

Predictive Homeopathy Course Review, Part I

Susanne Saltzman, MD

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For the last ten years of my 24 year practice, I have become increasingly challenged by the myriad complicated cases that arrive in my office daily. These are not the usual chronic problems that I treated earlier in my practice such as ear infections, bronchitis, asthma, anxiety, ADD, etc. These days I see children and young adults with severe autoimmune diseases such as Crohn's, lupus and ulcerative colitis, increasing numbers of elderly people with dementia, and far too many children with autism. While the functional medicine part of my practice helps with the increasing "obstacles to cure" (such as a poor diet, "leaky gut" and the many toxic substances to which our children are constantly exposed), I still find that the simillimum is the most powerful and effective way to achieve long lasting results. This is why I was so excited to read about the Vijayakars' Predictive Homeopathy seminar in New Orleans (which I did not attend) and their dramatic results with advanced pathological cases (all recorded on videos). What also encouraged me to take their year-long course was the fact that they were true Hahnemannian practitioners. For me, the whole philosophy/science of homeopathy as a medical system has always exemplified an essential truth (as confirmed by my numerous cured cases through the years) and I have never been drawn to methods that are not grounded in the classical approach.

My review of the Vijayakars' course will take place in several parts so as to impart the full flavor of their approach. I note that Dr. Richard Moskowitz has already produced an excellent review of the New Orleans seminar (published in the summer 2014 edition of this journal). After much thought, I have decided to repeat some of the core concepts in this article, not just for convenience but because so many of these core concepts are central to the Vijayakars' method of practice and they repeat them *again and again* throughout the course.

To begin, Dr. Prafull Vijayakar believes that chronic diseases, even so called incurable ones, can be permanently cured so long as the cure proceeds in a direction corresponding to Hering's Law of Cure—a direction that is largely predictable (hence, the term, "Predictive Homeopathy"). We all know that Hering's Law of Cure states that disease is cured from above downwards, from

inside outwards, and from more vital to less vital organs. However, Dr. Vijayakar has brought into this framework the additional consideration of embryological development.

For example, a patient can be cured of asthma with homeopathic treatment only to develop psoriasis later on. According to our very basic understanding of Hering's Law, we might decide that this treatment was indeed curative since the disease has moved from the "deeper" organ (lungs) to the skin (psoriasis). However, because the Vijayakars use the science of embryology to explain Hering's Law, they would say that the homeopathic treatment actually suppressed the asthma and "drove it deeper" into more advanced pathology because psoriasis originates in the dermis, which arises from a deeper layer (embryologically) than the bronchiolar lining (see below). Therefore it is very important to have an understanding of basic embryology to know whether our treatments are actually curative or suppressive, which is why follow-up visits are so important to the Vijayakars. So, let's review some basic embryology (once again I refer you to Dr. Moskowitz's article as well).

- 1) The *ectoderm* gives rise to the outermost layer of the body which consists of the skin or epidermis as well as the conjunctiva, cornea, lips, cheek, gums, palate, outer ear, sweat glands, parotids, hair, nails.
- 2) The *endoderm* consists of the cells lining the respiratory tract, gastrointestinal tract, and genitourinary tract. The liver is both endodermal and mesodermal.
- 3) The *mesenchymal* or *outer layer of mesoderm* comprises the connective tissues: cartilage, bones, joints, dermis, teeth, muscles, blood and lymph.
- 4) The *mesothelial* or *inner layer of mesoderm* forms the heart, blood vessels, and the parenchyma of the kidneys and lungs.
- 5) The *endocrine system* comprises the pituitary, thyroid, adrenals, pancreatic islets, ovaries, testes.
- 6) The *neuro-ectoderm* is the brain, central nervous system, autonomic and peripheral nervous system.
- 7) The *genetic code*: basic cellular structure and function; mind.

Now, using the above information, let's review some examples from class. Let's say you treat a man for psoriasis, but as the skin lesions improve, he develops a cough or bronchitis. Is this clinical response obeying Hering's Law? According to the Vijayakars, this response is good since the disease is moving from the mesoderm (psoriasis is a disease of the dermis) to endoderm (respiratory tract). What about someone with diarrhea who is treated successfully with a remedy but then she develops acute back pain? This would be considered a suppression since the process is moving from endoderm to mesoderm.

