

## Predictive Homeopathy

Seminar Presented by Karl Robinson, M.D. and Max Jenny, M.D.  
With Additional Material by Irene Sebastian, M.D.

Hyatt Regency Hotel, Chicago, February 8-10, 2013

Reviewed by Richard Moskowitz, M.D.

Long in the planning, but the event largely improvised at the last minute, this seminar was devoted to the work of the esteemed Indian homeopath, Dr. Prafull Vijayakar, of Mumbai; and it proved to be informative, memorable, and inspiring in almost every detail, by no means the least of which was that it happened at all. Before leaving India for the seminar, Dr. Vijayakar fell seriously ill, and Dr. Sebastian, AIH President, had little choice but to call it off, leaving over sixty paid registrants to cancel their travel and hotel reservations, and pledging to refund their tuition fees as well, portending a major financial disaster for the organization. Into that worst-case scenario stepped Karl Robinson, MD, a long-time student of Vijayakar, who had proposed and helped organize the seminar to begin with, and now volunteered to substitute for him, and persuaded Max Jenny, MD, a fellow-student from Germany, to assist with his own library of video cases.

In the end, over thirty people showed up, roughly half of the original total; and a large percentage of them donated part or all of their prepaid registration fees. As an added bonus, Dr. Sebastian contributed some material from her own recent study with PV, as she and Dr. Robinson liked to refer to him. In short, the greatest miracle of all was the seminar itself, which featured not only allopathic doses of superb teaching, and the novel thrust of Vijayakar's thought and style, but also the active participation and seasoned comments of the attendees, including a goodly number of veteran prescribers who came from far away, both to learn and catch up with old friends. In short, against all odds, this last-minute effort provided a lot of what seminars are supposed to be about: a time for getting away to take a step back from and gain a fresh perspective on what we do all the time, in the company of teachers and colleagues of like mind.

Rather than adhering to any uniform, monolithic, one-size-fits-all system, Vijayakar's approach seemed refreshingly nuanced and eclectic; what Karl, Max, and Irene gave us was a collection of intriguing bits and pieces, little gems of *Materia medica* study, repertorization, miasmatic analysis, and case management, gleaned from years of experience and literally thousands of cases, many involving serious



and even life-threatening pathology, precisely the kind that we as medical doctors have been especially trained to care for, but that as American homeopaths, in an era when homeopathic medical practice has been so neatly marginalized, we lack sufficient experience with to be able to help consistently enough to persuade the legions of our brethren.

What tied them all together was his methodology, which was likewise nothing sensationally new or fancy, but simply a carefully worked-out application of the good, old-fashioned fundamentals that all homeopaths continually grapple with at every level. For me, one that stood out was PV's encyclopedic knowledge of the Repertory, of the rubrics it contains as well as their actual or literal meaning, together with his ingenious way of translating observed appearances and behaviors into its language, a nitty-gritty challenge that bedevils us all on a daily basis.

Inevitably I was reminded of my own experience in Mumbai over fifteen years ago, while visiting a clinic for the indigent, where we saw fifty or sixty cases in a morning. As the senior doctor was interviewing patients, the dozen or so young students in the back of the room, most in their late teens or early twenties, were chattering away loudly and even rudely calling out the rubrics that corresponded to

what the patients were saying and doing. That drill helped me to own the fact that I, like most American homeopaths, have learned homeopathy pretty much by the seat of my pants, so that I still add new rubrics one by one as I go along, never having taken the opportunity or felt the pressure of being required to learn these ABC's by rote, as these beginners were all expected to do before so much as talking with a patient.

Another elemental truth that we all know intellectually and drum into our students, but often lose sight of ourselves amidst the adrenaline rush of trying to help a seriously-ill patient, is that analyzing cases demands more than simply adding up the arithmetic sum of a long list of rubrics and seeing which polycrest scores highest, that the real challenge includes learning how to translate the perceptible "essence" of the patient, dare I say, into the language of the Repertory, and even to step back from the rubrics long enough to observe what the patients are doing, as PV repeatedly stressed, including how they look, speak, and express themselves. Again, nothing new here: the big question is, how do you *do* it?



