

This interview of Neil Tessler with Divya Chhabra first appeared in 'Simillimum' (Vol. XV, No. 4, Winter 2002), the journal of the Homeopathic Academy of Naturopathic Physicians (www.healthy.net/library/journals/simillimum) edited by Neil Tessler. It is presented here with kind permission.

In this interview Divya Chhabra expresses her view of several themes as there are: her way of case analysis, the use of unproved remedies, the doctrine of signatures, group provings and the meaning of symptoms in group members who didn't take a remedy, miasms, dreams... She emphasizes, not to stop where Hahnemann stopped, but to go forward as he always went forward. Innovations in homeopathy were often rejected because of the fear of changes, to criticise or discard an innovation without having used it would be harmful for homeopathy. Divya Chhabra (wife of Rajan Sankaran) stands for conceding to the individual homeopaths their individual approach and having respect for one another. Homeopathic practice were not about a "mathematical correspondence of words". "There is something deeper than only symptoms".

Commentary of Neil Tessler: The Divya Interview is a a strong statement of the innovative community, it can be regarded as a manifesto of modern practice

Neil Tessler

Divya Chhabra Interview

Her consuming gaze bespeaks a vital and searching intellect and there can be little doubt that despite her relative youth (mid-thirties), Bombay homeopath Divya Chhabra is a master and at the cutting edge of modern practice. While her husband, Rajan Sankaran, despite his popularity and immense contributions to the profession, has sometimes been a lightning rod for controversy and criticism, Divya has unobtrusively emerged as one of the great teachers and leaders of homeopathy in the world today. Despite their intimate alliance, there are certain differences in their methodology that speak to her individualism and drive to follow her own experience, a reoccurring theme throughout our discussion. Most notably to those familiar with Rajan's work, she does not generally use miasms in her analysis and has developed her own unique concepts in case-taking and analysis.

The following interview took place during Dr. Chhabra's recent Vancouver seminar.

NT: How did you become interested in homeopathy.

Divya: Well, I have been brought up on homeopathy. I have probably taken allopathic medication once in my life. So, I always knew that I wanted to be a doctor, so homeopathy seemed a natural conclusion of that, except that I was extremely interested in psychology and at that point the homeopathic course was not a graduate course. So my aim was actually to do medicine, do psychiatry and come back and do homeopathy. But it didn't work, lucky me, so I just started homeopathy and that point it was a graduate course again.

NT: There is certainly a relationship between classical psychoanalysis and aspects of your case taking technique.

Divya: It is interesting that it's close because I have really not read any books on psychology or psychiatry in the formal sense of the terms. So the beauty is, I think, that when something is true, ultimately it would be universal. Its like free association, which is very Freudian, when I first did it, I had no idea it was called "free association". There was a patient who was a psychology student and when I was explaining it to here, she said, "Oh, you want me to free associate."

NT: How did you come to this?

Divya: It was a breakthrough moment. You know that there is something missing in some of your cases and that is why they are not responding. So you ask yourself, what is the way that you can get to it. So in one of my cases it was just going around and I knew I was getting something, but there was something I was not getting. She spoke of a dream where the only thing she could say was that there were stones in a room. I asked her in what life situation she felt the same feeling as she felt in that dream, and she said, "Now!" So I knew it was not something I could not ignore but I didn't know what to do with it. "What's your feeling, what's the scenario, describe exactly?" "Its just a room and stones." "Are they on you?" Nothing. So in that moment, which I think was a culmination of working at the subconscious, I felt there must be a tool. Finally I said, "OK, forget all that we have just talked about, just say the first thing that comes to your mind when I say something to you." I said, "Stones." She replied, "Mountains." From "mountain" she went to sitting there, watching clouds, watching birds, from there she went on to her favorite bird, which was ducks, which tied in to her whole case as she loved water, loved to wash herself again and again, feeling was "dirty". So it opened it up.

NT: There has been a lot of controversy suggesting innovation and evolution in homeopathy has become something other than Hahnemann's intention. That the scientific aspect based on provings of remedies, as been altered by the use of substances that have not had provings. You've been talking about remedies such as Cobaltum nitricum. What are your thoughts on the use of remedies that have not had provings?

Divya: I feel that provings are the foundation of homeopathy and we do not and should not forget it at any point. The effort should constantly be, from all sources, to prove the remedies in the best possible way, in a complete way. However, the reality of the situation is that even if all of us are working at this moment to prove remedies, it is still not enough.

