you unearth the deeper self of the patient. There are certain ideas that one needs to keep in mind while doing a paediatric case; those were emphasised in the book *A Wander with A Little Wonder: Child-Centric Case Witnessing.* There are some concepts that are important, too, in understanding how to do case taking of adults. This book will detail all of them, one after another, as we proceed.

A] The Passive Case Witnessing Process (PCWP): A Radical View
(The Scientific & General Part)

Once, when I was reading, I came across an eye-opening Sufi story.

Four disciples of a mystic were told by the master,
"It is time for you to go to the mountains and sit in silence for at least seven days.
Then, come back."

After a few hours, the first disciple said,
"I wonder whether I locked my house or not."

Another said,
"You fool! We have come here to be silent and you have spoken!"

The third said,
"You are a greater fool! What has it to do with you? Even though he spoke, at least you could have kept silent!"

The fourth said,
"Thank God, I am the only one who has not spoken yet!"

The last disciple was **D** himself!

Our story also resonates with the tale I just referred to. To remain silent is one of the most difficult things to achieve today. We as physicians are so tempted to speak that no sooner than the patient enters our clinic, we bombard him with questions. The end result is a case history which suits the physician's knowledge and not the centre of the patient.

The secret lies in being silent not only verbally, but to be still in the mind, as well. It is in this silence that the patient's subconscious communicates with us.

LAO TZU (the great Chinese Taoist philosopher) wrote:

"Do you have the patience to wait until the mud settles and the water becomes clear?"

"Can you stay unmoving until the right action arises by itself?"

Great words! Great insights!

I completely agree with Oomphoo! Those words are my inspiration, and the more I understand them, the more I realise that what I want to convey has a universal appeal. The truth speaks one language!

As pointed out by Lao Tzu, all of us know that when muddy water is allowed to settle, it attains clarity through being still. If the conscious mind is to realign itself with the internal recesses of the being—by withdrawing from the outer babble—there must be periods of waiting. One who understands the subconscious knows that it will emerge if one stops thrashing and flailing the patient with questions and, instead, trusts the process—until the focus arises by itself. We are conscious of only an insignificant portion of our being; for the most part, we are unconscious. Therefore, we ought to passively wait for the patient to connect with his altered pattern within. This forms the initial part of case witnessing, which is known as the "Passive Case Witnessing Process".

As mentioned in my previous book, *A Wander with A Little Wonder,* Passive case witnessing can be easily understood through the analogy of an eagle hunting its prey.

> Initially, the eagle soars in broad circles high up in the sky. From this vantage point, it does not know anything about the prey, about where it is, or by what means it can be caught. The eagle simply soars passively, without even flapping a wing or making any movement. The eagle passively watches all the activities happening on the earth below. It might see a rabbit, snake, chicken, or any other prey. The eagle's scanning observation may continue for two, three, or even five hours, until it finally focuses on the prey. The passive phase of hunting is practised by the eagle whenever it starts hunting its prey; thus, it is a universal practice found in eagles throughout the world.

Passive case witnessing forms the basis of the entire case witnessing process. The Passive case witnessing process constitutes the initial phase of case witnessing, when we still know nothing about the patient. The phenomenon of Passive case witnessing remains constant in all cases and is universally applied to all cases. In this phase, you allow the patient to be in the moment, to say whatever he / she wants to say, and you go with the natural flow to see what will come up. Without interfering, you just sit back and witness the case.

The emphasis is on "not altering" the flow, as very often we guide the patient and take him on *our* journey rather than his own. We therefore allow him to speak whatever he wants to speak, without catching hold of anything. Here we have to become a receiving instrument to listen. The foremost rule is *to possess the data but not be possessive.* We just let the patient be in the moment and flow with the natural flow to see what's coming up, letting him start with whatever he is comfortable with, and we just sit back.

As it is rightly said *"be an idiot"*. Here the physician doesn't have to do anything, but he should merely behave as a passive spectator and not an actor in the scene. Without involving our intellect or analytical mind, we just have to be with the patient, in his flow, trying to see his vision through his eyes, allowing him to wander in areas which he chooses, without interrupting him.

