

Prafull and Ambrish Vijayakar: Predictive Homeopathy **February 7-9, 2014** **Hotel Monteleone, New Orleans**

Reviewed by Richard Moskowitz, MD

Exactly one year after Karl Robinson's inspired last-minute walk-on for them in Chicago, the Vijayakars, father and son, finally arrived in the flesh; and I'm happy to say, it was well worth the wait. Although spring was slow in coming, Irene Sebastian, a Louisiana native, picked another winner for our hotel, which was tastefully appointed, well-staffed, and strategically located in the heart of the French Quarter.

The added excitement generated by what we were about to receive was evident in the impressive cohort of old-timers who showed up, many of them experienced teachers in their own right, to glimpse and draw inspiration from something radically new and different, even at this late date in their careers.

To be sure, a lot of what drew us all to New Orleans were the dramatic cures the Vijayakars presented, and the well-earned fame they enjoy as a result of them, as in one video case, when somebody opened the door to their waiting room, and for a brief moment we caught sight of the throngs outside in their dozens, these legions of the grievously sick and disabled, waiting their turn and hoping for a miracle.

What gave particular meaning and emphasis to these vignettes were two very different social and political realities, almost polar opposites of each other. The first was the high level of esteem that our colleagues enjoy in India, where homeopathic medicine is taught in dozens if not hundreds of full-time training colleges throughout the country, and is officially recognized, promoted, and licensed by the government, such that homeopathic doctors are treated as equals and given numerous inpatient and outpatient referrals by their allopathic brethren, even and especially for the treatment of grave, incurable, and terminal conditions. It would be difficult for their American counterparts not to feel envious of this achievement, which is without parallel in the world, and far above the mere toleration that we may at last be close to achieving in this country.

On the flip side was the sobering fact that our own level of training and expertise, while admirably suited to maintaining a general practice of ambulatory medicine, is largely inadequate to do justice to the extreme patient loads and advanced pathologies that the Vijayakars are seeing and helping on a routine basis. These spectacular cures

were accordingly intended mainly to illustrate their new way of understanding and ultimately predicting them, just as their title had promised. I daresay no one present could have failed to be thrilled at being taught how to succeed with precisely the kinds of patients we tend to hit the wall with in our own practices, those with acute, life-threatening emergencies, or cancer and other advanced diseases, that apart from some rare, lucky hits, we more often try but fail to help very much, not to mention congenital anomalies that have always seemed beyond the reach of remedies entirely, even in the most skillful hands.

Although we were not told how they arrived at the remedy, few among us will ever forget the video of the young girl born without corneas, pupils or lenses, whose eyes appeared totally white and opaque. Three months after a single dose of *Merc. sol.* 200, corneas were clearly evident in both eyes, and she could grasp objects with her hands; after 12 months she could follow objects with her eyes; after 18 months she could see and grasp whatever interested her; and after 2 years she could get herself a drink without assistance.

Witnessing such a miracle also helped me to appreciate the fact that Prafull himself, a son and grandson of allopaths, had undergone an evolution quite similar to our own, beginning as a "mongrel" using both methods, i.e., precisely the kind of "half-homeopath" for whom Hahnemann reserved his most savage criticism, then later deciding to follow the *Organon* and Law of Similars exclusively and achieving some cures, but mainly of acute diseases and those that were self-limiting to begin with. Virtually everyone present could recognize and identify with this history, which was the same predicament that led Hahnemann to study the chronic diseases and ultimately write the *magnum opus* of his later years on that subject. These parallel biographies thus helped me grasp the reality that not only Hahnemann and Vijayakar, but indeed all homeopaths before and since, were and are in much the same boat, helping our patients recover from their acute ailments and episodes by finding the most similar remedy for that situation, only to watch their underlying and often invisible chronic diseases continue to progress and worsen over the years, erupting repeatedly and needing further treatment

each time, without ever being truly and permanently cured.

This universal difficulty helped explain Prafull's insistence that Hahnemann's greatest discovery was not the Law of Similars, the defining principle of homeopathy, as we'd always been taught, but rather his theory of miasms, which has always remained so controversial that many pre-eminent homeopaths both then and now have abstained from following him into this forbidding terrain at all. An appealing corollary of Prafull's iconoclasm lay in his determination to integrate the theory and practice of homeopathic medicine into the vast corpus of contemporary science, and thus make effective use of the full range of knowledge so painfully won over the past two hundred years since the *Organon* was published. For the Vijayakars, embryology has provided a valuable scientific explanation of Hering's Laws of Cure, as well as further corroboration of their importance in clinical cases, in the light of which the thorough and permanent cure of chronic diseases has been shown not only to be possible, but also to proceed in a direction that is largely predictable, but often at variance with what we have been taught and what our common sense has generally supposed.