The Vijayakars stated that you may find that people with hypertension have a history of joint pains in the past that were treated allopathically which merely suppressed the illness—mesenchymal or outer layer of mesoderm/joints to mesothelial or inner layer of mesoderm/cardiovascular. They stated that when you cure cardiovascular problems, you will often see a worsening of knee or ankle pain. *However, these transient increase in pains should be bearable by the patient, lasting 3-4 days at the most and do not need treatment.* In fact, if you give someone a homeopathic remedy for high blood pressure and they develop excruciating back pain, then the remedy is probably incorrect (even though it moved in the "right" direction!).

Also, within the endocrine system there is a hierarchy, such that if we successfully treat a case of hypothyroidism in a diabetic, for example, as the TSH decreases we may see a transient increase in blood sugar as the cure takes place (thyroid *above* pancreas; "from above downwards"). Likewise, a person on thyroid medication for a long time might eventually end up with hypothalamus/pituitary problems (suppression). Other examples: we treat a diabetic with peripheral neuropathy. If the remedy is correct, as the tingling and numbness in the feet improve, there may be a temporary worsening of the blood sugar (moving from the neuro-ectoderm to endocrine system).

The Vijayakars use a very strict interpretation of Hering's Law. They showed a video, for example of a woman with a severe case of psoriasis (something that they apparently have much success with in their clinic), especially of the feet. On the follow-up after the remedy, the lesions on the feet were almost completely gone, however, the woman still had some deep cracks behind her left ear. Although they continued to wait, Dr. Vijayakar was not surprised when months later the psoriasis returned with a vengeance! (And *no* they did *not* repeat the remedy even though she had had such a marked improvement. That's how confident they are in their interpretation of Hering's Law!). He explained that the cracks behind the ear should have resolved first (above downwards, as well as the fact that cracks are a syphilitic symptom and should be the first to resolve), and so they retook the case and gave her another remedy. This time the cracks behind the ear resolved before the lesions on the feet and over the next few months her psoriasis completely resolved and remained that way until the present time, 3 years later (with just one dose of a 200C!) Amazing, n'est

pas?

The following schema are the "7 layers of disease travel" which corresponds to the embryological layers mentioned above (although here it is written in reverse order)

- 7) Insanity, cancer, AIDS, motor neuron disease, Parkinson's, Alzheimer's
- 6) Epilepsy, diabetic neuritis, multiple sclerosis, peripheral neuritis, vestibular nerve problems
- 5) Thyroid conditions, diabetes, infertility, neurosis, depression
- 4) Hypertension, angina, atherosclerosis, tuberculosis, hyperlipidemia, nephrosis, pleurisy, prolapse of heart valves, renal failure, emphysema
- 3) Rheumatoid arthritis, synovitis, back pain, osteoarthritis, hair loss (alopecia), anemia, dental problems, psoriasis, peritonitis, destruction/paralysis of vocal cord
- 2) Cold, cough, acute rhinitis, sinusitis, bronchitis, asthma, gastritis, tonsillitis, hepatitis, diarrhea, enteritis, appendicitis, urinary tract infections, laryngeal polyps, nasal polyps, gallstones, gonorrhea, ulcerative colitis, Crohn's disease, ulcers
- 1) Eczema, boils, acne, conjunctivitis, otitis externa, aphthae, warts, corns, ringworm, blepharitis, ulcers, cracks, corneal ulcers, ear drum rupture.

The Vijayakars showed how Hering's Law closely parallels the earliest stages in embryological development. I won't review this concept here since it is so well-addressed in Dr. Moskowitz's article (p. 80). However, what I found fascinating about it is the idea that all morphogenetic gradients (autonomous embryological growth gradients that lead to specialization of cells, organs and tissues) follow Hering's Law: above downwards, center to periphery, inside outwards, more important to less vital organs! All these gradients supply nutrition, eliminate toxins, promote health/growth, are passive (do not consume ATP), and are directed towards the skin. All promote life. When we stimulate the body with our homeopathic remedies, we are essentially stimulating these morphogenetic gradients to produce a cure! In fact, according to the Vijayakars, any holistic system can do this; such as, prayer, vibrations, spirituality and other energy systems.

