

A Fortnight with Dr. Prafull Vijayakar: A Report

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Abstract: Dr. Robinson reports on both his reading of books by Dr. Vijayakar and his two-week visit to his clinic in India. Dr. Vijayakar utilizes his understanding of embryology to help him appreciate the Law of Cure of Hering. He requires, as confirmation of the accuracy of the remedy prescribed, a backward progression of serious disease from syphilitic to sycotic to, finally, psoric underpinnings, using the embryological origin of the diseased tissues as a guide post. Dr. Robinson witnessed numerous cases of serious pathology cured with but very few remedies per patient at Dr. Vijayakar's clinic.

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How does one judge 1) how effective homeopathy is? and 2) how effective any given homeopathy is? The answer is apparently simple. We judge by the clinical results. But therein lies the problem. How do we evaluate our results? After all, every homeopath claims curative results.

According to Dr. Prafull Vijayakar, a homeopath in Bombay, India, with whom I spent two weeks in January, 2009, there is but one correct criterion: the cure must follow Hering's Law. That is to say, cure takes place when symptoms disappear a) from above downwards, b) from the center to the periphery, c) from more important organs to less important ones, and d) the illness must unwind itself with the disease process recapitulating its journey from psoric inflammation through sycotic accumulation and excess to syphilitic destruction; that is to say, the disease must work itself backwards from syphilitic destruction to sycosis to psora wherein, at last, the illness exteriorizes itself on the skin in the form of an eruption.

Dr. Vijayakar has added an important new criterion to Hering's Law. Through his study of embryology he has refined Hering's Law. In his first book, *Predictive Homeopathy Part I, Theory of Suppression* (B. Jain Publishers (P) Ltd., New Delhi) he correlates the various pathologies with ectodermal, endodermal, mesodermal and neuroectodermal structures. Adding various subdivisions, he writes of seven embryological levels with clearly demarcated diseases corresponding to each level. With examples he shows how it is possible with either allopathy or homeopathy to suppress illness to deeper and deeper levels.

If skin eruptions in a child disappear after treatment and are followed by spasmodic pain in the abdomen, the disease has travelled from the ectoderm (skin) to the endoderm (gastrointestinal tract) – a suppression.

If pain in the abdomen disappears and ankle joints begin to pain, the disease has shifted from the endoderm (second level) to the mesodermal connective tissues (third level) – a bad sign.

Since psoriasis affects the dermis (mesenchyme derived connective tissue), its appearance in the course of treatment is not a simple exteriorization of the disease to the skin (ectoderm). If the psoriasis clears with treatment and is followed by diarrhea, the disease has moved from the third level (dermis/connective tissue) to the gut (endodermal) – a good sign. But if diarrhea disappears with treatment and is followed by scaling and keratinocytosis of the skin (psoriasis), the disease has been suppressed from the endoderm to the mesodermal connective tissue – a bad sign.

If sacral pain goes away with treatment to be followed some months later by a trigeminal neuralgia, the illness has been suppressed from the third level (connective tissue) to the neuro-ectodermal level (sixth level) – a bad sign.

Within the same embryological level, for example, the mesodermal connective tissue, suppression can occur if, for example, lumbar pain goes away and cervical pain appears or worsens. That is a wrong direction – from below upwards. The reverse direction, of course, is curative.

In virtually all diseases if the tissue pathology improves but the patient becomes tired and lazy, it is never

a good sign. True cures results in increased stamina and a desire to participate in life.

Dr. Vijayakar's schema delineating the various diseases and their embryological sources is detailed and involved and warrants a careful study of his book. The few examples given here are meant to stir curiosity and to prepare the reader for what I observed in his clinic.

During the fortnight I sat in with Dr. Vijayakar we saw hundreds of patients, most of whom had come for serious syco-syphilitic or syphilitic diseases. There were dozens of psoriasis cases, all of them either cured or in the process of cure following Hering's Law. There were also seizure disorders, autoimmune diseases, diabetes and cancers. Yes, you read correctly – diabetes types I and II and cancer! One man in his forties, who had originally come with blood sugars in the five hundred range uncontrolled by insulin or diet, was now off insulin and oral hypoglycemics with a fasting blood sugar of 140 mg. A single dose of *Natrum muriaticum* 200C did the trick.

There were innumerable cases of leucoderma (vitiligo), a disease characterized by loss of melanocytes (cells that originate in the neural crest and migrate to the dermis) resulting in depigmentation. It is extremely common in India. *Arsenicum sulphuratum flavum* in repeated doses over many months will remove these white spots and is well known in India as a "specific" remedy for vitiligo. Dr. Vijayakar scorns such prescribing which he refers to as prescribing for "disease in man" rather than "man in disease." As a result, all his vitiligo patients receive a carefully thought-out similimum based on the totality of the symptoms, and he carefully inspects the patients during follow ups to make sure the depigmented spots on the face are disappearing from above below. As long as the upper lesions are disappearing he does not worry if more depigmented lesions break out lower down as he is sure the remedy is correct and that eventually all the spots will disappear.

I saw cases of leukemia cured, brain tumors cured, adenocarcinomas cured, and on and on. Not only cured but cured with as few as two to four repetitions of the medicine over a one to two year period! In every case, Dr. Vijayakar has the ability to trace the evolution of the cancer from psoric inflammation/infection to sycotic thickening and growth to syphilitic destruction. As the cancer improves he expects syphilitic symptoms to lessen and sycotic ones to appear. Sometimes this can take the form of renal calculi or gallstones (accumulation equals sycosis). Because the direction from syphilis to sycosis is correct the patient must not be treated homeopathically though sometimes surgery could be needed. Later, as sycosis diminishes, psora will arise, often the original inflammation.