As an illustration, Prafull's son Amrish cited a case of psoriasis developing soon after the disappearance of asthma under homeopathic treatment. Rather than a cure, according to Hering's Second and Third Laws, from inside outwards, and from more vital to less vital organ, as we would ordinarily assume, both their embryological studies and their clinical work suggest quite the opposite, that it represents a suppression into more advanced pathology, because the characteristic lesions of psoriasis, while manifesting on the skin, actually originate in the dermis, which according to their schema arises from a deeper layer than the bronchiolar lining.

Although I'm still trying to understand exactly what "deeper" means in this context, I was powerfully drawn to this line of thinking as a reaffirmation of what on some level we already know, or should know, that since homeopathy does embody an authentic truth, it must therefore be compatible with and indeed ultimately confirmed by the best and most advanced scientific knowledge available.

In the same vein, albeit less explicitly stated, was their rehabilitation of pathology and the various basic and clinical sciences allied with it, mainly anatomy, physiology, biochemistry, and genetics. As both Prafull and Amrish repeatedly insisted, homeopaths must "treat the *man* with the disease," and not "the *disease* in man," as our allopathic brethren just as proudly aspire to; on this point at least, all classical prescribers, fundamentalists and innovators alike, can unanimously agree. But Hahnemann's theory of the chronic miasms, backed up by the Vijayakars' huge volume of cured cases, reinstates the concept of pathological entities that do in fact "exist" on some level and in some fashion independently of the individual patient who happens to exhibit them. Although all patients react uniquely and must therefore be treated as individuals, acknowledging

the miasms as real allows and indeed obliges us to study and track their diagnosable diseases by the same laboratory abnormalities that are detectable even before the patient is aware of them, just as we learned in medical school. Predictive homeopathy thus reminds even the purist classical prescriber that pathology does indeed matter, for the same reason that Künzli once savaged "essence prescribing," that the hypertensive patient who feels better emotionally after the remedy is still not better in the way he needs and wants to be if his blood pressure remains unchanged.

That is why the main body of the seminar began not with the usual "hot" topics, such as *materia medica* or choosing the remedy, but more prosaically, with the nuts and bolts of the follow-up visit, and especially how to decide whether or not the disappearance of symptoms is proceeding in accordance with Hering's Laws. In a direct assault upon our more laid-back approach, both father and son repeatedly insisted that a genuine and permanent cure of chronic disease *must* by definition follow this kind of sequence, and that only acute diseases can disappear without necessarily passing through accumulated layers of suppression from the past.

The first day was therefore largely devoted to Prafull's seven-part "hierarchy of suppression," based on the three main tissue layers of embryonic development and their further subdivisions, which are quite complicated to explain and deserve more detailed scrutiny than this limited space allows. A fuller version appears in a chart at the end of his first book, *Predictive Homeopathy, Part I: the Theory of Suppression*; but I will reproduce a bare-bones outline of it here:

- 1) *The ectoderm*, comprising the skin and appendages, i.e., *the outermost layer* of the body. Its ailments include boils, rashes, conjunctivitis, etc.
- 2) *The endoderm*, consisting of *the cells lining the upper respiratory, GI, and GU tracts*. Its ailments include colds, coughs, heartburn, UTI's, etc.
- 3) *The mesenchymal* or *outer layer of mesoderm*, comprising the *connective tissues* (bones, joints, muscles, etc.), dermis, teeth, blood, and lymph. Its ailments include alopecia, psoriasis, arthritis, anemia, etc.
- 4) *The mesothelial* or *inner layer of mesoderm*, which forms the heart, blood vessels, and the parenchyma of lungs and kidneys. Its ailments include hypertension, atherosclerosis, renal and pulmonary diseases, etc.
- 5) *The endocrine system*, i.e., *pituitary, thyroid, adrenals, pancreatic islets, ovaries, and testes*. Its ailments include thyroiditis, diabetes, etc.
- 6) *The neuro-ectoderm*, comprising the *brain, CNS, autonomic, and peripheral nervous system*. Its ailments

include neuritis, epilepsy, MS, etc.

- 7) The *genetic code*, i.e., basic cellular structure and function; and *mind*. Its ailments include psychosis, autoimmune diseases, cancer, gangrene, etc.

Generalizing from the insights of Hahnemann and Hering, their hypothesis is that effective suppression of any disease, whether from allopathic drugs or an incorrect remedy, will *necessarily* lead to a disease at the next higher or “deeper” level, while a curative response, at least for the chronic diseases, must proceed in the opposite direction, i.e., back through a sequence of ailments at successively lower levels.

