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The second volume of  
"The Science of Homeopathy"

# **LEVELS OF HEALTH**

practical applications and cases

by

**GEORGE VITHOULKAS  
ERIK VAN WOENSEL**



International Academy of Classical Homeopathy

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## ABOUT THE AUTHOR

**George Vithoukas**

*Professor of Homeopathic Medicine*

[www.vithoukas.com](http://www.vithoukas.com)

George Vithoukas was born in Athens on 25.7.1932.

He is today a Professor at the University of the Aegean, Greece<sup>1</sup>, an Honorary Professor at the Moscow Medical Academy (Academy of Medical Sciences)<sup>2</sup>, a Professor at the Kiev Medical Academy<sup>3</sup> and a Collaborating Professor at the Basque Medical University (2001-2004)<sup>4</sup>.

In 1996, he was honoured with the Right Livelihood Award (also known as Alternative Nobel Prize, [www.rightlivelihood.org](http://www.rightlivelihood.org)) "...for his outstanding contribution to the revival of homeopathic knowledge and the training of homeopaths to the highest standards"<sup>5</sup>. The United Nations (Development Forum) consider this award "Among the world's most prestigious awards", while TIME Magazine called Jacob Uexkull, the award's initiator, one of the 37 "heroes" of 2005<sup>6</sup>.

In 2000, George Vithoukas was honoured with the Gold Medal of the Hungarian Republic, by the country's President, Arpad Goncz, for his work in the homeopathic medicine<sup>7</sup>.

In 1995, he established the **International Academy of Classical Homeopathy in Alonissos, Greece**, where he serves as Head of Educational Department (Educator). In this Academy, George Vithoukas passes on the knowledge gleaned from his 49 years of experience and teaches his most current theories regarding levels of health. In his teachings, he provides detailed information that both helps doctors to determine each patient's state of health, as well as to facilitate their ability to estimate whether a case is curable with

homeopathy and the amount of time and remedies that will be needed to accomplish a cure.

Every year, during the summer months, groups of doctors from various countries gather to be trained at the Academy. They come from Germany, Italy, Sweden, Norway, United Kingdom, Russia, U.S.A., Canada, Austria, Japan, India, Mexico, Brazil and Greece.

Nine thousand medical doctors and homeopathic practitioners from 32 countries have been trained in International Academy of Classical Homeopathy.

Since 2005 to 2008, the University of the Aegean ([www.syros.aegean.gr](http://www.syros.aegean.gr)) in co-operation with the International Academy of Classical Homeopathy, has been offering a program of continuous education for medical doctors, dentists, veterinarians and pharmacists in homeopathy.

**However, the climax of homeopathy's educational recognition in Greece has been the publication in the FEK (Government's Gazette) (1912 issue b, 29.12.2006) regarding the authorization of a Masters Degree Program at the University of the Aegean for medical doctors and dentists titled: "Holistic Alternative Therapeutic Systems - Classical Homeopathy" (a two year program, [www.syros.aegean.gr/homeopathy](http://www.syros.aegean.gr/homeopathy)). In this Masters Program participates the International Academy of Classical Homeopathy and Professor George Vithoukas.**

Professor Vithoukas is a peer reviewer in the journals "Medical Science Monitor" ([www.medscimonit.com](http://www.medscimonit.com)), "Homeopathy" (Elsevier) and "British Medical Journal".

He participates, as supervisor professor, at the elaboration of doctoral thesis.

George Vithoukas is the author of the following books ([www.vithoukasbooks.gr](http://www.vithoukasbooks.gr)):

- **"Homeopathy - Medicine of the New Man"** (1<sup>st</sup> Edition 1970 by Arco USA, 21 editions after this)

- **"Homeopathy-Medicine for the New Millennium"** (Published by International Academy of Classical Homeopathy, 2003)
- **"The Science of Homeopathy"** (Published by Grove Press, 1980, USA, several editions)
- **"Materia Medica Viva"** (12 volumes-Homeopathic Pharmacology - Published by International Academy of Classical Homeopathy, starting 1993, in process)
- **"A New Model for Health and Disease"** (Published by North Atlantic Books, USA, 1986)
- **"Talks on Classical Homeopathy"** (Published by B. Jain Publishers, India, 1988)
- **"Essence of Materia Medica"** (Published by International Academy of Classical Homeopathy, 1988)
- **"Classical Homeopathy for Anxiety and Jealousy"** (Published by Urs Maurer, Switzerland, 2001)
- **"Homeopathic Conference Esalen"** (1<sup>st</sup> Edition in English, 1980)
- **"The Bern Seminars"** (Published by Ulrich Burgdorf, Switzerland, 1987)
- **"The Celle Seminars"** (Published by Ulrich Burgdorf, Switzerland, 1992)
- **"The Basic Ideas of Homeopathy"** (Published by Ianos, Greece, 2008 – Best Seller for 9 months)
- **"Homeopathy, The Great Challenge in Medicine"** (Published by Livanis, Greece, 2008)

His books have been translated in 23 languages. Seventeen of his books, in various languages, are mentioned in the NLM Catalog (National Library of Medicine, [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)).

Some of the most well known libraries that host his books are "The Library of Congress", "The British Library", "Harvard University Library", "Cambridge University Library", "Stanford University Library", "The

Library of Université Catholique de Louvain", "The Karolinska Institutet Library" (the foundation that is responsible for the Nobel Prize), "WHO Library" (World Health Organisation), "The Berkeley Library", "Die Deutsche Bibliothek".

George Vithoulkas' most important articles, to be found in peer-reviewed journals, are the following:

1. **The "continuum" of a unified theory of diseases.** Medical Science Monitor, 2010; 16(2): SR715, G. Vithoulkas, S. Carlino
2. **Debate: British media attacks on homeopathy: Are they justified?** Homeopathy, Volume 97, Number 2, April 2008, Pages 103-106, G. Vithoulkas
3. **True but strange?** Nature, 1996 Oct 3;383(6599):383, G. Vithoulkas
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8. **The question of the "constitutional remedy",** British Homoeopathic Journal, Volume 87, Issue 3, July 1998, Pages 145-147, G. Vithoulkas
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Volume 81, Issue 1, January 1992, Page 67, GS Anagnostatos, G Vithoukas, P Garzonis, C Tavouxoglou

21. **Reinventing the wheel? Or the emperor's new clothes**, J Altern Complement Med. 2003 Oct;9(5):613-5, M Oberbaum, G Vithoukas, R van Haselen, S Singer

22. **Clinical trials of classical homeopathy: reflections on appropriate research designs**, J Altern Complement Med 2003 Feb;9(1):105-11. Review, M. Oberbaum, G. Vithoukas, R. van Haselen

23. **Debate: British media attacks on homeopathy: Are they justified?** Homeopathy, Volume 97, Number 2, April 2008, Pages 103-106, G Vithoukas

Fourteen of his articles, published in peer reviewed journals, are mentioned in PubMed ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)), thirteen of them in British Library Direct ([www.direct.bl.uk](http://www.direct.bl.uk)) and seventeen of them in Science Direct ([www.sciencedirect.com](http://www.sciencedirect.com)).

Seventy citations for George Vithoukas can be found in ISI-Thomson Scientific ([www.isinet.com](http://www.isinet.com)).

In the prestigious "Papyros Larousse-Britarmicas"<sup>8</sup> encyclopedia, in a three column article, he is portrayed as "leader homeopath, one of the most famous reformers of homeopathy during the twentieth century, the man who infused homeopathy with new ideas on a scientific base". His work is also being mentioned in "Who's Who in the World", (18th edition, p. 2293).

His name is mentioned in the website **Better World Heroes** ([www.betterworldheroes.com](http://www.betterworldheroes.com))<sup>9</sup>, among approximately 1.000 personalities whose work influenced or helped humanity.

The German website mlahanas ([www.mlahanas.de](http://www.mlahanas.de))<sup>10</sup>, when evaluating thirty four Greek doctors and professors of medicine who have excelled and contributed to humanity through their medical papers published in the international press, ranked George Vithoukas second,

after Georgios Papanikolaou (who discovered the pap test).

In 1980, George Vithoulkas was invited by the World Health Organization to write the first article on Homeopathy for the book, Traditional Medicine, published by WHO, as well as the main article in the round table discussion for WHO's scientific magazine, the World Health Forum<sup>11</sup> journal.

In 1996, he was invited by the European Parliament to explain the position of homeopathy and after his presentation the European Parliament voted in favour for Homeopathy.

On 11.06.1999, George Vithoulkas was requested by the Council of Europe to make a day-long presentation on homeopathic medicine (as part of their evaluation of alternative therapeutic methods) before the Social, Health and Family Affairs Committee. The text that was published thereafter mentions his receipt of the Alternative Nobel Prize and refers to his categorization of the various alternative methods.

**COUNCIL OF EUROPE  
Parliamentary Assembly**

**Doc. 8435**

11 June 1999

***A European approach to non-conventional medicines***  
Report

**Social, Health and Family Affairs Committee**

Rapporteur: Ms Lara Ragnarsdóttir, Iceland,  
European Democratic Group

## Summary

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7. In May 1998, the Social, Health and Family Affairs Committee heard **Mr. Vithoukias, a homeopath who has been awarded the Alternative Nobel Prize**, and who identifies three separate categories: firstly, alternative medicine, which includes homeopathy and acupuncture; secondly, complementary medicine, which includes osteopathy, chiropractic, herbal medicine, naturopathy and so on; and a third, paramedical, category comprising techniques such as music therapy and meditation which bear no relation to medicine proper.

## References

<sup>1</sup> <http://www.aegean.gr>

<sup>2</sup> <http://rumed.ru>

<sup>3</sup> <http://kmapo.edu.ua/en>

<sup>4</sup> [www.medikuntza-odontologia.ehu.es](http://www.medikuntza-odontologia.ehu.es)

<sup>5</sup> <http://www.rightlivelikelihood.org/vithoukias.html>

<sup>6</sup> <http://www.time.com/time/europe/hero2005/uexkull.html>

<sup>7</sup> <http://www.vithoukias.com/content/view/37/49/lang.en>

<sup>8</sup> Encyclopedia Papyros Larousse Britannica, Greek edition, volume 15, page 396.

<sup>9</sup> <http://www.betterworld.net/heroes/vithoukias.htm>

<sup>10</sup> <http://www.mlahanas.de/Greeks/new/Medicine.html>

<sup>11</sup> Encyclopedia Papyros Larousse Britannica, Greek edition, volume 15, page 396.



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**FOREWORD BY  
GEORGE VITHOULKAS**

## **FOREWORD BY GEORGE VITHOULKAS**

In the *Science of Homeopathy*, which was first published in 1978, students of homeopathy can become acquainted with the basic principles of homeopathy both from the theoretical point of view and with its practical application.

In this new book, *The Levels of Health*, certain aspects of this homeopathic knowledge have been expanded and improved with new concepts added. This knowledge has been developed through my observations made during the last thirty years following the completion of the *Science of Homeopathy*.

It has always been my intention to elaborate on certain subjects that were mentioned only briefly in the *Science of Homeopathy*. However, up until now I was not able to sufficiently confirm certain observations that I had made and chose to postpone their publication until I had gathered more proof through the cases I was treating. It was about twenty years after *The Science of Homeopathy* had been published that I felt confident enough about these issues. At this time I started to talk about these observations during the four year programme offered at the Academy for Classical Homeopathy in Alonissos, Greece. For some years, this programme has now also been given as a video course in several countries all over the world. That there is a great need for the information given in the classes at the academy in Alonissos is evident from the fact that 15,000 students from 32 different countries came to study here during the last ten years. This need has encouraged me to write this new book, which is actually the promised second volume of the *Science of Homeopathy*.

*The Levels of Health* contains the insights I have gathered during the past forty-nine years concerning the relation between chronic and acute diseases and their impact upon the defence mechanism. (See my article 'The Continuum of a Unified Theory of Diseases')



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published in the Medical Science Monitor, an American journal in conventional medicine.)<sup>1</sup> The knowledge outlined in the article has been collected and included in *The Levels of Health* and is described in detail. It will help the general condition of the patient and his defence mechanism to be understood and enable a more accurate prognosis to be made. This will lead to a better understanding of the situation so that a more accurate evaluation of the remedy action can be made.

As well as the above, I have given my observations concerning the problems that homeopaths may encounter when treating patients. This refers to what I call: *The Obstacles to Homeopathic Treatment*. I believe that it is necessary for every homeopath to have insight into the reasons why the treatment he or she gives does not bring the expected results. We all have failures and we have to be aware of where the problem lies and know when it is necessary to ask help from professionals in other disciplines. So, having this information at hand will make it easier to evaluate the treatment and to adapt the prognosis of a case. Moreover, if the homeopath knows exactly what is happening, can explain this and if necessary refer the patient, this will prevent frustration on the part of the homeopath and disappointment on the part of the patient.

The second chapter 'Case studies' concerns mainly the practical application of homeopathy and was written by Erik van Woensel. This section deals in depth with case analysis and is illustrated with cases of different degrees of difficulty in which the analysis is shown step by step and the ideas of the levels of health are shown to come into practice.

This part is actually a glimpse of what I hope will become the third volume of *The Science of Homeopathy*. It is my intention to write this third volume in which I will elaborate more on the long term outcome

## Foreword by George Vithoukas

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of cases in order to show the possibilities of homeopathy in practice.

George Vithoukas, Alonissos, Greece, 27 December 2009.

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- <sup>1</sup> Vithoukas G., Carlino S, Medical Science Monitor, 2009; 15 (12):SR, 'The Continuum of a Unified Theory of Diseases.

**FOREWORD BY  
ERIK VAN WOENSEL**

## **FOREWORD BY ERIK VAN WOENSEL**

In this book you will find a detailed description of insights into the relation between acute and chronic diseases and how their development is influenced by the application of suppressive therapies and medicines. These insights are the result of observations made by George Vithoukas on thousands of patients during almost fifty years of practical experience in the treatment of chronic and acute diseases. Although the subjects of predisposition to disease and the consequences of suppression have already been discussed in his previously published books *The Science of Homeopathy*<sup>1</sup> and *A New Model for Health and Disease*<sup>2</sup>, I would like to stress that the information you will find in this book goes into much more detail on these subjects. I believe that the classification of the levels of health made by George Vithoukas will be of great help to anyone working in health care and will definitely show its value in the future.

In order to clarify this practical value, I was asked to present some cases that demonstrate how the different ideas regarding the levels of health as well as the promotion of health by a treatment that stimulates the defence mechanism positively instead of suppressing it can be achieved.

Therefore, to illustrate this clearly I have chosen cases of patients with different levels of health and different pathologies that have been followed over several years. It should be clear that it is not possible to give useful evaluations on the treatment of chronic diseases if the relevant cases have not been followed over a long period of time.

As George Vithoukas and myself are specialised in the treatment of patients through homeopathy, all the cases presented here have been treated with the method of classical homeopathy. I have taken the opportunity to illustrate this method as thoroughly and accurately as possible and I have approached it from as many angles

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as possible. In my forthcoming planned publication *Case Analysis in Homeopathy*, I will provide an extensive explanation of this method of treatment. For those who are not familiar with classical homeopathy, I would like to point out here that I have found it the most efficient way to treat both the acute and chronic diseases that I have encountered over the past thirty years.

This method of healing was developed by the German doctor and pharmacist Samuel Hahnemann, who became one of the most prominent scientists of his time at a young age because of his brilliant mind and his persistence. Dissatisfied by the lack of possibilities that medicine offered for curing his patients, he started to look for a better system of healing. By studying the books and notes that doctors and healers had made over hundreds of years, he succeeded in finding the connecting thread regarding the origin and treatment of chronic diseases. Through this he discovered the laws on which health and disease are based. He succeeded in constructing a healing system based on these laws, which gave him the practical results he was looking for and he called it *homeopathy*. Because this system is based on laws of nature (comparable to the law of gravity) it will never become old-fashioned and remains up to this day the most intelligent way to fight the manifestation of chronic diseases.

The accurate study and application of Samuel Hahnemann's indications<sup>3,4,5,6</sup> - and his successful followers such as J.T. Kent<sup>7,8,9</sup> - have enabled George Vithoulkas to link up these insights with contemporary discoveries made by modern science concerning genetic predisposition, the functioning of the defence mechanism - and in particular the immune system, the presence of different micro-organisms, etcetera. It is the assembly of all this information that has enabled him to gain insight into the negative effect of suppressive treatments on the general level of health of human beings - on the mental, emotional and physical planes -

## Foreword by Erik van Woensel

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and the enormous increase of deep chronic systemic diseases occurring at increasingly younger ages, that we witness nowadays.

It is my sincere wish that my contribution to this book will be helpful in the correct application of homeopathy so that the inclination to degeneration which threatens the human race can be positively influenced. I would like to thank George Vithoukas very much for giving me the opportunity to take part in his work. Furthermore, I would like to thank the following people: my wife Joke Ros for her love, support and patience, Rob Willemse and Monique Cornelissen for their technical help and for the proofreading, and Zissula Vithoukas for her hospitality and continuing support of homeopathy for so many years.

Lastly, I would like to invite anybody who has comments or questions after reading this book to contact me at the International Academy of Classical Homeopathy in Alonissos.

Erik van Woensel, Groesbeek, the Netherlands, 4 April 2010.

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<sup>8</sup> Kent J. T., *New Remedies - Clinical Cases - Lesser Writings*, Jain Publishers, New Delhi, reprint 2005.

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# INTRODUCTION



## **INTRODUCTION**

### **Practising homeopathy**

In order to be able to apply homeopathy successfully, practising homeopaths should be very well grounded in the underlying theoretical approaches of homeopathy. These approaches should be learned by heart because when the time comes for them to be used, they may be difficult to find easily in the literature. They should, in fact, spring to mind as if they were second nature. The study of all this knowledge is absolutely essential to homeopaths because a thorough knowledge of the principles of homeopathy results in better evaluation of cases and thus in better clinical results.

### **The energy complex of the organism - Hahnemann's 'vital force'**

The energy complex of the organism<sup>1</sup> as mentioned in this treatise is connected to the defence mechanism as a whole and in particular to the immune system. So this term (energy complex) should always be understood as the overall possibility of the organism to react to internal and external stimuli, whether positive or negative.

The whole issue concerning health and disease rests on whether the organism has enough energy available to maintain its natural balance or homeostasis. The energy complex, good or bad, is the basis with which the organism is born and its stimulation by the homeopathic remedy can activate the defence mechanism. When we deal with homeopathy, we have to be constantly aware of the fact that everything depends on this energy level of the patient.

Whether a treatment will be successful depends, apart from the skills of the homeopath of course, on the good or bad condition of the energy complex of the patient's organism and the relevant condition of the defence mechanism. The better the energy complex, the stronger the defence mechanism will be and therefore

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the clearer the pattern of symptoms that the homeopath can use in order to find the correct homeopathic remedy. In contrast, finding the correct homeopathic remedy will be more and more difficult in relation to the extent to which the defence mechanism has been compromised and this will also cause the overall pattern of symptoms to be increasingly hazy.

### **The defence mechanism**

The defence mechanism is complex and consists (among other things) of the immune system, the reticulo-endothelial system, the sympathetic - parasympathetic system, the hormonal system and the lymphatic system. It is built in such a sophisticated way that our understanding of how it functions is still not complete - even with the equipment and technology that modern science gives us. Our organism uses the defence mechanism to protect itself. The defence mechanism also guards the homeostasis which is the natural balance in the organism and is needed to avoid disease. What should always be kept in mind when trying to find a homeopathic remedy, is that through the treatment we give, our aim is always to restore the natural internal order - the homeostasis - by positively stimulating the patient's defence mechanism. When we are healthy our organism has enough energy to keep a balance and to maintain this internal order, through which the physiological processes and the defence mechanism work harmoniously. A loss of energy, caused by any kind of stressor, will lead to a disruption of the homeostasis and the life preserving physiological processes will become disturbed. This can eventually lead to loss of homeostasis or even death. The defence mechanism, that is normally continuously active in the background - in order to maintain health - will no longer be able to counterbalance changes internally and will start to produce visible symptoms to protect the vital inner parts of the organism.<sup>2</sup> It is only when the inner state of unbalance becomes serious, that the defence

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mechanism is activated in a much stronger manner and manifests symptoms of which the patient is aware. For example, when an organism is exposed to excessive heat or cold the internal thermostat is put into action to counteract the coldness or the heat, but if these stressors overcome the endurance of the organism, then a common cold or a heatstroke will develop and at this point the person becomes aware of suffering from symptoms. If these symptoms are suppressed, however, then we directly obstruct the action of the defence mechanism and force the disturbance to go deeper into the organism.<sup>3,4,5</sup>

The allopathic approach to the treatment of disease is in fact suppressive in most cases compared with the way in which the defence mechanism tries to solve health problems. What we have to realise when studying the medical history of a patient is that nothing happens accidentally in the organism. Every symptom, syndrome or disease - whether acute or chronic - appears for a reason and this is the best possible way in which the defence mechanism tries to protect the organism in order to survive.

The defence mechanism will automatically produce the reactions that are necessary and they will be the best possible for that specific time. From the moment that we interfere with chemical drugs and obstruct its free expression, the defence mechanism will have to rearrange itself and take the next best possible line of defence. This new line, however, will always be less favourable than the previous one.<sup>6</sup> The main target of the defence mechanism is always to keep the disturbance as much as possible on the periphery - preferably on the skin, the mucous membranes and muscles - and away from the vital organ. Nevertheless, if we keep on obstructing the action of the defence mechanism, then eventually it will have to compromise and will be forced to create symptoms on a deeper level affecting more important organs.<sup>7,8</sup>

### **Symptoms used as a means to discover the correct homeopathic remedy**

What must be very well understood here is that the symptoms presented by the patient are not our enemies but our allies. The defence mechanism starts to produce symptoms whenever it is necessary to protect the inner vital organs. Through these symptoms we can detect the way the defence mechanism functions. They reveal, as it were, the way in which the defence mechanism works. Here lies the great difference between homeopathic and allopathic treatment: in homeopathy substances were tested on humans to discover in what way a substance affects the human organism and the produced symptoms, different for each substance, revealed through the response of the defence mechanism their therapeutic value. By comparing the symptoms produced by the defence mechanisms in humans on an experimental basis, with the symptoms produced by the defence mechanism in a disease process, and then discovering the one substance that is most similar in its provings with the symptoms of the patient, we can find the correct homeopathic remedy to positively stimulate the patient's defence mechanism. This is what S. Hahnemann called 'similia similibus curentur', 'like cures like', further known as the 'law of cure'.<sup>9</sup> The fact that the symptoms of the homeopathic remedy and the symptoms produced by the defence mechanism of the patient in a disease state are very much alike, means that both belong to a similar pattern - in other words they both stimulate the defence mechanism in a similar way. If such a remedy is given to the patient it stimulates the defence mechanism in a positive manner and is able to bring, after a possible initial aggravation, the organism back to its homeostasis.

If the organism, in spite of its disease state, is still in a considerably good condition, then the defence mechanism will create symptoms that have a clear

## Levels of health

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pattern as far as homeopathy is concerned. If this is not the case, then according to homeopathic understanding, the symptoms will be less clear, making it difficult for the homeopath to find the correct remedy.

### **Evaluation of the treatment given to a patient**

Finding the right homeopathic remedy to start treatment on a patient is one thing, but being able to interpret the effect of the prescribed remedy is another issue and it is often even more crucial. The homeopath must fully understand whether after his prescription the patient is progressing in the right direction, towards a possible cure, or not. If he does not fully understand what is going on, he could make mistakes in the treatment which can be crucial apart from delaying its progress. The problem is that it is fairly common for homeopathic practitioners to think that after giving a remedy and eliminating a few symptoms, the objective of a cure has been accomplished. This is an illusionary perception to say the least. There are principles that will tell the homeopath whether a patient is progressing towards a cure or just towards palliation or even suppression of symptoms.<sup>10</sup> If these general principles are not properly understood, then it is likely that the homeopath is taken by surprise when he sees the patient, who he has been treating for several years, in the same state of health or even worse as when he first started the treatment.

One of the advantages of homeopathic case taking is that detailed records have been kept for many years.<sup>3</sup> The study of these cases has led to a certain insight into the way the defence mechanism reacts in a curative process. Numerous observations have shown that when the defence mechanism is recuperating, a certain pattern of events will be followed that can be used as guidelines by either a homeopath or any other practitioner. These guidelines are called the 'directions of cure'<sup>11,12</sup> and include the following observations:

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1. A curative action goes from the centre to the periphery. The defence mechanism follows certain routes in its attempt to protect the organism from deterioration. Some of these routes are well known, such as the relationship between eczema and asthma and between joint and heart complaints. When the direction is positive the symptoms will go from important to less important organs and from the mental-emotional plane to the physical plane.<sup>13</sup>

2. Symptoms will appear in reversed order when the organism is moving towards a cure. If the defence mechanism - the immune system - has been suppressed by chemical drugs or other means, it is as if it has kept in its inner memory the lines of defence it followed during the periods of suppression. That means that it was forced to allow the disturbance to go to a deeper level following certain specific routes, as described above. Once it is able to overcome the suppression by a positive stimulation, it will drive the disturbance outward following the same path but in reverse order from the one taken when it was first compromised. This means that we see the reappearance of symptoms that disappeared during the suppressive periods in reversed order. If, however, by whatever treatment the previous acute or chronic condition was really cured, then it will not manifest again. But if the present condition is the result of the suppression of a remote disease or condition, it will make its appearance again. For instance, people who are sick with a chronic condition and who used to get acutes with high fevers before this present chronic condition appeared, will after the right treatment once more have acutes with high fevers as their immune system is restored to a better condition.

3. In a curative action the symptoms go from above downward. An eczema will for instance travel from the face and torso to the extremities, leaving the body via hands and feet. This observation is of less importance than the other two, because during the amelioration of

an asthmatic condition, a possible rhinitis that was present at the onset and was suppressed will reappear. This movement on the upper respiratory tract is in the right direction as the mucous membranes of the nose (e.g. rhinitis) are more peripheral and less dangerous than when the lungs are affected.

All these guidelines can help us to understand whether the therapeutic stimulation we brought about has a positive or a negative influence on the defence mechanism and whether it is moving towards a possible cure or towards suppression. Although this explanation so far may seem to be a rather simplistic one-dimensional one, more detail will be given later in this book. In addition to these traditional 'directions of cure', after studying this book, we can start to understand the new observations made by George Vithoukas concerning the levels of health. This will help us to evaluate the action of the homeopathic remedy more precisely. I believe that this will be a very great help to us as practising homeopaths for improving both the efficacy of homeopathic treatment and its development in the future.

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# LEVELS OF HEALTH

## **LEVELS OF HEALTH**

### **Introduction**

In this chapter we will provide the parameters that define the level of health to which a patient belongs.

In order to gain more insight into the disease states of patients and consequently be able to reach a better prognosis, both before and also during the treatment, we classify patients according to different levels of health. This classification helps us to understand the patient's general condition and therefore provides us with an opportunity to both refine the prognosis and intelligently use the manifesting symptomatology so that we can correctly evaluate the remedy reaction. It should be clear that this classification has many advantages and can be very helpful in the process of considering which course of treatment to take.

### **General description of levels of health**

Each organism functions on a certain level of health. At present we do not know exactly how many different levels there are. However, to be able to apply this theory in daily practice, for the time being, we will consider twelve levels of health categorised into four groups (see figure 1).

## Levels of health

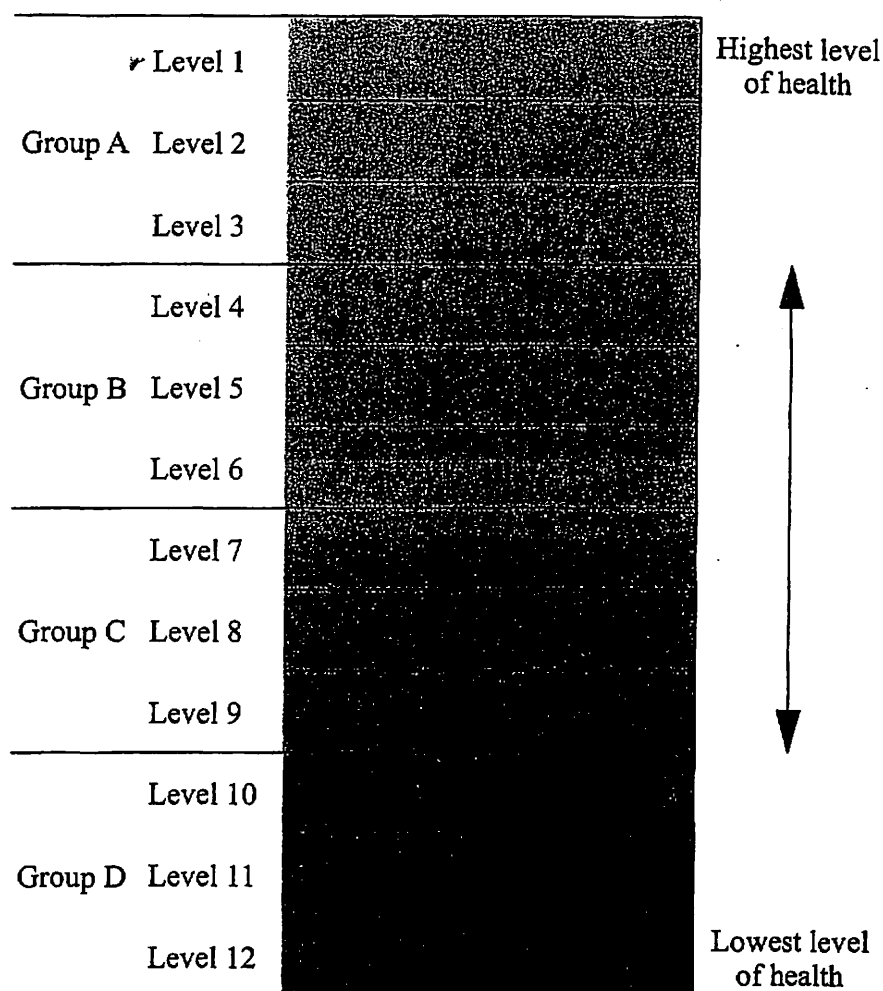


Figure 1: Scale with twelve levels of health divided into four groups, the highest level of health is at the top. This illustration depicts the genetic predisposition with which individuals are born and also the degree of the strength of the defence mechanism.