The way the world has changed and is changing, requires so many times the use of remedies where you know, because you know your materia medica, you know your repertory, you've read through books, you have enough of confidence in the knowledge of your own ability to have seen what exists, to know that there are patients who come which are beyond that. So what do you do? Do you just sit back and say, I'm not going to give a remedy until that remedy is proved or should you use other methods, tools, which you have understood through well-proved remedies?

So there is a well-proved remedy and you have prescribed it and you have been aware that you could also have prescribed this same remedy through these other tools. Therefore when you come to a situation where there is a patient and you realize the remedy is probably not well proved, therefore you could use those tools in that case. So if there are twenty cases of well proved remedies but at those times I am aware that I could use the proving, but I could also use method "A" and "B" and if in all twenty cases I could do it, and the remedy in most of them would be the same as suggested by the proving, thus by deductive logic in another 21st case, where that proving didn't exist, I could use those "A" and "B" methods and be reasonably sure, ninety-nine percent, I would reach the same point as I would with the proving.

That does not mean we should not do the proving. We must do the proving. It has been my aim in the past that when I have used an unproved remedy, I have immediately proved it. I have always found it correlated, if you have used your methods with knowledge and skill.

So the foundation is your materia medica and your knowledge. First you should be sure you know that. Once you have climbed that and you are sure, if that is not enough, then you should be ready to stop and fly off. Then you fly off knowing that your feet are on the ground,

you don't fly because you didn't know the foundation. Its not like I just want to build a tenth story of the building. I have built nine stories. Now I can take that freedom to take that leap, knowing I have gone beyond the point of knowing what was already existing in the materia medica. If I don't know my materia medica and I don't know my repertory, but I use other techniques, without trying to find the remedies proved, just because I am too lazy to do that, then its an escape which I don't advocate.

As far as the idea that we've moved away from the Hahnemannian, I think perhaps we are moving towards Hahnemann's approach as he was the very first person to keep changing his ideas when he found them inadequate to deal with the situation. The fact that in one lifetime he wrote six editions of the same book meant that he felt continually the need to perfect. He was a man that I believe would have written fifty books more on the same theme, because I believe he was continually perfecting. Then I believe for a number of years we failed to do that, we just stopped where he had. Now I think everybody realizes and is beginning to move towards his direction, so I feel we are truly fulfilling his dream now. Everything we say must and does always correlate with what he says. I find it amazing that today, what I might be saying after studying it for twenty years, if you go back to the Organon, he's written it there. So I think we are fulfilling what he said in spirit and in letter.

NT: A related issue is the vigorous controversy that sometimes we see around The Doctrine of Signatures. Hahnemann specifically contrasted the science of homeopathy as against The Doctrine of Signatures. It is fully apparent from the study of materia medica, that correlations are found in various aspects of a remedy and these are interesting points that help us appreciate the remedy more fully. What have you to say on the study of the natural source of a remedy?

Divya: I think again it is the interpretation of Doctrine of Signatures that is the problem. I think that at the point when Hahnemann was a strong advocate he had to take the situation as it existed at that time. He was fighting against an existing system and bringing out a rebel system that seemed to go fundamentally against what was accepted at that time. Therefore, he had to stress the scientific nature of the system and also warn people from doing arbitrary things. If Doctrine of Signatures is used arbitrarily, the flower is yellow so I will use it for "x", or it looks like a heart shape so you use it, then it is arbitrary and is an insult to the whole theme of Doctrine of Signatures. Doctrine of Signature in its depth means that there is that deepest connection between the substance and the proving. Now when you understand that and use the Doctrine of Signatures with that understanding, then you are enhancing the very proving as well as adding to your knowledge.

I'll give you an example. I did the proving of Lac Felinum. I bring this example because I fully understand the advocates who say Doctrine of Signatures is wrong because I am a person who became a convert. I had been one of the strongest disbelievers of anything that had to do with anything beyond the written word. Anything that was an abstraction I would reject. It had to be shown in black and white or it had to be there in the books or in the material for me to accept it, until I did the proving of Lac Felinum.

The proving of Lac Felinum was carried out according to the Hahnemannian method, all protocols were followed and it was a wonderful proving. When we sat together at the end of the proving and put the whole theme together, one word emerged very strongly as one of the key attributes and that was the word "prostitute".

At the end, my assistant had brought in some books on the life of cats. While they were discussing, I was turning the pages, because it described a biologist who had spent three months watching the whole social interaction of a group of cats, who were in general unaware of being observed. So every aspect of their behavior was photographed, documented and correlated. He also wrote about the history of the evolution of the cat. My eyes just fell on that

point and I thought I had to be imagining something because what this biologist was writing certainly had nothing to do with homeopathy.