I saw at least two cases of rheumatoid arthritis (RA) being cured. RA, an autoimmune disorder, is syphilitic

as the body attacks, deforms and destroys itself via the joints. One patient said her pains were returning. Dr. Vijayakar asked me to comment. I said, "Either she is relapsing or she has been antidoted." He agreed and then added, "There is another possibility which is that the autoimmune rheumatoid arthritis, which is syphilitic, is disappearing and now psora is emerging as a simple rheumatism." He added that he often gave sac lac at such times and the pains resolved, thus proving his point that syphilis must give way to either sycosis then psora or directly from syphilis to psora.

Though I had read four of Dr. Vijayakar's six books before going to India, I was unprepared to see the scope of homeopathy when prescribed correctly. There appears to be no limit to what the correctly prescribed similimum can do. Because of the uniformly excellent results I witnessed (well over 90 percent cure rate) I decided his teachings both written and verbal merited close consideration.

He constantly exhorts his staff of young homeopathic doctors to "See Man in Disease." The following case of coma (reported to me) illustrates this concept. A woman in renal failure had gone into coma. By telephone and via an observer at the scene he learned that although unconscious, every few minutes the woman lifted one or the other shoulder from the bed suggesting either restlessness or the pressure of the bed against her upper body was uncomfortable or both. He further learned that prior to her hospitalization she was a chilly person, averse to drafts. There was a frown on the forehead suggesting irritability. The observer reported that earlier she had taken a dislike to her loved ones, husband and children. At this point the observer was asked, "Was there any financial embarrassment or stress in recent weeks?" He learned there had been an unpleasant audit by the government tax people resulting in a stiff penalty.

Using "sensation, bed feels hard" + "cold air aggravates" + "aversion to sympathy from others" + "restlessness in bed" + "irritability" + "sadness after losing money," she was prescribed *Arnica montana* 200C and within an hour began to regain consciousness and made a full recovery. (This case is reported for those of us who have relegated *Arnica* to first aid prescribing.) I learned that in such desperate cases the remedy should be dissolved in water and rubbed onto the wrist. Either by olfaction or directly by mouth, Dr. Vijayakar told me, could cause "a killer aggravation."

I saw a young man who presented with a cough and tonsillitis. I learned that two years earlier he was in an advanced stage of Subacute Sclerosing Panencephalitis (SSPE), a chronic persistent infection of the central nervous system thought to be caused by the measles virus. It produces abnormal behavior, irritability, memory loss, inability to walk, speech impairment, seizures and sometimes blindness. It is invariably fatal

within one to three years of onset.

The course of the disease in this patient was as follows: he developed an eruption on the scalp with a white discharge. An ointment was applied suppressing the eruption. A fever then followed and jerking of the right upper extremity. Later his behavior became bizarre (bizarre behavior belongs to syphilis). He wore his clothes upside down and did everything in a contrary manner. Objects fell from his hands. He fell down while walking. His speech deteriorated with slurring. He misidentified common colors. He could no longer count correctly nor could he read. Black pigmentation occurred on the right face and right leg. His titre of the measles antibodies was elevated. He was chilly and thirstless and refused to eat.

Using “jerking of the extremities” + “right-sidedness” + “cold aggravates” + “appetite wanting” + “ailments from suppressed eruptions,” he was given *Zincum metallicum* 200C. Two weeks later an eruption broke out on the entire body and lasted twenty days. His speech began to improve at the same time. He became furious, attacking strangers. It passed. After three months boils appeared on his eyes. All the while his mental and nervous symptoms were improving. When I saw him with his tonsillitis and cough, he was in his final stages of psora. No symptoms of the SSPE remained.

At this point I return to the question first posed: how effective is homeopathy? The answer is that it is extremely effective in all manner of disease provided one

has an in-depth understanding of Hahnemann’s theory of miasms and an equally deep understanding of homeopathic medicines, all the while rigorously adhering to Hering’s Law of Cure with the modifications to that law made by Dr. Vijayakar.

I have reported on only a small portion of what I observed in his clinic, but I plan to return until I, too, can get similar results. Dr. Vijayakar terms his way of practicing Hahnemannian homeopathy “Predictive Homeopathy.” He is very clear about what has to happen and when. If it does not, he always retakes the case until the similimum is found.

Other books are: *Predictive Homeopathy Part II – Theory of Acutes*, *Predictive Homeopathy Part III – Myasmtion*, *Predictive Homeopathy Workshop 2002 Mahabaleshwar VERBATIM*, and his latest work, *Genetic Materia Medica*, an in-depth discussion of the Barytas, Calcareas, Kalis, Carbons and Granite.

I recommend them all highly. It was a great privilege to witness the power and efficacy of homeopathy in Dr. Vijayakar’s clinic, and it gave me great hope for the future of homeopathy in the twenty-first century.

About the Author: Karl Robinson, M.D. is a former editor of the JAIH, founder and past president of the Texas Society of Homeopathy. His school, Homeopathic School of the Americas, is in its sixth year in El Salvador and Guatemala. He also practices in both Houston and Albuquerque. AṚH