Ambrish then showed how closely Hering’s Laws parallel what we now know as the earliest stages in intrauterine development, and thus uncannily foreshadowed the birth of the science of embryology that was still many decades away:

- 1) Hering’s First Law, *from above downwards*, corresponds to the *apical dominance* which develops very early in embryonic life, with the differentiation of cephalic and caudal poles (the head and tail end, respectively) from the central axis, with the former becoming dominant as the structure from which the brain and CNS develop.
- 2) Hering’s Second Law, *from inside outwards*, from center to periphery, corresponds to the formation of the *proximo-distal gradient*, followed by the endocrine glands, the parenchyma of visceral organs (heart, lungs, kidneys), the musculoskeletal system and connective tissues, and the skin and appendages, i.e., in the reverse order of the stages of suppression.
- 3) Hering’s Third Law, *from more vital to less vital organ*, follows the same sequence.
- 4) Hering’s Fourth Law, *that symptoms reappear and disappear in the reverse order of their appearance in the life history of the patient*, traces out the same sequence through time, the deeper and more recent symptoms disappearing before the more superficial symptoms from longer ago.

I will leave aside for further study the same doubts and qualifications that should properly greet every scientific hypothesis, namely,

- 1) *Is there such a hierarchy?*
- 2) *If so, is theirs the right one?*
- 3) *In either case, yes or no, what does it all mean?*

It is far from intuitively obvious, for example, that the endocrine organs should qualify as “more vital” organs than either the heart or the lungs, or that their diseases

should therefore outrank in importance such notorious killers as atherosclerotic coronary disease, COPD, and end-stage renal disease, or that arthritis sits higher on the totem pole than bronchitis or asthma, as Ambrish was at such pains to point out. Nor is it entirely clear in what sense the mesoderm, comprising the musculoskeletal system and connective tissues, is a “deeper” layer than the endoderm, or easy to accept that the inner lining cells of a cavity, e.g., the endocardium, endothelium, and *endoderm*, aren’t more “important” or “vital” than their supporting structures, connective tissues, or membranous coverings (pleura, pericardium, mesothelium, etc.).

Because the Vijayakars undoubtedly discovered and in any case have amply confirmed the truth of their seven-part hierarchy on the empirical evidence of their cases, it is more than reasonable to use it as a practical schema for conducting the follow-up visit, without expecting them to provide such “explanations” for it; nor can it be their fault if “deeper” and “more vital” in Hering’s terminology don’t always translate perfectly into modern embryological language. In short, the persistence of these riddles simply provides an added incentive to continue our studies with the Vijayakars in a more comprehensive way at a later date.

In any case, at least part of their resolution undoubtedly lies buried deep in the heart of their other main topic, the three miasms of Hahnemann, psora, sycosis, and syphilis, which were discussed more systematically on Saturday, and featured a detailed analysis of their respective pathological styles, how to identify them clinically, and how to use them in choosing the remedy and evaluating the cure at each follow-up.

Their studies in this area brought to mind the late Proceso Ortega of Mexico, whose seminal work, *Apuntes sobre los Miasmas*, identified psora with physical and/or mental *deficiency*, sycosis with *excessive growth* or mental elaboration (OCD, hysteria, anxiety, etc.), and syphilis with *perversion, ulceration, and destruction* in body or mind, and correlated them with an exhaustive, scholarly exegesis of rubrics in Kent’s *Repertory*. Stressing the importance of mastering the physical, mental, and general symptom-characteristics of each, the Vijayakars again ingeniously updated them with cross-references to familiar pathological processes:

- 1) *Psora*, the most basic defense mechanism, i.e., *inflammation, a process occurring solely on the biochemical and physiological plane, without permanent organic or tissue changes*.

Corresponding to acute, self-limiting diseases, when the mechanism is sufficient to control and ultimately cure the condition, psora is also the most important of the three, in that the other two both develop from it when it fails, and entail some form and degree of morphological or structural change. Acute ailments of the psoric type may also provide useful “entry points” for the prescriber, by virtue of

the sheer number and variety of their symptom-complaints, many indicating some form of physical, mental, or emotional hypersensitivity.

But when the psoric mechanism fails to contain the problem, it tends to progress to

- 2) *Sycosis*, characterized by phenomena of *accumulation* (e.g., congestion, effusion, swelling, or deposition of fats, as in obesity and atherosclerosis); *induration*, involving synthesis of fibrin or elastin (i.e., scarring, fibrosis, contractures, etc.; or prolapse, varices, hemorrhoids, etc.); and finally, *proliferation* (hyperplasia, endometriosis, warts, moles, cysts, tumors, polyps, etc.).

These may be accompanied by mental and emotional expressions of excess, such as OCD or phobias; but sycotic symptoms seldom furnish useful entry-points, because they represent the individual’s lived mythology, typically buttressed with self-regard, and are therefore apt to be deceptive, misleading, or at least incomplete. When these in turn prove insufficient or break down, they may progress to

- 3) *Syphilis*, involving *destructive or self-destructive processes and/or behavior*; in which a part may have to be sacrificed in order to save the whole, or the symptom picture goes *out of control* and assumes *extreme forms*: bleeding, ulceration, gangrene, and autoimmune or degenerative diseases; or hallucinations, delusions, hysteria, perversions, and suicidal or murderous behavior.