What he had written was that the cat was evolved from the Egyptian wild cat. The Egyptian wild cat was much bigger, huge, wild, independent, free. In the areas where they lived food became scarce. Their only way to survive was to come closer to human habitation, where there would be food. But the way they were, if they came, as they were wild cats, they would be killed. So they had to come in a way that would be acceptable to the human population. So over years they became smaller, they lost their wildness. He wrote that these are the only animals that have domesticated themselves. The dog, the sheep, poultry, horse were domesticated by man for their use but the cat domesticated itself for its own survival. Then he wrote there that in a sense it has prostituted itself.

When I read that it just hit me with such a shock that here was something quite independent, without thinking anything of Doctrine of Signature, giving the same theme of “prostitute”. Here was somebody who observed intimately the full behavior of cats and tried to understand their life and their conflict and realized the exact conflict expressed in the proving, which made every behavior in the proving and every behavior in the cat become so clear. Why are cats so independent, unlike dogs? Why do they keep asserting their independence?

This is an experience I had myself. When we moved into a house once, a cat had been left behind. (Cats are not really with the master, they are with the house they have chosen. So you can leave the house and go, but the cat will still come back to it, because the cat didn't come for you, it came for food.) So there was this cat that belonged to somebody else and kept coming back to the house when we moved in and we used to feed that cat.

One day when I was putting down the milk, the cat bit off my nail. For years after that I stayed completely away from cats, until after the proving, because immediately when I read the sentence I understood what must be why they would bite the very hand that feeds them, because that is their inner conflict; I have prostituted myself for survival. So the food I am giving is the very symbol of their conflict.

In that moment of understanding I also understood what is Doctrine of Signatures, which is that inner story of the very substance. So along with the proving, that is what I look for, in chemistry, in different themes, all I am looking for is that inner story, and that is what Doctrine of Signatures is a symbol of, but when used loosely it then loses its emphasis and importance.

NT: Yesterday you mentioned a story about a discussion with Misha Norland, Jeremy Sherr and others, in which each person cautiously admitted to the observation in provings that even those not taking the remedy or given placebo, produced definite proving symptoms. In an editorial I commented negatively about this and there are certainly others who have written that this is a very dangerous thing, especially when symptoms from these individuals are included in the materia medica of the remedy and even the repertory. Could you comment?

Divya: I think that this is a double-edged sword. It is extremely powerful, extremely dangerous. If we understand it and use it rightly it is extremely beneficial. The way I personally use it, I have experienced this time and time again; that there is a group, and especially when the group meets together, then even the people who do not take the dose would experience the energy of that proving and it expresses in the symptoms. If we remain aware that they are human beings and they could be led or misled, the best way to make sure of that is that you tell these groups of people not to have direct communications about their proving at all and you speak to them individually. When you find that the person who speaks his proving without having taken the remedy, if his symptoms exactly correlate with the people who have spoken their proving after taking the remedy, without having any

interaction, it would confirm for you that what they are speaking is their inner experience.

I have seen again and again that it is a fact that people do feel it and do experience the proving, but to make sure that we do not go into that realm of not fact, where a person could be misled by just listening, get taken in by that, just separate it, don't allow them to talk to each other, take their symptoms separately and confirm whether it is coming from the proving or not. That's the best way. But not to take their symptoms would be a big mistake because some of the most powerful symptoms, or the best expressed of those symptoms have come from such persons. So if we, the person doing the proving, watches it very carefully and analytically, then I think it is OK to include it. But not just include it because we believe it. Question, but accepting at the same time that this energy field exists, and that it does create the state, and if it does create a state, then I would like it to be represented, because it exists.

I can give you one more example about the same energy state as an experience, because energy, it's not something you can argue about. As I told you, being the strongest disbeliever of this, at this point I wouldn't believe anything when some people said, just do this or that type of vague dosing. I'm the strongest advocate against that. It was during the Lac felinum proving, and we were all in a room for nine hours, on the last day when it was finished. That room is the bedroom of my brother. When I walked out of the room, I tried to write the words of the proving and I found I couldn't, I was blocked. So just without thinking I went back to the room and started writing and I could write. I thought, "What's this?" So I just came back out again and again I couldn't write, so I said, "What's happening?"

So just on an impulse, I know that this is true because there was no thought in it, I was in the moment of experience and I said, "What is this?" I thought all right, I kept the windows and the doors of that room shut. My brother came home two hours later. He's a chartered accountant. He was completely exhausted. I said, "I need you to sleep in this room without opening the windows tonight." He said, "What nonsense," but he did agree and slept there without the windows open.