At the top of the scale we find the organisms with a good general condition and well-functioning defence mechanism, without heavy hereditary predispositions. As we go down the scale, the strength of the defence mechanism becomes weaker and weaker and the immune system compromises more and more, so that the tendency to develop serious pathological conditions increases. As the defence mechanism is strong in the higher levels, it is unlikely that deep degenerative diseases will manifest unless the individual comes

under tremendous stress and an underlying hereditary predisposition becomes activated.

It is, however, important for the homeopathic practitioner to understand that almost **any pathological condition may arise on any level**, but that **the prognosis is different according to which level of health the patient belongs**. This means for instance, that cancer may appear in a patient who is on level one or indeed any other level. The vital difference is that the cancer that occurs in a patient on level one will be curable - with the correct remedy - while the cancer occurring in a patient with a lower level of health will be either much more difficult to treat or will be incurable.

Therefore, insight into the levels of health should help to clarify for the practitioner the reasons why he succeeds in accomplishing a cure for a certain pathological condition in one patient, while in another patient with the same pathology he fails. For instance, Parkinson's disease can be cured if it is manifesting in a patient who is in the first group (the three uppermost levels) but similar results will not be obtained in another patient who belongs to one of the lower groups.

### **The fluctuation of the organism within the same level**

There is another point relating to the idea of the levels that also needs to be clarified here, which has to do with the fluctuation of the organism within one level.

As all of us can witness in our daily lives, our energy and sense of well-being differs from day to day and even from hour to hour. We all have good days and less good days. So it has to be understood that our organism is constantly in a dynamic state that is not steady or fixed but fluctuates within the same main level all the time. These fluctuations are due to the influence of external or internal stresses.

To give an example: if an individual who is on level four wakes up in the morning refreshed and feeling quite

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well, we assume that he is functioning in the uppermost part of his level (see figure 2). When, in the evening, due to exertion or exhaustion, he is feeling extremely tired he is then functioning on a lower part of the same level.

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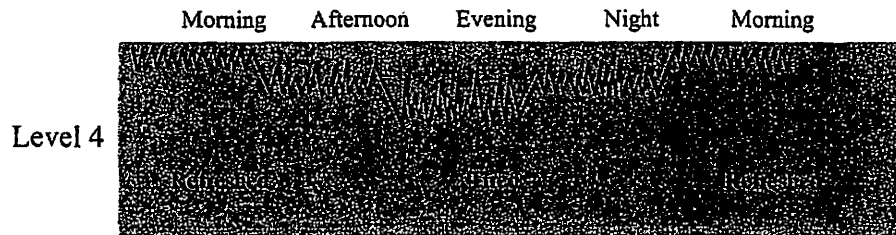


Figure 2: Fluctuations of energy pattern in one day of an individual on level four.

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If this individual continues to overexert himself, he may get a common cold and because he does not rest he may develop bronchitis or even pneumonia with high fever. At this point he will have reached the lowest part of his 'usual' level four. This, however, does not mean that he has changed level as far as his chronic condition is concerned. He remains on the same fourth level of health he was on in the first place, only in another part compared to when he had no acute disease. If this acute condition is treated with suppressive measures, like heavy doses of antibiotics, and after the acute phase has passed this individual has a slight aggravation of some of his chronic symptoms, such as, he wakes up in the morning unrefreshed, then that will indicate that he is still functioning on level four but in a lower position. This would indicate that his defence mechanism has already compromised to a certain extent.<sup>7</sup> This will mean that the next time he exerts himself, even though it is less than the previous time, he will again get an acute attack. If this happens more often and if he receives suppressive treatment over and over again, his health

## Chapter: Levels of health

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state will in time drop down one level and he will find himself on level five (see figure 3). After this has happened, he will be predisposed to get colds even more frequently and under less exertion or stimulation, which may again end up in bronchitis or pneumonia with high fever.

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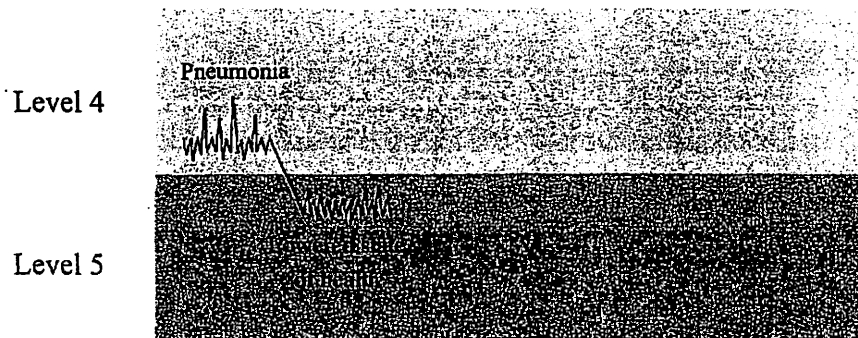


Figure 3: Lowered state of health due to suppressive therapies for acute conditions.

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If within this level of health these repeated acute conditions are treated with suppressive measures, such as chemical medications, then the underlying hereditary predisposition of the patient can be activated and a serious chronic condition may develop.<sup>1</sup> One example of this would be if this patient developed an asthmatic condition. Once this has been established, he will then function on level six, with very frequent bronchitis for which he will have to take antibiotics almost constantly.

At a certain point in time, the acute attacks with the high fever stop appearing and a chronic asthmatic condition will be established. In such a case, the patient will have dropped down yet one more level and find himself on level seven. If he is careful, the patient with his chronic asthma may manage to stay on the higher part of this level where his dyspnoea is tolerable and may be controlled with a minimum dosage of bronchodilators. However, if he comes under a great deal of stress,

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either emotionally or physically, his asthmatic condition will worsen and he will have to increase the dosage of his allopathic medication. As time passes, he will need more and more chemical drugs in order to breathe and will eventually need to be on cortisone all the time. The patient, in such a case, will have dropped to the bottom of health level seven (see figure 4).

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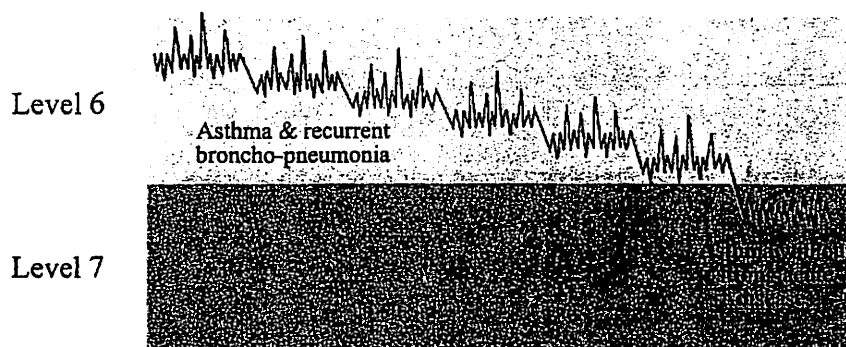


Figure 4: Individual functioning on level seven with a chronic disease but without strong acute diseases after suppressive treatment for recurrent broncho-pneumonia with high fever.

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But the story may not end there, one day under major stress the defence mechanism may further weaken, the asthmatic condition will disappear and a state of constant extreme exhaustion with depression, total indifference and a miserable life will be established. This patient will have dropped one more level to level eight or nine. In such a case the cure is going to be much more difficult for the homeopath and will require a series of remedies. If this patient is treated correctly, he will go through the same stages in reversed order, from depression to asthma to rhinitis while his health is really improving.<sup>2</sup> At the same time he will be climbing in levels of health with the aforementioned modalities.

### **Prognosis and life expectancy**

As practitioners, we need to have a knowledge and understanding of the levels of health because at all times during treatment, we need to know whether a case is progressing in the right direction and also whether this progress is due to the correct remedy or to a placebo effect.

The literature on homeopathy gives the impression that the highest level of health (level one) can be achieved with the correct prescription of one remedy. This is a misleading concept that in most cases cannot be achieved. Level one belongs to the lucky people born with a very strong constitution and a good hereditary predisposition. When these people come to us for treatment, their ailments are superficial and provided the correct remedy is given, they are soon cured. These people normally live over the age of ninety years, unless some calamity falls upon them (an accident, a series of deaths of beloved relatives, etc.), forcing them to take chemical drugs that will lead them to go down some levels or if they abuse themselves heavily by their wrong lifestyle which deteriorates their health. However, provided the right treatment is given, people who have dropped from level one can quite easily be raised up on the level scale, and sometimes with just one or two remedies.

What is important for the practitioner to realise is that an individual can be born into any of these twelve levels, depending on the hereditary predisposition, and that the life expectancy potentially reduces as he goes down the scale. For example, a baby born with a serious disease like Epidermolysis bullosa<sup>3,4</sup> or Thalassaemia major<sup>5</sup> will be considered as born into the lowest levels of health. This baby's life expectancy is predicted at less than ten years. When we treat such cases we should bear in mind that we cannot expect to raise these patients' overall state of health to such an extent that they will live up to seventy years or so.



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Group A	Level 1: highest life expectancy, up to 90 years or more
	Level 2: life expectancy up to 80 years
	Level 3: life expectancy up to 75 years
Group B	Level 4: life expectancy up to 70 years
	Level 5: life expectancy up to 65 years
	Level 6: life expectancy up to 60 years
Group C	Level 7: life expectancy up to 55 years
	Level 8: life expectancy up to 50 years
	Level 9: life expectancy up to 40 years
Group D	Level 10: life expectancy up to 30 years
	Level 11: life expectancy up to 10 years
	Level 12: lowest life expectancy, not more than 5 years

Figure 5: Example of how to interpret life expectancy of an individual according to the levels of health. Please note that this is an over-simplified example just to give an insight into the basic idea.

As we can see in figure five we can estimate the age that someone is going to become according to the level of health in which he or she is born. People with a well-functioning defence mechanism usually belong to the higher levels and have a longer life expectancy than people born with a deficient defence mechanism belonging to the lower levels in the scale. At present, it is not possible to determine exactly which age belongs to each level, and a lot of further research still needs to be done, but figure five should provide you with an idea of the concept. For example, in level one there is a life expectancy of ninety years or older but going down the levels this becomes less and less until we come to the lowest scale where people live only up to the age of five years.

The idea is that each one of us is born with a genetic predisposition to live a certain amount of time. So, someone born in level five is born with the expectancy that he will die at the age of sixty-five, for example, due to a cardiac arrest. If we are able to treat him correctly, then he might go up a level and live five years longer. There are of course some limitations to this

## Chapter: Levels of health

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improvement as we cannot always overcome the weakening of the defence mechanism when it is due to old age and/or the genetic predisposition. However, experience shows that there are definitely possibilities for improvement through correct homeopathic treatment. Once, for instance, I had a patient whose grandfather had died of cardiac arrest at the age of forty-five and whose father and brothers had died of the same condition at the age of forty-two. When this person was forty years old he developed serious heart troubles and, according to the cardiologist, needed a bypass operation to survive. With homeopathic treatment, however, he was able to overcome the complaint and he lived well without medication or surgery up to the age of ninety-five years. This basically means that homeopathy increased his life expectancy by nineteen years. Another example is the one of Krishnamurti, whose parents and brother all died under the age of fifty years while Krishnamurti himself lived to be ninety-one after having had homeopathic treatment for many years. Naturally, his way of living was also conducive to better health.

It should be clear from the above that people in the lower levels can go up the scale easier than those who are already in the higher levels. A person born in level four with a life expectancy of seventy years can go up to level three. But someone born with a life expectancy of five years can be treated to live up to twenty or thirty years. So this person gains more years to live, but will not go up to the highest levels, as we cannot overcome his genetic predisposition.

It will, however, be easier through good prescribing to make a person go up in levels who was originally higher up on the scale but dropped down several levels due to bad lifestyle, bad circumstances, wrong treatment, etc. When we treat such a person correctly he will jump up the levels fast because the original strength of his defence mechanism was good. However, he will not be

able to go any higher than the level he was originally born in.

### **Susceptibility**

Though it is not well known that the susceptibility to certain bacteria, microbes, viruses, etc., depends on the condition of the defence mechanism at a given time, when the level of health changes in a person, the predisposition to nosological agents also changes. We will see later on that each level of health is affected by a different range of bacteria, viruses or microbes. It has also been observed that the lower we go down the scale of the levels of health the more virulent and resistant the micro-organisms become that may affect the organism and create an inflammatory condition with high fever.<sup>6</sup>

In the levels below level six, where the immune system is already compromised, the possibility of the organism to develop an acute disease with high fever is lost.<sup>7</sup> But we may still observe in the lowest levels, ten to twelve, and in the last stages of life that just before death the organism often makes a last desperate effort to develop a fever that is unbeatable by any allopathic drug or homeopathic remedy. If such a fever is suppressed by drugs, the patient usually enters in to a comatose state and soon dies. One example of this is that of infections with *Pneumocystis carinii* that belong to the lowest levels of health where the organism is totally exhausted.<sup>8</sup>

In the higher levels we see the manifestation of acute diseases with bacteria like *Streptococcus* and *Staphylococcus* that are easily eliminated with antibiotics making the symptoms subside quickly. But if the organism is treated aggressively and consequently suppressed, then the immune system will eventually compromise, the general health will drop and another type of bacteria such as *Proteus* will manifest during an acute inflammatory process, which is much more

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virulent than *Staphylococcus* or *Streptococcus* and therefore more resistant to antibiotics. If the immune system is then further compromised, we will see very persistent bacteria like *Pseudomonas* manifesting during an acute inflammation.<sup>9,10,11</sup> As the human organism descends even more in levels of health, it becomes sensitive to different virulent fungi, such as, for instance *Pneumocystis carinii*.<sup>8</sup>

Viruses that can cause a reaction in the immune system that produces a high fever are, for example, all the various strains of the influenza virus and they can affect levels two to six. These types of viruses cannot infect organisms belonging to the lower levels of health that already have a compromised immune system.

It must be clear, however, that in spite of the fact that when the chronic pathology seems serious this does not mean that the patient is on a low level of health. He can be on the upper levels as well with an immune system that is in good condition. Such a patient can be affected by any influenza virus and may die due to complications and wrong treatment. Such patients who have the ability to raise a high fever have a good defence mechanism (immune system) that can be treated well with the homeopathic remedy. Different and actually opposite to the prevailing notion that the easy targets of influenza are people with weak organisms and those who suffer from chronic diseases, is the fact that influenza primarily hits young and strong organisms or older people who are still in good health. Such people of course can for instance have a weak heart due to old age or weak lungs due to smoking but still their overall health is in good condition. They are the easy victims of the influenza virus. In any case, it is well known that the outbreak of Spanish flu in 1919 almost exclusively killed young people, with good health and left intact the sick with infirmities.<sup>12,13,14</sup>

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Potential strength of the immune system to react to different nosological entities causing high fever	Level 1-3	<ul style="list-style-type: none"> <li>• Staphylococcal and streptococcal infections, gonococcal infections and syphilis</li> <li>• Influenza virus (all types)</li> <li>• Viruses and bacteria for epidemic diseases</li> </ul>
	Levels 4-6	<ul style="list-style-type: none"> <li>• Proteus</li> <li>• Pseudomonas</li> <li>• Gram negative bacteria</li> </ul>
	Levels 7-11	Here we have all the degenerative chronic diseases, the compromised immune system of those organisms is not able to react to infective agents affecting levels 2 to 6 with high fever.
	Levels 11-12	In the end stages of diseases, as in level 12, and as a last effort of the organism to survive we again have the appearance of fevers up to approximately 38.5° Celsius with infective agents like nosocomial infections or <i>Pneumocystis carinii</i> that could not be cured by any medical intervention whether allopathic or homeopathic.

Figure 6: Different susceptibility to nosological entities along the scale of levels of health.

It is a strange but interesting phenomenon that if an individual's immune system is compromised and his level of health has gone down the scale, then he can no longer raise a high fever even if exposed to certain infectious agents like microbes, viruses or bacteria.<sup>7,15</sup>

However, once he is treated correctly so that his health improves and his level elevates to at least the sixth level, he will once again become susceptible to those micro-organisms and start raising a high fever again.

An individual who has a severe mental illness, for example, schizophrenia, autism or any deep psychotic condition, and who belongs to the lowest levels of health, will be protected from infections with different microbial, bacterial or viral agents simply because of his bad mental health.<sup>16</sup> Microbes or viruses are unable to affect people who are suffering from a severe chronic degenerative disease, whether mental or any other

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type. Patients with severe endogenous depression, with malignant hypertension, with liver cirrhosis, with collagen diseases, with neuromuscular diseases, with Alzheimer's disease, with idiocy, etc., usually, in very high percentages, will not be able to raise a high fever even though they may be exposed to bacteria, microbes or viruses. If you take their case properly you will realise that they have not had a high fever for many years - actually since their chronic condition was established. In such chronic cases, we seldom observe fever and then only low types of fever reaching between 37.5 to 38° Celsius. It is interesting also to observe that if mentally ill patients do get an inflammation and raise a high fever, such an inflammatory state will be very serious and dangerous for the patient's life but then during the time of the high fever, their mind becomes much clearer.<sup>17,18</sup> These are observations that will be familiar to doctors who have worked in mental institutions and psychiatric clinics. In some psychiatric cases, microbes have even been used as therapy, for example, by injecting the *tuberculinum bacillus* in schizophrenics.

Another observation - that may seem contrary to this general observation is that the defence mechanism of people in group D (levels ten to twelve), at the time of approaching death, seems to make a final effort to recover and it is at this point in time that they get an inflammatory condition with high fever. In such cases, the acute inflammation is usually very severe (it can be caused by hospital-acquired infections which are virulent) and often leads to the death of the patient. If in a severe chronic disease with deep pathology, there is amelioration, through any kind of treatment, the symptomatology is then moving towards a more peripheral plane but with such great force that it may kill the patient. For instance, if in a severe psychotic problem there is an amelioration, the problem from the brain will move to e.g., the lungs, manifesting a severe pneumonia but with such intensity that it will most

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probably kill the patient. If this inflammation of the lungs is treated 'successfully' and suppressed with antibiotics the patient may live but returns to an even worse mental state than before and sometimes entering a comatose state.

The same thing can be seen in people with Alzheimer's disease. These people can go for many years without getting an acute disease, but if they do, they usually improve mentally although the acute disease they have developed, for example pneumonia, is likely to kill them.

Similarly, we can see that a child with severe epilepsy does not get epidemic diseases. If it is treated successfully, then the epilepsy will become less severe and the child will start getting acute conditions like otitis, cystitis, bronchitis, and traditional childhood diseases.

### **Genetic predisposition - Hahnemann's 'miasms'**

The theory of the miasms<sup>19</sup> can be put into a more practical and matter of fact context when using the levels of health. From now on we will change the expression 'miasmatic predisposition' into an expression that is more accepted today in medical terminology as 'genetic predisposition'. These ideas enclosed in these terms were claimed by S. Hahnemann over two centuries ago and it has taken up until now for the medical establishment to confirm them.

As the genetic predisposition for more and more severe degenerative diseases becomes increasingly threatening, the lower we go down the scale, we can say that the miasmatic influences and complications will be bigger. In the first level, in very healthy individuals, we will recognise perhaps one miasm and one remedy will be sufficient to bring the organism back to health.

Naturally, these are the easiest cases to treat. The organism is so strong that it produces a clear symptom pattern, which appears the same in every condition. In this first level we can observe that all complaints, acute or chronic, often need the same remedy. For instance,

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at the age of sixty-five a person may get lumbago or a common cold or pneumonia or even cancer and for all these different pathologies the remedy that acts is, for example, *Calcarea carbonica*. This means that patients in the first level can be cured of all conditions with one and the same remedy. We can therefore talk about the so-called 'constitutional' remedy only for those who belong to this level.

At this stage it is important to point out that many of our colleagues who do not have this knowledge, although achieving good results in some of their cases - even with malignant diseases - thought that homeopathy can cure everything, even cancer. What we have to understand, however, is that all diseases that manifest in individuals with a very strong immune system can be cured with the correct remedy. The problem begins with other cases with a lower level of health where the defence mechanism becomes increasingly compromised and the difficulty in finding the correct remedy in order to treat successfully becomes bigger and bigger. This is due to the fact that the lower we go down the scale, the more miasmatic layers there are which confuse the remedy pattern and which require several remedies in the right sequence in order to be eradicated.

As early as in the second level of health we have patients with a heavier genetic predisposition who need more than one remedy. In the third level, the predisposition becomes worse and we may even need three remedies here. For patients in the fifth level, we may need as many as three to six remedies in order to cover all acute and chronic conditions that occur throughout a patient's life. In the ninth level it is obvious that we will need many more remedies over a long period of treatment. In the lowest levels where the end stages of diseases appear, we need an almost constant change of remedies. These people are seriously ill and we have to treat the effects that their heavy genetic predisposition has had on them, including a severely



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compromised defence mechanism which has resulted from heavy allopathic drugging<sup>20,21,22,23</sup>. In such 'end stage cases' the remedy is never clear and you will need to frequently change the prescription in order to keep the patient comfortable. It should be clear that the amount of remedies mentioned here is merely indicative and not fixed. These treatments are highly individual and vary for every case. But the bottom line is that students understand that more remedies will be necessary when there are deep and serious disturbances in the organism.

### **The importance and the meaning of a 'clear' remedy pattern**

One of the greatest problems that homeopaths face is matching a patient's symptoms to those of the remedy. Before the concept and understanding of the levels of health, there was confusion as to what was going on in the different cases a homeopath was called to treat. In one case the remedy was clear and the effect impressive, in another case the remedy was unclear and the results mediocre or none at all.

It was the understanding of this model about levels of health that showed me how important it is to make a correct prognosis of each case and that gave me the insight to do so more accurately. Moreover, it is important for the practitioner to know what to expect from the development of the case he is going to treat once he has finished taking the case and before starting the treatment.

Patients with higher levels of health and therefore well functioning defence mechanisms will probably present a clear remedy pattern to the practitioner. But as the patient goes down in the levels of health the defence mechanism becomes weaker and the remedy pattern becomes more and more hazy and obscure. In the lowest levels there may be a total confusion in the case where several remedies seem to be indicated.

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Whatever remedy you may choose, the results will be meagre and the case will remain in a precarious state of pathology. These are confused cases where you do not know where to start. There will either be very few general symptoms, like non-described pain, exhaustion and lack of appetite that do not point to any remedy or there may be too many symptoms that indicate many different remedies. It doesn't matter how well you know the *materia medica*, you cannot make much out of these symptoms that are all extremely disturbing for the patient. Moreover, when you put them together they do not match with any remedy.

There is of course the possibility that the practitioner does not recognise a remedy because he has not studied the *materia medica* well enough or understood it. In these cases any failure of treatment will be due to the ignorance of the homeopath and not to the severity of the case.

With the first correct remedy, cases of patients in levels seven to nine should manifest a clearer picture for the second remedy and eventually after one or more remedies the patient will jump up one level.

In the lowest levels (ten to twelve) we have chaotic, non-harmonious states and the remedies will need to be changed often. In these lowest levels we sometimes need a change of remedy even after fifteen days or even less while in the highest levels the patient can keep improving for one year and then stay well for several years without needing another remedy. Severe cases that continually show relapses will require a frequent change of remedy on the basis of new or changed symptomatology.

**The general rule will be: the lower the patient is on the scale of levels of health the more difficult it will be to find the correct remedy and the correct sequence of remedies and also the more remedies will be needed to regenerate the organism. The higher the level of health, the clearer the remedy**

**and the fewer remedies it will take to cure the patient.**

So the idea that all patients have a constitutional or 'core remedy'<sup>24</sup>, meaning the one and only remedy that is suitable during a person's whole life is a myth and can only be applied to the patients of the uppermost levels (one and sometimes two). Such healthy individuals who come to homeopathy straight away are rare and they constitute only three to five percent of all the cases we see.

### **Potency selection**

To a large extent, the levels of health determine the best potency to be used. In general we can say that people with a good state of health can be given a high potency to start with. This means - as you may understand - that the lower the overall health the lower we have to start with the initial potency.

The potency selection, however, depends on a combination of factors of which the following are the most important:

1. Sensitive patients, who prove every remedy or who are highly sensitive to emotional and mental impressions, or those persons whose organism produces symptoms due to small stimuli - similar to what we see in nervous constitutions or those suffering from multiple allergies - are often sensitive to homeopathically potentised remedies.<sup>25</sup> Therefore, some caution should be used with the initial potency - preferably not higher than 30C, or even no higher than 12C or Q5. Q potencies are supposed to act mildly, but I have often seen strong reactions to these potencies as well. For example, I had a young boy with eczema and respiratory problems due to multiple allergies. His reactions to the lowest Q (quintesimal) potencies were so strong that the mother had to dilute them into several glasses. He only took the remedy when he had a relapse but still the reactions were not manageable.

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When I resorted to low D (decimal) potencies the reactions were much more stable, he slowly recovered and the treatment went well.

2. The general good health state of the patient and the level of health (the higher the level of health the higher the initial potency).

3. The depth of the pathology (the deeper the pathology the lower the initial potency).

4. Whether the health of the patient is in imminent danger (for instance, in cases that have severe heart problems it is better to start with a low potency, usually the 30C will be best).

5. The degree of similarity of the selected remedy to the symptomatology of the patient (the more similar the higher the initial potency).

6. A consideration of all these parameters and a final decision upon the combination will be necessary in some cases.

The following is advice to be considered when choosing the potency in the different groups:

Group A: We can start with any potency, from the lowest up to CM. In the higher levels the lower potency will also work but the effect can be slower. For example, using D6 will take twenty days to get an effect instead of three days when a 50M is used.

Group B: At the fourth level of group B we can start with a potency up to 10M, and at the fifth and sixth levels up to 1M.

Group C: In this group we should not start with a potency higher than 200C.

Group D: In this group we should not start with a potency higher than 30C.

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Group A	Levels 1-3	Initial potency up to CM
Group B	Levels 4-6	Initial potency up to 10M for level 4 Initial potency up to 1M for level 5-6
Group C	Levels 7-9	Initial potency up to 200C
Group D	Levels 10-12	Initial potency up to 30C

Figure 7: Advice concerning the potency selection for the different groups. Be aware that the final decision about the potency selection depends on the evaluation of the factors mentioned in the text above.

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### Repetition of doses

In the highest levels of health one dose of a remedy should be sufficient to get a good reaction. When the defence mechanism weakens considerably, however, the initial aggravation to the 'similimum'<sup>†</sup> can increase. So care should be taken not to give a too high potency in order not to create a big initial aggravation. One can always increase the stimulus by raising the potency or the frequency of the doses if there is no reaction. This is easier to adjust and less uncomfortable for the patient than an overreaction from a too high potency.

When the pathology is deep and the general state of health is bad then we need to give low potencies repeatedly.

In group D we have to give more frequent doses of the suitable remedy, for example, 12C one to four times a day or 30C once a day. In these cases we also use low

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<sup>†</sup> By the similimum is meant the remedy of which the symptoms match the closest to the ones of the patient and which brings about a cure. In contrast, a similar remedy is one that fits some symptoms of a case but does not match well with the overall pattern and which can bring about only a partial amelioration of some symptoms.

potencies more often (Centesimal, Decimal or Quintesimal)<sup>26</sup>. We may continue with these low potencies as long as we see progress. If the case comes to a standstill then we will have to raise the potency one step. Therefore, cases where a 12C has been given will then be given a 13C, later on a 14C and so on until the remedy no longer acts. At this point in time most of the symptoms will have changed and we will be able to find a new guiding symptom to continue with the next remedy.

There is, however, a possibility that, when administering the remedy say, from 12C with a gradual increase in potency, there comes a point when the potency will not act, for example, the 18C, while there are no signs of a new remedy pattern. This could be due to wrong potentiation of the remedy, but it could also be that this specific potency (in this example 18C) does not harmonise well with the organism of the patient. In such cases we need to go back to the previous potency or jump a few more steps until we succeed in improving the patient's condition again.

All these rules are meant to act as a general guide. Each homeopath should try to see what works best for his clients according to his experience and expertise. It should also be noted here that different races of people can react differently.

### **Antidotes to homeopathic treatment**

What we are trying to achieve with a homeopathic remedy is to activate the defence mechanism in a curative direction so that it can restore the natural balance - homeostasis - within the human organism. An antidote is the wrong kind of stimulus because it disturbs the organism so that it loses its balance and starts reproducing symptoms once more that had disappeared following the initial action of the homeopathic remedy.

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One of the qualities of organisms in the upper levels is that they have a good general state of health, which is quite steady, in spite of having peripheral complaints such as mild skin conditions, lumbago, sciatica, common colds, etc., and that is why they are not easily unbalanced. Their defence mechanism functions efficiently and is able to maintain the homeostasis even under stress. Therefore, an antidote will not easily affect a strong organism. For instance, caffeine which is an antidote to homeopathic treatment, will not so easily bring about a relapse to a cured case in organisms of the uppermost levels of health but will bring about a relapse in the lower levels of health. The time that it will take for such relapse to appear will be directly proportional to the general weakness of the defence mechanism. As the level of health diminishes, the defence mechanism is prone to lose its balance under stress more easily. Also, the more sensitive an organism is the easier it will be affected by a chemical substance that can antidote the homeopathic remedy. Such organisms will also be more easily affected by mental or emotional stresses.

**To conclude: organisms with a compromised defence mechanism will be affected by antidotes more easily.**

In general, we can say that every organism has its own specific weak points and is therefore sensitive to certain specific antidotal influences. We can see, for instance, that a person is very sensitive to the odour of certain chemicals or to some specific emotional stress and that this can trigger his symptoms. These are individual sensitivities that must be determined for each individual and have to be avoided during the treatment. There are, however, antidotal factors that influence most of the patients we see and that need to be taken into consideration when evaluating a remedy reaction. These factors are:

### **1. Chemical drugs and vaccinations**

The use of allopathic drugs like cortisone, prednisone, tranquillisers, sedatives, strong painkillers, etc. is likely to interfere with the action of a homeopathic remedy because of the strong influence they have on the physiology of the organism. Also, antibiotics can cause a relapse in certain cases. A simple allopathic drug like aspirin, however, will seldom interfere with the action of the remedies, except in cases of *Calcarea carbonica* which are often allergic to aspirin.