Next, the Vijayakars spoke about how the disappearance of skin lesions themselves must follow a certain pattern. For example, successful treatment of any kind of lesion should begin to shrink it from the periphery inward so that it starts *concentrating at the center* of the lesion, getting smaller and smaller until it disappears. This seems opposite to Hering's Law—center to periphery. Also, once the lesions are gone, there should be no depigmented areas nor any mark on the skin or the patient is not cured! If depigmented areas remain, for example, chances are the disease is not cured (remedy was wrong) and the patient will relapse. They showed a number of videos demonstrating

this phenomenon.

How to know if your remedy is wrong

The following are examples of suppression of *physical symptoms*, meaning, wrong remedy:

- 1) eczema starts to release pus (this is not a detoxification or healthy discharge)
- 2) any lesion that begins to bleed or ulcerate (these are syphilitic symptoms)
- 3) any inflammation that becomes hardened or indurated

The following are examples of suppression of *general symptoms*, meaning, wrong remedy:

- 1) Physical symptoms improve but patient becomes dull or loses interest in his usual activities.
- 2) Physical symptoms improve but sense of well being not present.
- 3) Physical symptoms improve but stamina is reduced.
- 4) Development of dizziness, nausea/vomiting is NOT good. The Vijayakars repeated this a number of times throughout the course. They said vomiting is reverse peristalsis and an unwelcome response, usually a result of the wrong remedy, which suppressed.
- 5) Lingering fevers after the remedy.

The following are examples of suppression of *mental symptoms* (wrong remedy):

- 1) A normally mild person (psoric) becomes angry and/or irritable (sycotic) or rageful/destructive (syphilitic)
- 2) A normally timid person (psoric) becomes audacious (sycotic)
- 3) A moderately anxious person (which is psoric and a normal defense) becomes completely contented and not at all anxious. In other words, anxiety in general is psoric—it's our friend—whereas sycosis is fear. Total fearlessness is syphilitic (this will become clear when we review miasms below).
- 4) A mildly anxious person starts to develop anguish/panic attacks. (suppression)

How to know if the remedy is correct

- 1) Mild fever develops within 24 hours.
- 2) Transient diarrhea (not vomiting).
- 3) Existing cough or pains worsen transiently.
- 4) An amelioration followed by an aggravation usually not good (this has also been my experience).
- 5) Patient regains interests in reading, playing, usual activities.
- 6) Increased tolerance to aggravating factors (stress).
- 7) Better sleep.

Ambrish Vijayakar (Prafull's son) then presented a number of cured video cases, one of which I will review here:

3 year old with hemangiomas

A 3-year-old female presents with severe hemangiomas involving the brain (seizures), right eye (completely swollen and shut on video), upper lip (completely swollen), right side of nose (swollen, disfigured). The patient was referred to Dr. Vijayakar by allopathic colleagues who could no longer help the child because of the severity of the disease. Brief history: After the child received several BCG vaccines as an infant, she developed profuse perspiration and became cranky and uncomfortable, especially in warm rooms. Soon after she developed a severe allergy to her milk-based formula and began episodes of projectile vomiting. This was followed by lachrymation, restlessness, and finally convulsions. CT showed a cerebral vascular malformation and she was diagnosed with Sturge-Weber syndrome. Unfortunately the hemangiomas grew out of control, spreading throughout the brain and the right side of her face, causing tremendous disfiguration. At this point she was referred to Vijayakars' clinic.

When we analyze this case, we see that the vaccines were probably the initial injury which led to gastrointestinal problems—the severe intolerance to milk and vomiting (endoderm)—which then progressed to deeper layers—seizures (neuro-ectoderm). Some of the child's other symptoms: she shuddered after noise, loved to play with rupees (Indian currency), and she was destructive with her toys. She was angry and obstinate and *rage caused shuddering* as well as *urination which also made her shudder* and cry. She would have intense temper tantrums and would shriek and shout. The mother's history showed she had a stillborn birth before the birth of this child which resulted in the mother having hysterical fits and depression.

So, if we analyze this case, we see how fast the progression of this disease was: after vaccination, she developed a severe milk intolerance, followed by lachrymation, restlessness and seizures—all within 2 years. *This shows a syphilitic predisposition.* Even shrieking and shuddering from noise/urination/anger are considered syphilitic symptoms. Convulsions with shuddering is a rubric consistent with the syphilitic quality of this case and contains but five remedies. This being a very forceful and strong child, the remedy given was *Moschus* 200C, one dose.

