

# K.I.S.S. - Keep It Simple Sweethearts

## Simple Language and Simple Gesture in Case Analysis

by Mary Aspinwall

### "What do you mean 'deluded'?"

When I first started studying homoeopathy my favourite fungal delusion rubric was:

Mind, delusion: he is commanded to fall on his knees and confess his sins and rip up his bowels by a mushroom.

I thought to myself: "Imagine, someday someone might come in to see me, collapse penitently onto the floor and attempt self-mutilation (at the behest of a fungus) and I'll say, 'I have just the thing for that' and pop an *Agaricus* under their tongue and they'll live happily ever after."

But it has yet to happen and I'm not holding my breath.

I think part of my problem was that as a Westerner I had a very circumscribed idea of what constituted a delusion. In the West we tend to associate the word 'delusion' with severe mental disturbance.

Howard Hughes, one of the richest men that ever lived, felt so impoverished that he couldn't bear to part with anything; not even his own urine. After his death, it was found stored in jars all over his home. None of us would have a problem with calling him delusional.

It becomes more complicated when someone says they are always broke or always disappointed in love and this seems to be borne out by their circumstances. Did they unconsciously attract those circumstances to validate their own world view? How would they feel if they won the lotto jackpot or got swept off their feet by the proverbial knight in shining armour? Would they commit acts of sabotage to return to their unhappy, yet familiar, state? Do their repeated difficulties with money or love represent the Universe's attempt to present them with opportunities to alter their response to situations thereby overcoming obstacles, learning lessons and moving on?

Fascinating as these metaphysical conundrums may be, we do not need to hypothesise or speculate on them to be able to prescribe effectively. However, I do find it a useful strategy to only believe that *my clients* believe what they are telling me, but thereafter I believe nothing lest I find myself colluding in their delusions. Perhaps one of the main challenges in the quest to become an unprejudiced prescriber is to avoid being sucked in to other people's perceptions.

I find Sankaran's writing on 'delusion' helpful as he has a broad understanding of the term. In the introduction to "The Substance of Homoeopathy" he writes:

"I also realized the importance of the section on delusions, because a delusion is a false perception of reality, and disease too is a false perception of the present."

"...impressions from specific situations in the past (or from previous generations) ...make a person feel and react as if he is in that situation(delusion)...The whole mental state of a person is an expression of this false perception."

One could extend this observation to say that spiritual; emotional and physical states may all represent expressions of the sufferer's false perception.

The Buddhist's view all life on earth as 'samsara' (the realm of illusion). Samsara is all-embracing, Soygal Rinpoche writes in "The Tibetan Book of Living and Dying":

"If we refuse to accept death now, while we are still alive, we will pay dearly throughout our lives, at the moment of death, and thereafter. The effects of this refusal will ravage this life and all the lives to come. We will not be able to live our lives fully; *we will remain imprisoned in the aspect of ourselves that has to die*. This ignorance will rob us of the basis of the journey to enlightenment, and trap us endlessly in the realm of illusion, the uncontrolled cycle of life and death, that ocean of suffering that we Buddhists call samsara."

Seen in this light our individual delusions are merely variations on a theme which is common to all. There are many means to debunk these delusions: sometimes they are laid bare by events; by acknowledgement of an inescapable truth; through quiet periods of contemplation, meditation, spiritual practice or through truly holistic medicine. Once cured a delusion is shed, like a skin that no longer fits.

Since few of our clients will come to us in a full-blown state of derangement, it is up to us to become sensitized to the subtle information they are unconsciously trying to give us. In other words **don't wait for the mental man with the malicious mushroom** ... Gestures which are less dramatic, can be equally revealing: picking off imaginary bits of fluff; running a hand across the face to 'clear the cobwebs away'; motioning with a hand that something is too big to cope with.

### Looking and seeing

Watching Vega Rosenberg in action in Dublin a couple of years ago was a great lesson in how much can be gleaned from body language; choice of clothes and other non-verbal signals. It is all there for us, if we lift the veil from our eyes and our eyes from our note pads. Last week I had a follow-up appointment with a client. She looked different. She was wearing a beautiful

two tone silk shirt that looked like a pinky blue opal (changing colour in the light) and had cut glass earrings which acted like prisms. She told me she had been dreaming of rainbows and had rearranged her wardrobe according to the spectrum. I changed her prescription to Iridium.