### **2. Recreational drugs**

Recreational drugs like marihuana, cocaine, heroin, etc. must be avoided at all cost as they will almost certainly antidote or interfere with the action of homeopathic remedies. Although it is often claimed that marihuana is a soft drug and rather harmless, we know from experience that this is not true and that it's impact on the human mind can be very deep, leaving life long traces. In contrast, a moderate use of tobacco has not been found to interfere with homeopathic remedies. The same applies to alcohol.

### **3. Coffee**

Coffee and other products that are sold nowadays containing a large amount of caffeine should be used sparingly. In my experience the daily use of coffee will antidote the action of a homeopathic remedy in about 95% of the cases. Caffeine has a strong influence on the nervous system and therefore excites the organism daily and will show its antidotal effect sooner or later according to the sensitivity of the organism. The general idea is that an over stimulation of the nervous system has to be avoided. Small amounts of caffeine such as in cakes or ice cream will usually do no harm, again depending on the individual sensitivity. Decaffeinated coffee can be used moderately as the amount of caffeine is much less. One has to be careful, however, that the coffee has been decaffeinated without the use



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of chemical processes, otherwise the residue of these processes can also be harmful. Black tea, if taken in moderate amounts can also be used.

### **4. Severe mental or emotional stresses**

Hahnemann already wrote that continuous emotional stress undermines homeopathic treatment.<sup>27</sup> We will indeed often observe that an individual who experiences continuous emotional or mental stress will be more difficult to treat as the balance of the organism is constantly disturbed. As homeopathic remedies also improve a patient's emotional and mental strength, patients should become less sensitive to these stresses. But this effect is not always achieved at short term and is often only noticed in the long run. In those cases where the emotional or mental balance is unstable, the effect may take a long time to appear and before it happens there will be a period in which a lot of effort and endurance from the patient and the homeopath is needed. But even in rather healthy individuals, strong mental or emotional stress such as, e.g., the loss of a child or becoming bankrupt, can give such a shock that a relapse may occur.

### **5. Dental treatment**

During some kinds of dental treatment a combination of previously discussed antidotal circumstances occurs. Apart from the chemical influence of dental anaesthesia, we also see that a lot of people undergo strong emotional stress when visiting a dentist. The physical nervous system is put under stress because of the dentist's actions upon the teeth, which are closely connected to the nerves. Any of these factors alone or a combination of them can unbalance the organism and result in a relapse.

### **6. Wrong repetition of remedies**

A partial relapse may happen if we are repeating the homeopathic remedy too early. Especially when the

defence mechanism is weak, a repetition of the homeopathic remedy too early may disrupt the effect of the previous dose. Such repetition will usually bring about only a partial relapse and the homeopath may be confused as to what he should do next. When this happens, then the best course of action is to wait until there is a full relapse.

### **7. Other therapeutic measures**

Any therapeutic measure that alters the energetic or physiological actions and functions of the human organism can impede the action of a remedy and should therefore be avoided if possible. It is best that patients consult their homeopath before undertaking any other therapy.

### **8. Strong odours**

An antidotal reaction that result from strong odours like perfumes, paint, camphor, menthol, etc. is rather uncommon after taking a homeopathic remedy - although they are recorded in the literature. They will usually only occur in more sensitive individuals. The antidotal reaction with menthol is mainly seen in patients using the remedy *Natrium muriaticum*.

### **9. Antidotal factors upon the remedy itself**

Except for antidotal factors that can occur after the remedy has been taken by the patient, there are also circumstances that can interfere with the action of a remedy prior to taking it. Some examples are the following:

1. Exposure of the homeopathic remedy to direct sunlight.
2. Exposure of the remedy to excessive heat or cold.
3. Exposure of the remedy to moisture.
4. Exposure of the remedy to strong odours (camphor, perfume, paint, etc).

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The above should be taken into careful consideration when storing homeopathic remedies. Remedies that are inactive (resulting from bad storage) may confuse the homeopath, for example, during a follow up interview with a patient who claims not to have noticed any effect of a well-selected remedy. Much time may be lost before the homeopath realises that the problem lies in the reliability of the remedy itself and in the meanwhile he might have given the patient other remedies that will confuse the case even more. These are simple problems that can and have to be avoided at all costs.

### **Vaccinations**

Vaccinations can have a very disturbing effect on a person's overall state of health.<sup>28,29,30,31,32,33,34</sup> I have explained the effect of vaccinations on different patient groups extensively in chapter eight of my book *The Science of Homeopathy*. Therefore, for more information on the effect of vaccinations I refer to this work.<sup>35</sup>

### **Acute diseases during chronic treatment**

#### ***Introduction***

The possibilities of an organism to develop acute diseases with high fever can actually give us a lot of information about the level of health the organism is in. So it will be understood that when an acute disease appears during homeopathic treatment, it is crucially important to determine two factors:

- a. The effect of the remedy already given for the chronic condition, i.e. whether it was correct or wrong.
- b. The level of health the patient is on.

When we talk about acute diseases, we mean inflammations that are accompanied by high fever (over 38.5° Celsius) and not acute exacerbations of chronic symptoms.

In general, we can say that it is a bad sign if a patient who comes to be treated for a chronic complaint, did not develop any high fever for a period of several years. But if this patient starts to develop again acutes with high fever during your treatment, this new development should be considered as a positive sign as it marks a raise in his overall state of health and the return of old symptoms. The prognosis is that the patient, if the treatment continues with the right remedies will eventually do quite well.

### ***Susceptibility to acute diseases in the different groups***

First I would like to give an overview concerning the relationship between the different groups and the susceptibility to acute diseases.

#### **Group A**

In group A, on level one or two, there is very little susceptibility to acute diseases. Such people will say that they seldom had an acute during their entire life. On levels two and three people start having some acutes with high fever, but infrequently e.g., once every one to three years. Such fevers are not dangerous, are not due to deep pathology and do not cause general depression of the immune system. The organism can deal with them on its own and they disappear quickly leaving no traces. As a kind of comparative evaluation of the difference in the three upper levels, we can say that those individuals who have acute diseases with high fever once a year, but do ask for treatment - because they feel so miserable or keep on coughing for days afterwards - belong to the lowest part of level three.

#### **Group B**

In group B, on level four, acute diseases that have an effect on the general state of the patient start to appear more frequently. If the organism is able to deal with

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them mostly without the help of a remedy then this means that the organism is in the uppermost levels of group B.

If the general impact of the acute disease remains for a considerable period of time (ten days to one month), for instance through tiredness or lack of appetite, then the patient belongs to level five and needs to be treated. In level six are the cases that suffer from recurrent acute conditions, such as cystitis, bronchitis, pneumonia, etc. that have frequently used allopathic drugs, e.g., antibiotics, and yet the reoccurrence of the acute is so frequent that they may become sick almost every month and they end up taking allopathic drugs almost continuously. We often encounter these conditions today, even in children.

Such cases are prone to drop to a lower level of health, levels seven or eight, if they continue suppressing their acute conditions. They need urgent treatment but if they are mistreated (either by allopathic or homeopathic remedies or by any other suppressing therapy) then this event will mark the beginning of a chronic condition. In this junction the acute inflammation with high fevers - from 38.5° Celsius to 40.5° Celsius - will stop reappearing and a serious chronic condition will almost invariably manifest within a short period of time.<sup>36,37,38,39</sup>

The type of the chronic condition will be determined by the genetic predisposition of the patient.<sup>1</sup> The organism reaches its limits in fighting the acute inflammations and also the effects of drugs upon it and eventually after several acutes gives in and takes a deeper line of defence which now becomes apparent by the development of chronic symptoms.<sup>40,41,42,43,44,45</sup>

All such chronic conditions are characterised by **sub-inflammatory processes** that are maintained by pathological agents which are perhaps not yet known to us.<sup>46,47,48,49,50,51,52,53</sup> This sub-inflammatory state must be understood as a constant ineffective effort by the defence mechanism to get rid of the chronic disease

and restore the homeostasis in a general way. From time to time these efforts become excessive and then we see periods of exacerbation of the chronic symptoms (witness the epileptic seizures, the exacerbations of ulcerative colitis, the crisis in rheumatoid arthritis, the exacerbation of psoriasis, etc.). We could say here that in a way the organism that is stressed by external or internal factors is attempting each time to overcome the chronic condition in a totally systemic way. This is done by creating a crisis - an acute exacerbation of the chronic condition - as the organism reaches its limits of tolerance and attempts through a super effort to get rid of the chronic condition.<sup>54,55,56,57,58</sup>

It is important for the homeopath to take special notice of the symptoms during exacerbations, when studying a chronic case, as the peculiar symptoms may lead to the right remedy.

### **Group C**

In the previous group we have seen the process of how the organism gives in and changes level.

Once the patient who was having frequent acutes has entered group C, the acutes with the fevers subside and the patient is under the impression that finally the doctors have succeeded in 'curing' the frequent acutes. But what has actually happened now is that the organism's general state of health has lowered to such an extent that a chronic degenerative condition has started. The organism does not have the energy or the ability to maintain the disease on a peripheral area and therefore admits the disturbance to a deeper systemic level.<sup>59, 60, 61,62</sup> In such cases we observe that in the upper part of group C (level seven and sometimes level eight) we now see only mild acutes without high fever and with only superficial symptoms (a mild cold with runny nose and some coughing, etc.), but as we go lower down the scale of levels of health the acute diseases totally disappear.<sup>7</sup>

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What is important to remember here is that once these frequent acutes have subsided for good, a chronic condition will have already established deep into the organism, that is going to bother the patient more and more as time goes by. The establishment of the chronic condition may not manifest with specific symptoms for several months or even years, and what the patient feels may be a subjective feeling of a kind of general malaise and a loss of joy that was there before. But as time passes, the chronic disease will manifest itself with its full symptomatology.<sup>63,64,65,66,67,68,69,70</sup> Such a condition cannot just disappear on its own without treatment.

### **Group D**

Although there are no acute diseases in group D, there is a phenomenon that we have to take into consideration. In the last stages of disease, it is possible that the organism, which at this time feels there is very little chance now of survival, makes one last effort through the development of an acute fever. Such high fevers are usually seen shortly before death. They are usually triggered by hospital-acquired infections which are considered the most virulent of all infections. Yet such a condition depends not only on the virulence of the bacteria but also on the general state of the patient's immune system. If the patient is left without medication he will die during such fevers while his awareness is at its possible maximum. It is also possible that during such fevers a patient may come out of a coma and die while in a conscious state of mind. However, if strong antibiotics are given the patient returns to a comatose state and dies within a few days later.

In this last stage of disease, the homeopathic remedy will only be able to provide relief for a few hours or days, after which it needs to be repeated or changed in order to help the patient die more peacefully with maximum awareness.

**In general we can say that when the immune system is considerably compromised, the susceptibility to acute diseases ceases, but if these patients are treated correctly they may start developing acute conditions with high fever again indicating that the treatment has been successful.**<sup>71,72</sup>

If, for instance, a child in level six with frequent cystitis is treated with antibiotics such treatment will not cure the disease and every time the cystitis recurs it is more and more frequent. Finally, because of the effect of the antibiotics upon the organism the cystitis does not manifest any more but after some time the child develops chronic complaints depending on its inherited predisposition. At first the changes are subtle but then the child becomes restless, dissatisfied, loses his/her appetite, does not concentrate in school, etc. and then the diagnosis is made, for example, that the child is suffering from attention deficit disorder (ADD). This means the general condition of the organism has dropped from group B to group C (from level six to levels seven or eight) where no acute diseases with high fever can develop anymore. On level seven, and sometimes level eight, we can still find some mild acutes with low fever. If this child is treated successfully by homeopathy then the chronic condition will improve and the acute cystitis will return. At this point, the child must continue to be treated homeopathically for the acute conditions (with the correct remedies) so that the immune system is strengthened and its resistance to acute diseases increases to such an extent that the chronic condition does not relapse and the susceptibility to frequent acutes is also decreased.<sup>73</sup>

***The management of acute conditions and their meaning during the treatment of a chronic condition***

**Chronic conditions and acute diseases represent a 'continuum' of a unified state of health and disease**



**within the medical history of an individual. Practising homeopaths should be able to perceive and evaluate the relative value of the manifestation of acute and chronic conditions during the treatment of a chronic condition.**

Such observance will of course require a thorough education of the homeopath in this science in order to be able to handle a case and take it from a chronic diseased state through the acutes and back to health. This chapter will be understood better by experienced homeopaths who have already encountered similar problems, but I am convinced that it will be of great help to any homeopath with any level of experience.

Below we will give some rough indications of how the appearance of acute diseases should be evaluated by the homeopath while in the process of treating a chronic condition.

We have classified the reaction of the organism that manifests an acute condition during the treatment of a chronic disease state. Such an evaluation should enable the homeopath to ascertain whether the remedy he had given for the chronic state was correct or whether the follow up reported by the patient represents merely a placebo effect.

### **Appearance of an acute disease within the first three days after taking a remedy**

#### *In group A (levels one to three)*

In this group patients have strong organisms with infrequent acute diseases. If they are given the correct remedy, this should protect them from getting an acute. So, if they do develop an acute disease within three days after they have taken the remedy, the most probable cause is an incorrect prescription. One exception here is in patients on level two or three who were in the process of developing the acute when they took the remedy for the chronic condition.

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In this instance, we can evaluate whether the remedy was correct by checking if the acute disease lasts for a shorter period than usual or is milder. If the course of the acute disease is the same as before, then the remedy was incorrect and we can give a new remedy as if no remedy has been given before. In this group of patients, the acute disease does not usually need treatment so we can wait until this point has passed and then find a better remedy. But, if necessary, we have to treat the acute disease first and then try to find a more suitable remedy for the chronic condition.

If the course of the acute disease is without doubt shorter or milder, then this is an indication that the remedy was correct and we should wait. The remedy will keep acting on the chronic complaint after the acute disease has subsided. If we give another remedy we may disturb the action of the first prescription making the case less clear. Also if the patient's chronic problem shows an initial aggravation and at the same time he develops an acute that is milder than in the past, then the remedy was correct and we must wait without interfering with another remedy.

It is possible that the action of the remedy for the chronic disease has already been partly used to control the acute disease. If this has happened then we will see that, the relapse will be sooner and the chronic remedy will have to be repeated sooner than expected compared to when there had been no interference of the acute disease.

### *In group B (levels four to six)*

These are organisms with a weaker defence mechanism that develop frequent acute diseases. Such organisms are affected more easily by various bacteria, microbes or viruses. The acute diseases in these levels vary from children's epidemics in the levels four to six, to common colds and influenzas usually on level four to urinary infections, respiratory complaints on level five,

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and to pericarditis, endocarditis, encephalitis, meningoencephalitis, etc. on level six. This classification is only indicative in order to show that the lower the level of health the greater the possibility of a serious and deeper inflammation. It does not mean that all previous levels cannot be infected by all kind of acutes under certain circumstances. For instance, if an organism of level one or two overexerts itself by not sleeping for days or goes through extreme stress it may develop a serious infection affecting the heart or any other major organ.

In these cases of group B, where an acute disease develops soon after the chronic remedy has been prescribed, the action of the remedy will usually be exhausted sooner than expected and a relapse will ensue. This is because the acute disease draws a lot of the positive effect from the remedy and therefore the action upon the chronic condition will be limited.

In order to find out whether or not the remedy we prescribed was correct, we need to evaluate the course of the acute disease. If the course is milder than usual then we should not give another remedy but wait. If the course of the acute is the same as prior to taking the remedy then our first prescription was probably incorrect and we will have to change it.

If the acute disease is aggravated so much as to become worse than before, then it could already have been developing and is now exacerbated due to the remedy. If at all possible, we should wait to see how it develops. There is a chance that this is an initial aggravation which means that the remedy is acting. Whether this estimation is really correct or not has to be confirmed by evaluating the general condition and the main complaint of the patient, where we should see amelioration in both. However, if the exacerbation of the acute becomes too strong then we may have to treat it anyway. If the chronic symptoms are not ameliorated then we need to treat the acute disease with a separate

remedy. If in spite of all this development of the interference with the acute - the chronic condition shows amelioration, then we must wait and not repeat the remedy quickly but observe whether or not it modifies the symptomatology. If the pattern of a complementary remedy appears, it is proof that the organism is still functioning in an orderly manner and the prognosis of such a case is good. One sure sign that the chronic remedy has acted is when from this prescription onwards the acute episodes decrease in frequency, intensity and duration or even stop appearing altogether.

*In group C (levels seven to nine)*

If a patient has descended to this group (levels seven to nine), then he will not develop acute diseases with high fever anymore. He may get mild acute inflammatory states, like a mild coryza, mild pharyngitis, or mild symptoms of influenza with fever not higher than 38° Celsius at the most. The fact that an organism cannot develop acutes with high fever is not a good sign and shows that the immune system of such an organism has already been seriously compromised.

Therefore, if a patient develops a severe acute disease during the first three days after taking the remedy prescribed for his chronic condition, this should be seen as a very good reaction demonstrating that the remedy was correct. It means that the pathological disturbance does not seem as deep as it might have appeared and that the patient can eventually be cured.

Our evaluation would be that such an organism is then in the uppermost level of group C which is level seven. We will have to let this acute disease run its course and we should only intervene with the process if the patient's life is in danger, which is usually not the case in level seven.

Also belonging to this group is the appearance of a high fever without reason that lasts for a few days after the

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remedy has been taken. This is not an actual acute but just an effort on the part of the organism to get rid of the chronic restraint. It usually appears in asthmatic and epileptic cases. If you try to treat this fever with for example *Belladonna* or *Aconitum napellus* then you may spoil the case.

When for example we treat a patient with epilepsy who develops a high fever that lasts for 24 to 48 hours after the administration of the remedy, followed by the need to sleep for a long time, and if we wait without interfering with another remedy we will see that finally the patient will be much better compared to his initial pathological condition. A similar reaction can be noted in asthmatic patients who develop a high fever as a reaction to a homeopathic remedy but without getting any dyspnoea at all.

Another example here is a case of ulcerative colitis that has been treated with a lot of allopathic medication and whilst the patient has not had any more acute diseases in the last few years, he/she does have many bloody stools and pain. If such a person develops an acute disease after the remedy then this is a very good sign. The organism will have an opportunity to recover with the first remedy as long as the acute immediately follows the remedy.

In group C, especially in levels eight and nine, if the treatment enables the organism to produce an acute, then this acute is going to be quite a severe one that will have to be treated. The best course of action will be to continue with the same remedy, if necessary in a higher potency. If there is no effect, you will have to try to find a remedy that fits the acute situation. However, if this is impossible because the pattern is not clear, then it is better to try and wait and watch the case closely. The lower the level of health the less clear the remedy will be for the severe acute that has manifested after the chronic remedy. This is the most difficult point where many good cases that have been doing very well

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are lost because the homeopath cannot find the remedy for the severe acute. In such cases we have to fall back to allopathic medication and even hospitalise the patient. However, we must know that following such an allopathic treatment the chronic condition usually returns to the situation prior to the homeopathic remedy and we have to start all over again.

If the severe acute can be treated correctly with homeopathy then the organism will revitalise and will be brought to a higher level of health.

It is a very crucial point where many homeopaths lose their courage, do not know what to do in an emergency situation and send the patient to hospital. These acutes can be serious at first, as the organism cannot usually go up many levels at once and needs to be supported by treating it with the right homeopathic remedies. Eventually the organism will be uplifted to a level of health where it will get acute diseases that are less serious and less frequent.

A person who was born with a very good predisposition and initially belonged to the uppermost levels can lose his health and will soon go down several levels by following a very bad lifestyle, through bad habits such as sexual excesses, heavy drinking, smoking cigarettes, taking recreational drugs like marihuana, etc. and also misusing allopathic medications because of several infections due to STD. But such an organism that was initially strong, will, under the right homeopathic treatment, ascend much more easily to a higher level of health than a person born in group C because of a bad inherited predisposition.

The longer the period of time between taking the first remedy and the appearance of the acute disease, the lower the organism is in group C. If the organism is on the border of group D, for instance, level nine in group C, then it might take three years of treatment before an acute appears. And the acute will be quite severe always needing homeopathic or allopathic intervention.

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### *In group D (levels ten to twelve)*

It is not possible for a patient in group D to present an acute disease with fever within three days following a remedy. If he does develop such a fever then he was wrongly estimated as belonging to this group.

### **Appearance of an acute disease seven to fifteen days after taking the remedy**

#### *In group A (levels one to three)*

If an acute disease appears seven to fifteen days after taking a remedy and its course and intensity is the same as it was before the remedy, then it is almost certain that the remedy for the chronic condition was incorrect. In such cases, the patient will tell you that he got an acute fever just like the ones he used to get every year. The remedy has had time to act and should have prevented a familiar acute with fever. Therefore, we can treat the acute if necessary with the indicated remedy and afterwards try to find a better remedy for the chronic condition. But if the course and intensity of the acute is less than before then it means that the remedy was correct but that the potency was not high enough or the remedy not well potentised or that it needs repetition.

#### *In group B (levels four to six)*

In this group, the acute also has to be milder if the remedy is correct. If its course is the same or worse then we have given an incorrect remedy. If necessary we should treat the acute and afterwards try to find a better remedy for the chronic condition.

It is unlikely that the patient will develop an acute when he has developed a strong aggravation after taking a remedy and then feels better. But if it does happen, it means that he has excessively stressed his organism and the acute may need some treatment with another remedy or the repetition of the same remedy that was prescribed for the chronic condition.

*In group C (levels seven to nine)*

The appearance of an acute disease at this stage after ten or fifteen days is a very good reaction for the organisms belonging to group C. That is when there have been no acutes for years and now after fifteen days an acute appears, this is an excellent reaction and means that the remedy was correct. It does not matter whether there has been an initial aggravation or whether the main complaint has already been ameliorated. If the patient develops an acute with high fever for the first time in years, there will be a general improvement soon after the acute subsides. In the third group the return of the acute will be stronger than in the past - which indicates that the organism is going to be rejuvenated. In cases where the acute is not strong enough and the fever does not exceed 38° Celsius, you do not treat the acute which will subside by itself. This development indicates that a further stimulation of the defence mechanism is still necessary in order to counteract the chronic condition and to bring about a stronger acute.

In these cases judgement has to be passed by the experienced homeopath whether or not to treat and how long to wait so there will be no danger for the patient. Here it is necessary to have a good knowledge of clinical medicine and for this reason, amongst others, I have supported the thesis that medical doctors should be responsible for carrying out the practice of homeopathy.

In a case belonging to level seven, it is much better not to intervene as the acute is not going to be so severe. At the eighth and ninth levels, however, we will have to intervene with other acute remedies but it will not be an easy task. The reason is that in such cases we will usually not have a clear remedy pattern for the acute and the repetition of the chronic remedy will not always help us. However, in all cases where the acute condition is precarious for the patient, you will have to



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treat and if this fails use allopathic medicines to stop the acute process and afterwards start again with the homeopathic treatment.

To avoid too strong reactions we can decide to start the treatment of the chronic condition by using lower potencies and if necessary repeat them frequently until there is a reaction. But the idea that we can for definite avoid these reactions by using low potencies (D, C or Q) is a misconception. The organism will have to go through this phase in order to reach a higher level of health. The only thing we can try is to make the transfer take place with as little discomfort as possible.

Generally, an acute that occurs fifteen days after taking the remedy in groups A and B means that the remedy was incorrect, while in group C it indicates that the remedy was correct and the patient will have a good prognosis.

### *In group D (levels ten to twelve)*

These organisms do not have the strength to produce an acute with fever within a number of days, even months of treatment. It could even take years of homeopathic treatment before they reach a level of health that allows them to react with a high fever. If however, this happens at any time, it indicates that the case really has improved tremendously through the treatment. The process will still need the support of careful and correct prescribing of a series of homeopathic remedies.

### **Appearance of an acute disease one month after taking the remedy**

#### *In group A (levels one to three)*

One month after taking the remedy, an evaluation of the local and general effect of the remedy can be made. If the remedy was correct then we should expect the patient to be much better. If there was an initial aggravation and then a general amelioration but the

patient still developed an acute condition within a month after the remedy, then the evaluation is as follows: the remedy is correct, but it is not usual to have an acute disease after one month as the remedy was supposed to further strengthen an already strong organism. The patients in this group, who receive the correct remedy, will normally remain well for a long time without any acute diseases.

So the first question here is whether there has been any interference through an antidote, such as, for instance, coffee, dental treatment, chemical drugs, vaccinations or severe mental or emotional stresses that could bring down the organism and make it once more susceptible to an acute disease. If it is a strong acute disease with high fever and it runs its usual course or is even worse than usual, then we can treat it. If it is milder than usual or mild altogether then we must wait. In this group the acutes are not very serious from a pathological point of view and the best treatment is not to give any remedy at all. If this is not possible and the constitutional remedy has not acted, then you can treat the acute with the indicated remedy providing it is clear. If the chronic remedy has acted but an acute appears, then it is better not to give any remedy if the pattern of the acute is not clear. Trying to treat the acute when no remedy is clear can in fact confuse the case. It is better not to give a remedy in such cases, otherwise you may end up treating an acute with three or four remedies and finally confusing the chronic state of the patient.

The question that you will have to answer is what you will do when there is a relapse of the chronic condition following the acute. You will have three options:

1. Repeat the same remedy.
2. Give another remedy.
3. Wait and see if the relapse passes without any interference from a remedy.

In this situation, the most important thing to do is to find out if the relapse is complete, which means that all the

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previous keynotes of the symptomatology are back. The acute disease may have already disordered the organism further to a full relapse and then we can repeat the original remedy with the same potency which should act again.

If there is a partial relapse, the best course of action is to wait and see whether the relapse will be completed or whether the opposite occurs, namely that the organism will again find its balance on its own without any further interference. It is here that most of the mistakes are made as we are usually in a hurry to ameliorate a partially relapsed state and by so doing make things worse. Most of us repeat the initial remedy but as the relapse is not yet complete, the remedy does not act. So then we prescribe one remedy after another until the patient gets worse and worse and finally has a full relapse! This is the time when we must prescribe the first remedy and potency again! The thing that usually happens now is that because the remedy did not act the second time, we thought that another remedy was needed. This is also why it is very annoying for us if, after he has taken the correct remedy, the patient starts drinking coffee on a regular basis, as it needs ten times more work to know what to do when there is a partial relapse. Most cases are spoiled by antidotes in the early stages of treatment.

### *In group B (levels four to six)*

If an acute disease appears in this group after one month and the intensity or the frequency of the acute is the same as before, then you may question whether the remedy has acted and need to investigate the case thoroughly. If there was an initial aggravation followed by amelioration and then the acute appeared, you should look for antidotes that might have interfered with the case as this kind of reaction suggests that the remedy was correct but that something interrupted its further action. The problem with an antidote is that it

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might have created a partial relapse (as discussed in the previous section on group A).

If there was no such reaction at the start, but the patient simply thought he was doing a bit better, then it could have been a placebo effect.

If the acute disease is severe it will be necessary to treat it and afterwards to try and find another homeopathic remedy for the chronic condition.

### *In group C (levels seven to nine)*

If an acute disease develops in people in this group within a month after the remedy (where there have been no acutes for several years) it is an excellent sign that the remedy was correct and the person was on level seven. This is considered in the interpretation of the 'directions of cure' of return of old symptoms. It has to be understood that when we talk about an acute condition we always mean an accompanying fever that is higher than 38.5° Celsius and not a minor common cold. Sometimes patients in this group do not even remember the last time they had a high fever and their memory takes them back to when they were five to six years old. Such cases, belonging to level eight or nine, will need a few years of treatment before they develop an acute, never after a month or a year.

The fact that the acute comes so soon after the remedy points out that the person was actually on a higher level than we might have thought. The acute will be quite serious but manageable with the correct remedies. You may need more than one remedy to treat such an acute case. But if he belongs to level eight or nine then it will take some months or even years of treatment before the immune system is strong enough to produce an acute with high fever. In such cases the patient will have experienced an improvement in both the main complaint and in general.

After the acute has been treated successfully, the patient will feel a substantial improvement in his health.

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There is a possibility, however, that after the acute has been treated with incorrect remedies or when you have used several homeopathic remedies (some incorrect) in order to control the inflammatory process, the patient may experience a kind of a relapse or even a full relapse.

In the lower levels of this group, eight and nine, the manifestation of acute diseases is far more serious, such as severe cystitis with an increasing tendency to pyelonephritis, or bronchopneumonia.

If we prescribe incorrectly for these acute states then, due to the weak defence mechanism, we can easily create a disruption in the case that then causes a relapse of the initial chronic state. We will then have a problem because starting the treatment all over is not that simple, as the organism does not necessarily return with the same symptom pattern.

### *In group D (levels ten to twelve)*

These organisms do not have the strength to produce an acute with fever within a number of days or even months of treatment. It will perhaps take years of homeopathic treatment before they reach a level of health that allows them to react with a high fever. If, however, this does happen at any point, it will be an indication that the case really belonged to group three and was curable. The process will still need the support of careful and correct prescribing of a series of homeopathic remedies.

### **Appearance of an acute disease six months after taking the remedy**

#### *In group A (levels one to three)*

The remedy should not have exhausted its action providing the potency was high enough. Whether or not the potency was high enough depends on several factors as discussed in the section on potency selection (see 'Potency selection' on page 55). If the acute is mild

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then just wait and do nothing because it means the organism is still strong and resisting.

It is best not to prescribe a remedy, as usually the acute disease will pass by itself. If the acute is really severe but the pattern of a remedy is not clear, then you may use the chronic remedy that had benefited the patient originally. In cases where an acute disease is too strong and needs treatment, it is probably due to some interference (stress) that has weakened the organism. If the acute disease is not treated or badly treated and a relapse takes place, then you have to give the same original remedy in a higher potency.

### *In group B (levels four to six)*

The patient has been doing well for several months so most probably there is a relapse with or without an antidote. If the acute disease does not present a clear symptom pattern then we can repeat the initial remedy. Otherwise treat the acute disease separately and afterwards check which pattern is appearing. In case there has been an antidote then we usually have to give the same remedy in the same potency. If there has not been an antidote and the keynotes or characteristics on which we based the first prescription have disappeared, then we usually need to search for another remedy. If the next remedy is not clear then wait to give the organism time to rearrange itself and to present a clearer pattern. In the meanwhile give a placebo if necessary.