In any case, I got a call from him at five am. I was married, so I was living in my own house. He said, "Tell me what this whole thing is about." I asked, "What's the problem?" He said, "First you tell me what's happening." I asked him if he had any dream. He said, "I am not going to tell you the dream until I know what is happening." Then I had to tell him a little, "It's about a proving." At first he said that he wasn't going to tell me the dream. He is my youngest brother in an Indian set-up. So finally he said he had a dream of a group of prostitutes and that he was out with them at a bar. "I have never had a dream like this. Where did it come from?" he asked.

He had nothing to do with the proving and nothing to do with homeopathy and no idea what I was doing. It was purely the energy of that room where we had sat for nine hours. So this is an experience. Following this I cannot but accept the power of this energy, but I would say use it with caution.

NT: So there is the scientific aspect and there is the energetic or quantum aspect.

Divya: Absolutely. To deny that it exists would be to do what Einstein did. He opened the door to quantum physics, than spent the rest of his life saying that it doesn't exist. That is only stagnation, not growth.

NT: I notice that generally you ignore miasms, which is such a central aspect of Rajan's approach now.

Divya: You're trying to stir a hornet's nest. Well, I definitely want to answer that.

The foundation of the work that we are doing, which probably includes all of us, is the idea of getting to the delusional state, which is that state behind the symptoms of the mind and the

body. Now at this point we are working individually in our practice. If we are in place “A” and we have to get to place “B” the goal can be the same but there could be different routes to reach that same point. Individually, if people are working, it is possible that they will discover different routes and then each one of them works on their different route to perfect it, which is what I think happens with Rajan and I.

I have been his student and I still am to a great extent. My whole understanding, my foundation is built on what I learned from him. My whole development, my conviction of homeopathy comes from what I learned from him. Then there comes a point where you become not just a student but an individual practitioner on your own and you develop through your own experiences and frustrations, you find your own method to further and finer work on it. He found another method to finer and further work on it.

Now individually we both see each other’s method. We respect and appreciate each other’s method. But we choose to do what we are doing because that is the only way to perfect a particular thing. Its fun when I can clearly see the miasm in a case. My individual approach is that if the miasm comes clearly out at me, I take it as a symptom. I am not looking for the miasm but if it comes out it is an important symptom of the case for me.

So very often it happens that I have a clear idea of the miasm and I think, “Oh, this is the miasm in this case, this much I am sure of.” However, I still work it my way and come to the delusional state and come to the remedy. So then I pick up the phone and say, “So in this family, which remedy do you think is this miasm?” and very often it works together, it is synchronous. So this only confirms that both paths are right. They are different, but they will reach the same goal.

Now as I say to students, half-joke, half-seriously that one of the disadvantages of being a teacher is that if you are teaching a particular method, you better perfect it and you better use it. So you need to use your method. Perhaps it is limiting. As a student of homeopathy or another homeopath who’s listening and trying to take it in, they are not limited by that method. You can take in every approach and understand it in its depth and perfection and choose when you would like to use them. I think that there would be some cases that would be best worked through the miasm approach perhaps there are some cases that are best worked through my approach and perhaps other cases best worked through Jan’s (Jan Scholten) approach. If you can understand and see that and differentiate it then you will be better prescribers than we are.

So that’s my approach, I don’t ignore the other, it’s not something I do instinctively, it’s something I choose because I want to finish this. Perhaps as I go along the miasm issue will just come and meet it and then I will fully address it. At the moment it doesn’t seem to me like the method I want to do at the moment. I just want to perfect this and add whatever there is to this. I don’t know what there is to add. I’m sure there is more. Maybe that more is miasm, I don’t know, but I need to find that for myself. Then I’ll know, perhaps its also part of my nature, that I like to know the thing when it happens as an experience, because then I know it comes not as an intellectual thought but from what is true. So I’d like it to happen to me in that way rather than to take it as an intellectual thing and join “A” plus “B” together.

NT: It seems for you that the ‘state’ itself is the goal and perhaps other intellectual structures get in the way of that.

Divya: Yes. Perhaps it is the difference of working, the difference of personalities, there is always that individual bit in the homeopath as well as in our patients, and just as we celebrate the difference in our patients, I think it is OK to celebrate that difference in homeopaths, as long as we use it with discretion and respect each others approach.

NT: One of the reoccurring points of conversation I hear during your seminars is the issue of

very long case taking processes spanning three hours or more. One of the issues raised is about the financial viability of such an approach.

