

Homeopathy and Cancer: Applying the Foundations in a Modern Context

Interview with Dr A. U. Ramakrishnan

By Vatsala Sperling, MS, PhD, PDHom, CCH, RSHom (NA)

Homeopaths are well-trained to treat humans, animals and even plants. Homeopathic education does not focus on producing super-specialists who deal with just one particular organ or disease. Instead, the homeopath's aim is to make the vital force strong. When we choose a remedy that matches the symptoms produced by the disease process and administer it to the client, the symptoms are resolved and the vital force emerges stronger than before, irrespective of the disease that had afflicted it. Considering this scenario, I find myself intrigued by homeopaths who have become specialists in a particular area. Recently, during the 11th Annual Joint American Homeopathy Conference (JAHC) held in Denver, Colorado, I had the opportunity to meet Dr A. U. Ramakrishnan, who is known around the world for his wide ranging success in treating cancer cases. Could we call him a homeopathic oncologist? I wondered, so with an innate sense of curiosity, I asked him if he would let me ask him a few questions on behalf of the *American Homeopath*. He participated in this conversation with a generous spirit and spoke in depth about his work.

American Homeopath: Please tell the readers of the *American Homeopath* about your approach to cancer.

Dr Ramakrishnan: My approach to cancer cases is based on a few factors:

- Use of organ-specific remedies
- Use of *Carcinosinum* or *Scirrhinum* nosodes as intercurrent remedies

- Use of a new form of dosing that I have named the plussing method

These three factors have turned my practice around.

I am proud to say that I am trained in classical homeopathy. I do use single remedy, single dose and a single potency as per the idea rooted in the Kentian style. I must admit that in cancer cases this very classical approach was not giving me good results. I did go through a lot of frustration. Two out of ten cases would go wrong. I was not succeeding. I lost my family members. Two of my older siblings died of cancer. So I tried to get innovative. I decided to pick a remedy that has an affinity to the organ afflicted with cancer. For example, *Chelidonium* has an affinity for the liver and in cases of liver cancer I have used it successfully. *Phytolacca* addresses mammary glands/breast cancer. It is not the classical way of looking at the remedy, but it is akin to reaching for *Arnica* in cases of injury. Is *Arnica* the only remedy for injury or does *Arnica* help only with injury? No. There are other remedies that would help with an injury. But *Arnica* is well known to cover injuries both old and new. The concept of organ-specific remedies is not alien to homeopathy. Using organ-specific remedies gave me an edge over my earlier style of following Kentian guidelines.

Similarly, I began using nosodes as intercurrent remedies. The British Faculty of Homeopathy suggests we can continue for a while on the indicated remedy by giving ascending potencies from 30c to 200c to 1M and so on. But at some point

patients reach a plateau. In these situations, an indicated nosode gives a much needed stimulus to the case and it resumes its progress.

Following this approach, when my cases reach a plateau on an organ specific remedy, I give nosodes, either *Carcinosinum* or *Scirrhinum* and I have seen cases improve. Some practitioners hold the view *Carcinosinum* should not be given in active cases of cancer. I have not found it to be so in my close to 40,000 cases. Using *Carcinosinum* as an intercurrent gives the case a necessary stimulus. I do not use *Carcinosinum* made from fifteen different tumors.

My use of the plussing method is based on the Hahnemannian style of giving an LM potency daily after succussing the remedy. This is similar to plussing.

To summarize, my approach to cancer is based on organ specific remedies, use of *Carcinosinum* or *Scirrhinum* as an intercurrent, and plussing as a method for dosage delivery.

AH: Is there a place for using a constitutional remedy in your approach?

RK: I work out the constitutional remedy in the very first case-taking session. I do assess if the patient's vital force would be able to withstand the stimulus that an indicated constitutional remedy can give. I use the constitutional remedy only when the cancer is under control. At this point, the vital force is able to use the curative action of the constitutional remedy.

Only when a layer of pathology is removed can we talk about addressing the constitution of the patient. In the very beginning when I was just starting out with my work on cancer, I was enthusiastic about giving constitutional remedies, for example, *Sepia 200c* to 10M, but I got very poor results and ran into a lot of problems. When my sister died of breast cancer, my dad, a medical doctor and homeopath with three decades of experience, had been treating her. I was a junior doctor, working with my mentors, Dr Divan Chand and Dr Jugal Kishore. My dad and my mentors agreed that my sister was of a *Nat-mur* constitution and they gave her this remedy. It did not work for her. She died. Similarly, I lost case after case until I formulated and refined my own approach by including organ specific remedies, cancer nosodes and my plussing method for dosage dispensing.

The organ-specific remedy and the nosode do the job of firefighting. My approach is simple...and is based on common sense. First, put out the fire. Then, try to salvage the rest of the house. There is no point in running through the raging flames of a burning building to save an antique Persian rug! First, put out the fire by any means. Then you can salvage the rest of the house.

I use the firefighting metaphor in my approach to the treatment of cancer because a tiny tumor can become big and spread to other parts of the body in no time, just like a wildfire. Firefighting techniques bring the situation under control. Then the constitutional remedy can take over the healing of the vital force.

AH: What types of cancers have you had the most success with?

RK: I have the best results in breast and prostate cancers. For every ten cases of stomach cancer, I see fifty cases of breast cancer. I have had good success in inoperable cases of brain tumors such as glioblastoma. Cancers of virtually any part or organ of the body can be addressed using my method.

AH: Could you please share your thoughts on the plussing method?