### *In group C (levels seven to nine)*

In this group, the longer it takes for an organism to develop an acute disease the more severe and possibly even dangerous the chronic condition of the patient was. Although the defence mechanism has regained enough strength to produce this acute disease, it usually does not have the ability yet to master its impact on the organism. The immune system is not yet working adequately which makes these people prone to

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developing serious acute diseases that have to be treated.

In group C it is usually necessary to administer more than two or three remedies in the right order before the organism is able to produce an acute disease. Then the acute is very severe and will definitely need treatment. In such cases you may have to use different remedies for the acute. This is the point at which most mistakes are made, because the acute is severe and dangerous and the homeopath loses his courage. Because he is in a hurry to relieve the condition, he does not wait to see the clear pattern of the acute remedy developing and gives the wrong one. Then he tries different remedies which may eventually stop the acute but also create a partial relapse of the chronic state. At many times during these unmanageable acutes the patient and the homeopath resort to conventional treatment such as corticosteroids and antibiotics in order to control the episode. In such cases, the usual sequence will be a full relapse. Repeating the same chronic remedy will often do the trick again but things do not always end well. The interference of the antibiotics or other allopathic drugs can change the pattern and another remedy may also be indicated.

### *In group D (levels ten to twelve)*

These organisms do not have the strength to produce an acute with fever within a number of days even months of treatment. It might even take years of homeopathic treatment before they reach a level of health that allows them to react with a high fever. If, however, it does happen at some point, then this is an indication that the case really belonged to group three and was curable. The process will still need the support of careful and correct prescribing of a series of homeopathic remedies.

***General conclusions concerning acute diseases during chronic treatment***

In conclusion we can say that where groups A and B are concerned, the appearance of an acute shortly after the remedy for a chronic condition is not a good sign and indicates that the remedy was most probably incorrect, unless there were some strong antidotal influences in the case.

In groups C and D, the appearance of an acute shortly after the remedy for the chronic condition is an excellent sign that the remedy was correct and the prognosis of the case is very positive in spite of deep pathology as long as you can treat correctly the acute - which will be from severe to very severe.

The manifestation of an acute long after the remedy is good for groups A and B as long as the acute is of a lesser intensity than the previous manifested acutes. The manifestation of an acute long after the remedies you have prescribed for groups C and D is also a good sign but indicates that the chronic condition you had been treating was quite severe and it appears only if you had prescribed correctly. The information on acute diseases should provide an idea of whether the organism is in a deep pathological state or not and whether the treatment will be easy or difficult.

If a patient who had mild sporadically acute diseases with low grade fevers for many years develops a severe acute with high fever following the remedy, then this is a good development but it also shows that the level of pathology was quite deep. When a person enters a stage of serious chronic condition, the development of acute diseases stops and is replaced by a sub-acute inflammation of the chronic state. So the reappearance during the treatment of a strong acute with high fever indicates that the person's immune system is recovering and is a very good sign.

A general rule concerning the appearance of acute diseases is that when the patient's life is in danger



treatment is always needed, whether it is homoeopathic or allopathic. This is why it is essential to know the aspects of clinical medicine so that a dangerous situation can be recognised.

### **Remedy reactions**

#### ***Introduction***

One of the subjects that practising homeopaths must master in order to treat people correctly is insight into how the organism reacts to a prescribed remedy. Homeopaths must fully understand whether a patient is progressing towards the right direction - to a possible cure, or in the opposite direction after they have given a prescription. If the homeopath does not understand exactly what is going on, he may be inclined to give another remedy or repeat the same remedy at the wrong moment or give a higher potency. Waiting is probably the best policy here if the homeopath is not sure what to do - bearing in mind that 'waiting' should never be done if the patient's life is in danger. Such interventions, based on misjudgement, can seriously disturb the development of the case, delay the progression towards cure and subsequently prolong the treatment.

#### ***How a homeopathic prognosis of a case is made***

Before we can see the effect of the prescribed remedy, we must realise that we cannot know for sure that the prognosis we made initially was always accurate. A better evaluation of the overall state of health of the patient can be given after we have seen the reaction to the correct remedy. For example, if we judge the immune response of the patient beforehand and have a certain expectation about the result that our treatment will have - either positive or negative, we may sometimes be surprised to see that our judgement was wrong.

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We should be able to make better prognoses if the following parameters are evaluated:

- Accurate study of the clinical picture.
- Consideration of the laboratory test results.
- The initial reaction to the prescribed remedy if we are sure that the remedy was the correct one.

Only after considering and evaluating these three parameters can we know the real depth of the patient's state of health.

Much of the information on a patient's level of health will be drawn from the observation of the initial reaction to the suitable remedy. It is from this reaction that the organism reveals to the homeopath its real underlying pathology and its level of health.

The action of a remedy, whether it was correct, or simply close to the case or entirely wrong, can be evaluated by its influence upon the whole of the organism, especially upon the energy level, the mental-emotional state, and the main symptoms of the patient. The remedy action can increase or decrease, change or shift the existing symptoms. For example, symptoms may disappear or new ones may develop, etc.

A well-trained homeopath can tell by the nature of the reaction to the remedy whether a case is progressing towards cure or not regardless of the evaluation of the patient himself, as the latter lacks the knowledge and is often unable to overview the situation his own organism is in. Often a patient will say that he feels better because one or two of his symptoms are better, but the homeopath knows that he has given a close remedy and not the correct one. The evaluation of the remedy reaction is one of those modules that make homeopathy a science, as they are based on solid, well-described and practically confirmed principles that are the basis of every scientific discipline.

J.T. Kent was the first person to categorise people's reactions following administration of a remedy.<sup>74</sup>

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However, in order to be able to truly analyse whether the given remedy acts correctly or not, we must know to which level of health the patient belongs.

In the higher levels of health, levels one to three, we usually find functional problems that are easy to treat and their remedy reactions are simpler to evaluate. The remedy often gives a short initial aggravation followed by a full and clear amelioration. Even if we have deep pathology in these levels their cure is possible and fast. For example, when placed under extraordinary stress, an organism in these uppermost levels can collapse and a deep pathology could manifest within a short time. This could start as a severe skin eruption, like psoriasis, and carry on to epileptic seizures, chorea or even cancer.

But if the organism is in these high levels the remedy will be clear, the reaction will be strong and recovery will take place. This is the reason that many homeopaths who have experienced such cases are under the impression that we can cure everything with homeopathy. The truth of the matter is different, as already discussed in 'The importance and the meaning of a 'clear' remedy pattern' on page 53.

This kind of reaction cannot happen in cases with deep pathology in levels eight to twelve. Cases that lack a good immune response and have a deep pathology follow different rules. They do not respond as well with the first remedy and get cured just like that. It is precisely those rules that we try to clarify in the following observations.

For instance, an individual has had otitis as a child, at the age of twenty he gets rheumatoid arthritis, when this is suppressed he develops depression at the age of forty-two and when he is sixty-five years old he is diagnosed with cancer. If this person comes to be treated for cancer and he receives the correct prescriptions, then first the depression will return. If further treatment is correct he will go back to the state

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of rheumatoid arthritis and finally with further correct remedies will reach the level of health where his first problem started with the otitis and this condition will recur. This sequence of medical events - namely going back to the origin of the problem - will complete the cure of the case as a whole. Such a series of events is of course very rare, as it would require very good homeopathic treatment as well as an organism that is not totally destroyed by the overuse of chemical drugs. The main lesson that young homeopaths should learn is that the disturbance, here cancer, that is on the physical body - yet endangering the life of the patient - will manifest as depression after the correct treatment and that this will be a proper direction towards cure. This appears to be the opposite of what the student learns that symptoms should go from mental to the physical plane if we have a correct direction. Now in this example, pathology on the physical plane will manifest as depression on the emotional plane.

This happens when the mental disease was forced - due to chemical drugs - to manifest as a serious, life-threatening condition on the physical plane. Therefore, we can conclude that the cancer was more serious than the depression. This could appear to be in total contrast with what the novice homeopath knew up to now.

If the correct treatment continues, then the depression will be transferred once more to the physical plane as rheumatoid arthritis and finally as otitis from where the whole trouble started. Here, good evaluation of the case is essential to prevent the process from getting stuck between two steps in the treatment, for instance, going backward and forward between depression and rheumatism, because the practitioner does not understand what is going on. He may, for example think that he is suppressing the condition because mental or emotional symptoms are appearing and will try in haste to treat such symptoms and make them go away by prescribing a remedy that has such mental and

emotional symptoms, for example, *Phosphorus* for anxiety about health.

### **Parameters that enable a homeopath to make a three dimensional evaluation of a case**

An organism's reaction to a remedy is not one-dimensional. If we want to make a reliable prognosis we have to take several parameters into consideration:

- The depth of the pathology.
- The energy level of the patient and the condition of the defence mechanism.
- The clarity of the remedy.

Before we give a remedy we should evaluate these parameters which then provide us with a better understanding of the remedy reaction. We could, for instance, find out that even though someone has cancer, the prognosis can still be good as long as the energy level of the patient and the response of the defence mechanism are still good which results in a clear remedy pattern. In contrast, someone with a mild local complaint - like an allergic rhinitis - may have a bad prognosis because the general energy level of the patient is low and the defence mechanism weakened making the remedy pattern unclear. This means that although the pathology may be deep, the prognosis is good and here the opposite is also true, when the pathology appears to be mild and the general condition of the defence mechanism is low, the prognosis is bad.

Looking at this from a superficial level, we could say that the deeper the pathology the worse the prognosis seems, but if we compare it with the other parameters and make a three dimensional estimation then we can have a totally different evaluation that depends on the value of all three parameters. The greater the weakness of the defence mechanism, the greater the possibility is that the remedy will not be found easily. Therefore, with every remedy - wrong or even close remedy that we prescribe, we will confuse the case more and more. If

these weakened organisms are given many wrong remedies then the case can become so confused and the immune system can become so disturbed that it leads to suppression of symptoms.

Another consequence of these parameters is the prognosis on a time basis. The lower the second and third parameters the longer the treatment will take. If, the first parameter is also bad then more time will be needed to cure such a case.

### ***Observations of remedy reactions***

The evaluation of the cases in these examples took place one month after the remedy and includes both the physical symptoms and the mental and emotional reactions as well as changes in energy levels.

**Observation 1: Clear aggravation of the main physical complaint(s), the mental-emotional symptoms and the energy level, followed by a quick, long lasting recovery.**

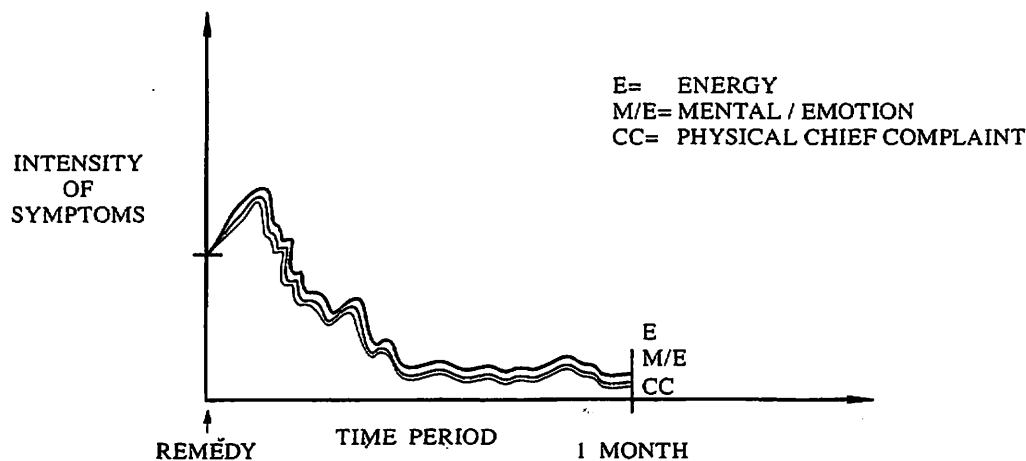


Figure 8

This is the best reaction possible and belongs primarily to levels two and three of the first group (A) and levels four and five of group B.

The aggravation takes a few hours up to a few days and is followed by rapid amelioration. The aggravation might be severe but nevertheless everything disappears within three to four days and the person feels well. The

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patient has an aggravation of the main complaint(s), with maybe more pains, feels weak and needs to sleep a lot and has emotional reactions such as weeping easily. Afterwards the organism rebalances itself and the patient remains well for a long period of time, from some months to even years, unless there is an antidotal interference.

If a homeopath does not know the theory well, he may be inclined to antidote such good reactions (the aggravation in the first days) and thus spoil the case by regressing or confusing it. We should remember that the initial reaction to the remedy actually proves that the remedy was correct and that the patient has a good immune response. We will usually see this kind of reaction when there is mainly functional pathology, but sometimes we see it in deeper pathologies as well. In any case, it means that the disease we are treating is curable because the patient has a good overall state of health and belongs to the uppermost levels. This is why we see some cancer cases cured because they belong to those levels where the defence mechanism is still in a good condition. However, treating such cases and achieving good results have misled many homeopaths into believing that homeopathy can cure all types of cancer. This is entirely wrong and should not be upheld.

It is interesting to note that the type of reaction to a remedy can teach us a lot about the depth of the pathology. This reaction also provides information on the curability of the disease. As we can find all types of pathological conditions on all levels of health (cancer on level one with very good prognosis and cancer on level ten with a very bad prognosis) there is a huge difference between the evaluation of pathology in conventional medicine and in homeopathy. For this evaluation we will have to take several parameters into consideration, as discussed previously.

For all kinds of diseases, as we progress down the levels of health, we can see that the prognosis gets

worse and worse. So we cannot generalise about the curability of diseases with homeopathy as we are often asked to do. We have to evaluate the condition of the immune system in conjunction with the overall state of health of every individual case. A person with, for instance, meningo-encephalitis will be cured fast with one remedy in group A, but will need more time and more than one remedy in groups B and C. In group C, a long time will be needed for recovery as there will probably be complications. In group D the patient will most probably not even survive.

At this point you may ask, 'Is it possible to know whether a case will do well before giving the remedy?' The answer is, 'No', because we can never be one hundred percent sure that the remedy you are going to prescribe is the right one, the 'similimum'. Yet we have some parameters that may indicate whether the case is going to be an easy or a difficult one to solve.

So what parameters are there that make us say: 'This case is going to be difficult.' The answer is that a case is going to be difficult and complicated when physical pathology is combined with strong mental or emotional symptoms. For example, in a case of ulcerative colitis coupled with deep depression or with obsessive compulsive behaviour, then we can be sure that the case will take a long time to be cured. Strong physical pathology accompanied by strong mental-emotional pathology usually has a bad prognosis. The reason for this is that in homeopathy we cure the whole organism. We cannot isolate and treat only the intestines or only the compulsive neurosis. The organism will follow a certain pattern on the road to cure that is based on laws of healing. This direction of cure will take place only if the organism is stimulated properly by the similimum and if the goal is total restoration to health. A cure takes place from within outward, from the inner more important organs to the outer less important. The mental-emotional symptomatology is located in the brain which is the most inner part of the physical body,



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therefore mental problems will be the first to be positively affected. But then the whole force of the general imbalance will be shifted to the physical body and the intestines will take all the impact, giving a long-lasting aggravation to the ulcerative colitis. The patient will suffer a lot on the physical plane, the amount of bloody stools may increase from ten a day to twenty and the homeopath must be able to handle such cases. These cases will need several remedies before you can bring about a total cure. Sometimes, as in the above example, you may not be able to control the frequent bloody stool and you even have to resort to allopathic drugs that will relapse the mental state and you will have to start all over again.

Be aware, however, that not everyone has mental-emotional pathology. For instance, people with polyarthritis, osteoarthritis, psoriasis or rheumatoid arthritis and a host of other pathologies are often not suffering from any mental-emotional pathology. But for someone who has several fears and also psoriasis, the psoriasis will aggravate while the fears are getting better. In a case of psoriatic arthritis you will witness an aggravation of psoriasis the moment that you see an amelioration of the arthritis. The homeopath should explain this to the patient before starting the treatment so that the patient is aware of what is going to happen.

**Observation 2: The patient feels much better in every aspect, but little or no aggravation has occurred.**

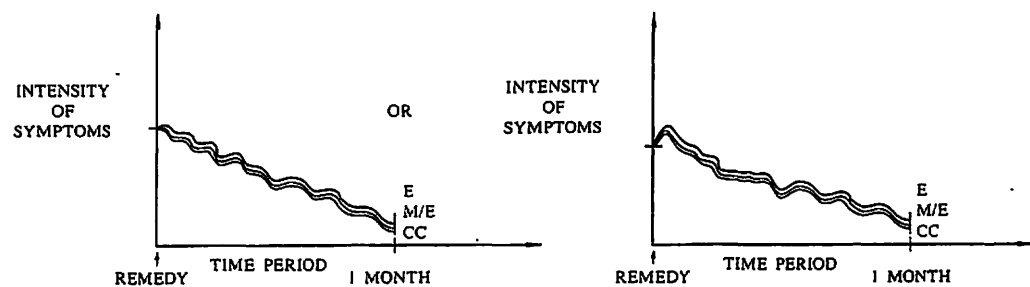


Figure 9

This reaction belongs to patients in the uppermost levels, levels one and two of group A. There will be no aggravation or it will be unperceivable and yet the patient goes to complete recovery. The pathology is functional and mild although the suffering or pain can still be strong.

The prognosis is good and the remedy usually works for several months to several years if no major antidotal factors disturb the organism's balance. This reaction can, however, be confused with reactions seen in group D where we only see palliation with the correct remedy, which is experienced as temporary amelioration although the patient is incurable. A relapse will follow soon in such deep pathology and you will most probably need another remedy in order to relieve the patient temporarily. We also see this reaction - no aggravation - when the intensity of the symptoms, at the time of receiving the remedy either in a chronic or an acute case, are in their greatest peak. The aggravation will hardly be noticed by the patient.

**Observation 3: The patient is much better in every aspect after an initial aggravation, but still has some problems.**

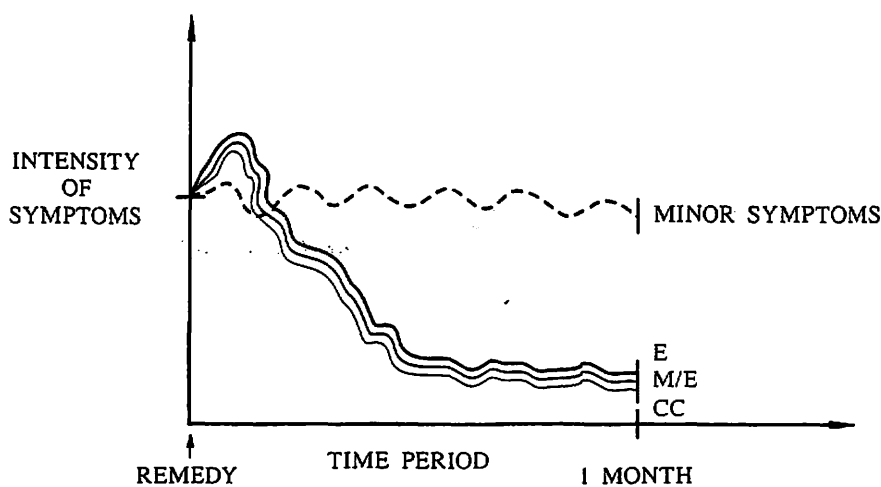


Figure 10

After an initial aggravation the main complaints have ameliorated together with a general improvement in the

## Levels of health

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patient's condition both regarding the mental-emotional plane and energy level. There are, however, some minor symptoms remaining, such as some constipation, some perspiration at night, some nasal discharge in the morning.

Again this reaction belongs to levels two and three of group A and levels four and five of group B. The initial aggravation followed by a general and local amelioration points to an organism with a well-functioning defence mechanism. In these cases, the best thing to do is to wait. Do not prescribe for minor symptoms if your patient is much better in his general state. Give a placebo if you like but not a remedy. Then we will see that these minor symptoms will go away by themselves after some time or that they will constitute the basis for an underlying remedy. In any case, they are not really bothering the patient at present compared to the main complaint that has been ameliorated. The amount of waiting time needed can vary from several months, to several years. Usually the patient does not need to visit the homeopath but will return to him at some point in the future when he develops some bothering symptoms. These symptoms could be caused from treating acutes with antibiotics or from antidoting the homeopathic remedy through coffee, dental treatment, chemical or recreational drugs, etc.

There is also another type of patient, who likes to have contact with his/her homeopath more frequently, but who does not need to be prescribed a remedy at every visit. For example, a patient who has been treated successfully for a major ailment experiences some mild headaches every now and then. For such a condition it is better to use an aspirin than a homeopathic remedy. A really busy practitioner will try to persuade the patient to stay away as long as there are no real bothering symptoms.

Homeopaths should therefore wait until the symptoms are really bothering the patient and then use these

## Chapter: Levels of health

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symptoms to try to find the next remedy. It is a big mistake to treat any remaining trivial symptoms with homeopathic remedies, even though patients may pressurise their homeopath to do so. Giving remedies for trivial problems runs the risk of spoiling the beneficial action of the initial correct prescription. It can be tempting for a homeopath to repeat the remedy in order 'to get rid of the last remaining symptoms' and to really help the patient by making him free of all complaints, but restraint should be used in these cases. First of all, the idea that we have to take away all the symptoms is a misconception that should be understood very well to avoid making mistakes, just like the idea that we need to find the one and only constitutional remedy for every patient. Becoming free from all symptoms with only one remedy belongs to the healthiest patients in level one of group A. Other patients need more than one remedy in the course of their life and their organisms often need the minor symptoms to keep a balance. Yet the homeopath cannot see the next remedy from such trivial symptoms. So when a homeopath mistakenly does decide to repeat a remedy or to give another one, he often notices his mistake after seeing the negative effect of the second remedy. When the second prescription that spoilt the case was a different remedy, then either wait for at least a month to see if the organism will rebalance itself or repeat the first remedy in the same potency. In cases where the original remedy was repeated and spoilt the case, the best thing to do is wait for two or three months. If these cases have a well-functioning defence mechanism, the organism will often be able to deal with the wrong stimulus and rebalance itself.

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**Observation 4: After an initial aggravation there is local and general amelioration, but new symptoms appear belonging to the remedy given.**

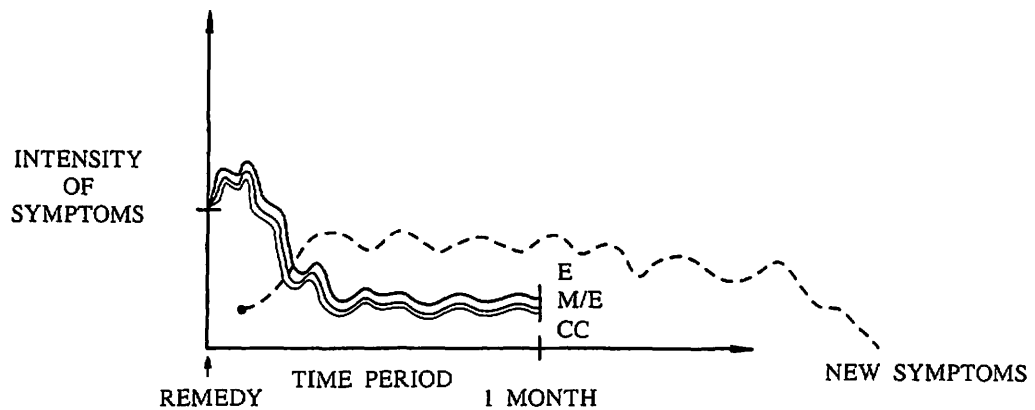


Figure 11

As in the observations one and three, this reaction belongs to the uppermost levels and it is a good sign. When we see a general amelioration after an initial aggravation together with new symptoms belonging to the remedy, then this confirms that the remedy was correct.

The best policy here is to wait and see if the symptoms disappear without further medication. It would be a big mistake to give a remedy at this point. The organism is sensitive to the remedy and therefore responds well to its application, but due to this sensitivity it also gives out some symptoms of the remedy itself. The appearance of these symptoms, together with the initial aggravation and local and general amelioration afterwards, is reassurance that the remedy was correct. It is simply a matter of time before they will disappear again, so please do not take any action but wait for another one to two months. These patients may turn out to be good provers for the remedy as they are sensitive to it, but with this initial aggravation followed by amelioration it means that a cure is going to take place. If the above does not happen, however, then the general rule we can apply is as follows: if the patient is not better in general and new symptoms appear, whether they

belong to the remedy or not, then the remedy was wrong.

Some patients prove every remedy they are given. This can be seen in sensitive individuals and they can be good provers as long as they are managed correctly. Usually these cases are confused by too many remedies that are repeated too often. If you realise that the case is confused then the best thing to do is to give a placebo or wait as long as possible until the symptoms become clear. Then give one dose in a potency not higher than 200C, observe the case closely and give many more placebos if necessary.

Remark: If the new symptoms that appear in a case that has been generally ameliorated are not symptoms that belong to the remedy but old symptoms of the patient that reappear, then this is a very good sign. It means that the remedy was correct, provided that there was an initial aggravation followed by amelioration and then the appearance of old symptoms.

**Observation 5: The physical symptoms improve after an initial aggravation of them, but there has been no reaction on the mental-emotional plane or energy level.**

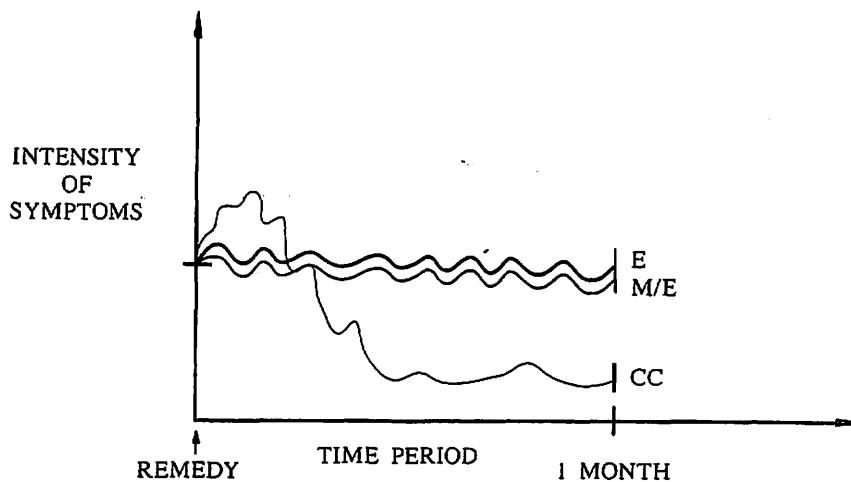


Figure 12

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This observation means that there is no general change and that the patient is the same mentally-emotionally or energy wise. The reaction shows that the remedy was correct as there had been an initial aggravation followed by amelioration, but the effect of the remedy is on the whole not as clear as one would have liked it to be.

This kind of reaction can be seen in cases where the defence mechanism is good enough to keep the disturbance in the physical area. As there was no disturbance in the mental-emotional area and the energy was good, there will be no change reported in these areas by the patient. These cases belong to the upper levels with a good vital energy.

If we go more down the scale of the levels of health then we can see this kind of reaction when more than one remedy is needed. The reaction is an indication that the first remedy was correct, but another underlying remedy is there which the homeopath will have to find. This situation occurs when we treat an upper layer like, for instance, lumbago. *Ammonium muriaticum* is given and the lumbago goes away but no change occurs on a deeper level. The remedy was correct but it did not touch the deeper layers. In order to find a deeper acting remedy the homeopath has to study the case further to discover the underlying layer. So although the first remedy was correct, the second remedy will bring deeper changes. The same situation can be seen when someone has spasms of the muscles of the back following grief that ameliorates after *Ignatia amara* but without touching the case any further. Another example could be the treatment of an acute disease like influenza.

These cases are not always easy to deal with. When a person feels rejuvenated after the first remedy then the case can be considered an easy one because it means that the first remedy was indicated on a deeper level as well. Let us take as an example a case of gastritis with burning pain. *Robinia pseudacacia* ameliorates this

complaint but it does not give a general amelioration and after a while the burning comes back, not responding to the first remedy anymore. At this point *Nux vomica* relieves the stomach complaints but also only temporarily. Then another remedy is given, *Antimonium crudum*, which cures the gastritis but does not work on a deeper level. Then the homeopath probes deeper into the case and finds that *Arsenicum album* fits the underlying layer, after which remedy the organism is rejuvenated. In all the remedies described above there is some kind of effect. But the first two were just palliative. *Antimonium crudum* however cures the gastritis but only one layer is gone. The remedy is correct but then the homeopath has to find the next one. *Antimonium crudum* cures the gastritis and underneath there is something else, in this example *Arsenicum album*.

So in this observation it is best to wait until some physical local or general symptoms appear that will, if possible together with the mental-emotional symptoms, construct the next remedy. As long as the next remedy is not clear we have to wait so as not to disturb the curative process that is going on after the first correct remedy. One must never be hasty in this kind of situation. Disturbing the case by giving a remedy too soon and having to adjust it, takes more time than waiting until the symptoms are clear. Again we have to stress that the homeopath should be well trained otherwise he will never see a clear pattern of a remedy.

Another reason to wait is because in some cases this is the beginning of a deeper change, which will only be seen after three or four months when a general amelioration may also take place. This last situation usually occurs when the defence mechanism is already weakened, in levels six to nine, so that the reaction to the remedy takes place slower than normal.



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**Observation 6: No initial aggravation, patient says he is better, but not really well.**

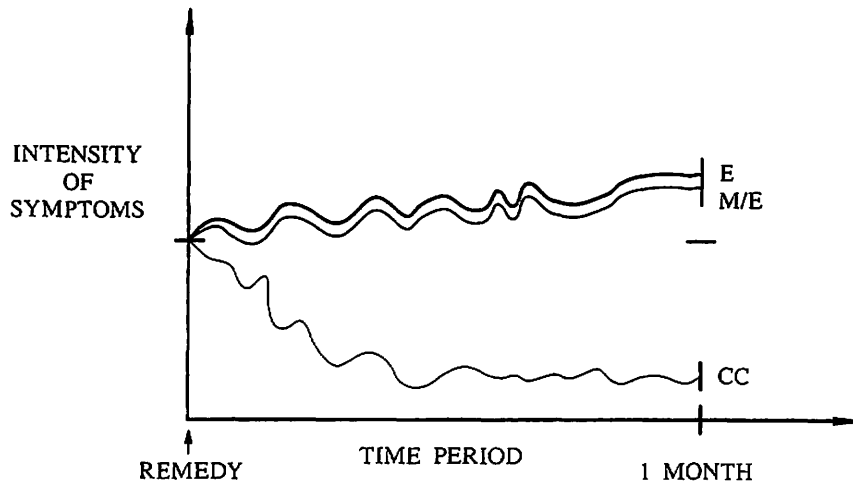


Figure 13

In this observation we see that the chronic symptoms for which the patient requested treatment are better to some extent, but in the mental-emotion and energy areas there has been no amelioration. This happens a lot in our practices - the patient reports being somewhat better, but only as far as local complaints are concerned and without initial aggravation.