Divya: I'll answer that question in two ways. First, if the need of the hour is to do the case in a short time, I am working on that, because there are times, in an acute scenario, where I have used the same method in twenty minutes. The advantage of having done it in this depth, I know whether in that twenty minutes I have achieved the end or not. So I am perfecting, perhaps, the method, which maybe I could give to the people, but on the other hand, I personally still enjoy that space of knowing you've covered everything and not using short cuts. I can perfect a method of short cuts, which I am happy to do, but I would still prefer to use that.

As far as the financial viability of spending that long with clients, if you've done a good first visit you can spend much longer on follow-ups, and also you won't need to call the person for a re-take and spend another long time. That extra one and a half hours you give now will actually probably save you five or six hours in the next six months. So financially I think it still equates out.

If you look at your financial point from the situation of today, yes, it might restrict the number of cases you can see, but if you look at it based on the follow-ups, you can do a shorter follow-up when you get to that point. When you haven't got to that point, then every follow-up your still trying and so your follow-ups are longer because you're still struggling.

NT: What about doing this first case over several sessions or would that break the continuity?

Divya: No, it doesn't. It just takes the first fifteen minutes to bring the patient back to that point. So tell me what happened since last time, some dreams, some important incidents and very quickly the patient comes back to that point.

NT: Do you feel that due to experience you are able to perceive where the patient is going early on in the interview?

Divya: Very often with the experience that I have now I get the remedy in the first fifteen or twenty minutes, but I don't allow it to prejudice me, I still enjoy just waiting to see if maybe something will change.

NT: The patterns within human nature are such that it seems that sitting with person after person you do come to a point where you can see where its going.

Divya: You can, it's just that early on in practice I think it's dangerous to do. Also I think it's interesting that in nature's way, early on in practice you certainly have more time, so why not use it productively. When you come to the point where you have more patients, you can use the experience you have got from that extra time to find the quicker methods.

NT: Could you offer a synopsis of what you have understood about potency.

Divya: It is the same basic idea as we already know it, that as the intensity of the state increases, the potency must be higher. The only thing is that, as simple as the sentence sounds, the intensity of the state as expressed by the patients is actually different then the way it sounds.

We have so many patients in denial, who do not express the intensity of the state in direct ways, but in denial. So the problem is that we have to understand the intensity of the state the way the patient expresses it. The other thing is the exact calibration of what do we mean by a high intensity? What do we mean when we say, "When the intensity is high enough". So how do you know it is high enough was a gray area.

So as I said I believe in the foundation of provings. So if you don't know it, prove it. So we proved potency. So I chose two well-known remedies so as to eliminate the variable of the

remedy itself and we chose *Calcarea carbonica* and *Natrum muriaticum* in two separate instances and proved it in two separate groups. Each group was getting a 30, 200, 1M, or 10M in a double blind method. I knew it was *Calcarea carb.* though I didn't know which group got which potency.

All the material was given back to me. I was trying to find the common themes and see which potency was which. To my surprise, what I had tabulated was the exact opposite to what I perceived. The people I thought should have been a 30 were a 10m or a 1M, and the people I thought should have been a 1M were actually a 30. So I asked, "What is going on, what is happening here?" The fundamental logic behind an intensity of state being higher and so requiring a higher potency cannot be wrong. That is too logical, that is the basis, so what is happening here?

So then I examined a little more, examined the provers, I realized that very often we would take the intensity to mean that if the patient expressed his state directly we would presume it means a high intensity and give a 1M. If a patient would not express his state directly, it would mean that his state is not so intense and give him a 30. I realized that's not true.

Suppose I have a fear of dogs, which is not bad, which is 30, so I can probably deal with it and express it to you and say "I have a fear of dogs. It's only a little bit there, but its there." Then I have a 200, I can still deal with it but it is more. So there is a certain amount of denial that comes in, so I won't express it in its entirety, but I'll just say, "I don't kind of like them, I'm a little scared of them but not too much, but I'm a little scared."

As the fear is so intense that I cannot go to a street with a dog, but I am thirty-five years old, I cannot shriek every time I see a dog. I will be considered insane and I'm *Calcarea carb.* I'm worried what will people say, so what do I do? I simply avoid every street that has a dog. So I never get a fear of dog. I don't talk about it simply because I don't go to that situation. A 200 would go there because his fear is such that he can handle it, but a 1M would avoid that situation. So where there is denial it is a 1M potency. When the symptoms are spoken directly as they are in the proving, it is a 30 because the provings are all in 30. When the patient directly tells you, "I have a fear of injury, a fear of pain, a fear of dogs, a fear of suffering," one would say, "Wow! What an intense state of *Calcarea carb.*, give him a 10M!" Actually, it is 30. It's when he denies it that it comes out much later as a hidden feeling. What do you need to hide? You need to hide what is an intense feeling within you. If the feeling is not so intense you don't have to hide it. Therefore that whole interpretation was different then this understanding of intensity.