### Hearing and listening

I spent several days struggling with a case recently. It was a case of a four year-old girl with a tubercular gland in her neck.

I repertorised it this way and that; extended the repertorisation using Reference Works and generally worried at it like a dog with a bone.

Finally, I had it narrowed down to Calc-ars or Calc-sulph, so I went into Reference Works Materia Medica and had a look at all the Complete Repertory rubrics for both remedies, starting with Mind. A quick scan told me I had wasted a lot of time, unnecessarily, because I had forgotten something vital ... to listen to my client.

This girl had been rather shy and the one and only thing that she had said to me was that she didn't like birdies and later she whispered the word "birdies" to me again. Both Calc-ars and Calc-sulph are in the small rubric "Fear of birds".

Instead, I had listened to her mother, "She's never said that before. There are crows all around our house and she's never seemed bothered by them. I think she just said the first thing that came into her head."

### ...but listening to what?

**The first thing that comes into our client's head is often the thing we most need to hear and yet it is so easy to miss.**

I have trained myself to take verbatim notes and to take particular care not to omit the first few words or the last few, as the pen is laid down and the goodbyes are said. These comments are subject to less conscious editing by the client and can often hold the key to the case. Similarly, verbal tics or particular expressions that are oft-repeated and seemingly meaningless fall into the same category. It's tempting to omit them from the notes, but I try to write them once and then underline them each time they are said.

Jeremy Sherr's rule has proved true and been of great help:

"If someone says something once they may have an issue with it. If someone says something twice they probably have an issue with it. If they say it three times they definitely have an issue with it."

I was doing a locum for someone and their client kept saying "You'll think I'm crazy but..." over and over. She had done well on her 'constitutional remedy', but her past notes and prescription weren't available, so I took the rubric:

Mind, delusions: insane people think she is...

and prescribed Calc. This turned out to be the remedy her regular homoeopath had been prescribing for her, although she had arrived at it by different means.

Simple language and gesture are characterized by their automatic, unconscious nature. It is because of this that they are able to provide the deepest insights into how people truly perceive the world.

### Out of the mouths of provers

Of course if taking things down verbatim is invaluable in case-taking it is even more vital during provings. Dynamis and other well-managed provings make a point of recording and publishing the prover's own words and are all the richer and more accessible for doing so.

I find that if I am really familiar with a proving and it's language I sometimes recognize the need for that remedy just from the similarities in the client's language alone, it is then verified by the other aspects of the case. Somehow, for me, it is easier to understand and have a feeling for the newer provings, perhaps because of the richness of the language and the modern provers' sensitive reporting of the psychological and emotional aspects of their experience.

### Reaching the remedy

If the language fails to ring any obvious bells, Reference Works with its massive search engine can instantly match key words and phrases to the same or similar expressions to be found in over 200 sources (be they materia medica; provings; cases or articles) and represents a major breakthrough in finding an accurate match, because it circumvents the repertories. Often the precise language of a proving symptom is watered down or lost in the process of entering it as a rubric in a repertory and, sadly, much clinical information never even makes it into our repertories.

Apart from this direct approach, a great deal of simple language can be translated very effectively into rubrics and used in normal repertorisation. If you have any examples of this I would be grateful if you could send them to me as I hope to publish an expanded version of what follows below, at some stage.

Here are some examples I have taken from a number of different cases which had curative responses to the prescription. The italics are my own. Please note that although the remedy prescribed is given in brackets the prescription was based on additional information not given here. Look on these as...

### Sound bites

#### Cases 1 - 4

"It didn't *dawn* on me that I was pregnant".

"It used to be the *end of the world*".

"It had to be a *big plan*".

"I'm *not reaching my full potential*". (twice)

"My weight goes *up and down*".

"When I'm *down* my confidence is *way down*".

"I had a *huge* thing about my body image".

"Shopping would be *huge* if I had PMS".

"I try to get *off the planet* for Christmas"

"I make *mountains* out of molehills".

"Things get *magnified* when I'm not on form".

"I had *10 million things* going on".

"My father did *10 million things*".