The interpretation of the reaction is different depending on the group that the patient is in. When the patient belongs to the uppermost levels, one to five, and the pathology is superficial then this reaction means that the remedy was close but not exact. If the symptoms are not clear at this moment then the homeopath should wait until he has a clearer pattern that indicates the right remedy, otherwise if he tries to correct matters in a hurry, he may bring about even more confusion in the case. In any case we must not give a remedy that is based on the symptoms that changed after the incorrect remedy was given. These symptoms are not reliable as they are the result of an energy pattern disturbed by a close but incorrect prescription. If a remedy is given then it should be based on the original symptomatology.

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The possibility of giving a remedy that was close but not exact, which nevertheless gives a reaction, increases the lower we go down the levels of health scale. When the defence mechanism weakens, the organism increasingly loses its ability to give an orderly pattern of symptoms and the homeopath will find himself having to differentiate several remedies that can suit the case.

In levels nine to twelve, the remedy might be correct with this reaction but the organism has not enough energy to recuperate. It cannot do any better at present. The best thing to do here is to wait and repeat the remedy when there is a relapse or a standstill until the action of the remedy has been exhausted in several potencies. Then the next new remedy should be looked for. In such cases you will need more than one remedy and they need to be given in the right sequence.

In some deep cases, levels nine to twelve, where you very carefully prescribe several remedies that always give an amelioration without aggravation and that do not improve the general condition of the patient, the organism may eventually become strong enough and one day after the last correct remedy give a severe aggravation. Such a reaction shows that there is a possibility of a cure! If the homeopath has carefully prescribed one remedy after another in the right sequence, there will eventually be (after three or more years) a strong reaction with severe aggravations and deep changes. Such aggravations are difficult to deal with but if the patient is determined and the homeopath is well educated and knows what he is doing he will lead the patient to a much better state of health. It might be necessary to even treat the patient in the midst of the aggravation because the organism does not have the strength to overcome the reaction by itself (see observation 17 on page 124, observation 18 on page 125 and observation 19 on page 128).

Another situation where we can see this reaction is when we prescribed a remedy based only on local

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symptoms or on keynotes and therefore only a partial action of the remedy is seen.

**Observation 7: The main complaint has ameliorated without aggravation, but now there is a new problem.**

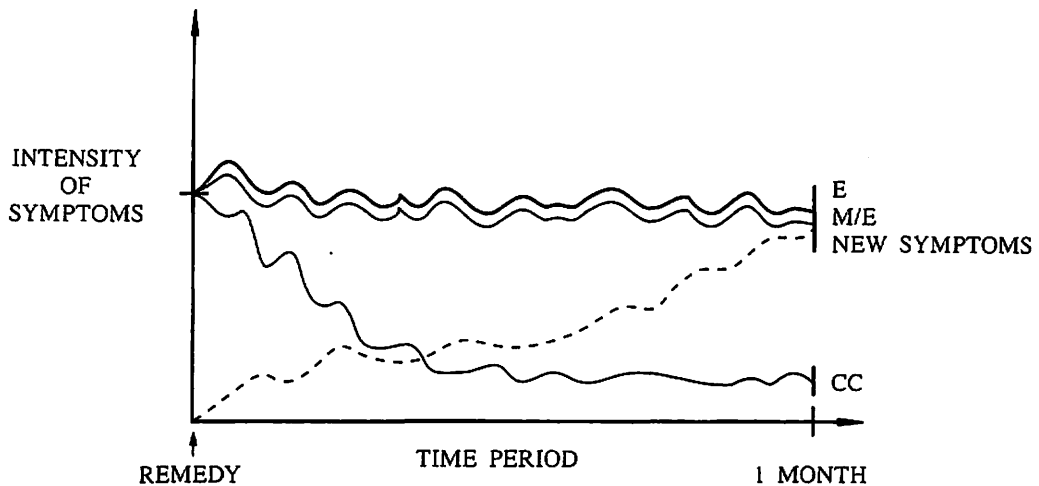


Figure 14

In this observation there is no change in the mental-emotional condition or the energy level and there is no initial aggravation, both are unfavourable signs.

If this happens in a case belonging to levels three down to level seven, then the remedy given was disruptive or suppressive, so incorrect. The remedy was close, there was some similarity with the energy pattern of the case but not in a positive way. This caused the disappearance of some symptoms and created another symptom. In the higher levels, suppression does not occur as easily as the organism is quite strong. So, here we will see a shift of symptoms but not to a deeper level. For instance, the pains in the finger joints disappeared but later appeared in the wrist. Those organisms will rebalance themselves after a while, after which the homeopath can try to find a better remedy.

In cases belonging to the lower levels of health, we observe that suppression can take place more easily as the defence mechanism is weak and compromises more easily. We will then see that the symptoms shift to

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a deeper area, for instance pain in the finger joints disappears and cystitis or anxiety appears. The best strategy in these cases is to wait and see if the new complaint is not too disturbing for the patient. Otherwise re-examine the case and give another remedy based on the original symptomatology. Do not use the new symptoms to make a prescription, as this will disrupt the case even more. If necessary, the remedy will need to be antidoted, but not with a homeopathic antidote. Each homeopathic remedy that is not the correct similimum and that can act as an antidote, is close enough to the energy pattern of the organism and will possibly cause an even greater disturbance by changing this energy pattern. If, however, it is possible to find the true similimum and there is no doubt about it, then it can be given at once. It will wipe out the disruptive action of the wrong remedy and restore the balance in the organism.

If we see this reaction in a case belonging to the lower levels of group C or to group D, then it is confirmation that the case is incurable and the remedy is correct. As already mentioned, an organism in group D does not have the strength to give a general reaction and therefore the deeper areas will not be affected. Apart from that, the objective of the treatment in such cases is only palliative which implies amelioration without initial aggravation.

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**Observation 8: The original complaint is somewhat better, but new symptoms prevail in the case, completing the remedy pattern.**

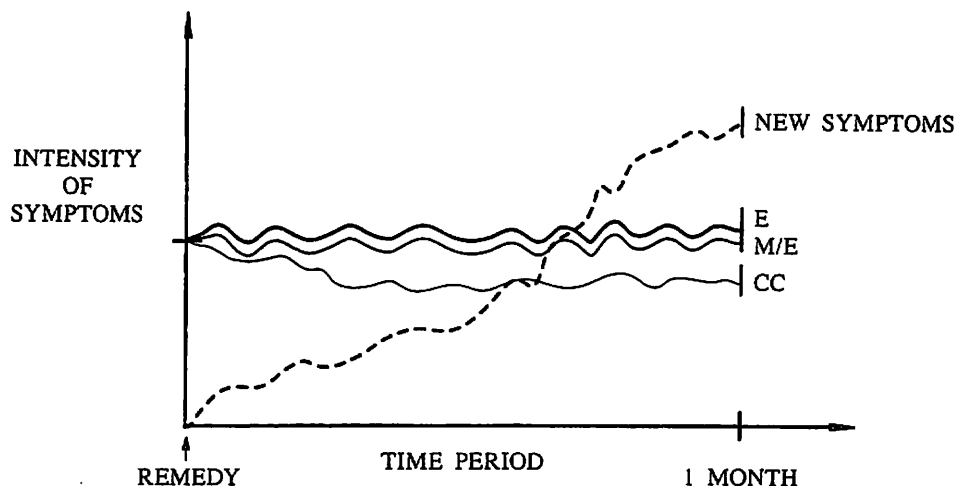


Figure 15

This observation is similar to observation seven but the difference here is that the new symptoms help to progress in the treatment of the case.

The first remedy that was given here was also partly similar but the effect is the opposite of what we saw in observation seven. A remedy that is close but not exact can have either a negative or a positive effect on the organism. In observation seven the effect was disruptive. In observation eight we see that the remedy helps to recuperate the defence mechanism to such an extent that the organism is able to give out symptoms that will now guide the homeopath to the correct remedy. A remedy is often given that does not cure at all, in fact, the patient says he is worse, yet this partially indicated remedy brings out some new symptoms that make the case clear and then it is easy to see the better fitting remedy. This can happen in cases belonging to levels six to nine, the upper levels usually have clear remedy patterns. If we are careful, we will see that the new symptoms that arise will actually complete the pattern and the remedy that is really needed will

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become apparent. The partial action of the first remedy has therefore helped us to find a better fitting remedy.

Let us take the example of a patient who has mild headaches and gastritis. He has burning pains and wants cold water that he then vomits, as well as food that is also vomited immediately after eating. We recognise the symptoms to be similar to *Phosphorus*, but during the interview we find no confirmation of the remedy in another area, nor do we see symptoms pointing to another remedy. We assume that this is a one-sided case and give *Phosphorus* on the basis of one or two keynotes only. After administering the remedy the gastric problem improves, but the headaches are worse, while their modalities have changed. Constipation, which was not a problem before is now reported and the patient is more sensitive to cold than before. He also mentions anxiety about health with restlessness and anxiety that arises from the stomach. While his thirst is less, he often wants to drink sips of water now. It should now be clear that the patient has the symptomatology of *Arsenicum album*. A homeopath that does not have a good knowledge of theory and the *materia medica* may think that after *Phosphorus* there has been suppression because the patient presents emotional symptoms that he did not previously have. However, after giving *Arsenicum album* we will see a general and local improvement, showing that the remedy has a deeper action than *Phosphorus*. *Phosphorus* brought to the surface symptoms indicating clearly *Arsenicum album* and this remedy now gives excellent results. If one had the ability to recognise *Arsenicum album* from the beginning then perhaps *Phosphorus* would not have been needed at all.

The fact that there is no initial aggravation and no general amelioration might point out that we have patients with a severely compromised immune system, belonging to levels nine downwards.

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In cases belonging to the lower levels of the scale, we find ourselves with this kind of remedy reaction in the situation as described by S. Hahnemann in the paragraphs of one-sided diseases.<sup>75</sup> These are cases in which the symptoms only show a part, or one side of the whole disease, which makes it difficult or impossible to see the true pattern of the remedy. Hahnemann's advice in these cases is to give a remedy based on the most characteristic symptoms of the part of the disease that is visible at this moment, and to use the reaction of the organism to this partly similar remedy to find the next remedy. A one-sided disease implies a compromised defence mechanism that has lost the capability of giving out symptoms in an orderly manner. The first correct remedy that is given liberates enough energy to enable the organism to give clearer symptomatology which leads to the next remedy. This does not necessarily mean that only two remedies are needed in this case. As Hahnemann has already pointed out, it may be necessary to give several remedies in succession and each of them should be based on the remaining old and new symptoms that arise.<sup>76</sup> His indications correspond with my observations concerning patients in these lower levels of health, namely those who need several remedies given in a specific sequence to regain their health. The student must understand the importance of this statement on specific sequence of remedies as this is the only way that can result in total health. Throwing remedies to the patient without evaluating the effect of each one is an irresponsible way of treating people, giving them the impression that they are being treated homeopathically.

Such cases should not be taken on for treatment by an inexperienced homeopath as if the patient is given the wrong remedies, this will create more confusion in the organism.

If the patient does not belong to the lower levels of health but the remedy is still not clear then this may be

due to various reasons, for example, suppression from having taken allopathic drugs recently, or the patient's character being too reserved or embarrassed to give his full symptomatology.

**Observation 9: Short aggravation followed by local and general amelioration and partial relapse after one month.**

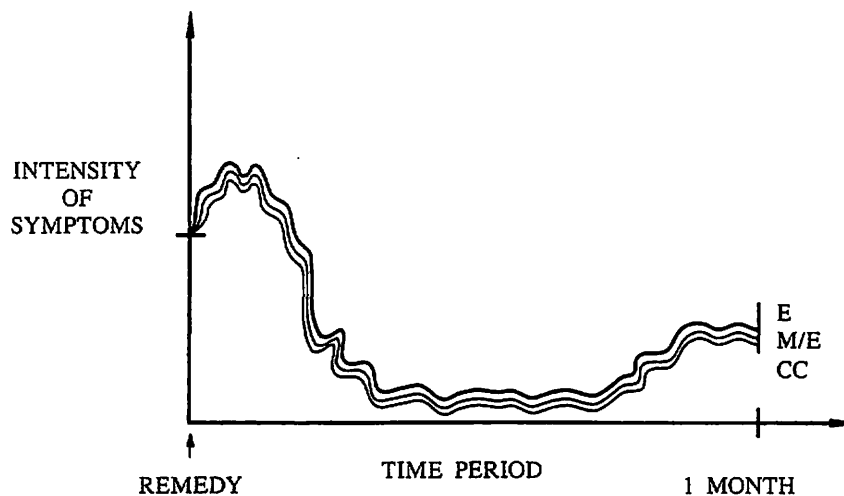


Figure 16

As we can see here there is a short initial aggravation followed by amelioration in the mental-emotional areas as well as on the energy level. In this case, we know there is quite a strong organism belonging to levels two to five.

This situation is often seen in daily practice: the initial reaction is so good, the patient feels very well a few days after the aggravation - as if a miracle has happened and he goes into a state of euphoria, 'now I have found the solution'... 'I feel really free', 'I feel wonderful', 'I am now grounded' are some of the expressions used by the patients having this reaction. Yet they may come after one or two months complaining of minor things.' Naturally, the least thing they feel will bother them after they had previously felt so well. In this case we have to realise that a patient who was the slave of his suffering is like a prisoner



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who, after the remedy, has been released from the jail and for the first few days feels free and ecstatic, but after living sometime in the society is bothered once more by everyday problems. The practitioner must be very careful and wait for a full relapse even though the patient may be complaining somewhat. In such cases you must give a placebo to prevent the patient from becoming anxious if he hears that he will have to wait without any medication. These patients were feeling very sick to start with and felt so well after the remedy that now they cannot tolerate even minor problems which in their awareness are exaggerated with the fear of a relapse. The best thing to do here is to wait and if that is not possible to give a placebo. If you start with another remedy in this situation you will spoil the case. It is important to remember that homeopathic remedies are powerful agents that should not be used lightly for minor complaints. The general idea is that you want to see the patient well in the long run and not necessarily within a month or so.

A question often asked regarding this is how we can recognise a real relapse. There are some guidelines that we can go by, but when we are pressurised by the patient and at the same time we do not know the rules of this science, it is then that we tend to make mistakes. One of the guidelines is that **if the keynotes on which we had prescribed the remedy have gone or are minimized we avoid repeating the remedy.** If these keynotes return, then we can be sure that we will need to repeat the remedy. But if the case relapses and the keynotes do not come back, then we have to study the case carefully because it most probably needs another remedy. In these situations we have to pay special attention to the complementary remedies.

**Observation 10: Real relapse one month after a good reaction.**

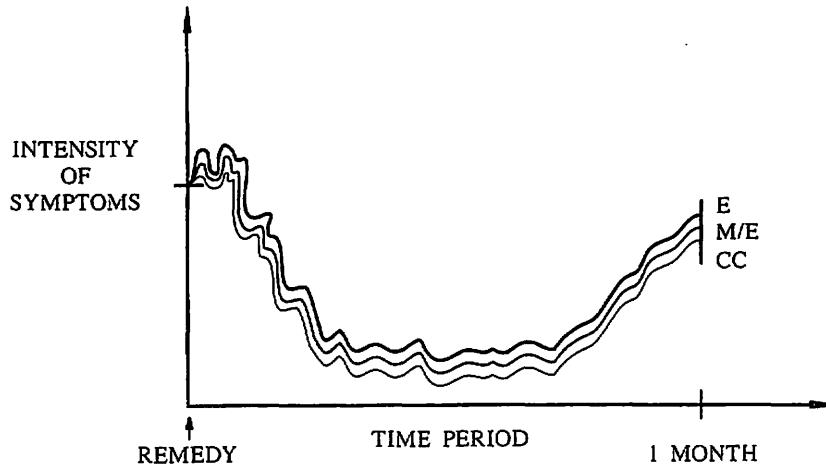


Figure 17

If we see a good reaction meaning an initial local and general aggravation and then a local and general amelioration, then we are dealing with a strong organism belonging to the higher levels, approximately levels two to five in this example. It is not normal that after such a good reaction an organism in these levels will relapse without serious reason. If, however, this does happen then there has most probably been an antidote like chemical drugs, recreational drugs, coffee, severe mental or emotional stress, etc. (see 'Antidotes to homeopathic treatment' page 58).

Therefore, in these cases, the best thing to do is to first stop the antidote if the patient is still using it and see if the organism rebalances by itself without any further help from a remedy. If the effect of the remedy is really antidoted then the relapse will continue after which we must repeat the remedy in the same potency - provided of course that the organism relapses to the same remedy pattern with the same keynotes. This will usually be the case in an organism with a good energy level. In the ones where the defence mechanism is already compromised, a strong antidote can change the

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energy pattern of the organism resulting in a different symptomatology than the original. In such cases you will need to change the remedy accordingly.

For example, sometimes we see after severe grief that the pattern of *Ignatia amara* or *Natrium muriaticum* is brought forward, instead of a relapse to the former remedy. If this occurs, then the practitioner must first give that new remedy (*Ignatia amara* or *Natrium muriaticum* in this example) and afterwards, when the new remedy does not act anymore and the original symptoms of the case reappear, repeat the original remedy.

A stronger organism under stress may be able to keep the original pattern and will only produce more symptoms that nevertheless belong to the same remedy. A case of *Calcarea carbonica* for instance if it goes into a state of grief may not produce symptoms of *Ignatia amara* or *Natrium muriaticum* but may develop typical *Calcarea Carbonica* headaches. Then the case needs a repetition of the *Calcarea carbonica* to take care of the symptoms of grief.

On some occasions, where a relapse occurs sooner than expected, the potency may be responsible as it might have been too low resulting in a shorter action than usual. For instance, the organism needed a 50M and we gave a 200C. As the remedy is correct, a positive reaction will follow but it will not last long. The same kind of reaction can also be seen when the remedy was not correctly potentised. In those situations the remedy can be repeated in a higher potency.

**Observation 11: Temporary amelioration without initial aggravation and full relapse after one month.**

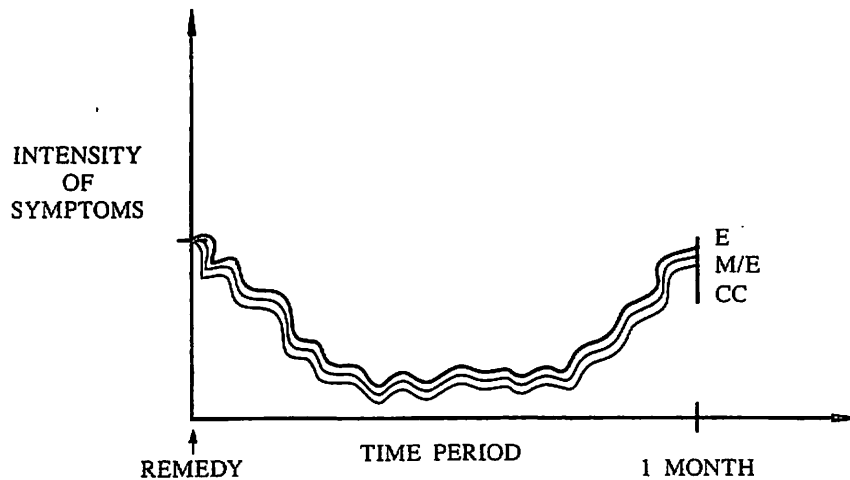


Figure 18

In this situation, in order to know what is going on we have to make a distinction between the levels of health we are treating. The fact that there has been no initial aggravation is not a good sign. In observation two we saw that there can be curative reactions to a remedy without initial aggravation in levels one and two, but then we would expect to see a long lasting amelioration. This is not so in this observation. The duration of the amelioration clearly shows that something is wrong.

If we are dealing with an organism that belongs to those levels of health where there is still a possibility of cure, then the remedy was incorrect. However, it could have been close enough to give a partial reaction, but did not progress the case. For instance, almost everyone reacts to *Natrium muriaticum* in some way as we all have gone through some emotional difficulties at some point in our life, but if it does not really fit the case then it will not give a deep reaction and cure the pathology. The patient feels better for a while but will come back because he initially felt somewhat better but this has passed and the homeopath will have to admit that there has been no real cure in a homeopathic sense. The

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best thing he can do in such cases is to go over the case again during the consultation and study the symptoms in depth in order to find a better remedy.

For instance, in a case with anxieties we prescribe *Phosphorus*, *Arsenicum album* and *Nitricum acidum*, each remedy giving temporary amelioration. Finally, we prescribe *Agaricus muscarius* that cures the case. The first three remedies were close but could not cure whereas the last one was correct and would have cured the case from the beginning.

Now, a totally different situation is at hand when we are treating a patient belonging to group D. As these cases are incurable, they will not give the reactions we see in cases in higher levels. As homeopaths we tend to look for these more vital reactions starting with an initial aggravation but we have to be aware that if the defence mechanism is too weak, it is unable to make such an effort anymore. It will only be able to give a temporary amelioration and when the energy is exhausted it will show a relapse. One way to recognise these cases in lower levels is due to the fact that they change symptomatology very often. The homeopath will have to change the remedy very often and each remedy will give the same reaction: initial amelioration and a quick relapse. He will then have to realise that he is dealing with an incurable case and can only palliate the condition. Usually these are cases where we already suspect such a situation such as for instance in cancer cases with metastasis, bulbar paralysis, Amyotrophic Lateral Sclerosis, etc.

Sometimes, however, no deep physical pathology has developed at the moment we prescribe a remedy. But if the reaction is like this over and over again then we are possibly dealing with an organism that already has a compromised defence mechanism and that is battling internally with the development of a serious chronic condition. In these cases the organism will never pass a threshold to leave group D. The patient feels weak and

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exhausted with general symptoms such as lack of concentration, dullness, physical weakness, indifference to everything and other vague and nondescript symptoms. In such cases, the homeopath may try for years to revitalise the system without real success. These cases ameliorate for a while and then relapse once again to the original state continuing throughout the years on the same level of health. Such cases are much more difficult to deal with although they have no verifiable pathology.

One final remark to this observation is that this pattern is often seen when we deal with a placebo effect. In these situations there can be an amelioration felt in all areas, but it will not hold and there will be no action in depth. The effect will simply fade away without any further development. As in all therapies, we will also see many placebo effects in our practices and there are some clear ways of distinguishing them from a real homeopathic action of the correct remedy. Some guidelines are the initial aggravation, the shift of the symptoms to a more peripheral area, the return of old symptoms and all these are accompanied by a general amelioration and the disappearance of the keynotes on which we prescribed the remedy.

**Observation 12: Amelioration in certain areas without aggravation, but after some weeks the patient is worse than before (with or without a change of symptoms).**

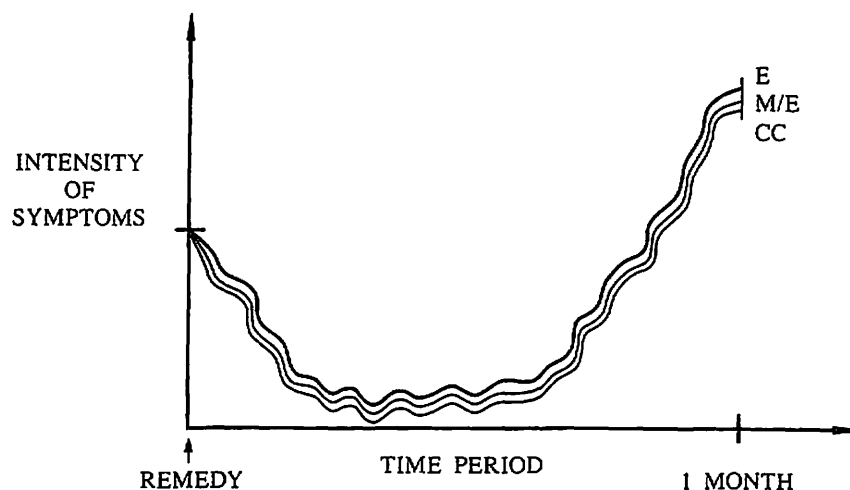


Figure 19

This kind of reaction is not a good sign and such cases will probably cause many problems for the practitioner. For a few weeks there is an immediate amelioration but soon after this the patient gets worse. The fact that there is no initial aggravation and that the symptoms are worse than before the remedy, shows that we are facing a difficult problem because this reaction means that the organism we are treating is in a low level of health. Here we are either facing a case with deep pathology that is incurable or we gave a remedy that was close and had a suppressive action for some time.

Taking the first possibility, we know we are treating a patient in group D. The case is incurable and we can only give palliative treatment. What happens after a month is not a homeopathic aggravation of the symptoms that existed prior to the remedy, but a deterioration of the whole organism. The remedy could not stop the pathological development and the process continued - leading the organism to where it was going anyway. The homeopath has to find out whether the original remedy is still suitable or not. These cases tend

to change symptoms quite often. Sometimes the new symptoms that are reported as aggravation show the next remedy and then it can be given.

Taking the second possibility above, we know that the patient belongs to the lower level of group B or to group C but the organism is already weakened to such an extent that it is easily suppressed. The remedy was close but not exact. This situation is close to observation seven where we already saw that a close remedy could have a worsening influence if the organism is not strong enough. A stronger organism will not be suppressed so easily. The energy of the organism that was blocked due to the remedy will then be liberated again with all the force left, showing an increase in the original symptoms. The best thing to do here is to study the case again and find a better more suitable remedy. It is also wise to be careful with the potency of the next remedy, as it seems that the organism is easily thrown off balance. It is better to start with a lower potency if we see that an organism is weakened and therefore sensitive to stimuli from homeopathic remedies.

**Observation 13: No change in the case.**

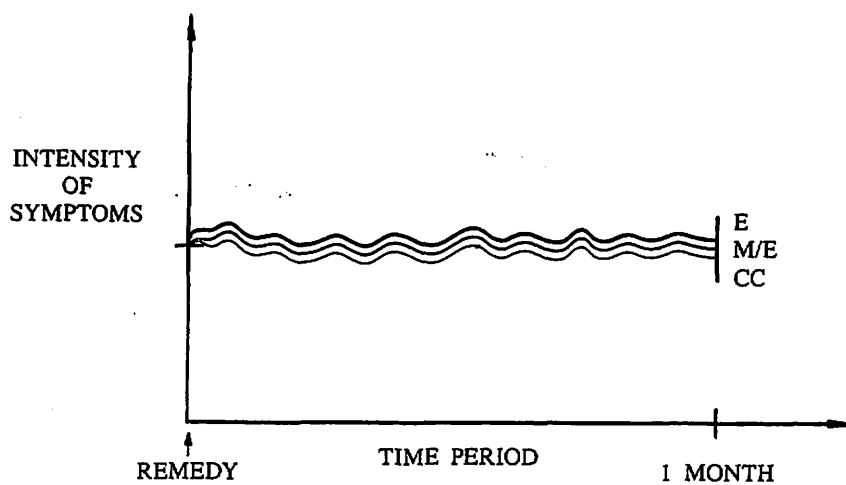


Figure 20



## Levels of health

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One month after the remedy the patient, who is not a shy or secretive person but communicative, claims that there are no changes. When examining the case, the homeopath finds out that indeed the main complaints, the mental-emotional area and the energy level have not been affected by the remedy.

Again we can use the information about the levels of health to gain more certainty about what is happening.

If the patient belongs to the higher levels of health, and the homeopath is sure about the selection of the remedy due to the fact that the organism was giving a clear pattern of the remedy, then we have to investigate the following possibilities:

1. The most probable reason is that the remedy was not properly potentised or was spoiled. In such cases you must urge the patient to use another pharmacy;
2. The potency was incorrect, either too low or too high: this happens very seldom but if the remedy is clear you may want to try a much higher or much lower potency to find this out;
3. The third possibility, which is also very rare, is that there might have been an antidote, that was not mentioned by the patient before, that is continuously interfering. For instance, he was taking cortisone, coffee or any other chemical all along.
4. The fourth possibility is that the wrong remedy was prescribed although the remedy seems to have been clear.

If the first three options are out of the question, then the only probability is the fourth, namely that the wrong remedy was given in spite of the fact that we thought the case was clear, so we have to restudy the case in detail. Maybe we are dealing with a small remedy not frequently indicated whose symptoms were very similar to a polychrest and this fact confused us. For example, we are treating a case of gastritis with great thirst for cold water that is vomited as soon as it reaches the

stomach, whereby the patient is anxious with fear of death and great need of company. Immediately the homeopath thinks about *Phosphorus*, but the lesser-known remedy *Bismuthum* has similar symptoms and could therefore be the correct remedy for this case.

In the lower levels, however, there is a possibility of delayed reaction and if after careful examination we discover even minor changes, especially of an emotional symptom like for example a feeling of less irritability that was not even related by the patient on his initial report, we must wait (see also 'Observation 15: Improvement of some minor physical symptom in a reserved or intellectual patient without any other changes.' on page 121).

The possibility, however, that this can happen in the lower levels is meagre as in these groups the remedy is not usually clear. It is, however, possible that a correct remedy could be found by chance in spite of the fact that the remedy is not clear.