Of this mysterious, elusive, and inescapably artful process, Karl, Max, and Irene gave innumerable examples, until it became a major subtext of the seminar as a whole, and certainly one of the most stimulating and challenging themes for all who attended, at every level of experience. Repeatedly they emphasized the importance of locating the "entry-point," the symptom or manifestation that is so clearly and strongly a part of the case that the rubric corresponding to it must include the indicated remedy just as prominently, so that the whole case falls into place around it, and far fewer rubrics are needed to find the correct remedy.

This entry-point could not always be discovered,

even by Vijayakar. His search for it was closely linked to his interpretation of the miasms, entirely limited to Hahnemann's original triad, which shared many common features with that of Proceso Ortega of Mexico and other modern scholars, but with some important additions of his own:

- **Psora** he called *physiological*, i. e., involving physiological processes, mainly inflammation, with the capacity for self-healing, but which, if it fails, may result in "covering it up," in the form of
- **Sycosis**, involving *secretions* and the formation of polyps, excrescences, and *accumulation* of tissue, in excess of what the individual is born with, as in pterygium, benign tumors, and hyperplasia or thickening, i.e., "too much" of something; or its opposite, "too little," that is, *deficiency* states, e.g., dilatation, prolapse, thinning, excessive relaxation or induration, but which, if either one fails, can become self-destructive, i.e.,
- **Syphilis**, encompassing destructive illnesses, lesions, and conditions, such as auto-immune diseases, malignant tumors, any ailments involving bleeding, and mental derangements such as hysteria, involving perversion, distortion, and exaggeration, to the point of being "out of control."

These characterizations feature two important assumptions, often implied or hinted at by other teachers, but less explicitly worked out:

1. Miasms are not fixed for all time in an individual, but naturally tend to progress or evolve into one another, i. e., from psora to sycosis to syphilis as the condition worsens, and in the reverse order as it improves; and
2. Diseases and the remedies corresponding to them include aspects of all three miasms, which thus become the basis of case management over time, in



accordance with Hering's Laws of Cure.

What I found thoroughly captivating and indeed quite brilliant about Karl's teaching in particular was his *naturalness*, for want of a better word, involving roughly equal proportions of informality, spontaneity, and an utter lack of pretense. There was no claim of omniscience or implication of having mastered the material, but simply the love of a born raconteur for the stories that he carried with him and could relate in his easy, personal style, for the simple reason that they were so memorable to him as to beguile and persuade us as well, while no small part of what made them so was his own infectious and almost evangelical excitement at having witnessed and in some cases brought about a miracle or level of cure that might not have been possible otherwise. On top of that, I delighted in the deep, rich sonority of his splendid bass-baritone voice, which added a resonance to his words that made me grateful just for the experience of hearing them.

While Max's teachings were also informative and valuable, and his videos added conviction to them, I often had difficulty following and understanding some of his subtler English renderings, and my aging eyesight didn't always catch the facial expressions he was attempting to demonstrate. It was as an intellectual, a philosopher even, that I found him most stimulating. Then, too, we had contributions from Irene Sebastian. Interspersed throughout the proceedings, her own little pearls were lively, refreshing, and added a third independent but complementary perspective on PV's teachings, which punctuated the longer riffs of Karl and Max quite nicely and kept everything moving along.

But these general remarks hardly do justice to the actual experience of the event, let alone the wealth of nuggets from PV's seemingly inexhaustible trove, of which I can provide but a brief sampling here. Illustrating the "entry point," for example, Karl gave the case of a 26-month-old toddler with cutaneous hemangiomas of the Sturge-Weber type, which like many others followed a history of repeated courses of antibiotics for URI's over a several-month period, resulting in a dramatic change in temperament, from sweet-natured into a "monster," prone to nocturnal tantrums with head-banging, shrieking, pulling hair, and throwing things, which came on suddenly, with increased physical strength, an insistence on going outdoors, and which disappeared more gradually.

As his entry point, PV chose 'GENERALITIES, Pain, sudden, decreasing slowly,' which appears in the Repertory solely as a pain rubric, but which he took the liberty of applying more broadly, and just three others:

- 'MIND, Rage, Fury, strength increased during;'
- 'MIND, Eccentricity;'
- 'MIND, Escape, desire to.'