RK: Science has to evolve. It cannot be static. It cannot be the same for one hundred years. If it doesn't develop, it shows that we have lost our sense of inquiry and are stalling in our efforts to find answers to the elusive enigmas and mysteries of life. When I got out of medical school, X-ray was the ultimate diagnostic tool. Now CAT scans, ultrasounds and MRIs are available. X-ray is still in use but it is not the ultimate diagnostic tool anymore. Sophistication in technology has given us a better edge.

From an historical perspective, frequent repetition of the remedy is well known. In acute situations, both Hahnemann and Kent gave repeated doses of remedies mixed in water. In my view, repeating the remedy is not a violation of the Master's rule nor is it my discovery. My unique spin on the matter of treating cancers is that I give an organ-specific remedy and a cancer nosode, using my plussing method. The patient is asked to shake the remedy mix and take one teaspoon every ten minutes for a total of two and half hours daily. This method helps change the potency ever so slightly in every teaspoon of the dose. The advantage is that the patient does not take the same potency again and again.

Another argument in favor of my plussing method and repetition of dosage is that the pace of the remedy dosage has to match the pace of the disease. If someone comes with eczema of six years standing, there is no need to use the plussing method and repeat the dosage so frequently. We have the luxury of giving a remedy and then allowing six to eight weeks for observing the patient's response. But if someone comes in with a fever of 104 degrees, we cannot give them one dose of *Belladonna* and ask them to come back in six weeks. We have to repeat the remedy, switch to any other indicated remedy as the symptoms change and use potencies that would match the vitality of the patient.

Cancer is a race against time. A half-centimeter lesion can grow into a two-inch tumor in six months. So you must match the pace of the disease with the pace of the remedy. The plussing method gives us enormous leverage in this regard. We chase after a train on another train going in the same direction. We do not use a bullock cart to catch up with the train that is moving fast.

AH: Amongst your patients, do you find a wide acceptance of the plussing method? The patient has to set aside about two and a half hours to take ten doses of the remedy daily. Patients might complain about being too sick or busy to be able to devote this chunk of time.

RK: I see all types of people. Some are happy to focus on the task of taking the remedy every ten minutes. They feel they are doing something worthwhile and useful to help themselves. Some patients complain enormously about the time it takes to do the plussing method daily. They go on to try other treatments. When those treatments do not work for them, they come back to my practice and agree to follow the plussing method. The interesting thing is that in homeopathy, you see all sorts of people...but the plussing method of remedy intake has been a boon to my practice. Hopefully, practitioners all across the world will enthusiastically apply this method in their own practice and succeed in helping patients with cancer.

AH: How long do the patients continue with treatment before they see results?

RK: This, of course, depends on the severity and complexity of the case. Active treatment may last from 18 months to 48 months. The length of treatment totally depends on the response shown by the patient.

AH: What potencies do you generally use in your practice?

RK: I go with 200c mostly. But when the patient is stabilized, I might see the need to move up to 1M or even 10M. It depends on what the patient needs.

AH: Does the homeopathic approach to cancer take Western medical intervention into consideration?

RK: Certainly. I encourage my patients to seek out the best oncologist who would be okay with the patient taking homeopathic remedies. Western diagnostic methods and even surgery have a very important place as they help the homeopath to better understand the pathology in an exact manner. I am not implying that the two approaches to cancer complement each other. The homeopathic approach does not interfere with the Western approach to cancer treatment; in-

stead it works very effectively alongside several Western medical approaches. However, chemotherapy and homeopathy do not work well together. I advise against using both at the same time because chemotherapy antidotes homeopathic remedies. If there is a reasonable interval between chemo sessions, homeopathic remedies can be used by the plussing method during that interval.

AH: Can patients use other alternative healing modalities while doing the plussing method for cancer treatment?

RK: Yes and no. Hands-on healing such as chiropractic adjustments, acupuncture and massage, as well as hands-off techniques like Reiki, work beautifully alongside homeopathy. I do encourage patients to take advantage of these modalities. However, Chinese herbs have very effective anti-cancer properties and therefore I recommend that either Chinese herbs or homeopathy be used at one time.

AH: Several vitamins and nutritional supplements are known to help with the treatment and management of cancer. Do homeopathic remedies work when the patient is taking these supplements?

RK: Supplements are crude substances. They are not potentized remedies. If supplements are found to be necessary and beneficial, I ask the patients to continue taking them on condition that they must not be taken at the exact same time when the patient is taking his remedy by the plussing method.

As a result of speaking with Dr Ramakrishnan I learned that though homeopathic education and training is not geared toward minting super-specialist homeopaths who deal with one disease or organ, it is possible to acquire expertise and experience in treating a specific condition and thereby become a specialist. In this simple and relaxed conversation, Dr Ramakrishnan, a classical homeopath, has shown that remaining true to the fundamental principles of homeopathy does not prevent us from innovating, experimenting and using the time tested techniques of homeopathy (organ specific remedies and cancer nosodes) in a creative manner (his plussing method). He has repeatedly shown that we can successfully remove a layer of pathology, put out the fire, match the pace of the disease and allow the vital force to reveal the constitutional remedy in its quest for healing.

In the end this is what patients want too—to heal and live a healthy life, free of disease. Dr Ramakrishnan's successful application of homeopathy in treating over 40,000 cancer cases confirms that patients can indeed experience healing from homeopathy.

For more information about the use of homeopathy in cancer please read Dr Ramakrishnan's books, *A Homeopathic Approach to Cancer* and *Cancer, My Homeopathic Method*.

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