(Prescription: Hydrogen)

"*Time* goes by so *quickly*"

"*Time flies*"

"*Time* goes by so *slowly*"

"The *pace is all wrong*"

"I feel spread so thin" (sounds like a gas)

"My child grew up so *fast*"

"It's a *heavy lung* thing"

"I feel like a dried out cinder sitting on top of a *nuclear bomb*"

"I feel *constrained* in every way"

(Prescription: Hydrogen)

"My head is *going to explode*". (physical)

"I feel *low*. My energy is *very low*".

"*Very low* around my period".

"My energy is *up and down*".

"I *haven't got much time left*" (age 36)

"Felt incredibly *heavy*".

"I can't break *free*".

"I'm being *dragged down*".

"I stayed *up above it* all the time".

(Prescription: Hydrogen)

"Meditating *freed* me a lot".

"I'm looking at things from a higher point of view" (as she says this makes a globe shape with both hands)

"He doesn't *drag me down* as far, now".

"My dreams are very ordinary, *too narrow and confining*".

"I see myself as *part of a whole*".

"Felt *spacey/detached*".

"I could *climb mountains*...I had *great plans*".

"I felt *above everything*".

"He *crushes down on me*".

(Prescription: Hydrogen)

In all of these cases I recognised Hydrogen because I have always felt a great affinity with it; know the proving and have added to it from clinical experience. You can see how well the simple language taken from the proving, matches the language above:

The first word in the proving are:

"It dawned on me..."

"Feeling of *expansiveness*..." (gas language)

"*High* one minute and then *low*"

"...a *million times more real*" (exaggeration)

"Felt inspired that the *potential* within is so great..."

"Strong alternation of moods '*high then low*'"

Lots of references to *slowness versus speed*.

Clinical: client had a dream of *riding a bicycle on a motorway*. (pace)

It would also have been possible to reach the remedy through the following rubrics:

Delusions, imaginations: detached. (Sherr)

Delusions, imaginations: division between himself and others. (Sherr)

DELUSIONS, IMAGINATIONS: DOWNWARD, HE IS PULLED. (Sherr )

Delusions, imaginations: enlarged. (Sherr)

DELUSIONS, IMAGINATIONS: OLD, BEING. (Sherr)

**DELUSIONS, IMAGINATIONS: SEPARATED: WORLD, FROM THE, THAT HE IS. (Sherr )**

DELUSIONS, IMAGINATIONS: SOUL, BODY IS TOO SMALL FOR, OR THAT IT IS SEPARATED FROM. (Sherr )

Delusions, imaginations: time: exaggeration of. (Sherr)

(Interesting to note that Hydrogen is not in either Delusions: time passes too quickly or too slowly but I feel it probably should be).

Although none of the language actually related to dreams these dream rubrics give further insights into the suitability of the remedy:

Dreams: ascending a height. (Sherr)

DREAMS: HELPLESS FEELING, AS IF THE END OF THE WORLD. (Sherr)

DREAMS: HIGH PLACES. (Sherr )

Dreams: hurried. (Sherr)

Dreams: pregnant, of being.(Sherr)

Similarly with this next case I recognised the remedy from reading the proving, listening to a Jeremy Sherr lecture on Germanium and from reading an article called "Emerging from the war zone" by Marie Doyle published in the Homoeopathic Times (Vol 2, no.1 pub. Spring 98):

### Case 5

"I felt as if I'd been shot, as if I'd been in a war".

"Something in *my core was damaged*, something *very deep*."

"I would like to get into *my core* somehow. *I'm a powerful person, but I can't tap into it*".

Proving: Four provers had dreams of *war*. Another prover makes several entries on the theme of power. For example:

"Feel I have *no power* when I meet people ...Yet I feel I have *great power inside*..."

(Prescription: Germanium)

Proving a remedy is one way to get to know it intimately. It is also fascinating that people who need a new (unpublished) remedy seem to be drawn to its provers when seeking a homoeopath. One in particular who had been recommended to see a local homoeopath made a long journey specifically to see me. When I asked why she said she just "knew" that I was the person she had to see:

### Cases 6 - 8

"What you really *create* is the *fertility*".

(Prescription: Salmon)

"On the *full moon* I thought I was being called by name, then I felt as if I'd been *hit on the back of the head*". (Salmon get swiped by hungry bears at full moon)

"Words are *fucking* useless". (used this expletive many times - as did many a formerly demure salmon prover!)