**Observation 14: A reserved or shy patient who says that nothing has changed.**

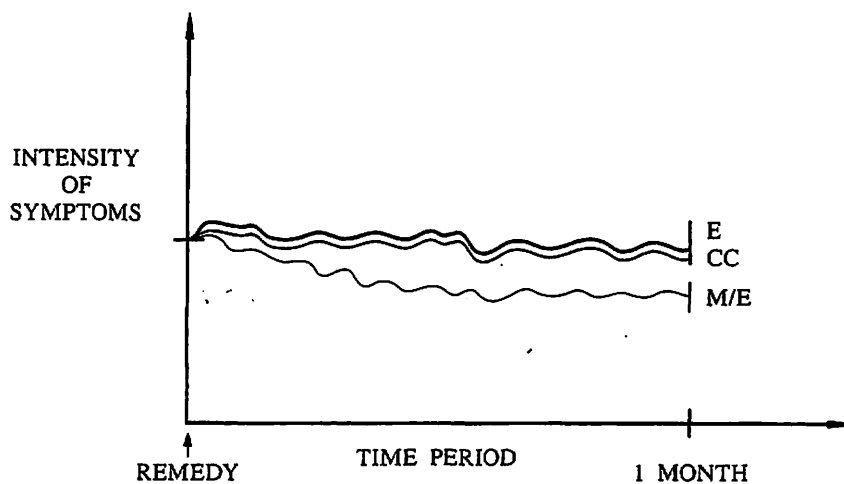


Figure 21

Sometimes reserved, shy, non-communicative, patients do not admit any change in their condition during their

## Levels of health

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first months of follow ups. Small changes mean nothing to them and they will not admit such changes even if they did notice them.

The homeopath must make sure that nothing really did happen during this first month of treatment. This examination must be very thorough, observing subtle reactions in the patient when he answers questions. Perhaps, for example, there is some hesitation before the patient answers or his tone of voice changes when he gives examples of situations. If small mental-emotional changes are observed or admitted, then it is best to wait or to give a placebo. It is important that homeopaths are aware of this type of person, as they will not establish contact easily. They are also able to mislead the homeopath and sometimes it helps if the homeopath explains to the patient that he must give the right information or he will not be able to help him. This can happen with certain remedies like *Thuja occidentalis*, *Ignatia amara*, *Natrium muriaticum*, and others belonging to the more reserved or timid characters.

But there are also cases where this attitude becomes part of the sickness, making the patient suspicious, secretive and twisted. It should be understood here that these cases will be much more difficult to treat. For instance, there are some patients who subconsciously like to be ill in order to get attention. J.T. Kent describes a similar case in his materia medica about *Plumbum metallicum*, where a woman in a kind of hysterical state pretends to be sick when in company.<sup>77</sup>

Patients with such mental-emotional symptoms will already belong to the lower levels of health. The organism has lost strength and the disturbance enters the deeper areas producing mental or emotional pathology.

Patients with a closed personality can be found on all levels of health because we can find all kinds of character traits throughout the levels. This has nothing

## Chapter: Levels of health

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to do with the pathological conditions we are treating but with the 'emotional make-up' of the patient. However, when mental-emotional traits start to interfere with the ability to function harmoniously, then they become part of the disturbance that we are going to treat. In general, patients with a good general state of health have more chance of being well-balanced mentally-emotionally and this has nothing to do with their character, which can still be reserved. But as the defence mechanism weakens, more disturbances can enter the deeper areas, giving all kinds of mental or emotional twists.

Please remember, however, that even in group D patients can be completely healthy mentally and emotionally as the force of the disease can be sitting entirely on the physical plane.

What also needs to be understood is that when we treat a patient from group D with an incurable pathology and little or no psychological problems, we do not pay as much attention to minor mental-emotional changes as we do with patients of the higher levels of health with emotional problems.

In the upper groups, small changes on the mental-emotional plane can be the first sign of an improvement and precede ameliorations of the physical symptoms. But in patients in the lowest levels with severe physical pathology, we need to see amelioration in the pathological symptoms, otherwise we have to conclude that the remedy is incorrect - even if the patient reports some small changes on the mental-emotional plane. Such changes may occur without being attributed to the remedy, like the effect from good contact with the homeopath and have nothing to do with the remedy (placebo effect), while at the same time the pathological condition continues to run its course undisturbed.

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**Observation 15: Improvement of some minor physical symptom in a reserved or intellectual patient without any other changes.**

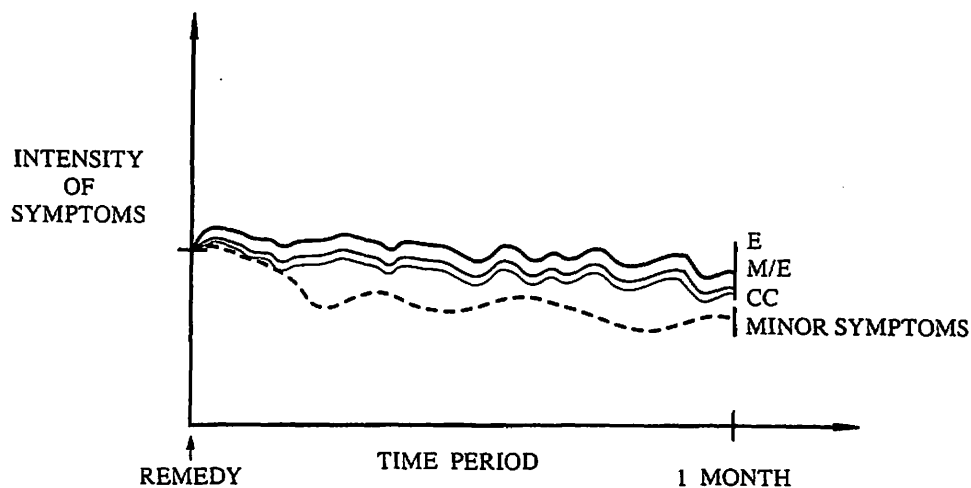


Figure 22

In this observation we find on the follow up that a closed patient who admits no real change in anything finally reports that a minor symptom, for example, some itching in the meatus of the ear that was there for years but was not underlined in the initial case is not there any more.

Although in the higher levels of health this is almost certain to be the action of a partially fitting remedy, we cannot ignore this small change, especially since an introverted or intellectual patient has admitted it. Organisms with a well functioning defence mechanism tend to give clear remedy reactions unless the action gets disturbed as we discussed in observations ten and thirteen.

If we are dealing with an organism from a lower level of health, then the remedy might be correct and the poor result we see after a month could be due to a slow reaction of the organism. These organisms may be unable to produce a strong immediate reaction and therefore the follow-up report to the homeopath after one month seems unclear.

In both patient groups the best thing to do is to wait (and give a placebo if necessary). If it seems to be the

start of an amelioration then the pattern should be clearer in a month's time. However, if after another month the symptom that was ameliorated has returned and no other reaction is noticeable then the remedy was partially acting and therefore wrong. In general we can say that a temporary amelioration of one chronic physical symptom without a general amelioration on the mental-emotional plane or energy level, is not a good sign. It indicates either a weak immune system or the wrong remedy.

In patients from group D, this observation is almost certain to indicate that a wrong remedy was prescribed. As our goal is to palliate the patient's main complaint, this small reaction is of no significance and we will have to find a better remedy. Waiting for a possible positive development later is not advisable as it is improbable that an organism with such low immune possibilities can give a curative reaction after a long period of waiting.

**Observation 16: Improvement of some minor physical symptom in an extroverted patient without any other changes.**

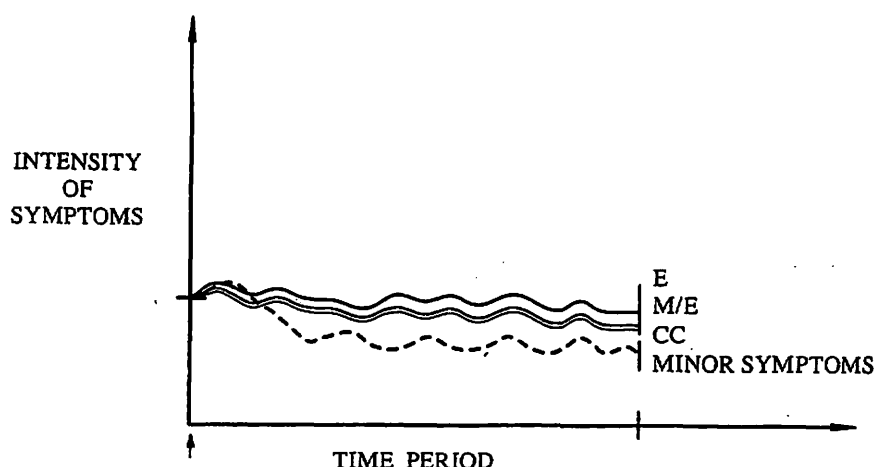


Figure 23

This situation can be seen on all levels of health and is similar to observation fifteen, only here we have an extrovert patient with a great desire to please the doctor

## Levels of health

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and say that he has improved, or a patient who needs confirmation that he is really doing better. Upon questioning he admits improvement only in certain areas like 'feeling better perhaps' or in small symptoms. But there are no changes in the main complaint or in the general energy, nor concerning his phobias or other mental-emotional symptoms. So in these cases the homeopath can be certain that he gave the wrong remedy and he has only the placebo effect. Although the patient is enthusiastic and gives a positive report, there are no real changes, either aggravation or real amelioration, and therefore the case has to be re-examined.

If in such a case, instead of an improvement in a minor local symptom, there had been a change in a general symptom, for instance a change in a 'food desire or aversion', without an amelioration on the mental-emotional plane or energy level, then this would have been more unfortunate. It would have shown that we had given the wrong remedy because although it had a strong influence on the patient's organism, the effect was only partial. At such a point, we also have to re-examine the case but without taking into account the changed symptoms.

**Observation 17: Patient says he is worse, but there may have been some improvement in the last few days.**

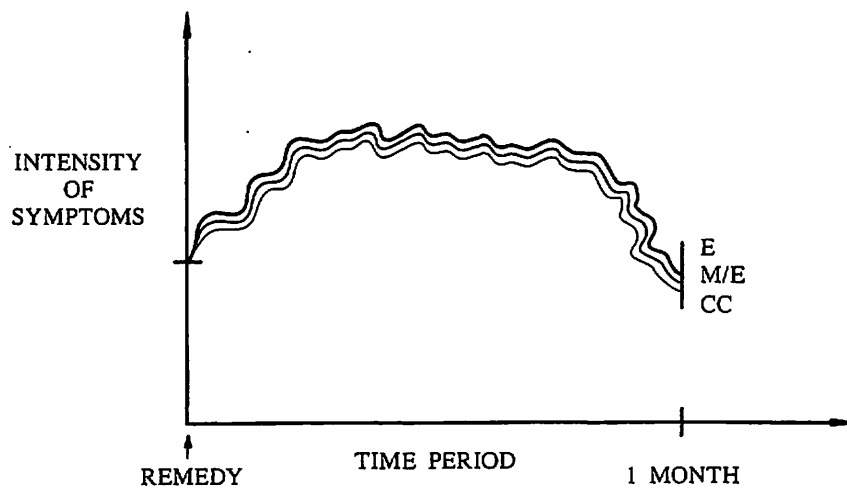


Figure 24

This kind of reaction can be found on levels five to seven. These patients have had recurrent serious infections and have suffered a lot through the years with a general malaise and lack of energy. Their organism is weakened and is not capable of making quick changes towards improvement. This is the reason why for almost a whole month there appeared to be an aggravation of the symptoms up until the last few days. Most possibly this is a prolonged aggravation and to interfere now would only disturb the ongoing process. So in this observation we must wait. Here a lot of mistakes can be made because the patient reports what was going on during the whole month whilst ignoring the amelioration that took place in the last few days - which he considers accidental. He is desperate and wants another remedy. In order to judge correctly, it is very important that the homeopath has an overall impression of the case. The question he must ask here is: 'Can I feel comfortable with letting the aggravation continue without endangering the patient's life?' These cases often need a second or third remedy, but the first one will eventually show a substantial improvement and the



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organism will finally produce more clear symptoms of the next remedy providing you wait long enough. If this is not understood and remedies are given to stop the aggravation, then the effect of the first remedy will be nullified.

If we are dealing with a patient from a lower level of health, then things may be even more difficult, as we can see in the next observation.

### **Observation 18: Steady aggravation of all the symptoms.**

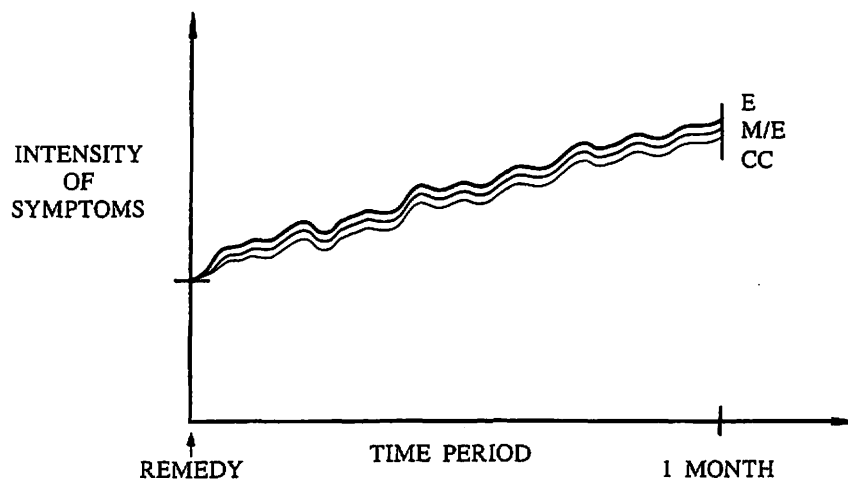


Figure 25

In this observation we are dealing with patients on levels eight and nine of group C and possibly on level ten of group D. Here we definitely have a prolonged aggravation which according to Kent implies that the case is incurable and the aggravation needs to be stopped immediately or the patient will die.<sup>78</sup> According to my experience, this prolonged aggravation may be due to several reasons:

1. The wrong prescription allowing the disease to run its natural course;
2. The discontinuation of allopathic drugs;
3. A wrongly selected potency;

4. A case that is really bordering towards incurability as far as homeopathic treatment is concerned.

In the first of the above possibilities a better remedy has to be found as soon as possible. If you give another remedy and there is still no action, then it is better to wait providing that the pathology allows this. You can also give a placebo and retake the case after one month. Then wait again, if necessary, until there is a clearer symptom pattern. If it is not possible to wait and a better suiting remedy is not clear then it is better to palliate the current condition by allopathic medication temporarily until the situation has stabilised itself. After such a course, if the patient still insists on homeopathic treatment, you can retake the case and strangely enough, after such a procedure the remedy often appears much more clearly. Sometimes the use of allopathic drugs is inevitable and following them the original condition starts all over again, such as in cases of severe asthma where you needed to resort to bronchodilators again and again. It may take several attempts before you reach a state of health that is tolerable and where you do not need the chemical drugs anymore during the aggravation. By these repeated efforts it seems that the immune system can slowly rebuild itself and is finally able to cope without the cortisone.

In the second possibility, where the allopathic drugs are withdrawn, it is necessary to find out whether the remaining symptoms are the same as before but more severe and indicate the same remedy or whether they changed and therefore a new remedy should be sought out and the case re-evaluated.

In the third possibility, where we have an aggravation that continues for too long, the same remedy could be repeated in a higher potency. A higher potency can improve the situation because the organism needs more energy to overcome it. The prolonged aggravation is due to the fact that the initial potency could release

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enough energy to start an immune reaction, but not enough to keep this process on the right track. That is why a higher potency, which releases more energy, can straighten things out. If this course of action does not give the necessary results, then we have to fall back on allopathic medication for the time being and continue the treatment later on.

In the fourth possibility, the reaction is often seen in cases with deep pathology usually using heavy allopathic drugging, but the fact that the organism is capable of producing an aggravation, because of the action of the remedy, proves that it has not yet reached an incurable situation. Once the organism has the strength to bring out a reaction, the homeopath will be able to handle the case and slowly bring it back, provided he is able to judge the case correctly and finds the correct sequence of remedies after the first prescription.

In the cases belonging to this observation you often need to treat during the aggravation. But the case is difficult as the defence mechanism is still weak and therefore gives unclear symptoms. Unless the homeopath is able to perceive the next right remedy during the aggravation, the case will continue to decline and allopathic medication will have to be resorted to in order to stop the process. Such cases require a lot of knowledge and experience on the part of the homeopath to bring them to a positive end.

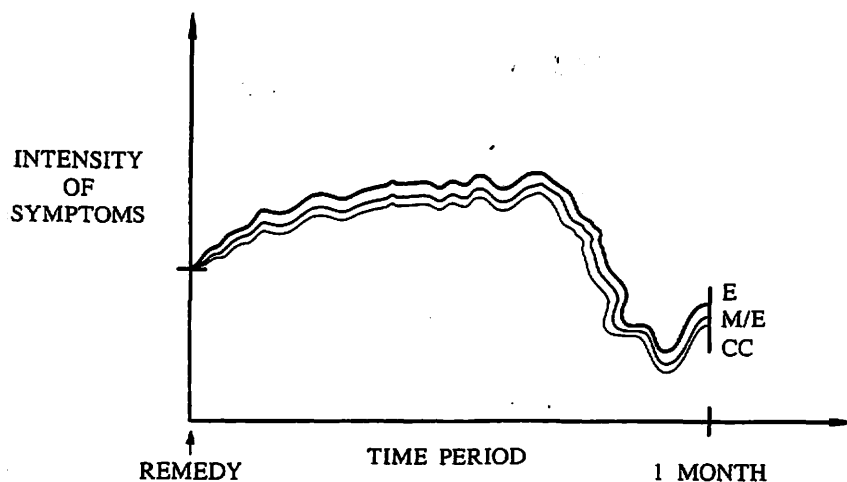
Let us suppose that the patient belongs to level seven or eight of the third group and suffers from ulcerative colitis. One month after the remedy he says that he went from fifteen stools a day to twenty-five. His energy has dropped quite a lot, psychologically he is worse and his general state, as well as his anaemia are worse. It should be clear that at this point we have to be very careful with what we do, because it is possible that during this aggravation a new remedy pattern emerges for which we will have to administer a second remedy.

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immediately. The first remedy is correct but if we do not succeed in finding the second remedy then the patient's life will be in danger. But if a patient with ulcerative colitis is also suffering from severe psychological symptoms like an obsessive or compulsive neurosis, then such a case will be much more complicated to treat than a simple case of ulcerative colitis.

Homeopaths therefore have to observe how a disease has developed and where the reaction will lead. If, for instance, in the past there were mental-emotional symptoms that were not so severe, but suppressed with heavy psychotropic drugs and in their place the ulceration of the intestines manifested, then you may see the reappearance of the mental-emotional symptoms during the treatment. Such a course of events is a good evolution and is curative. Here, the homeopath should not think that he has now suppressed the case by making old mental-emotional symptoms appear. It is important to understand that each pathology has a 'marker' or 'degree of an overall severity' and that it is not always a mental symptom that is worse than a physical symptom (see 'How a homeopathic prognosis of a case is made' on page 85).

**Observation 19: Clear aggravation of long duration, followed by improvement for 4-5 days (to the order of approximately 70%) and then worsening again.**



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Figure 26

This observation belongs to levels seven and eight of group C. Here we find organisms with a somewhat compromised immune system that are still curable. The fact that there has been an aggravation shows that it is still possible for the organism to recuperate. But the short amelioration is a sign both of the lack of energy available in the organism to keep a steady balance and a need for further careful treatment to enable it to rise to a higher level of health.

Since there was an initial aggravation followed by an amelioration of the main complaint, the mental-emotional symptoms and the energy, we can be certain that the remedy was correct, even if the amelioration was of short duration. There are, however, certain facts that the homeopath should examine thoroughly in order to be able to evaluate the case correctly.

For example, let us take the case of a patient with bronchial asthma. After taking the remedy the patient had both a local and general aggravation for about twenty days. Then he had a local and general amelioration for five to six days and after that his dyspnoea got increasingly worse each day. The first thing we need to know here is whether there could have been an antidote to the homeopathic remedy in the intervening period. Perhaps the patient had taken allopathic drugs or drank coffee (or another drink containing a large amount of caffeine) or done something else that disturbed the action of the remedy. If this turns out to be true then we have to remove the antidote and usually, provided we wait long enough, the amelioration will return without any further stimulation. There is a possibility, however, that if the defence mechanism is too weak the organism cannot re-arrange itself. In this situation, one has to repeat the same remedy in the same potency as long as the symptoms or keynotes on which we based our prescription initially have returned and stay. If the organism is really

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vulnerable due to a weakened immune system, then it is possible that it cannot maintain the same symptom pattern. If the pathological symptoms do not contain the keynotes of the first remedy and yet the patient continues to get worse, then we must search for another remedy by retaking the case. However, if there is any doubt about the symptom pattern then the original remedy needs to be repeated. It is not right to use symptoms that have been changed by an antidote when there are still symptoms left from the original pattern. This will only lead to further disruption of the case and failure of the treatment.

In cases where the defence mechanism is weakened, the symptoms will not be clear and careful examination is needed before the next step can be taken. This difficult process is even harder when we take the vulnerable state these organisms can be in into consideration. Not only do they lack the strength to present a clear symptom pattern, but they are also easily influenced in a negative way by the wrong remedy. This demonstrates the importance of utter carefulness on the part of the homeopath.

### *Some general comments*

In our final prognosis of a case, we must also take into consideration the sensitivity of the organism to homeopathic potencies.

Organisms with a deep pathology can be very sensitive to stimuli, including homeopathic potencies, and can produce reactions to them that are too strong. For this reason, it is not advisable to start with a potency higher than 200C in these cases.

In this observation we have already seen a long lasting aggravation so we know that there are some difficulties with adapting to the homeopathic potency we gave. It depends on the stability the organism has after the first dose whether we can raise the potency or not. If there is any doubt regarding this then first always repeat the

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potency given and only go to a higher potency if this dose is not sufficient. We will see that often at the beginning of the treatment weakened organisms tend to have difficulties with adapting to the stimulus of a homeopathic remedy, but once they regain strength this should go away and the opposite can be seen. As the organism needs a lot of energy to stop the ongoing chronic disease, it will need a lot of energy to be liberated. Remember that in these kinds of cases where the organism does not have enough energy to go through a therapeutic process on its own, you may need to repeat the remedy and raise the potency frequently. Sometimes when we prescribe a remedy and it does not give the positive results that we had expected, if we go to a higher potency the effect can be dramatic and extremely satisfactory.

**Observation 20: The patient has been feeling worse for a whole month.**

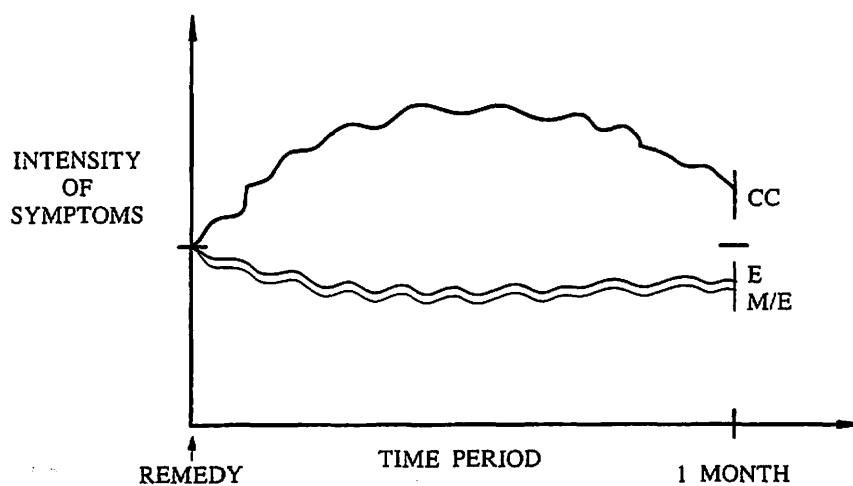


Figure 27

This is a situation typical for patients in group C who have been using allopathic drugs.

Following the homeopathic remedy, the organism tries to get rid of the suppression and the symptoms that were controlled by allopathic drugs will now be aggravated. There is a steady worsening of the local

complaints and the general amelioration that is parallel to this aggravation has not been taken into consideration by the patient. This can be misleading to the homeopath. The patient reports a general aggravation, as he feels miserable due to the increase in local complaints that are worse rather than better. Upon further investigation there appears to be some amelioration of the mental-emotional symptoms and of the energy level. This indicates that the remedy is correct. Although, the delay of the local amelioration is bothering the patient, the homeopath should be content. This is because we should always take the whole case into consideration, investigating possible changes to local symptoms, the energy level and the mental-emotional plane. Cases like these with a long aggravation on physical symptoms have deep pathology, which means that the organism needs to be given time to fully show the effect of the remedy. We should therefore wait at least two or three months in order to notice any changes in the patient's main symptomatology. It is in such cases that most mistakes are made and the cases can thereafter be confused.

If we have a patient who belongs to group D and who tells us one month after the remedy 'I am worse', then we can be certain the remedy was incorrect, even if there have been some small changes in the general symptomatology. These cases are incurable and our main goal is to palliate the pathological symptoms. So, either the remedy was far off and did not act so that the pathology runs its natural course or the remedy had a partial but disruptive effect on the case which led the pathology to aggravate. In both cases it is necessary to find a better fitting remedy.

But when we have been treating a patient belonging to group D correctly for two or three years, ameliorating his local symptoms, there may come a day when we see an aggravation which is curative and which is due to the remedy action. This would mean that he is



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changing to a better level of health, entering level nine of group C.

**Observation 21: The main problem has been worse for one month; other symptoms are definitely better.**

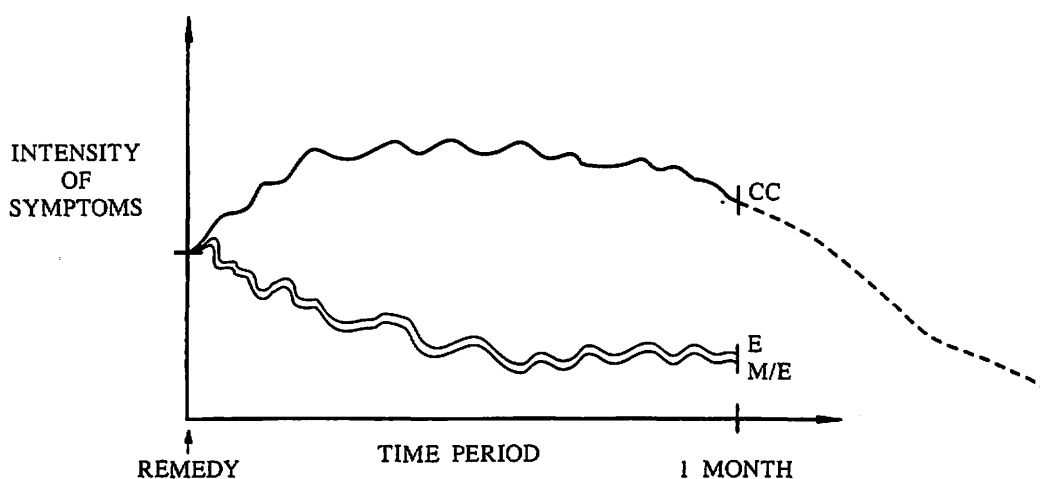


Figure 28

The difference between this observation and observation twenty lies in the prognosis. Here there is a clear improvement in the general state of health of the patient regarding his mental-emotional plane and energy level. This response to the remedy is seen in patients belonging to levels five and six of group B. The organism is much stronger than the one in observation twenty, therefore giving a clear general reaction. The defence mechanism is, however, not as strong as in the higher levels where we find a much quicker development of the case. Here we see that the organism is only able to respond by phasing the reaction, first ameliorating the deeper areas and shifting the disturbance to the local complaint that therefore aggravates temporarily. It does not have the strength to do two things at once, namely to shift the disturbance in the periphery and lessen the intensity at the same time. The weaker the defence mechanism and the deeper the pathology is, the longer it will take before the intensity of the disease can be lessened regarding the peripheral symptoms.

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The development shows, however, that the remedy is correct and therefore we must wait to see how things will settle.

A very unfortunate situation will arise when this local reaction, which is needed to improve the deeper recesses of the organism, is obstructed or suppressed by an untimely interference with a new homeopathic remedy or a chemical drug.

Depending on the strength of the organism, if interference occurs several things can happen:

1. The initial reaction is disrupted and the organism goes back to its original state.
2. The initial reaction is disrupted and the organism goes to a partial relapse.
3. The organism is suppressed as a whole and temporarily has a paucity of symptoms.

The first possibility occurs if the organism is quite strong. It will go back to its original state and then the remedy can be repeated in the same potency, after which the whole process will start all over again. The homeopath must, however, explain to the patient that he must be very careful not to suppress the symptoms again because after some time he might run out of luck. Some organisms, which already have a vulnerable balance, lose their ability to restore the balance after repeated suppression and restoration by the correct remedy, which results in a kind of confusion whereby the remedy is not clear anymore. This happens with cases where the patient for instance continues to use caffeinated coffee and comes back again and again with a relapse.

The second possibility belongs to an organism from this group that has already been more weakened. The suppression is deep and the organism has a partial relapse without the original keynotes. This situation is unfortunate, as we have to wait for the return of the keynotes on which we prescribed originally (see

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'Appearance of an acute disease one month after taking the remedy In group A (levels one to three)' on page 77).

In the third possibility, there is a very unfortunate development that happens in organisms of the lowest level of group B. They will go down one or more levels and do not have the strength to quickly recover from the suppression. The organism stays with a paucity of symptoms apart from a general unwell feeling of the patient for some time and will only start to give symptoms when it has regained strength. The time it takes depends on the condition of the organism prior to the suppression and the strength of the suppression itself. Whether the same remedy will be needed again should be clear from the pattern of the symptoms then emerging. In such cases the organism may drop a level and from group B goes down to level seven of group C, where the ability of the immune system to react in acute diseases has already been compromised.