For the logical mind, on first confrontation everything will appear chaotic, but gradually clarity will start setting in. Initially, the prepared conscious mind of the patient pours out, and a few peculiar expressions will spill out as beads. Later on, these beads will gather together to form an exquisite necklace—the altered pattern.

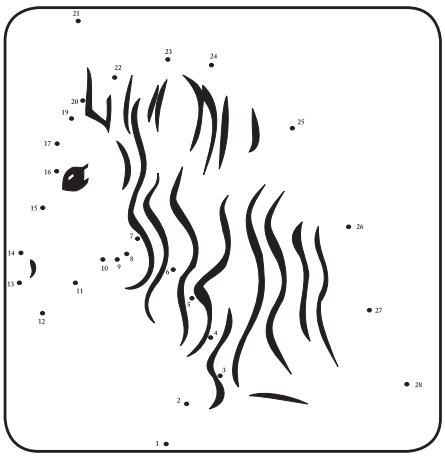
The whole Passive part will give you a hint about the innermost core. It clears the path for the Active and Active-Active case witnessing process which is entirely based on the information you gathered in the Passive phase.

Aims of the Passive Case Witnessing Process:

The **first aim** *is to pay attention to all the verbal and nonverbal expressions* that are

- *out of place*
- *out of order*
- *out of flow*
- *out of content*
- *out of proportion*
- *out of your knowledge*
- *out of the patient's knowledge, and*
- *out of any time zone*

These expressions arise sporadically and are often not connected. Ninety percent of the time during Passive case witnessing, the patient will talk a flat line common talk. However, in between the conscious common talk, the important expressions, which are significant to us, will manifest through the patient's verbal and nonverbal expressions (something very similar to an ECG, where the PQRS complex comes up sporadically in between the flat line graph.). It is interesting to witness how, later on, all these sporadic expressions join together by themselves to give us a clear picture of the altered pattern of the patient.

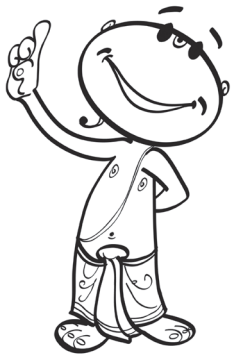


The isolated dots in this picture don't make any sense to us. But when the same dots are joined by a line, the hidden graphic comes out. Similarly, during Passive witnessing, the subconscious shows up in spurts as apparently isolated, out of place, or peculiar expressions that initially don't seem to be connected. In the later stages, all these expressions make complete sense and assist in finding out the "big picture", or salient feature, in a mass of data.

Let us together understand this through a graphic diagram:

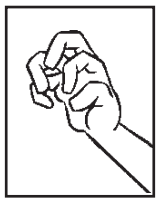
Great! Thanks, **D**, for reading my mind!

(That will add some PQRS to all the flat line talks by **D**!)

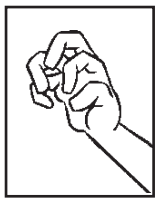


Let us suppose that in the Passive case witnessing process, the patient goes into three different areas. Let's arbitrarily put it in the following terms. In Area 1, the area of chief complaint, he gives us three peculiar, out of place things (A, F, B). At one point, he makes a peculiar hand gesture (HG) while narrating something common. Then, he shifts to another area—Area 2, the area of dreams. Here, he gives three verbal characteristics (C, D, F) of which one (F) is seen blended with the appropriate hand gesture (HG) that he exhibited before. Finally, he goes to one more area—Area 3, the area of fears. Here, he gives four verbal (P, Q, F, R) peculiar expressions. We see the same hand gesture (HG) which was seen earlier in the other two areas; it appears randomly.