(Makes circling motion with hands)

"I'm *not going to be defeated*"

(Prescription: Salmon)

Most of this language refers to difficulties related to infertility:

"Feels like I'm *pushing a rock up a hill*".

"It's like *a huge wall that I can't get over*".

"It's like *a test...a battle*."

"I'm into absolutes..it's *all or nothing*."

"I've *moved forward*".

"*Where do I want to get to?*"

"*I don't want to go down that road again*".

"It's *a struggle...we'll fight this together*".

"We're both *on journeys*".

"There's *a battle going on* between work and home life".

"Sometimes I over eat...*then I beat myself up*".

(Prescription: Salmon)

Once again, we should thank Marie Doyle whose article "Salmon of Knowledge" (Homoeopathic Times Volume 2, No.2 Summer 98) gave a foretaste of the proving to come in her list of Salmon themes. Here we have the language of fertility; sexual intercourse; journeys; moving in circles; struggle; endurance; violence and battle. In two cases I have found the language of "walls", which is curious as the Salmon remedy was made from the egg, blood and semen of Salmon who are unable to return to spawn without human assistance as a huge dam has been built across their river.

Moving on from the more recently-proven remedies. I found this remedy through a combination of repertorising, Reference Works and poetic licence:

#### Case 9

"*I want to be on a more professional level* career-wise" (twice)

"When people thank me I feel *appreciated*; it puts me on a *different level*".

I took :

Delusions, imaginations: appreciated, that she is not. {1> 3> 0}

"It feels like my *blood is boiling*". (physical)

I repertorised with the rubrics:

Chest, boiling in heart region - glon, lachn, (neither appealed)

Then I tried:

Generalities, Blood, burning in veins, as if - bry, (still not happy)

so then I tried Reference Works and got 74 references to 17 different remedies and settled on Roberts Repertory Heart *Blood*: as if were *boiling* in body. {0> 3> 0} , aur.

The following line being, for me, the clincher:

"I put my *heart* and soul into it".

(Prescription: Aurum)

#### Case 10

"I have to divide myself".

"I have to split myself".

Reference works was also helpful in this case as a search on the word:

"divide" led me to these comments by Zaren:

"In Anacardium individuals, there is a tendency to *divide* and sever under stress. In the healthy state, the two sides of the psyche work in tandem, creating a cohesive whole. The *divided* self — the schism of Anacardium — defines a vacillating and tumultuous path of life. In the attempts of Anacardium individuals to control or balance their deep insecurity and aggression, they create a pattern of behavior that is self-defeating."

They seemed to sum up the case well and Anacardium repertorised well for the other symptoms.

(Prescription: Anacardium)

#### Case 11

"Things *rear their ugly heads* at night-time".

I decided to take this literally and searched for the closest rubrics I could find, combining them:

**DELUSIONS,IMAGINATIONS:FACES,SEES:DARK,IN THE.**

Delusions, imaginations: *faces*, sees: distorted. (Kent MM)

Delusions, imaginations: *faces*, sees: hideous.

"If I tell my boss I like something I know they (colleagues)think *I'm just saying it* (to please the boss)"

DELUSIONS, IMAGINATIONS: LIE, ALL SHE SAID IS A.

"People want to *pull you down*"

Delusions, downward, he is pulled, has only one remedy (Hydrogen) which did not fit the case.

Where to now? As luck would have it some time before I had had a (Lachesis) client who used to repeatedly say:

"*Everything's up in the air*" I had done a (Reference Works) word search on the expression "up in the air" and found an article written by Berkeley Digby entitled:

"Lac Caninum (Self Disgust)":

"They are so *up in the air*, and off the ground that they feel as if floating. The light headed, floating sensations (Lachesis, Cann. Indica), makes them feel as if they are going to faint."

This made me think of two other aspects of this case: Firstly, self-disgust ("I *hate how I look*, I *hate what's inside me*") and secondly, disconnection ("I'm trying to *switch off, pull away...I don't have contact*"). On the theme of disconnection I also had notes from a lecture by Jeremy Sherr on Lac can in which he demonstrated the central theme was: "too connected / must disconnect". He showed how this can be seen throughout the remedy. The delusion of floating is disconnection from the ground; "at times she cannot bear the clothes to touch the abdomen"(Allen) ie. must disconnect from her own clothing; "during nervous attacks she must keep the *fingers* separated, cannot bear them to touch each other"(Allen) must even disconnect from her own body.