**Observation 22: The mental-emotional plane is worse, energy level and physical complaints are better after an aggravation.**

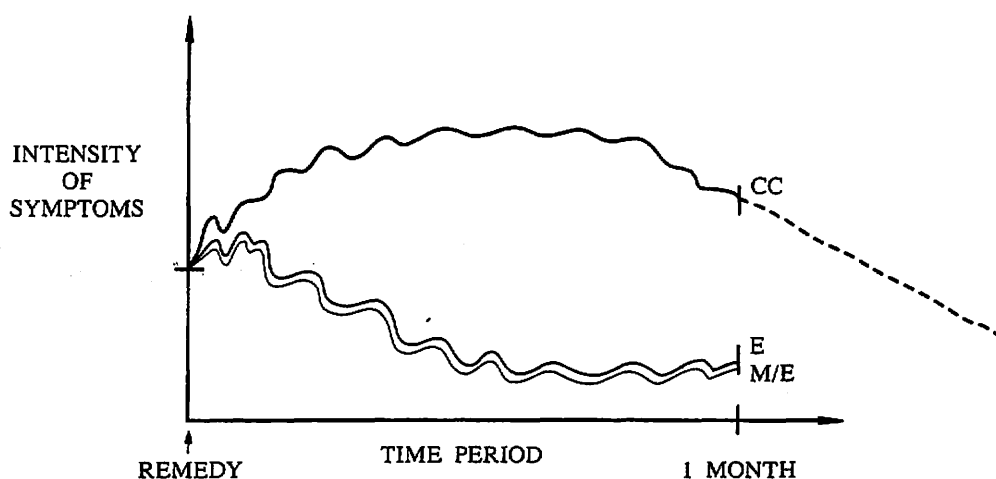


Figure 29

Some cases, especially those that were originally centred on the mental-emotional plane, can present a

long-term aggravation of the mental-emotional symptoms, whereas other smaller symptoms improve and the energy improves at the same time. The patient reports feeling worse due to the aggravation, but when he is asked the right questions and the homeopath understands the situation well he will not be misguided and tempted to give another remedy. This reaction shows that the remedy is correct and therefore we should wait.

Deep mental-emotional cases tend to have aggravations that may last for more than two months, but after that the case will take a curative turn. These cases usually belong to levels seven to nine of group C. They are still able to react but it will take a long time for them to recuperate and they will need several remedies.

In fact this situation is similar to that of observation twenty-one. Hahnemann writes in paragraph 215 of the *Organon*<sup>79</sup> that almost all mental and emotional diseases are actually physical diseases that have settled in the brain as mental or emotional symptoms. Whilst this settling of symptoms in the brain is going on, the physical symptoms in the rest of the body diminish and the mental-emotional symptoms become what Hahnemann calls one-sided diseases.

### **Summary of chapter levels of health**

Gaining insight into the levels of health gives us information about the possible development and prognosis of the case we are treating, the strategy to select the remedy, the potency to be used and the interpretation of the reaction to the remedy.

Almost all chronic diseases can appear at all levels, but the prognosis differs according to the patient's level of health.

From the moment an organism stops developing acute diseases it is below the sixth level and its pathology is deep. At this point, a kind of chronic degenerative

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disease has started even if there are no traces of such a disease in the laboratory test results.

Groups A and B are susceptible to bacteria, viruses and fungi and if affected will raise a high fever. Such micro-organisms do not cause a reaction in patients in groups C and D. The higher levels are invaded by bacteria such as *Streptococcus* or *Staphylococcus* and have a good prognosis. The lower the level of health the more virulent and more resistant to allopathic drugs the micro-organisms (*Proteus*, *Pseudomonas*, etc.) are. This process of inflammation can take place only up to the sixth level. For example, if in a case of chronic *Staphylococcal* infection the patient repeatedly takes many different antibiotics, then finally his level of health will descend and he will become susceptible to other bacteria like *Proteus* or *Pseudomonas*. The fungal infections are more difficult to cure, especially if they are deeply rooted.

At the fourth level (group B) the infections are more frequent and at the sixth level they appear one after another. At some point (at level seven), however, due to suppressive therapy, like antibiotics, cortisone, etc., the patient stops having acute infections and a chronic condition starts.

If, for example, a patient comes with hypertension and used to have very frequent infections that now no longer occur then the prognosis for this patient is much worse than for a patient with hypertension whose organism still reacts with high fever to microbial or viral infections. The first patient in the above example will be a case of 'malignant' high blood pressure that will need a lot of time and several remedies to cure; the second patient will respond straight away after the first correct remedy.

If a patient from group A descends to group C due to a bad lifestyle or treatments with chemical drugs and he has, for example, liver cirrhosis then it is possible to cure such a patient and bring his level of health back to

his original level with the correct homeopathic treatment. However, in contrast, it will not be as easy for a patient who has cirrhosis of the liver due to a weakness of this organ because of a genetic predisposition. To rise in level of health in such a case will be a much more difficult task for the homeopath.

If a patient presents a clear pattern of a remedy then he will be more easily cured than somebody with a confused pattern of symptoms. If the latter with a severe pathology is also subjected to a lot of allopathic drugs, he will descend in his levels of health and will require treatment with many remedies and need much longer time to recuperate. The lower the level of health that a patient is in, the more remedies will be needed to restore the immune system and raise the energy level of the patient. But remember that the sequence of the remedies has to be correct. If for example the right sequence is: 1. *Natrium muriaticum*, 2. *Sepia officinalis*, 3. *Sulphur*, 4. *Calcarea carbonica* and 5. *Silicea terra*, and the remedies were prescribed in the wrong sequence, for instance, first *Calcarea carbonica* then *Sepia officinalis* then *Natrium muriaticum* etc., you will never be able to cure patients on these levels of health.

While taking the patient's history, much attention should be paid to the chronological development of the different complaints in order to determine the patient's level of health through his/her sequence of diseases. This means we have to ask the patient when the last time was that he had an acute disease with fever. If this was fifteen years ago, for example, then it should be clear that we are dealing with a chronic case that started at least fifteen years ago. The longer it has been since the patient presented acute symptoms, the more serious and difficult the case will be.

### **Summary group A (levels one to three)**

In this group, diseases are mostly characterised by functional uncomplicated disturbances, such as, light infrequent headaches, skin eruptions like eczema,

## Levels of health

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premenstrual syndrome (without endometriosis), sciatica, light forms of articulo-muscular pains, etc.

In level one, which represents the highest level of health, we can see that acute diseases do not affect an individual. It is from the second level onwards that acute diseases such as infrequent superficial infections with high fever occur. In general, however, these acute diseases do not affect the general health of the patient and after they have run their course they leave no traces. In particular, we find microbial infections (e.g. *Staphylococcus*, *Streptococcus*) in this category that are not resistant to antibiotics.

When treating such patients we will see that the symptoms of the case clearly point to a remedy. The prescribed remedy will work for many months or even years. At the first and second levels we do not necessarily see an initial aggravation.

### **Summary group B (levels four to six)**

This group is characterised by the fact that the immune system has been weakened, which makes it more prone to develop acute infections more easily and more often. As the levels descend, the infections appear more regularly and are more serious, with conditions as pneumonia, pyelonephritis occurring. The micro-organisms affecting these patients will become more and more violent as we go down the scale and will become more resistant to antibiotics as we see with *Proteus* and *Pseudomonas* infections. During the treatment acute diseases will become less severe and less frequent. The symptoms can still clearly point to a remedy, but in order for the treatment to succeed, we will need a range of two to five remedies. Initial aggravations after the remedy can be very strong.

### **Summary group C (levels seven to nine)**

In this group the diseases that occur are more serious. We find organic disorders such as Crohn's disease, colitis ulcerosa, bronchial asthma, collagen diseases,

epilepsy, auto-immune diseases, Ménière's disease, Parkinson's disease, psychological illnesses like anxiety states, phobic neurosis, depression, etc. At the seventh level there may still be a few acute diseases, but these are mild without high fever and clear up on their own without needing a remedy. In levels eight and nine we no longer see a susceptibility to acute infections.

During the treatment for the chronic condition, acute diseases may reappear and often need to be treated with one or more remedies, depending on the condition of the defence mechanism. The remedies needed to treat the chronic condition will not be clear as such organisms have several layers that need to be treated. We will see strong, long-lasting initial aggravations after the correct remedy or treatment.

### **Summary group D (levels ten to twelve)**

The diseases that occur in group D are much more serious and they all present wide-ranging organic changes like we see in cancer with metastasis, cirrhosis of the liver and serious heart disease. Other examples of diseases belonging to this group are AIDS, juvenile diabetes, final stages of chronic diseases, neuromuscular diseases like Amyotrophic Lateral Sclerosis, serious epileptic conditions, schizophrenia, Alzheimer's disease, etc. Acute diseases no longer appear and if they do they can be fatal. Symptoms will not be clear and can change rapidly from one remedy to another.

In the lowest levels of health, homeopathy can provide palliation only. There is no initial aggravation, just an amelioration which designates palliation.

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# CASE STUDIES

## **CASE STUDIES**

### **Introduction to the cases**

The following cases serve as examples of the practical application of the observations on the levels of health as performed by G. Vithoukas. They have been selected in such a way that the treatment of patients with different levels of health can be followed over several years. At the same time, the cases show the use of the different strategies of case analysis<sup>1,2</sup> and the way in which remedies that appear when repertorising can be differentiated.

The student can read the cases as a whole or can choose to work out the different consultations as an exercise and then compare the result with the evaluation and prescription given in the book. It will be clear that the remedies that appear when repertorising will be different if other repertories are used. One should realise, however, that when working out the cases, the purpose is to make a correct evaluation of the symptoms and level of health and not to have an exact copy of the list of remedies in the repertorisation. If the homeopath is able to evaluate the symptoms correctly, he will usually come to the right prescription one way or another.

### **The repertory and the repertorisations**

All the repertorisations have been made using the software 'Radär 10.0' with the filter 'Vithoukas view 2006' in the repertory 'Synthesis Treasure Edition'. I advise those people who do not work with a computer to use the book *Essential Synthesis*.<sup>3</sup>

The method used to show the result of the analysis on totality is 'Sum of symptoms and degrees'. If another method has been used then this will be explained in the text. In the 'Analysis options' the 'Combined analysis preferences' are all given the value zero.

The underlining of the symptoms in the repertorisation is one line for every symptom to start with. If necessary this will be adjusted and also explained in the text of the analysis. As many students of homeopathy have difficulties in deciding how much a symptom should be underlined when repertorising, I have underlined the symptoms once to avoid too much distraction because of battling with this issue. The underlining in the cases has been done in three grades to be able to better value the symptoms.<sup>4</sup>

If the underlining in the case text is placed after the dot at the end of the sentence, it means that it applies to all the symptoms in that sentence. Otherwise the underlining is placed after the specific symptom.

### **Case 1: Herpes zoster**

#### ***First consultation***

A rather corpulent woman, aged sixty three, has had herpes zoster for the past eight weeks [3]. It extends from below her left breast to her back [3]. At first it was fiery red with plenty of vesicles and now it is drying up. It does not itch very much, but it burns and stiches terribly [3] day and night. The pain is worse when she lies on the affected side [2], from wool [3], from warmth [3] and from the shower [1]. There is amelioration by coolness and cold things. [2] The general practitioner prescribed allopathic medicines and a physiotherapist treated her, but it did not help her to recover.

She has no further complaints and apart from this is never sick and has no unusual medical history. She has been a widow for fourteen years. Her husband was hit by a car from behind while they were walking. There were still five children living at home at the time and the youngest was only twelve years old. This was a very hard time for her. The death of her husband was a severe shock, but she thinks she is over it now. She does not sit and think about him or dream about him.



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She has always worked hard. Sometimes she goes to the village but she also feels comfortable at home. She prefers being active instead of watching television. She does not become irritated very easily, she only gets angry when she really has to. She finds it hard to get angry with her grandchildren. She tidies up the house, does not sit down to knit when things are still in disorder. But she can leave the dishes when she wants to.

She is never cold. She does not tolerate the sun very well and never goes to sit in it. [2]

She normally sleeps well but now wakes up four to five times a night with the pain. This is why she is so tired.

Lately, she has had pain in her forehead in the morning when she wakes up, which disappears in the course of the morning. [2]

She says she is not very thirsty and that she drinks about ten cups of fluid a day. She has no dislikes for food, except roast game.

The menopause has not caused her any trouble and her menstruation was always regular and without problems.

Something she also noticed lately is that, in the morning when she wakes up, her eyes are irritated [2] and glued together [2].

### **Prognosis**

#### *Depth of the disturbance*

Herpes zoster is a physical complaint that belongs to the nervous system although it manifests itself on the skin. We therefore have to realize that we are treating a complaint of the nervous system and not a skin complaint. The disease may need a longer period of time to be cured, because the disturbance is more deeply rooted than in a simple skin complaint. We need to adapt our evaluation of the remedy's reaction to this. On its own, herpes zoster is not an incurable disease.

that responds well to homeopathic remedies, which is favourable for the prognosis.

### *Personal medical history of the patient*

The overall state of health of the patient seems to be fine. She has no medical history and has not taken many medicines. Emotionally, she shows enough resilience to deal with the sudden death of her husband. There are no mental or emotional symptoms now.

### *Familiar medical history and hereditary predisposition*

There are no signs of genetic predisposition through miasmatic symptoms which means that her complaints most probably arise from a psoric background, as psora is the primary predisposition to diseases, according to S. Hahnemann.

### *Conclusion*

The prognosis should be good. The main complaint is not a serious one and the patient's condition seems to be fine. The fact that she is never sick means that she also has no acute diseases. As explained in the section on levels of health, the situation of not having acute diseases is seen in the very healthy people (level one) and in the very sick (levels nine to twelve). As all other elements are in favour of her general condition, I presume at this point that the patient belongs to the highest level of health. The clearness of the remedy and her reaction to it will show us more precisely what level of health she is on.

### **Selection of symptoms**

#### *Peculiar symptoms*

- Herpes zoster below the left breast extending to the back.
- She does not tolerate the sun very well.
- Frontal headache in the morning on waking.

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- Irritated eyes with eyelids that stick together in the morning on waking (this is a concomitant symptom and in that sense it is peculiar and important).

### *Intense symptoms*

- Burning and stitching pain with aggravation from lying on the affected side, from wool and from warmth and with amelioration by coolness and cold things.

The nature of the eruptions is common in herpes zoster. I do not use the loss of her husband now, because there are no signs that this is still affecting her. The other descriptions of her character are neither symptoms nor characteristics. Her thirst is normal when we look at the amount she drinks daily.

### **Repertorisation and remedy selection**

The rubric for irritated eyes on waking does not exist in the repertory, therefore I use the rubric for pain. Irritation is a preliminary phase of pain.

The agglutinated eyes are only found for the modality 'morning' and not for 'morning on waking'. It would be possible for someone's eyes to become agglutinated in the course of the morning, but this is such a peculiar symptom, that it would never appear in such a large group of remedies. The current rubric is therefore most likely wrongly described and it actually refers to the modality 'morning on waking'.

For the modality, 'aggravation from lying on the affected side', I combine the main rubric with the rubric that has the pain description, because otherwise remedies would appear twice for the same modality.

At the herpes zoster rubric, I either do not find the modalities of the skin complaint, or they are badly represented. I do not find them at 'Skin - Eruptions - painful' either. There are quite a number of rubrics for these modalities that refer to the skin in general, but they are disappointingly small and incomplete. The only

## Chapter: Case studies

good rubrics that fit these modalities are found at 'Skin - Itching'. Strictly speaking, it is not correct to select these rubrics, but if we do not do this, we have to go to the chapter 'Generals'. It is better to select the modality in connection with the skin complaints, in order to stay closer to the actual symptom.

The annoying thing is that there are quite a few small rubrics for the modalities, and each rubric contains another remedy that did not appear in the previous rubric. This is the reason why we need to select so many rubrics. This causes the repertorisation to look a bit odd. It is clear that we urgently need a rubric in which all these remedies are gathered.

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	CHEST - ERUPTIONS - herpes - zona	8
2	1	CHEST - ERUPTIONS - herpes - zona - left side	1
3	1	GENERALS - SUN - exposure to the sun	81
4	1	HEAD - PAIN - Forehead - morning - waking; on	74
5	1	EYE - PAIN - morning - waking - on	11
6	1	EYE - AGGLUTINATED - morning	107
7	1a	CHEST - PAIN - lying - side; on - affected side - agg.	9
8	1a	CHEST - PAIN - lying - side; on - affected side - agg. - stitching pain	3
9	1	SKIN - ERUPTIONS - stinging	82
10	1	SKIN - ERUPTIONS - burning	122
11	1b	SKIN - ERUPTIONS - herpes zoster - cold applications - amel.	1
12	1b	SKIN - ERUPTIONS - cold - applications - amel.	1
13	1b	SKIN - ERUPTIONS - cold - air - amel.	3
14	1b	SKIN - ERUPTIONS - cold - bathing - amel.	1
15	1b	SKIN - ITCHING - cold - amel.	5
16	1b	SKIN - ITCHING - cold - bathing - amel.	3
17	1b	SKIN - ITCHING - cold - air - amel.	6
18	1c	SKIN - ITCHING - warm; becoming - agg.	35
19	1c	SKIN - ITCHING - warmth - agg.	9
20	1d	SKIN - WOOL - agg.	1
21	1d	SKIN - ITCHING - wool agg.	8

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	Sulph.	Nux-v.	Graph.	Puls.	Bell.	Calc.	Rhus-t.	Bry.	Hep.	Merc.
	24	22	19	19	18	18	18	16	16	16
1	-	-	2	-	-	-	2	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	1	2	1	3	3	1	1	2	-	1
4	2	3	1	-	1	1	1	2	1	-
5	1	3	-	-	-	-	-	1	-	-
6	3	1	3	2	2	3	3	1	2	2
7	-	1	-	-	2	2	-	-	-	-
8	-	-	-	-	-	2	-	-	-	-
9	3	1	1	3	2	1	2	2	2	2
10	2	2	3	2	2	2	3	2	2	3
11	-	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-	-
13	-	-	-	-	-	1	-	-	1	-
14	-	-	-	-	-	-	-	-	-	-
15	-	-	1	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	-	-	-
18	3	-	-	2	-	-	-	-	-	3
19	-	1	-	1	-	-	-	-	-	-
20	-	-	-	-	-	-	-	-	-	-
21	1	-	-	1	-	-	-	-	2	-

### Differentiation of the remedies

*Sulphur* has skin complaints with aggravation from wool and warmth and amelioration by cold, burning pains, left-sidedness, general aggravation from warmth like the heat of the sun and agglutinated eyes in the morning as keynotes.

*Nux vomica*, *Calcarea carbonica*, *Belladonna* and *Mercurius solubilis (vivus)* have no keynotes or (psychological) essence in this case.

*Graphites* is, like *Sulphur*, one of the main remedies for several types of skin complaints. It has no other keynotes in this case and we cannot confirm the (psychological) essence either.

*Pulsatilla pratensis* has aggravation from warmth (the sun), amelioration by cold and eye complaints like conjunctivitis as keynotes. The way in which this woman was able to deal with the loss of her husband contradicts the psychological essence of this remedy.

*Rhus toxicodendron* is one of the main remedies for herpes zoster and has every eruption with vesicles as keynote, as well as a general inclination to be active. The latter belongs to the essence of the remedy. The amelioration by cold things contradicts the remedy.

*Bryonia alba* has aggravation from warmth and amelioration by cold and pressure as keynotes.

*Hepar sulphuris calcareum* has no keynotes or essence here. The amelioration by cold contradicts the remedy.

*Sulphur* scores the best on totality and it has the most keynotes in this case. Concerning the psychological essence, we are in the dark. We have to bear in mind, however, that this woman is emotionally balanced and that we cannot differentiate on a well-balanced area. This situation is similar to the one where a patient easily stands both coldness and warmth or does not have food modalities. We cannot use these generalities in order to differentiate because that part is well balanced. The same applies to the mental and emotional plane.

Taking all this into consideration, it is *Sulphur* that fits the best. It also has the main complaint as keynote. So a pathology-oriented analysis also confirms *Sulphur*. Another thing that acts in favour of this remedy is the concomitant symptom. A remedy that covers this symptom or has it as keynote always has precedence.

We can prescribe on totality, keynotes, pathology-oriented analysis and concomitant symptom. This confirms that the overall state of health of the patient and the condition of the defence mechanism is good. In the prognosis we mentioned that there is only a psoric predisposition. *Sulphur*, being the main remedy for this miasm,<sup>5</sup> also fits the case well from this point of view.

### **Choice of potency**

I start with a potency not higher than 200C. Firstly, because complaints on the skin tend to aggravate easily and secondly, because we are dealing with a

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well-balanced organism I expect that a small stimulus will be enough to restore the equilibrium.

### **Reaction to the remedy**

After administration of one dose of *Sulphur* 200C, the patient first had a reaction in her eyes where there was a temporary aggravation. The complaints of herpes zoster disappeared within a few days and did not return. She also had no further complaints related to herpes zoster in the following nineteen years and remained a healthy woman who still lives on her own and enjoys life to the full.

### **Evaluation of the case**

This case is a typical example of a patient in the upper level of group A where the condition of the defence mechanism is so good that the disturbance is kept on the physical plane and can be transferred to the skin and mucous membranes. The fact that she only needed one remedy in one potency and that she remained healthy proves that her general health must be good. These cases are usually simple cases as the symptoms are clear and the remedy acts quickly. As we can expect in these cases, there was a short initial aggravation after the remedy which was followed by a long-lasting amelioration (see 'Observation 1: Clear aggravation of the main physical complaint(s), the mental-emotional symptoms and the energy level, followed by a quick, long lasting recovery.' on page 90). The reaction to the remedy proves that she must belong to group A and not to group D. The fact that she has an initial aggravation points to level 2, but the fact that there are no acute diseases directs us to level one. In fact, most probably she is somewhere in between these two. As was pointed out in the introduction of the theoretical part of this book, the idea of twelve levels is just an indication. This case could be an example of more subtle differences between the levels that may yet

be discovered in the future by keeping careful case files.

For homeopaths who are used to prescribing on psychological essences, a case like this one can be confusing because the mental and emotional planes are not affected and therefore do not provide any symptoms that can be used to select the correct remedy. Trying to differentiate remedies based on this information will lead to confusion and failure of the treatment. Well-balanced organisms are able to keep the disturbance on the physical plane. Therefore, the mental or emotional planes do not provide the information needed to find the correct remedy.

## **Case 2: Osteoarthritis**

### ***First consultation***

A sixty-five-year-old man has pain in his knees and hips due to arthrosis [3]. It is worse on the right side [2]. The pain aggravates when he is tired and when he is climbing stairs [2] and it ameliorates when resting. Sometimes his knee gives way, as if it is weaker [2]. His right hip hurts in damp weather [2]. The pain radiates to his abdomen and to his back [2] and this causes him to walk stooped [2].

Apart from this complaint the patient is healthy. Once a year he gets influenza with fever or a strong coryza with copious bland discharge. He had acute rheumatism when he was fourteen years old, which caused his heart to weaken. This condition healed by itself later on. About twenty years ago he had a liver complaint, which disappeared when he temporarily followed a fat-free diet. He also had an operation on a lipoma in the nape of his neck.

His father died at the age of eighty-one years from a cardiac arrest. His mother died of old age when she was eighty-six years old and his grandfather died for the same reason when he was ninety-two years old. They



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were all healthy, as were the patient's brothers and sisters, with the exception of one sister, who died of breast cancer before the age of fifty.

He is very punctual [2]. He does not like to talk about his feelings [2]. He strongly dislikes quarrels and therefore tries to keep his feelings under control. Sometimes he does not succeed in doing this and then he has an outburst of anger.

He does not sleep well and wakes up around 04:00 hours [2]. He lies in bed thinking for a while, then falls asleep again and starts dreaming of people who have passed away long ago [2]. In the morning, however, he wakes up refreshed. He prefers to sleep on his right side [2].

He loves fish, shrimps and mussels [2]. He prefers hearty things [2]; sweet things do not interest him very much. He also likes sour sauces very much or vinegar [2], mustard [2] and bitter things [1]. He strongly dislikes beans [2]. His thirst is normal; he likes to drink red wine every day [2].

He cannot stand windy weather very well [2], even when he is inside and the wind is blowing outside. Whilst he does not develop specific complaints from this, it makes him feel generally unwell.

He is right-handed.

### **Prognosis of the first consultation**

#### *Depth of the disturbance*

The pathology in this case is physical and on a superficial level, namely the skeleton, but it is difficult to assess the seriousness of the case. Osteoarthritis is a complaint that can only be dealt with if the damage to the joints is not yet too severe. When making the prognosis, we have to take into account that the treatment may not be successful because the damage is irreversible. The emotional and mental planes do not seem to be very much affected in this case. The

reserved nature of the patient does not produce pathology. And although he has some sleep disturbances, the patient wakes up refreshed all the same.

### *Personal medical history of the patient*

The diseases the patient has had in the past disappeared without medical intervention (with the exception of the lipoma that was removed surgically).

Throughout his life, the patient has remained susceptible to acute diseases which occur infrequently and with signs of sufficient reactivity of the immune system.

### *Familiar medical history and hereditary predisposition*

There are many symptoms that point to a sycotic predisposition, like complaints of the joints that implicate the heart, lipoma and aggravation from dampness. The sensitivity to heart complaints has been passed on by the patient's father, although the predisposition is not extensive because the father was healthy up to an advanced age. Further hereditary predisposition appears minimal. The patient's grandparents were healthy and died of old age. The sister's cancer may also be due to the sycotic influence. Despite these sycotic symptoms the patient's overall state of health seems to be good.

### *Conclusion*

We seem to be dealing with an organism that is in a good condition. The main complaint is on a superficial level and the deeper areas seem to be left unaffected. The patient is susceptible to acute diseases including fever. In the medical history we find that organs have been affected but the problems either healed on their own or with the help of a diet. These are all positive signs. No medication of any significance was used. There are complaints in the patient's medical history

that show that the hereditary predisposition has had some disturbing influence but the organism has been strong enough to regain balance without interference. This patient most probably belongs to group A, level two.

### **Selection of symptoms of the first consultation**

#### *Peculiar symptoms*

- Waking up at 04:00 hours.
- Dreaming of people who have passed away long ago.
- He prefers to sleep on his right side.
- Desire for fish, shrimps and mussels, hearty and sour foods and an aversion to beans.
- Aggravation from the wind.

#### *Intense symptoms*

- Arthrosis of the knees and hips.
- Feeling of weakness in the knee, causing the knee to give way.
- Pain in the hip radiating to the abdomen and the back.
- Walking stooped because of the hip pain.
- Punctual and reserved by nature.

The aggravation of the osteoarthritis on the right side is less peculiar because right-handed people exert their right side more than their left side. The aggravation from walking up and down the stairs is also easy to explain, because it puts more strain on the joints. The reaction to damp weather is also a common modality with this kind of complaint. We only select these symptoms if we have nothing else to go by. We do not use the medical history right now. We may possibly return to it later. His emotional characteristics do not produce pathology. We can use his punctuality and closed character for differentiation. The other emotional

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information is not underlined. If we have many food modalities, we only select the strongest.

### **Repertorisation and remedy selection of the first consultation**

The clinical rubrics for osteoarthritis are incomplete. The best thing to do is to search for the complaint in the rubrics concerning 'bones' in the chapter 'Generals'. By doing this, we can gain a more complete list of the remedies that cover this problem. The new rubric 'Extremities - Arthrosis - Hips' is incomplete, therefore it is better to use 'Extremities - Hip joint disease'. The radiation of the pain from the hip to the abdomen only gives us remedies with specific pain descriptions of the hip. The desire for shrimps and mussels is not present in the repertory when we use this filter, therefore we only select fish.

#### *Repertorisation with filter 'Vithoukas view 2006'*

1	1a	GENERALS - CRIES - Bone, of	80
2	1a	GENERALS - BRITTLE BONES	22
3	1a	EXTREMITIES - HIP JOINT disease	79
4	1	EXTREMITIES - WEAKNESS - Knees	174
5	1	EXTREMITIES - PAIN - Hips - extending to - Back	3
6	1	EXTREMITIES - WALKING - stooped gait	17
7	1	MIND - CONSCIENTIOUS about trifles	66
8	1	MIND - RESERVED	104
9	1	SLEEP - WAKING - night - midnight - after - 4 h	34
10	1	DREAMS - DEAD; of the	90
11	1	SLEEP - POSITION - side; on - right side; on	17
12	1	GENERALS - FOOD and DRINKS - fish - desire	23
13	1	GENERALS - FOOD and DRINKS - hearty food - desire	2
14	1	GENERALS - FOOD and DRINKS - sour food, acids - desire	123
15	1	GENERALS - FOOD and DRINKS - beans - aversion	7
16	1	GENERALS - WIND	69

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	Lyc.	Phos.	Ars.	Sulph.	Nat-m.	Sil.	Thuj.	Lach.	Nat-s.	Nux-v.
	35	32	30	28	25	21	21	20	20	20
1	3	2	2	2	1	3	1	1	-	-
2	3	1	-	3	-	3	1	-	-	-
3	2	2	2	2	2	3	-	2	4	2
4	2	2	2	1	3	2	2	2	3	2
5	1	-	-	-	-	-	-	-	-	-
6	-	1	-	1	1	-	-	-	-	-
7	3	1	4	3	1	3	3	1	-	2
8	1	3	1	1	3	1	1	1	1	1
9	2	1	1	2	1	1	1	-	-	2
10	2	2	3	2	-	1	3	-	1	1
11	2	3	2	2	-	-	-	1	2	-
12	1	1	-	-	2	-	-	1	1	-
13	-	-	-	-	-	-	-	-	-	-
14	1	2	2	2	2	-	1	2	1	-
15	2	-	1	-	1	-	-	-	-	-
16	3	3	2	1	-	3	1	2	-	3

### Differentiation of the remedies

*Lycopodium clavatum* has right-sidedness, complaints of the joints, digestive complaints and sleeping on the right side as keynotes. The food modalities contradict the remedy. *Lycopodium clavatum* loves sweet things and it is a keynote for this remedy. We also do not find the psychological essence to support the keynotes.

*Phosphorus* has desire for salt and fish and sleeping on the right side as keynotes. The reserved nature contradicts the essence of the remedy, unless we are dealing with an advanced mental/emotional stage of the remedy.

*Arsenicum album* has punctuality as keynote. This symptom fits the psychological essence of the remedy. Furthermore, *Arsenicum album* often sleeps on the right side and it is also present in the third degree in the dream rubric, which is an important symptom in this case.

*Sulphur* has 'waking at 04:00 hours' as keynote. It is present in the third degree in the rubric 'Generals - Brittle bones', but this is not a keynote of the remedy in the materia medica. Right-sidedness, sleeping on the

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right side, aversion to sweets and desire for fish contradict the keynotes of the remedy.

*Natrium muriaticum* is not so well known for the treatment of the main complaint. It has, however, the desire for fish as keynote and the reserved nature as part of the psychological essence. The sleeping position contradicts the remedy, because it has sleeping on the left side as keynote.