In all four rubrics *Belladonna* appeared prominently; and soon after giving it, not only the tantrums, but even

the hemangiomas began to fade away. This occasioned a lengthy discourse about the wild, "syphilitic" aspect of *Belladonna*, in contrast to its less well-known psoric version, which Karl described as "vivacious, smiling, cheerful, coquettish, and intelligent," followed by an exhortation to *seek out the syphilitic element first*, whether on the mental plane, i.e., whatever is "strange, rare, and peculiar," that is, extreme, "distorted," "perverted," or simply out of control, or alternatively, on the level of physical pathology, whatever is destructive and likely to kill the patient.

This maxim led Karl and Max to some of PV's numerous cases of children with cerebral palsy, mental retardation, and other serious congenital anomalies, such as a girl of thirty months with CP, whose parents reported that she had been screaming constantly without letup for months on end, the whole time she was awake, with twisting, squirming, and pica. When PV first saw her, he noticed that she was boring and twisting her fingers into her ears, and gave her *Cina* 200C on the spot, based largely on the rubric, 'NOSE, Must bore into with finger,' which again he took the liberty of extrapolating to the ear. The girl calmed down in twenty minutes, and a year later had become a totally different child, albeit still eating mud (for which she got *Cina* 10M), perhaps partly as a result of which the rubric, 'EARS, Boring into with finger,' has since been added to the Repertory.

I was equally impressed by the other lesson PV teased out of this story, arising from the fact that many of these crippled children have floppy necks and are unable to hold their heads up, which moved him to insist with some vehemence, contrary to what most of us were taught, that the neurological impairment must take precedence over the mental, that these children must be able to hold their heads up first, before their speech or intelligence improves, a valuable tidbit which led Karl to conclude with one of PV's favorite sayings:

"The animal must develop before the man:

You must first build the house, before the man can live in it!"

Thus, in adults with serious organic disease, such as renal or liver failure, he would emphasize that the creatinine or the liver enzymes must revert to normal before anything else, in which case the remedy is correct and must not be changed even if the patient remains weak and tired for a while; and conversely, if they do not improve, then the remedy is wrong and must be changed, even if the patient feels better mentally or in general. On the other hand, he also pointed out that this rule-of-thumb doesn't apply in advanced cirrhosis, where the enzymes would plummet in any case as liver cells are destroyed; he offered these pearls as "guidelines" to be applied with care, rather than strict or absolute rules to be followed slavishly in all cases.

Another dramatic case was that of an 18-month-old infant with a seemingly ordinary cold who had to be hospitalized

with pneumonia and dark-green stools, but soon developed atelectasis as well, to the point that the attending physicians were quite at a loss, and PV was consulted. Because of this rapid evolution, “from psora to syphilis” in just six days, he needed a remedy that acted fast. After a period of being chilly, angry, irritable, and restless, the child had become listless and indifferent, seemingly lacking the will to live, a grave prognostic sign, indicating a destructive or syphilitic process. After one dose of *Arsenicum album* 200C, the respiratory distress was relieved in minutes, the oxygen saturation rose dramatically, the face and hands pinked up, and the parents thanked him for saving their child “from the jaws of death.”

In cases like these, he kept repeating, there must be rapid and substantial improvement in global signs of vitality, such as energy, appetite, and interest in daily activities, or the direction is incorrect, while conversely, if they do improve, the chief complaint may be left to improve more slowly. In cases with extreme pathology, he added, the allopathic drugs don’t matter much and may be ignored in most cases; except that discharges must not be suppressed or interfered with, even diarrhea, a thoroughly Hahnemannian idea which led Karl to throw in *Abrotanum* as a leading remedy for neuralgia developing after the suppression of a discharge.

And so it went, one pearl leading to another, in the easy, rambling, discursive style of, say, Nash’s *Leaders*, proceeding in an unpredictable yet wholly logical sequence, dictated solely by the idiomatic experience of the master, i.e., by *cured cases*, as it must always be with us. Here are a few more I can’t resist passing along:

A man with third-degree burns, covering 65% of his body, in hospital, on oxygen, when PV spoke by phone with him.