The way people deny it becomes a 1M. At 10M they don't say we are afraid of dogs, they say, "I hate dogs. Dogs carry infection. They are creatures to be hated and despised." So it goes, but the inner feeling is still fear. The intensity is so much that you probably see dogs all around and you'd probably SCREAM, but you can't do that unless you are uncompensated or you are a child. If you are a child you probably get the feeling very, very scared but in an adult who is sane, he cannot jump up every time he sees a dog. It's a bit absurd, isn't it? So he has to use a different coping mechanism and often that's where we are misled. So we have to understand the coping mechanisms of every potency and that tells you the intensity. The more you need to compensate, the more must be the feeling.

NT: The next issue then is children.

Divya: My children?

NT: How old are they?

Divya: Four and six and a half.

NT: How do you work with children who are very young?

Divya: There are two aspects. One is a patient who talks and one who doesn't talk. For the patient who talks, I simply talk to them because they are living in their state. So I would ask them to draw for example, whatever comes, and I would just question on that. I would simply free associate. Or just begin talking with them and free associate with what they say. Say age two – two and a half. If they can say words they can tell you. So you speak to the mother or parents and get the expression, because the parents will often give you the expressions of the child. Then speak to the child to get the underlying feeling.

I would also speak to the mother or the parents and ask them first the pregnancy history of the mother and see if there are the same words in the expressions of the child and the mother, in terms of habits, in terms of ways of specific behavior. If it happens again and again, I would ask into the feeling of the mother. I would also ask whom the child is like. Ask why they think it is more like the mother or father. If definite words and feelings were expressed there, then I would further ask mother or father's history and correlate the two together.

If the child doesn't talk yet, you ask the expressions from the parent and then ask the pregnancy history and usually there is a correlation with the pregnancy history of the mother, or the nature of the mother, or the nature of the father, at that age. Up to one and a half they are perhaps not as well individuated but more extensions of one of either parent or the state of the pregnancy. Even then I'm cautious to see whether that correlation exists because not every child is expressing that state. There are cases that have nothing to do with the mother or the father or the state of the pregnancy. So I am careful to see that that thing exists and then look for it, but most often that correlation is there.

I find children's cases very easy to do because they live in that delusional state and they have no problems talking about it so it's not a problem to find it.

NT: I'm curious about your homeopathic education in India and how you might see homeopathic education now after years of experience.

Divya: In India we have a graduate course, which is equal to the allopathic degree course that exists. We have the foundation courses of anatomy, physiology, forensic medicine, pathology, surgery, gynecology, everything, but right from day one the materia medica starts. Repertory starts from year two. Clinical training starts from year two, where you're watching your teachers do the cases. So I think the foundation of knowledge that we got is extremely sound and extremely well covered to make us good physicians first and then good homeopaths. I think that's important because we need to understand the disease in terms of the allopathic (modern medicine), in terms of pathology, in terms of prognosis, understanding what's happening. Also knowing any alternative help that can be done along with it, not medical, but otherwise. Thus being able to evaluate what our remedies are doing at that point. I think knowing that gives you a confidence to deal with any emergency situation.

So I think the foundation comes from there. We read the material medicas, we read the repertories, like Boger and Nash and Kent and we had to know it. We had to know where every rubric was and we were examined on that. We would be given a rubric and we had a few minutes to find where it was in the repertory. So the idea was that we should have the knowledge of what is where. If you know it exists, you know when you want to look for it. So the idea was, we didn't have to know all the remedies in that, but we had to know that such a rubric existed and here is where to find it.

So that kind of training was extremely fundamental to build that sound basis, and with that sound basis, when one wants to go ahead, seminars are wonderful because I think that is the growth level. I don't think I grew in homeopathy in my college, I think that came after that, but the foundation came from there. To build a building without a foundation it's weak. I do feel that one place of lacking or one of the points where homeopaths perhaps in the west or in

Europe lack that confidence is because the lacking of that knowledge.

Where they have a fear of going into unknown territories is because they don't know enough of the known in any case. So the idea of known and unknown is blurred anyway. So the fear of going into that is much more. So I think that in the knowledge or the education this needs to be incorporated in some way, where there is a sound foundation or knowledge about knowing the very basics of what exists and where to look for it. Then you have the confidence to go ahead.