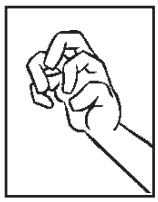
AREA 1
Chief complaint
A + F + B + (HG)



AREA 2
Dreams
C + D + F (HG)



AREA 3
Fears
P + Q + F (HG) + R



All such expressions are noted down as they are and left unedited. This prevents our missing any nonsense or nonhuman expressions of the patient in the Passive case witnessing process. What we do with this information is explained next.

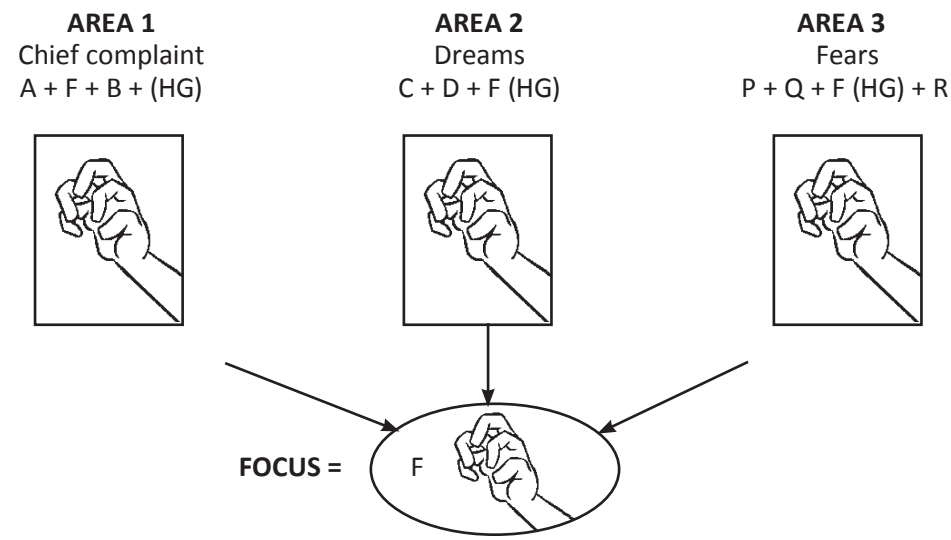
The **second aim** is *to find the focus of the patient:*

To find the focus is to understand those issues / points / expressions that repeatedly come up in the case and / or that are out of place or out of order to the current conversation of the patient. The expressions can be verbal or nonverbal and should be repeated in more than two different, unrelated areas of the patient. For example, the expressions that come up in the patient's chief complaint will again become the focus of his or her dreams, interests, hobbies, imaginations, fears, or life incidents of great importance.

The same expressions in different periods and situations in a patient's life will tell us exactly what he is in every stage of life, as his individuality is bound to remain the same in

every aspect of his life. That which comes up again and again is definitely the centre, the *focus*, of the patient.

Let us again explore the above graphic diagram and, this time, take one step further.



From this, it's simple to recognise that "F" is the one thing that is common in all the areas. Therefore, it becomes the focus of the patient.

We also observe the peculiar hand gesture (HG) coming up repeatedly, though it is not always aligned with the verbal message. This concludes that it is an integral part of the focus. Now we will enter the Active and Active-Active case witnessing process by inquiring into this focus.

One mistake that we should not make is of seeking a dazzling focus. *The focus need not necessarily be a striking word, delusion, or sensation.* It can be an ordinary emotion like anxiety or a reaction. *The focus is not the end. It's an entry point from where the whole nonhuman journey of altered pattern will commence.* Furthermore, our whole aim in the Active witnessing process will be to make this focus (common focus) specific to the patient and bring out its quality as we reach the end result.

The focus is the pivotal point around which the entire Active and Active-Active process revolves. The focus helps us know where we should begin the human-centric (Active and Active-Active case taking process) case witnessing journey and lets us know with what we should begin.

The **third aim** is *to find out the patient's Level of Experience (LOE),* which is *his experience of the inside and outside world at that given moment of time:*

- *Is the patient just naming his / her problems or is he / she speaking the plain facts about himself / herself? NAME AND FACT [Level of experience]*
- *Is the patient just talking about common emotions that each one of us feel? EMOTION[Level of experience]*