The lesion was clearly syphilitic, i.e., destructive, and would swiftly kill him if not arrested.

He was a scientist, working on Gobar (methane) gas. He entered a tank which was dark. Went out, lit a candle and re-entered. The flame exploded the gas and he suffered catastrophic burns.

When PV spoke with him, he asked him, “Are you afraid?”

The man replied, “I’m not afraid: I will be fine!”

Rubrics: ‘MIND, Content, with himself.’

PV rapidly went through a differential including *Arnica*, *Baryta*, *Opium*, *Nat-m*, *Fl-ac* and *Mag-s*.

As contentment is typical of *Magnesium sulphuricum* and because he was hot and interested in scientific research (the sulphur element) he was prescribed *Magnesia sulphuricum* 200, a single dose.

Again, the medicine had to act fast with a rapid improvement in breathing and oxygen saturation which occurred. His breathing improved and was normal within two hours.

The burns improved first on the upper body even as they worsened on his legs.

PV took this as good sign, moving downward according to Hering’s 1st Law.

The man went on to a full, dramatic recovery in two months.

A video case presented by Max: a woman with a history of breast cancer. She had fibroid tumors and anemia.

She “dressed like princess,” was very friendly, always smiling. She lived and worked in a Brahma Kumari center.

As child she had been jealous of her younger sister and refused to share clothes with her.

In the Brahma Kumari setting, she was a “mother to all,” -- very caring and responsible. With probing by PV, it turned out she behaved as she did because she relished the loving feedback she got.

Entry point: needing the good opinion of others and serving them to obtain it.

She wanted to look good and always dressed well -- again for approval. Also, she was quite sensitive to rudeness.

Rx: *Palladium* 200C, “the number 1 remedy for self-esteem.” Desires approbation.



In addition, there were cured cases of and/or discourses about *Alumina*, *Mercurius*, several *Barytas* and *Magnesias*, *Ignatia*, *Veratrum*, *Manganum*, *Moschus*, *Teucrium*, *Hyoscyamus*, *Zincum*, *Sulphur*; *Cocculus*, *Nitric. Acid.*, *Sanicula*, *Iodum*, *Argentum met.*, and *Agaricus*, not to mention brief tangents on miasms, reactions to the remedy,

when to repeat, “thermals” (hot and cold remedies), the “genotypic” vs. “phenotypic” *simillimum* -- vastly more than I can describe here.

In short, we left feeling a bit like medical students again, with our heads crammed full of extremely useful and challenging information as well as a new purchase on the artful yoga we all love, practice, and never stop learning about.

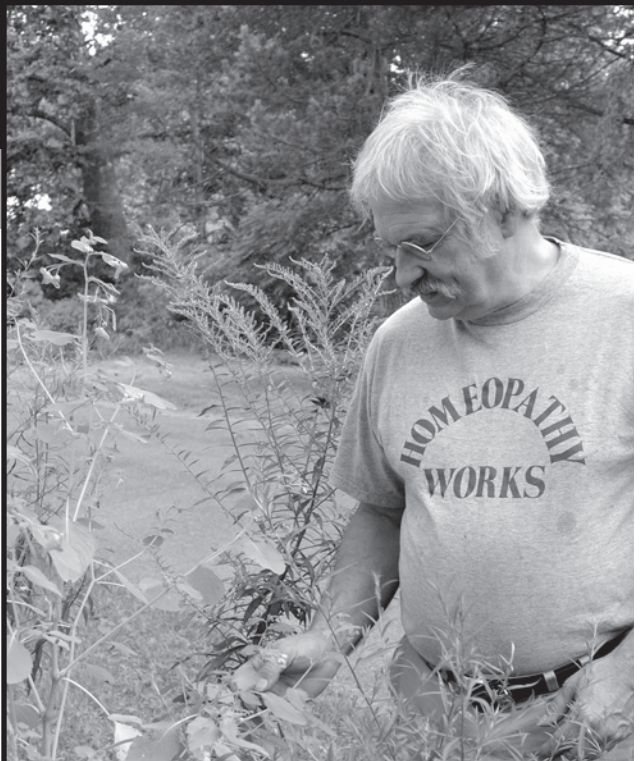
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