The seizures began to decrease almost immediately in intensity and frequency, which is what we want to see since the tumors are the primary pathology. The tumors shrank and receded over the next several months. The girl was given a total of 3 doses of *Moschus* 200C over an 18 month period. Follow-up videos showed resolution of the swelling and disfigurement of the face from the shrinking of the tumors. It was a truly amazing thing to witness!

46 year old with rheumatoid arthritis

A 46 year-old woman presents with rheumatoid arthritis (RA) so severe she is mostly bedridden (though can walk with support). She also has renal failure from the RA. She has swelling and deformities throughout her joints and extreme weakness. Her pain is aggravated by the slightest motion. Symptoms began when her family separated and she felt forsaken by her relatives. She has a history of asthma many years ago (endoderm), followed by diabetes (endocrine), and RA (mesenchyme). Now she has renal failure from the RA (mesothelium). She is reserved, cannot bear rudeness or neglect, is chilly, has swelling of her upper eyelids, puffiness of the face and startles easily.

She is given *Kali carbonicum* 200C, one dose. The swelling of her face is reduced 50% and she starts walking with less support. She starts smiling. Her constipation is unchanged but her pain is better. Her urinary output, however, remains poor and there is no improvement in kidney function (protein in urine and creatinine are unchanged). Therefore, the deepest layer (mesothelium) remains unchanged; so the remedy was deemed incorrect.

Many from the audience asked if the remedy should be repeated since she had some improvement of other symptoms, but the Vijayakars stated that the deepest layer (kidneys) is unchanged and should have shown some signs of resolution *first*; therefore the remedy is wrong. The case is retaken and she is finally cured with one dose of *Calcarea carbonica* 200c (prescribed based on her need for support and protection, obstinacy, chilliness, chronic constipation, etc.). Follow-up videos show her walking without support, the pain and swelling markedly decreased, her mood good and the kidneys fully functioning (urinary output increased, creatinine began to decrease)! The Vijayakars stated that for diseases such as RA, one dose of the simillimum is usually sufficient.

Miasms

Now let's talk about *miasms*—another topic which is greatly expanded upon by the Vijayakars. Miasms are used by the Vijayakars in evaluating every single case.

To review, I refer you once again to Dr. Moskowitz's article (p. 80). Disease arises in an organ/tissue when the cells fight to survive. In other words, *every disease is a defense mechanism*. Hahnemann believed that the chronicity and relapsing nature of many diseases (that were not cured with the seemingly most-indicated remedies) could be traced to the itch (psora), fig-wart disease (sycosis), and the chancre (syphilis).

Psora

Psora is considered the most basic defense consisting of *inflammation and irritation* and covers most acute, self-limiting diseases that do not cause permanent tissue damage, such as boils, rashes, colic, spasms, pains, constrictions, the diseases ending with "itis," such as conjunctivitis, sinusitis, hepatitis, pancreatitis, as well as (on an emotional

level) anxiety, neurosis, irritability, anger. How do psoric patients present in your clinic? Due to an *oversensitivity on all levels*, these patients complain of numerous symptoms such as sensitivity to rudeness, reproaches, family affairs and their health. They can be anxious, impatient, irritable and angry, asking the practitioner, "Why can you not help me?" "What remedy are you giving me?" "Is it safe?" Psora *expresses*. These patients are also conscientious, diligent, responsible, eager to learn and work, and complain about usual life events.

Sycosis

If the psoric defense is not enough to contain the problem (as a metaphor: you are hitting me and I shout "stop," but that does not stop you), then the secondary defense is sycosis (I put up a barrier between us). On a physical level, this manifests as chronic inflammation and induration. Here the body begins to fortify itself through, 1) accumulation, 2) changes in structural proteins, and 3) multiplication (for example, hyperlipidemia and diabetes). On a mental level, this corresponds to: "I am under attack; I feel insecure, fragile, threatened; I need a facade (induration); I have to change, strengthen my structure and fortify myself." Here, the individual starts to cover up his weaknesses by hiding (cowardice, secretive), becoming bombastic (boasters, braggarts), accumulating things to feel secure (money, material goods, sex, etc.).