NT: Can we review the issue of dreams? This can be a point of confusion and controversy. How are dreams best appreciated and utilized?

Divya: The dreams express that subconscious state which the patient has pushed away. He couldn't deal with it and therefore it has to be deep and intense. Then it's the subconscious trying to help the human being by bringing it out.

So dreams are of two or three types. The first type will be dreams that are related to daily events but usually there will be a twist to that. The patient in his dream state alters that in some way. That alteration is very important because it expresses that state. So I would find out what was the difference between what actually happened and what the patient saw in the dream. There is that fine difference between what occurred in the dream and what usually exists.

Then we want to know their feeling in the dream and the feeling taken in a very wide way. For example the patient may say, "I didn't feel anything in the dream." Then you would ask, "If such a situation that happened to you in the dream would have happened in reality what would you feel?" Then take that feeling to its great depth.

Then take every aspect of the dream, every person in the dream. For example the patient says, "I saw a person who was in class ten in my life." "So tell me about this person, what was most prominent in what you remember about this person?" What is the significance of this person in the patient's life? Then the patient will bring up maybe the attribute of that person which would connect with the symptoms or the state of that case very clearly.

So every different component of the dream may be important. Somebody may say, "In my dream they were going in a hot air balloon." "Who were you going with in the balloon?" "Why were you going in the hot air balloon?" "What was the experience of going there?" "How does it correlate with your life?"

In dreams time and space has no meaning. When we realize that, we understand that what exists there in the subconscious as separate fragments, comes together as one incident in the dream. So to understand the different aspects of that subconscious you have to fragment the dream as well. So you see the dream in its entirety, because the subconscious beautifully brings it together also in a way that is significant. Then you break it into fragments and examine each fragment in its significance.

Then there are the dreams that have symbols. In this case I would abstract about the symbols, because the symbols are symbols of the unconscious. I would free associate with them to open up that world and come to that delusional state. So usually in these patients in their conscious life, they are expressing symptoms that come from that state which would lie in the dream. So you analyze the dream in its entirety in this way to unlock that door.

NT: The first point that Rajan always makes is "Never ignore the dream and never interpret the dream."

Divya: Absolutely, because every dream, the meaning of every dream, is what it is and means to the individual and you can never presume to know that because no two dreams are the same

and the meaning of similar dreams in different individuals would never be the same.

NT: So using the repertory for dreams, literally looking up the dream is quite missing the point of what you are saying. It's not at all about literal correspondence.

Divya: You are bound to fail and this is true with any symptom. You get a nice symptom with a nice modality and the remedy doesn't work. Why? If it doesn't correspond to the state, then you've not chosen the right rubric.

NT: So what role does repertorization play for you now? If you are not taking rubrics that represent the state, then you are only repertorising expressions.

Divya: Right. You are taking mathematical totality not the actual totality. Therefore you can go wrong. We were taught in homeopathic college that the case consists of three parts: the analysis of the case, the evaluation of the case, and then finally conversion to rubrics. I do this, but with a slight difference. In the analysis of the case is understanding "this is the inner state, these are the words of the inner state." Evaluating thus is simple, because you would give importance first to the symptoms of the inner state, the inner circle, then to the next circle, then to the outside. Once you do that you know that the ones that would be the most important would be the first few - that would be the ones of the inner circle. So that's the evaluation. Then finally conversion to rubrics is the last step.

If you do it that way there is no confusion. That is why I advocate getting to that state by some means and I use the circles method to make sure that when I choose rubrics I know why I am choosing them. I choose rubrics because those are the rubrics of the state, not merely those of the expression.

NT: Yesterday you said the expression goes on expanding.

Divya: The state will not change.

NT: So how did you, in your evolution as a homeopath, come to the place where you left aside the more mathematical approach, and started to delve more deeply?

Divya: As I mentioned, homeopathy for me took a big leap when I started to work with Rajan Sankaran. I was a student and at the point where he began to teach me as a student in an individual way, was a time when I was reaching a point of disillusionment. I was seeing symptoms being used in a mathematical way, which I didn't have a problem with, except they didn't work. So I was very clear we're not reaching that high ideal in any patient. People were getting some kind of relief but nothing was shifting. Where we talk about a person achieving the higher purpose of existence is just not happening. So why is it not happening? This means homeopathy is not true!

It was at this point that Rajan began to teach in the college. I guess he must of thought that this one has some brains or she has spirit enough, that he offered to teach me in the clinic a little bit. That's the time when I saw that there is something deeper then only symptoms.