(Prescription: Lac can)

Case 12

Paces the room up and down very fast.

A word search in the Complete Repertory brings up nothing for "pace". Any of the following rubrics would work:

Anguish: driving from place to place, with restlessness (Knerr)

Anxiety: driving from place to place (Jahr)

Fear: driving from place to place (Jahr)

"I don't want to go to school" (many times, relates to bullying)

"I don't want to be seven". (many times)

"I don't want to be a daddy, I don't want to leave you mammy".

Anxiety: future, about

"I love you desperate"

"I'm desperate happy"

Mind, ailments from joy excessive

One could also consider the more generalised rubric:

Anguish in children (Jahr) it has only eight remedies (acon., aeth., ars., bufo., cina, hyos., nux-v., samb.)

(Prescription: Aconite)

### Case 13

Describing severe rectal pain:

"It's like a red hot poker stuck up there".(physical)

The Complete Repertory has the rubric:

RECTUM: HEAT: RED *HOT* IRON, AS IF (Clarke)

This has only two remedies in it kali-ars and merc-pr-r

Reference works found 314 references to either pokers or hot irons covering 68 remedies. However the only ones relating to the rectum were the same two remedies kali-ars, merc-pr-r

(Prescription: Kali-ars)

### Case 14

"I want to be older so I can kiss a boy". (She is nine)

Observations: Can't keep still; writhes and wriggles in the chair.

Spends almost the whole time talking about colours she likes/dislikes.

Wears a t-shirt with a spider's web on the front.

Although I was pretty sure of the remedy I found this interesting article in Reference Works that added to my understanding of the case and the remedy:

"Sankaran offers an interesting interpretation of the desire for music, dancing, and *colour*, together with deceitfulness and cunning, as an idiosyncratic need to *attract sexual attention* based on the essence of Tarantula being that of ailments from unrequited love (only remedy listed in the Complete Repertory) This leads the patient to act as if he was fixed in a state of unrequited love even though this is not so objectively. The Tarantula patient can exhibit erotic hysteria and mania which is very aggressive sexually. Ailments from disappointed love, grief. This may be causation. "

The Homœopath, (Vol 12.4 1994) "Tarantula hispanica , Lycosa tarantula, the Wolf Spider" by Greg Bedayn.

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I would like to finish with Nyoshul Khenpo's beautiful poem, which entreats us to:

"Rest in natural great peace

This exhausted mind

Beaten helpless by karma and neurotic thought,

Like the relentless fury of the pounding waves

In the infinite ocean of samsara."

### **How to spot Simple Language**

Often it's the very first and the very last thing said

Something that just "pops into the mind"

Anything said automatically, unthinkingly

Anything that is repeated, especially if more than once

Phrases, expressions, verbal tics

Descriptive, colourful, vibrant language

Similes ("It's like..." ) and metaphors

**Simple Language, NOT**

Jargon

Psycho babble

Diagnostic labels

Dry, dull, dead language

Intellectualising / Theorising

Anything carefully premeditated / prepared

**How to get from Simple Language to the Remedy**

1. You get lucky and the language leads you straight to a remedy you know well and whose language you recognise.
2. You select a key word or phrase and search the Materia Medica to find a match. You can use your knowledge of Materia Medica or a computer search programme (Reference Works).
3. You "translate" the language into repertory speak (ie. a rubric) as accurately as possible. The Mind, delusions section will be of most frequent use. Sankaran uses Mind, delusion and Mind, dreams interchangeably. If you can't find a match in delusions it's worth checking dreams for a likely remedy. Don't ignore physicals when it comes to simple language (see Cases 3,9,12,14).

Footnote:

Further reading

If you would like to explore some of the points raised here you might like to read the story of The Boy and the Billionaire on page 289 of "The Substance of Homoeopathy" by Rajan Sankaran and "The Roots of Suffering: Buddhism and Miasms" by Misha Norland (the Homoeopath Volume 11 No 3 pub.1991).