In chronic cases, the Vijayakars stress leaving aside the psoric and sycotic elements and going straight for the syphilitic as their entry-point for choosing the remedy, because they are the most extreme, dangerous, life-threatening, often the “strange, rare, and peculiar” symptoms that we’ve always been taught to look for, and because, as the deepest pathology, they must be cured first in any case, before the process can complete itself by regressing “backward” through the other two miasms. These ideas I found among the most stimulating and rewarding of the whole seminar, once again by reinstating the central importance of anatomic, physiological, and biochemical pathologies in our clinical work.

Although Prafull recognizes only Hahnemann’s original triad of psora, sycosis, and syphilis in his written work, and explicitly rejects Sankaran’s addition of “intermediate”

miasms (ringworm, typhoid, malaria, cancer, tuberculosis, and leprosy), in the seminar he described his own cases as “psoro-sycotic” or “sycosyphilitic” often enough to cut what sounded like a real difference down to the size of a semantic distinction. What I liked about it was the consistency of his emphasis on the three main disease-making styles and their correlation with well-known pathological processes.

In conclusion, since nearly all of us in attendance were clinicians primarily, no review of the event would be complete without at least a sampling of cases. For limitations of space, it is impossible to reproduce the details of how they were analyzed, how remedies were chosen for them, how well they worked, or by what paths the cures evolved; so I’ve settled for simply listing them with their remedies (at the end of the article), and some “pearls” that we were blessed to receive along the way.

Cases

Young girl, sclerocornea	<i>Mercurius sol.</i> 200
Boy, 4, too weak to stand	<i>Pulsatilla</i> 200
Boy, 18 months, asthma	<i>Mercurius sol.</i> 200
Man, 45, psoriasis	<i>Natrum mur.</i> 200
Man, severe 3° burns, in ICU	<i>Magnesia sulph.</i> 200
Man, severe cellulitis of face	<i>Sulphur</i> 200
Man, chest pain, anxiety, in ER	<i>Stramonium</i> 200 by olfaction
Man, high BP, diabetic gangrene	<i>Pulsatilla</i> 200 by olfaction
Boy, 4, seizures, cysticercosis	<i>Stramonium</i> 1M
Girl, 9, asthma, fungal septicemia	<i>Arsenicum alb.</i> 200
Man, 85, paralyzed, in coma	<i>Arnica</i>
Man, 90, afraid to die	<i>Baryta carb.</i>
Woman, schizophrenic	<i>Sulphur</i>
Woman, endometriosis in liver, brain	<i>Acetic. acid.</i>
Boy, 8, "like vegetable," can't walk	<i>Opium</i>
Boy, 7, his brother, also can't walk	<i>Hyoscyamus</i>
Girl, medulloblastoma	<i>Platina</i>
Boy, 5, blind, can't stand, walk, or talk	<i>Pulsatilla</i>
Child, sclerocornea from birth	<i>Sulphur</i>

“Pearls”

The ability to predict outcomes means that the science has been perfected
 Homeopathy is the most advanced medical science;
 only our knowledge falls short

The human body is perfect, mathematical, just like the
natural world as a whole

Modern medicine accepts nothing but the body, and
what is provable to the senses
It treats only half the man, gets only half-results

The disappearance of symptoms is not cure
If the Laws of Cure are violated, the direction is wrong;
the remedy must be changed

The disease that is manifest at any particular
time is only the tip of the iceberg
If the remedy is right, the reversal is more transient
and less intense than before

In acutes, when changes are purely physiological,
give the phenotypic simillimum
Once structural changes are present, acute remedies
are no longer sufficient

In emergencies, give remedies by olfaction or rubbing
into the skin

The first pillar of Predictive Homeopathy is
the follow-up visit
The goal of treatment is not simply to relieve suffering,
but to eradicate the disease

In adults, the history is dominated by sycosis, the
facade we project for others to see:
The real miasm is easier to see in children; go “below”
the history to uncover it

Every remedy can exhibit symptoms of all three miasms
Miasms aren’t “good” or “bad,” just different kinds of
reaction to morbidic stimuli
The syphilitic patient no longer loves life nor fears death
Sycosis is the selfish love of life, of gratification of the
need for money, sex, or power

I don’t know what else to say, except that, like almost
everyone else, I was blown away by the Vijayakars: by their
results, and by the system of homeopathic, embryological,
and pathological ideas that they developed to explain and
endeavor to perfect them. The best part is now, in taking
it all back to my own practice, imbued with a feeling of re-
newed excitement in being with my patients, and enlisting
their help, as always, in finding the best way to help them.

*About the Reviewer: Richard Moskowitz, M.D., practices classical
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