My Experience with the Case Witnessing Process by Dr. Dinesh Chauhan-
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In 2001, when Dr. Rajan Sankaran discovered the sensation method, it was a big leap or quantum shift in the science of homoeopathy. He could actually play with the system that he had found, but this was not true for others. Many homoeopaths couldn't sustain this spurt of energy from the master and started to run away or criticise him; whereas, many others followed him like sheep. However, during that time of upheaval, many stood with individuality and courage, and they supported the system with various contributions that filled many gaps. Dr. Dinesh was one of those supporters.

There are no coincidences. I was reading a book called *The Alchemist* by Paulo Coelho when Dinesh invited me to write about my views of the case witnessing process for his book. There is a lot more to *The Alchemist*, but one important quote from the book caught my attention in particular. I read: *"in the hand of the alchemist lies a secret that it can turn base metal into gold."* This quote could be a description of Dinesh. Working with him, which is actually a privilege for me, I realised that he brings so much clarity and surety to every case. He explains each and every step of his case through philosophy, explaining why he had asked a particular question. He also deals with ease in children's cases and elicits sensation and energy patterns. His understanding in case-receiving is so comprehensible and effortless that if any homoeopath applies it sensibly, he will find great results.

In the case witnessing process, Dinesh discovered three steps: passive, active, and active-active.

Initially, many homoeopaths struggled with the sensation method; especially, with the chief complaint. Many homoeopaths had lost flexibility and became naively attached to looking at the path of chief complaints. There was much anxiety experienced by those homoeopaths, which often led them to push their patients towards the direction of the chief complaint, along with other areas of the case, in order to elicit sensation. It became a tug-of-war situation for homoeopaths, but these three steps outlined by Dinesh cleared up many doubts and reduced much anxiety about how to get the correct vital sensation in a given case. The beauty of Dinesh's technique lies in these three steps—every thread or every bit in a case gets connected and the confluence point emerges naturally.

Since I also teach, I have realised that this process of case witnessing appeals to homoeopaths from many different schools of homoeopathy. This process is like an "individual way to individualisation".

All cases don't require the same type of case witnessing techniques. As Dr Hahnemann has said, the first principle is the law of individualisation. We cannot apply the same case-taking techniques to all patients. Each case demands a different technique, depending on the patient's nature. One should not analyse or interpret any data from the patient's knowledge. Whatever is, is. It is "is-ness" and not "should-be" or "could-be" that is important. That is what Dinesh says: "case taking is a tailormade designer approach". Your patient is the actor, director, producer, and everything; you are just like a spot boy; whereever he stops, you shine the light.

Aiming at individualisation, Dinesh segregates the case-witnessing process into three different parts.

1) Passive case witnessing:

Passive case witnessing is where you listen to the patient without altering his natural flow. That is what Dr. Hahnemann refers to as the "unprejudiced observer". Dinesh says that the first part of case

witnessing is very important. To find the patient's unique centre, we need to create a silent space, and, for that, we need to be passive. Dinesh's emphasis in passive case witnessing, which is the first part, is to achieve the goal of individualisation. He puts stress on "being passive, while at the same time being alert". Passive, so that our knowledge doesn't come in between, and alert, so that you receive everything from the patient without shifting his natural flow. Whatever is inside should come outside in the way that the patient wants to tell you; therefore, whatever questions you pose should not alter this flow. In the passive phase, we have to take note of all the characteristic verbal and non-verbal expressions of the patient, as well as what the patient is knowingly or unknowingly keeping in the centre.

We have to remain passive because, to begin with, a patient will more often than not express the common, conscious human talk all jumbled up with a little non-human / nonsense talk. The non-human element initially comes at the spur of the moment; as the case advances, it becomes more and more intense. Finally, at the end, it comes to the forefront and draws **everything** closer together.

Staying alert and passive helps as this gives direction to a case.

When we start to get active, we focus on the focus of the patient. Many homoeopaths ask this question: **"**Which word should I pick up once I have entered the active phase?" There are so many words that we can feel lost in the jungle. Dinesh suggests that we should scientifically pick up that which is in the centre, which comes up again and again in two-to-three different areas not related to each other and in a different time zone. This is what Dinesh defines as the focus of the case. If a patient expresses something that is present in his chief complaint or dreams, and if he speaks about the same thing in relation to his childhood, it means this is the focus of the case.

If a patient gets stuck halfway, you can ask open-ended, non-leading questions, so that the flow does not change. Dinesh maintains flexibility in applying the method. There are some cases where the patient's level of experience is very low. For instance, whereever the pathology is high or the level of experience is low, in such cases, Dinesh suggests, we should become active from the beginning and scrutinise different subconscious areas (dreams, childhood, imagination, and incidents that have had a deep impact on the patient). The aim here is to find the focus of the case in all these areas, so that one is very sure of the focus and can become active with the focus.

2) Active case witnessing:

In this part of case taking, you ask questions leading in a particular direction (which the patient has, consciously or unconsciously, decided for us). Still, you remain open to where your patient will further lead you. The questions that you select from the first part must activate the patient's imagination. This inquiry, more often than not, will link and envelop the other irrelevant facets, too. During the process, we see what is known as "internal consistency." If not, then the physician will allow further voluntary narration and only then be at liberty to ask more precise questions, after picking up the vague / irrelevant aspects from the new information. In this way, he must first completely understand the subconscious aspect before going beyond it into the complete unconscious.

Often, every aspect of the first part starts to unite everything. Another way of putting it is that the many gaps in the case get filled up and the complete pattern emerges at the subconscious level; then, the confluence point (the sensation pattern) will start appearing. You can say that you reached very close to the global sensation.

3) The Active-Active case witnessing process:

The aim of the third part of the active focus is to reach at the unconscious, pure self—the quintessence or source level of the case. Here, you start with the focus that you established after you had finished the second part. Now you know where the ultimate energy pattern lies in the case.

The physician needs to identify *the internal consistency* in the total information, only then is the inquiry complete. Once the unconscious has been unfolded and encountered, the narration on the part of the patient more often than not gains a kind of momentum similar to that of a pure self. The whole phenomenon of narration gears the individual's psyche up to reach the point where the "subconscious inhibiting the unconscious" is itself inhibited.

Here, the physician plays an active role and does not allow his patients to wander anywhere other then toward the final pattern. Now, no story, no situation, and no thought can block any of the roads which lead your patient back to conscious levels. At this final point, you can ask the patient to further describe the process and the whole phenomenon step by step. Once the patient has finished with the process, ask him to describe everything once again until he doesn't add any new information.

In some cases, as a result of close contact with his unconscious self, the patient may even mention the details or finest qualities of the source which he is going to receive. If he does, it is just the icing on the cake! Thus, in the active and active-active, the flow is directed to one specific direction—towards understanding the complete altered pattern, with the natural language of the substance that the patient is going to receive.

Once the process is complete, you take the patient to a level where he temporarily becomes aware of his entire problem / phenomenon right in front of you; that is the level where the healing pause is given by you.

This process of case witnessing has helped me greatly, and I use it in all my cases. Through this process, which does not allow the conscious mind to take over, most of my patients (including homoeopaths) reach the core of the disturbance and are able to describe the source language; some also give the name of it.

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