Then of course there was my own experience, my own practice. Once I saw a woman who had severe bleeding piles for ten years, she had nice symptoms. She had a love marriage (In India this refers to an unarranged marriage – ed) but she had a complete aversion to sex. Then she had craving for potatoes. She had a bearing down sensation. So it was wonderful, I gave Sepia and it worked wonderfully. One dose and ten years of suffering vanished. Then I had another women with the same symptoms and some other pathology and I gave Sepia and nothing happened. Obviously I began to question what is happening here? Why is it working in "x" and not working in "y"? There has to be some point I am missing. You have some symptom group, it does work in "a" and doesn't work in "b". Obviously you are choosing the wrong symptom group, but how do you know its wrong? Suddenly it comes that you are

using a group that is superficial, there is something deeper and then the whole thing just evolved from that.

NT: Are you going to write a book one of these days?

Divya: Yes I am, and then I can stop talking I guess, or maybe move on to other things.

NT: So what is your vision or understanding of the heart of homeopathy?

Divya: For me the heart of homeopathy lies in the fact that as human beings, we are all individually and as a collective group; humanity, reaching for a certain level of perfection. However, we are restricted, held back, confined, unable to do it because of certain problems, which in homeopathic language we can describe as our “state.” Our state that doesn’t allow us, as Hahnemann puts it, to reach the true expression of our being. Our inability to do that, to express freely, move freely, grow freely, is what we express as our “disease”.

I also feel...I don’t want to sound bombastic... but I believe that the mess that we perceive, if we are to say it is a mess that we see around us when we speak of the situation in our lives, in our countries, in our world, it comes from the individual and collective states that we all have. So I think that the heart of homeopathy is in freeing every individual from this limiting state, so that he can move forward in personal growth and achieve really the whole purpose of his being as well as collectively in humanity, we can reach that point, or that evolution, which should be our natural conclusion. When we do that, the problems, the conflicts, the issues that we find in our world around, which are destructive, would go away too, because we make them and if we are in a state of health and freedom it’s bound to go away. So I think that the heart of homeopathy is in making every individual a healthy, happy individual and the world a better place in which to live.

NT: You said yesterday, for Hahnemann Sulphur, Lycopodium, Calcarea cured so many individuals, whereas in our time they do not cover as wide a sphere.

Divya: No, now Uranium, Plutonium is more like it!!

NT: The inner state of the individual is reflecting the disturbed state of humanity as a whole.

Divya: Absolutely. This is true for epidemics as well, you know. When you have an epidemic disease where everyone is affected, the state of that epidemic ties in with situation that is happening outside and it is powerful enough to affect every individual. If you understand the remedy as the genus, it’s connected to what is happening to that group. What is happening outside is a mirror reflection of what is happening inside and what is happening inside is a mirror reflection of what is happening outside.

NT: Do you have anything to say on the general issue of innovation vs. fundamentalism, that has become a prominent discussion in homeopathy today?

Divya: Yes, we should speak about this issue of innovators vs. classicists and all the criticism and problems that occur. I think that the fundamental root behind this is, on one side, the fear of change that we collectively as human beings have. We are afraid of the unknown, primarily because we are not sure that we, individually, can cope with the unknown. That is why from time immemorial people who suggest something new are initially always criticized, before people have the courage to go ahead and join them.

However, if we do not innovate, grow, we will stagnate. That is not the need of the hour. If homeopathy is to take its rightful place as the medicine of the future, which it should and would, we have to move, we cannot stagnate, we have to grow, we have to reach that point where we can say confidently, I can cure you. To do that we have to innovate, we have to grow.

People who are innovating today are responsible people, whose goals in their lives are to cure

their patients. In that struggle, in the struggle of their failures they are coming out with new ideas. Many of them are criticized and told that they should wait twenty years, be sure of what they are saying, have twenty years of experience and then say it. However, there is an excitement to share that experience that has changed one's own practice, so that others can benefit by it. There is also an expectation that the audience is made up of mature individuals, a professional audience, and not children from kindergarten, who are well capable of thinking for themselves, sifting, trying it and if they don't find it good, to discard it.

But to discard or criticize without using it and to criticize the intention of the innovator without appreciating the motive and the desire to share can be damaging for homeopathy at large.

I have learned a lot from people who innovate today. They've given us a lot. This doesn't mean they are always right but no innovator says I am always right. So you innovate, you grow, and what is not true, you and other people can try, use and discard. That's the idea of growth and growing together.