Sycosis displays *excess* and will go to any means to obtain what they want. They can be manipulators, liars and thieves. They can also be highly intelligent, precocious children, and as adults are good managers, orators and planners (CEO's, politicians, scientists, actors, poets, writers, industrialists.). Sycotic grief manifests in not just cries (psoric) but involuntary sighing (suppressed grief). Other sycotic mental symptoms are foolishness, fearfulness, escapism and hypocrisy. On a physical level, we see congestion, edema, swelling, ascites, glaucoma, hydrocephalus, pleurisy, hyperlipidemia, obesity, or induration involving excess elastin and fibrin (fibrosis, contractures, shortening of tendons), stenosis. Proliferation gives us corns, keloids, fibroids, moles, cysts, tumors, polyps. Likewise, the body may respond by producing less elastin (hyposycosis) which leads to prolapse, ptosis, hemorrhoids, sprains, hernias, dilatation, constipation and varicosities.

Syphilis

When the sycotic defense is insufficient, this leads to a syphilitic state which is destructive, out of control and will sacrifice a part of the body to save the whole (metaphor: putting up a barrier did not stop you so now I can cut off your arm or my own.) On the mental level we see hatred, cruelty, rage, perversions, hallucinations, delusions, suicidal and homicidal behavior, and exaggerated reactions to normal stimuli (people who cannot control laughter, severe pain from touch, hysteria, etc.). We can also see

complete apathy or indifference. Physically we see necrosis, gangrene, ulcerations, autoimmune and neurodegenerative diseases.

Many examples were given to demonstrate how these three miasms are expressed. According to the Vijayakars, enlightenment (“there are many gurus in India!”) is considered a syphilitic trait because it’s an exaggeration (outside of reality). Terrorists who plan an attack are sycotic, those who carry out the attack syphilitic.

Finally one of the most important lessons learned is that any remedy can be psoric, sycotic or syphilitic depending on the stage to which the person (or disease) has progressed. And most importantly, in all cases it is crucial to uncover the deepest, most syphilitic symptoms (if possible), since *it is the remedy that covers this symptom which will likely cure the case*. Even in what appears to be the simplest “psoric” case, there will usually be a deeper symptom/layer (usually syphilitic) that needs to be uncovered. This symptom will be your “entry point” into the simillimum. This seems to be the “secret ingredient” to the Vijayakars’ success with even the most challenging, incurable cases.

Another video case example:

An 18-year-old male presents with alopecia (the Vijayakars have much success treating this condition) which began at 12 years of age. The hair loss began within 15 days of receiving a vaccination at age 5. Hair loss began on the occiput and progressed to the entire head, followed by the eyebrows and eyelashes. He is tall, thirsty, chilly (the Vijayakars place tremendous importance on thermals and thirst), loves sweets, is quiet, reserved, attached to his mother, was sensitive to rudeness as a young child and also stammered for a brief time (may reveal fear of a dominant parent). He also has trouble concentrating in school (Mind: dullness) and his memory is poor.

He was given a number of incorrect remedies including *Calcarea carbonica* and *Baryta carbonica*. However, when he was given *Baryta muriaticum* (muriaticums have

attachment to the mother), his hair started to grow back but was *white in color*. According to the Vijayakars this is a syphilitic symptom and so the remedy is wrong (he is young and not supposed to have white hair!) However, because the remedy obviously produced a response, they considered whether this was from the Baryta or the muriaticum element. They decided that they needed to look deeper into the case and so they questioned him further.

They discovered that he felt a tremendous responsibility towards his parents, that he dreams of money and imagines himself wealthy. He does not have the will to create this in his life, but he sits around all day reading magazines and imagines himself wealthy with big houses and fancy cars. The Vijayakars believed this was more than just daydreaming (a sycotic symptom); they saw it as delusional/syphilitic (because of the degree of his obsession with these fantasies) and they repertorized “Mind: fancies, on reading” (Note: the Vijayakars have an almost encyclopedic knowledge of repertory).

They gave him *Magnesia muriaticum* 200C, one dose. This remedy covered his general introverted state, sensitivity to rudeness, sense of responsibility towards his parents and, most importantly, it was in “Mind: fancies, on reading”—the *deepest, most syphilitic symptom uncovered in the case*. Next, the Vijayakars asked a very important question: if the remedy is correct, on what part of the body will the hair grow first? They considered this key to a cure. Based on Hering’s Law, the hair should grow in first where it is most needed/vital. If you answered the eyelashes, then you are correct! Within a year, follow-up videos showed the patient with a full head of hair (as well as eyebrows, lashes, and beard!).

Upcoming articles

In the rest of this series of articles I will be summarizing remedies/materia medica from the Vijayakars’ perspective and clinical experience, as well as continue to describe some amazing cured video cases.