*Silicea terra* has the main complaint, the punctuality and the aggravation from wind as keynotes. The essence is not confirmed.

*Thuja occidentalis* has no keynotes in this case and the essence can also not be confirmed. The right-sidedness and the sleeping position contradict the remedy. The remedy does however fit the sycotic predisposition.

*Lachesis muta* has sleeping on the right side as keynote. There is no other confirmation and the nature of the patient contradicts the psychological essence of the remedy.

*Natrium sulphuricum* has as keynotes arthrosis of the hip and being reserved by nature. The emotional symptoms fit the psychological essence of the remedy. It is also one of the main remedies for a sycotic predisposition.

*Nux vomica* has 'waking at 04:00 hours' as keynote. Punctuality fits the psychological essence of the remedy.

*Arsenicum album* and *Natrium sulphuricum* are the most similar to this case. When we read up on these remedies, we see that *Natrium sulphuricum* is the best suited. It has the main complaint as keynote and its psychological essence can be confirmed. Looking at the remedy from the point of view of combination remedy we can confirm the food modalities from *Natrium muriaticum*. The symptom that *Natrium sulphuricum* does not have, namely waking up at 04:00 hours, are

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found both for *Natrium muriaticum* and for *Sulphur*. The latter has 'waking at 04:00 hours' as keynote.

*Natrium sulphuricum* is also present in the rubric 'Dreams - Dead; of the', which is a striking symptom in this case. The liver complaints the patient had in the past are a keynote of this remedy.

What is also important is the relationship of *Natrium sulphuricum* with the hereditary predisposition mentioned. It is, as said before, one of the main remedies for sycosis, just like *Thuja occidentalis* that also came up in the repertorisation. The fact that remedies that fit the symptoms of the individual reaction of the organism are also important for the hereditary predisposition, makes the prognosis more favourable.

*Natrium sulphuricum* covers the pathology-oriented analysis, the keynotes, the psychological essence and the underlying hereditary predisposition.

### **Choice of potency**

The overall state of health of the patient seems to be good. As the disturbance is not so deeply rooted, I assume that it is not necessary to give a strong stimulus, so I do not start higher than 200C.

### **Reaction to the first prescription**

The patient called the remedy a cure-all. One dose of *Natrium sulphuricum* 30C improved the pain in his knees and hips in the sense that he only felt pain when overexerting the parts, but even then still less than before. His sleep became normal and the dreams disappeared. In general he felt very well. About a year later he had a relapse that again reacted well to *Natrium sulphuricum* 30C.

### **Second consultation (four years after the first consultation)**

Four years later the patient came to me with a relapse of the same pain in the hips and knees and received

one dose of *Natrium sulphuricum* 200C. He had a strong initial reaction to this dose which was mainly on the emotional plane. For instance, he did not like going to a meeting or birthday party because it was all too busy for him. This lasted for only a short time. The effect on the knees and hips was again very good.

### **Evaluation of the first and second remedy prescription**

After *Natrium sulphuricum* 30C there was an amelioration of the symptoms without aggravation. For a patient with this level of health, this means that the remedy was close to the 'similimum potency'. We also see positive reactions without an aggravation in level one, but then we would not expect acute diseases with high fever. Therefore, the patient must belong to level two, which gives us the idea of the similimum potency. This idea is proven when later on the patient has an aggravation from *Natrium sulphuricum* 200C. At that point there is no doubt left about the conclusion that the patient belongs to group A and level two.

### **Third consultation (thirteen months after the second consultation)**

About two months ago the patient had black spots floating in his vision. He went to the oculist who diagnosed glaucoma and prescribed 'Timoptol'. The patient used this medicine for some time but it gave him palpitations and so he stopped taking it. He now wants to see if homeopathy can help him with this complaint. Since stopping the 'Timoptol' he again has black spots in his vision [2]. Another thing he notices is a pressing pain above his left eye [2]. There are no modalities accompanying this complaint. He has never had these complaints before in the past.

He seldom has problems with his hips or knees and if his hips bother him then it is mainly on the left side [2]. He sleeps well and he can sleep on either side. His food modalities have not changed. He easily feels the



cold and still cannot stand windy weather very well [2], even when he is inside and the wind is blowing outside, it makes him feel generally uneasy. He is still very punctual [2] but can talk about his feelings more easily.

### **Prognosis of the third consultation**

#### *Depth of the disturbance*

Glaucoma in itself is not a very deep complaint in the sense that it is not life-threatening and does not endanger vital organs. But if it is left untreated the patient can become blind in the affected eye.

When working on a case with a seemingly well functioning defence mechanism, we expect the disturbance to follow the 'directions of cure' and to shift to a less vital place. As the initial complaints belonged to the skeleton which is already on the periphery, the well functioning defence mechanism can only push the disturbance further outward towards the muscles, mucous membranes or skin. This, however, is not happening at this point in the treatment. Although the complaints of the skeleton reacted very well to the first remedy, the present complaint does not appear on a more superficial level of the physical body than the initial one. We can see this reaction when we prescribe a partly suitable remedy. Such a remedy can have a suppressive action which makes the original complaints subside or diminish and in the meantime forcing the defence mechanism to create new complaints on a (somewhat) deeper level. The fact, however, that an aggravation occurred when the potency was raised and that the emotional plane is more balanced at this point in time should be an indication that the first remedy was in fact correct.

#### *Conclusion*

As the situation is somewhat confusing, we have to analyse it a bit further in order to find a reasonable explanation of what is happening. If the first remedy

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was correct then the glaucoma can only develop when it is an old complaint that reappears because of the increase in strength of the defence mechanism or when the disease maintaining hereditary predispositions (miasms) are unsolved and creating new complaints. In this case, the patient clearly states that he never had this complaint, which leaves us with the possibility of the hereditary predisposition still disturbing the organism. This is a situation that occurs often and one that needs homeopathic treatment in order to stop the development of new pathology and bring the patient to a better level of health. If this is not done, then the pathology that has developed at this stage will run its natural course and if it is treated suppressively the patient will - depending on the strength of the organism prior to the homeopathic treatment - maintain the level of health obtained after the first remedy or will relapse to the initial state before the homeopathic treatment was started.

Another thing that needs to be mentioned here, is that the problem of a clinical diagnosis, such as glaucoma, is that it is one dimensional and does not include the severity of the complaint. When we look at the development of symptoms in a more dimensional way and include the severity of the complaint in our evaluation, then we might get a better idea of what is happening at this point in the treatment. If we had the possibility of measuring the intensity or severity of the osteoarthritis compared to the glaucoma, then we may have found that the osteoarthritis was more severe than this glaucoma. For instance, the osteoarthritis could have made the man an invalid, while the glaucoma is a milder condition; even though the pressure in the eye is higher than normal, it is not endangering the eye and only gives rise to a slight headache every now and then. This would then be in favour of the action of the remedy given.

**Selection of symptoms of the third consultation**

It is always difficult at this stage of a case to know whether we only have to take the new symptoms or whether we also have to take the ever present older symptoms into consideration. If we doubt what to do then it is best to make a separate repertorisation of the new symptoms and see if this leads to a good outcome. If this does not work we can always make a second repertorisation including the older symptoms. So, let us first start by looking at the new symptoms.

*Peculiar symptoms*

- Affection of the left eye.
- Pressing pain above left eye.
- Pain in left hip.

*Intense symptoms*

- Glaucoma.
- Black spots in front of the eyes.

**Repertorisation and remedy selection of the third consultation**

*Repertorisation with filter 'Vithoukas view 2006'*

1	1	EYE - COMPLAINTS of eyes - left eye	100
2	1	HEAD - PAIN - Forehead - Eyes - Above - left - pressing pain	14
3	1	EXTREMITIES - PAIN - Hips - left	33
4	1	EYE - GLAUCOMA	60
5	1	VISION - COLORS before the eyes - black - spots - floating	84

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	Sulph.	Acon.	Phos.	Caust.	Nux-v.	Sep.	Lyc.	Thuj.	Bell.	Rhus-t.
	14	13	13	12	11	11	10	10	9	9
1	3	2	2	2	2	2	2	2	2	2
2	1	2	1	-	2	2	-	2	-	-
3	1	2	-	3	-	-	1	-	-	-
4	1	1	2	1	1	-	1	1	2	2
5	3	1	4	2	2	4	2	1	2	2

### Differentiation of the remedies

*Sulphur* has left-sidedness as keynote. Easily feeling cold contradicts the keynotes of the remedy.

*Aconitum napellus* and *Causticum* have no keynotes in this case and the (psychological) essence is not confirmed.

*Phosphorus* has left-sidedness as keynote. The (psychological) essence cannot be confirmed.

*Nux vomica* has easily feeling cold as keynote. Punctuality is part of the psychological essence of the remedy.

*Sepia officinalis* has left-sidedness and easily feeling cold as keynotes. The (psychological) essence is not confirmed.

*Lycopodium clavatum* and *Belladonna* are contradicted by the left-sidedness.

*Thuja occidentalis* has left-sidedness and specifically left-sided frontal headaches as keynote. It is bold in 'Mind - Conscientious about trifles'. It is one of the main remedies for the treatment of a sycotic predisposition.

*Rhus toxicodendron* has easily feeling cold as keynote. The (psychological) essence cannot be confirmed.

*Thuja occidentalis* is the only remedy that has the symptoms belonging to the new main complaint as keynote (pressing pain above the left eye). We also find confirmatory symptoms of the psychological essence. Apart from this, it is complementary to *Natrium sulphuricum*. This is mainly because of the relationship with a sycotic predisposition that both remedies have. This predisposition was already mentioned in the analysis of the first consultation. *Thuja occidentalis* is

the main remedy for the treatment of this predisposition.<sup>6</sup> The fact that a complementary remedy appears that is also strongly related to the hereditary predisposition is very favourable. It confirms that the first remedy was correct and that the organism is balanced despite the fact that it has developed new complaints. We will often see that an organism suffers under a hereditary predisposition and will develop symptoms because of this although the remedies we prescribed were correct. This is what S. Hahnemann already observed and described in his book on chronic diseases.<sup>7</sup> As long as this predisposition is not sufficiently dismantled, it will continue to produce new symptoms. In practice we encounter this as layers of remedies.

*Thuja occidentalis* can be prescribed on keynotes, pathology-oriented analysis, causal analysis and on being complementary to the former prescribed well-acting remedy.

### **Choice of potency**

As the patient reacted well to 30C and had an aggravation when given 200C, I will not start with a potency higher than 200C.

### **Reaction to the third prescription**

After *Thuja occidentalis* 30C the eye symptoms disappeared. Later the remedy was repeated with a good effect for pain in the left hip.

### ***Fourth consultation (one year after the third consultation)***

Five months after taking *Thuja occidentalis* 30C the patient developed erysipelas on the tibia of the left leg for which he was given antibiotics. Afterwards he had a relapse of the pain in the left hip and left knee which again improved with *Thuja occidentalis* 30C. Now, a few months later, he has developed erysipelas again and has been prescribed antibiotics by his general

practitioner. The patient prefers not to take antibiotics again and wants to see first if homeopathy can help him. The only visible signs on the patient are a red rash on the left tibia that is spreading all over it. There are no modalities.

His joint pains and the glaucoma are not bothering him. Generally he feels well and his general symptoms have not changed compared to the first two visits.

### **Prognosis of the fourth consultation**

#### *Depth of the disturbance*

Erysipelas is an acute inflammation of the skin, which is allopathically treated with antibiotics because it can spread violently and cause systemic reactions. We see that after receiving *Thuja occidentalis* the defence mechanism has gained strength because it can now shift the disturbance to the skin. It is, however, not strong enough to produce innocent symptoms in this area like a simple dry rash.

#### *Conclusion*

The disease-producing predisposition has still not been entirely extinguished and causes annoying symptoms. We have to further treat these in order to strengthen the defence mechanism more deeply so that it can produce even more superficial complaints. If the erysipelas is treated with antibiotics over and over again then the organism will fall back to the state prior to the homeopathic treatment. We have already seen a reoccurrence of the hip and knee pain after the first treatment with antibiotics. It is favourable that the complaints of the hip and knee reacted well to *Thuja occidentalis*. The question is whether the current complaint will also respond to this remedy or will need another remedy again. To investigate this we will have to look the symptoms up in the repertory.

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### **Selection of symptoms of the fourth consultation**

#### *Peculiar symptoms*

- Erysipelas on the left tibia.

As there are no specific modalities for the current acute complaint and the general symptoms remained the same, there is a good chance that the organism will also respond to a more general remedy during this stage. We already know two remedies to which the organism responds well. The best strategy is to simply investigate whether one of those fits the current problem instead of doing a repertorisation on totality again.

### **Repertorisation and remedy selection of the fourth consultation**

Erysipelas does not exist in the rubric 'Extremities - Inflammation - Legs - Bones - Tibia', therefore I look up other rubrics that come the closest to this area or that give clear information about this complaint.

#### *Repertorisation with filter 'Vithoulkas view 2006'*

1	1	EXTREMITIES - INFLAMMATION - Legs - erysipelatous	24
2	1	EXTREMITIES - INFLAMMATION - erysipelatous	5
3	1	SKIN - ERYSIPELAS	158
4	1	GENERALS - HISTORY; personal - erysipelas; of recurrent	9
5	1	EXTREMITIES - LOWER LIMBS; complaints of - left	134

	Rhus-t.	Lach.	Sulph.	Apis	Graph.	Bell.	Calc.	Hep.	Sil.	Borx.
	16	15	15	13	12	10	10	10	10	9
1	2	3	2	3	2	2	2	2	2	2
2	1	3	1	-	-	-	-	-	-	-
3	3	3	2	3	3	3	2	2	2	2
4	2	-	2	2	1	-	-	-	-	-
5	3	2	3	1	2	2	3	3	3	2

### **Differentiation of the remedies**

The two remedies that we prescribed successfully in this case, *Thuja occidentalis* and *Natrium sulphuricum*, do not appear in the list when we analyse on totality,

keynotes or pathology. If we check them then we find that *Thuja occidentalis* is in second degree in the rubrics 'Extremities - Inflammation - Legs - erysipelatosus' and 'Skin - Erysipelas'. It has one underlining in the rubric 'Extremities - Lower limbs; complaints of - left'. *Natrium sulphuricum* is in second degree in the same rubric and with one underlining in 'Skin - Erysipelas'. For *Thuja occidentalis* we have the keynote left-sidedness, but for *Natrium sulphuricum* we have no confirmation by keynotes. Therefore we start with *Thuja occidentalis*.

### **Reaction to the fourth prescription**

*Thuja occidentalis* 30C had no effect on the erysipelas. As this potency had already proved to be effective on several occasions, no time was lost with trying another potency and *Natrium sulphuricum* 30C was given. After this remedy, the intensity of the erysipelas immediately diminished. It became less red and disappeared in a few days.

### **Course of treatment**

After this incident the patient remained well. He once got an eruption on the tibia again that did not develop into erysipelas. He took *Natrium sulphuricum* infrequently over the years, for instance, when he became too tired and had pain in the knee from overexerting himself for days from gardening. In the past ten years he has not needed another remedy. The highest potency taken of *Natrium sulphuricum* was 1M.

### **Evaluation of the case**

In this case we also have a person with a good overall state of health but already more than one remedy has been needed due to the genetic predisposition. In the first case we only saw a psoric predisposition, here we found an additional sycotic predisposition. Although the presence of traits of different hereditary predispositions does not necessarily mean that we need more than one



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remedy, the likelihood that more remedies are needed to obtain a cure will increase as more hereditary influences are found in a case. We also see that due to the sycotic predisposition the case does not evolve in the way we expect. Other new symptoms are created because of the maintaining disturbing influence caused by this predisposition that needs to be treated. If this is not understood then the homeopath can become confused and make the wrong decisions. It is interesting that two remedies that are known to have a strong influence on the sycotic predisposition were needed here. It shows that this predisposition was quite strong. One could ask then if it would not have been better to start with *Thuja occidentalis* in the first place, but in the first consultation the remedy was contradicted by keynotes and could not be confirmed as well as *Natrium sulphuricum*, while in the second consultation we clearly see new symptoms emerging that are keynotes of *Thuja occidentalis* - together with a change in the generals (left-sidedness) also pointing to this remedy. These are very clear signs that deep changes have occurred after *Natrium sulphuricum* was given which is confirmed by the fact that the emotional plane became more balanced. Nevertheless, *Natrium sulphuricum*, which is an important remedy for the sycotic predisposition does not seem to be able to solve this problem. A second remedy is needed to eliminate this disease promoting influence, which shows that it must have been strong. The fact that it had a strong impact was in fact already proven by the complaints that the patient had in the past, which were all sycotic.

It is, however, a good sign that the organism returns to the first remedy after the second remedy has done its job and it proves the stability of the organism because from then onwards it stays in balance for years. One could speculate that *Natrium sulphuricum* was needed for the psoric miasm after *Thuja occidentalis*, because the last skin complaint had a more psoric than sycotic character. We know, however, that each remedy can

cure each miasm as long as it fits the symptoms of the case. Especially a combination remedy like *Natrium sulphuricum*, which has the main psoric remedy, *Sulphur*, as a component has many possibilities for this. It is favourable for the prognosis that the organism is able to produce a simple skin eruption after being treated for erysipelas, that no other remedy was needed in subsequent years and that complaints only arise from overexertion. The evolution of the case proves that this patient belongs to group A, level two.

### **Case 3: Recurrent tonsillitis and otitis media**

#### ***First consultation***

I was consulted by a mother for her nineteen-month-old daughter who has suffered from recurrent right-sided tonsillitis and right-sided otitis media with high fever for the last ten months. The acute phase, which returns every few weeks, responds well to *Belladonna* 30C, but keeps returning. Between the acute attacks she has coryza with a transparent or light yellow discharge. For some time she has also had a cough with rattling respiration [2]. Her sleep is restless [2]. She lies on her abdomen with her knees pulled up [2]. She never feels cold and easily feels too warm [3]. Her appetite is good. She desires sweets [2] and pasta [2] and dislikes kiwis [3] and eggs [3]. Her thirst is normal.

The pregnancy and delivery were non-problematic. The child's development is normal. Vaccinations gave slight local reactions or general tiredness with sleepiness for a day or two. She had chicken pox when she was nine months old. She used to have a red rash on the external labia for which she was prescribed an antimycotic crème by the general practitioner.

She is not an easy child. She constantly needs attention [3] and never plays on her own [3]. She is hot tempered [2]; if something does not work out then she throws it away. She does not cry easily, not even when in pain,

and has no fears. The child, who is obese [2] and has red cheeks [1], behaves obstinately during the consultation [2]. Her mother has recurrent sinusitis and her father used to have recurrent otitis media as a child. The child's maternal grandfather died of a brain tumour at the age of fifty-five.

### **Prognosis of the first consultation**

#### *Depth of the disturbance*

The main complaint is on the physical plane in a not so deep area (mucous membranes) and does not represent a deep pathological condition, which is favourable. From a homeopathic point of view it is, however, less favourable that there are also some intense emotional symptoms. This shows that the defence mechanism is not strong enough to keep the disturbance on the physical plane only and allows it to enter into a deeper part of the organism.

#### *Personal medical history of the patient*

It is positive that the child has been susceptible to chicken pox. But her reactions to vaccinations show a response that does not belong to a strong defence mechanism. The fact that the skin eruption on the labia did not return after the antimycotic crème also proves this. A strong defence mechanism would not allow a skin eruption to be suppressed so easily.

#### *Familiar medical history and hereditary predisposition*

The recurrent otitis seen in the father's past medical history could explain why the child is liable to get them. She probably inherited this weakness from him. As the mother suffers from recurrent sinusitis, this could also be a possible explanation for the tendency to otorhinolaryngal complaints in the child. The early death of the maternal grandfather due to a brain tumour may be cause for an inherited weakness of the defence mechanism. Concerning the hereditary predisposition,

we see signs of the sycotic predisposition through the keynote of the nosode *Medorrhinum*, 'sleeping on abdomen with knees pulled up'. This predisposition also gives a liability to catarrhal infections of the respiratory tract as seen in this child.

### *Conclusion*

The complaints for which we have been consulted do not pose a big problem for homeopathy. The fact that the acute attacks are accompanied by high fever and react well to the appropriate homeopathic remedy in a low potency is a sign that the defence mechanism still responds well. This is all favourable for the prognosis. But seeing that the acute condition recurs frequently also points to the fact that the organism is becoming more vulnerable. The concomitant emotional symptoms also show a weakening of the defence mechanism as it allows the disturbance to affect this plane. The presence of these emotional symptoms can complicate the treatment because we cannot treat the physical symptoms separately. In homeopathy we stimulate the organism positively with the correct remedy and the defence mechanism will then follow its own course of action. It will try to solve the disturbance from within outward, meaning that it will first try to solve the emotional symptoms and later on the physical ones. If the overall state of health is rather good then it is possible that both will be ameliorated almost simultaneously. If the condition of the organism is less good then the physical complaints can get worse temporarily while the emotional symptoms become less (see 'Observation 1: Clear aggravation of the main physical complaint(s), the mental-emotional symptoms and the energy level, followed by a quick, long lasting recovery.' on page 90).

Because of the fact that both the parents are prone to otorhinolaryngal complaints and the keynote that points to the sycotic predisposition, we have to be aware that the organism has probably been affected by an

inherited weakness, which makes it prone to recurrent infections and emotional disturbances<sup>8</sup>, and which can complicate the treatment.

The easily suppressed skin complaint reveals that the defence mechanism is not very strong - otherwise this complaint would come back again and again.

The child's reaction to the vaccination does not belong in any way to a strong defence mechanism and can be seen from levels four to eight where vaccination has a lasting negative effect. This may well have additionally weakened the defence mechanism. Her susceptibility to chicken pox points to the levels of health from levels two to six but the tendency to recurrent acutes with high fever belongs to levels four to six. So we see that we can get different results, depending on which way we look at the case, when we are analysing it from the point of view of the levels of health. We can conclude that it is clear that there is a deficiency in the defence mechanism, leading to recurrent infections and emotional symptoms. But as the infections are on a superficial level and accompanied with high fever this case belongs to level four or five of group B.

### **Selection of symptoms of the first consultation**

#### *Peculiar symptoms*

- Right sided tonsillitis and otitis media.
- Dislike of kiwis and eggs.

#### *Intense symptoms*

- Recurrent tonsillitis and otitis media.
- Rattling respiration.
- Restless sleep; lies on her abdomen with her knees pulled up.
- Easily feels too warm.
- She constantly needs attention and never plays on her own.

- She is hot tempered.
- Obesity.

I do not use the high fever now, as it is only relevant during the acute phase.

Desire for sweets and pasta are very common in children. I would take it as a symptom if there were not many other useful symptoms present.

### **Repertorisation and remedy selection of the first consultation**

I combine the rubrics 'Throat - inflammation - Tonsils - right' and 'Ear - inflammation - Media - right'. It is logical in this case that both symptoms exist because of the anatomical connection between the throat and the ear. As the rubrics are so small, I also include the general rubric 'Generals - side - right' in order not to miss any right-sided remedies. The aversion to kiwis is not in the repertory. I do not use the rubrics concerning recurrent symptoms only, because all remedies in the main rubrics have sensitivity to this complaint and can therefore fit recurrent complaints. Besides this the rubrics referring to recurrent symptoms are incomplete compared to the main rubrics. 'Mind - attention seeking behaviour' refers to 'Mind - forsaken feeling'. There is no rubric for sleeping on the abdomen with the knees drawn up. As one reaches the chest if the knees are drawn up when lying on the abdomen, I use this rubric.

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### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	THROAT - INFLAMMATION - Tonsils	116
2	1a	THROAT - INFLAMMATION - Tonsils - right	3
3	1	EAR - INFLAMMATION - Media	57
4	1a	EAR - INFLAMMATION - Media - right	3
5	1	GENERALS - SIDE - right	210
6	1	GENERALS - FOOD and DRINKS - eggs - aversion	20
7	1	RESPIRATION - RATTLING	189
8	1	SLEEP - RESTLESS	379
9	1	SLEEP - POSITION - knees - chest position; knee	11
10	1	GENERALS - HEAT - sensation of	163
11	1	MIND - FORSAKEN feeling	81
12	1	MIND - ANGER - easily	58
13	1	GENERALS - OBESITY	126

	Lyc.	Puls.	Bell.	Calc.	Phos.	Sulph.	Cham.	Mercy.	Nat-m.	Ars.
	32	32	30	29	29	29	27	27	26	25
1	1	1	3	1	1	2	2	3	-	2
2	-	-	1	-	-	-	-	-	-	-
3	3	3	2	3	1	3	3	3	2	-
4	-	-	2	-	-	-	-	3	-	-
5	3	3	3	3	1	2	1	2	1	3
6	-	2	1	1	1	2	-	-	1	-
7	3	3	2	2	3	2	2	1	2	3
8	3	3	3	2	1	3	2	1	2	3
9	2	-	-	-	2	-	-	-	-	-
10	3	3	1	2	2	3	2	2	3	1
11	-	3	-	1	2	1	2	2	2	2
12	3	-	1	1	2	-	3	-	1	1
13	2	2	2	3	2	2	1	1	3	2

### **Differentiation of the remedies**

*Lycopodium clavatum* has right-sided complaints as keynote. The psychological essence is not confirmed.

*Pulsatilla pratensis* is one of the main remedies for otitis media in children. It has 'this and warm-bloodedness as keynotes. A constant need for attention is part of the psychological essence of this remedy. The fact that she does not cry easily contradicts it.

*Belladonna* also has right-sided complaints as keynote. It is one of the main remedies for right-sided tonsillitis and otitis media especially when accompanied by high fever. The remedy has acted well in the acute phase but could not prevent its reoccurrence.

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*Calcarea carbonica* is an important remedy for recurrent otorhinolaryngeal complaints in children, especially if they are obese, but the aversion to eggs and the warm-bloodedness contradict it. It is true that young children needing *Calcarea carbonica* can be warm-blooded until about the age of seven but there are other things that make me doubt this remedy. Children who need *Calcarea carbonica* are in general not described as being difficult to handle. They can often play in a very concentrated way and are satisfied as long as their daily needs and rhythm are fulfilled.

*Phosphorus* does have a great need for company, but this is not the same as needing constant attention. As well as this, the remedy is more often seen for left-sided complaints. The absence of fears is uncommon in a *Phosphorus* case. It can occur but from the moment that the emotional plane becomes affected, fears will appear when *Phosphorus* is needed.

*Sulphur* has aversion to eggs and warm-bloodedness as keynotes. The constant need for attention is not part of the psychological essence of this remedy.

*Chamomilla* is also one of the main remedies for acute otitis media in children. Being hot tempered is part of its (psychological) essence, but the lack of sensitivity to pain contradicts it.

*Mercurius solubilis (vivus)* is again one of the main remedies for otitis media. The warm-bloodedness, the desire for sweets and the constant need for attention contradict the remedy.

*Natrium muriaticum* has none of these symptoms as keynotes and the psychological essence is contradicted by the emotional symptoms in the case.

*Arsenicum album* has no keynotes in this case. It is contradicted by the warm-bloodedness and the lack of fears for the same reason as mentioned for *Phosphorus*.



None of these remedies that appear on totality really suit the case well. Therefore, I decide to change the strategy by using the method 'small rubrics'. By doing this, we pay more attention to the keynotes in the repertory by giving more value to the remedies in smaller rubrics. New remedies that now appear are *Tuberculinum bovinum Kent*, *Carcinosinum* and *Phytolacca decandra*. Both *Tuberculinum bovinum Kent* and *Carcinosinum* appear with this method because they are in the rubric 'Sleep - position - knees - chest position; knee', which is the smallest rubric apart from the rubrics for the right-sided otitis and tonsillitis.

*Tuberculinum bovinum Kent* is an important remedy for recurrent tonsillitis but the warm-bloodedness and obesity contradict the keynotes of this remedy.

*Carcinosinum* cannot be confirmed.

*Phytolacca decandra* has as keynote right-sided pharyngitis or tonsillitis and is in the smallest rubric 'Throat - inflammation - Tonsils - right'. Therefore it appears here, but it cannot be confirmed otherwise.

So, still no satisfying answer has been obtained. To complete the strategy of looking at keynotes I use the option 'small remedies'. This is still an analysis on totality although it emphasises remedies that have lesser symptoms in the repertory and therefore do not appear when repertorising otherwise. It is again a simulation of the strategy of analysing on keynotes. For example, if we used a book, then we could first look at the smaller rubrics and read those remedies as we did with the option 'small rubrics'. Next, we could go through all the rubrics and start with reading the remedies that occur less often, which is what we now try to do with the computer with the option 'small remedies'. The new remedies that appear now are *Calcarea sulphurica*, *Capsicum annum* and *Bromium*.

*Calcarea sulphurica* has aversion to eggs and warm-bloodedness as keynotes. It is known for recurrent otorhinolaryngeal complaints, especially with catarrhal

affections. The rattling respiration in this case is in this way confirmative for the remedy. A constant need for attention is part of its psychological essence and it is one of the main remedies for behavioural problems in children who have temper tantrums and ask for constant attention. It is in bold for otitis media.

*Capsicum annuum* has obesity as keynote, but cannot be confirmed otherwise.

*Bromium* has aggravation from heat as keynote, but is a left-sided remedy.

So far *Calcarea sulphurica* seems to be the most similar remedy. It can be confirmed on keynotes and psychological essence and is not contradicted. A pathology-oriented analysis confirms the remedy. By looking at it from the strategy of combination remedy, we can confirm the obesity for *Calcarea carbonica*. It is interesting to note that due to the catarrhal symptoms, the remedy produced in the provings, it is related to the sycotic predisposition which we mentioned in the prognosis.

### **Choice of potency**

As children are usually quite sensitive I tend not to start higher than 200C.

### ***Second consultation (three months after the first consultation)***

After one dose of *Calcarea sulphurica* 200C the child no longer developed any acute diseases and the chronic coryza and rattling respiration also disappeared. She slept more peacefully and became less demanding. Now she has had high fever up to 39° Celsius for one week, but without any other complaints such as earache or tonsillitis.

### **Evaluation of the second consultation**

What is important in cases of group B with recurrent infections is to evaluate whether the acute disease,

## Levels of health

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when it appears again after the remedy, is less intense or occurs less frequently than usual. In this case both are true. The acute disease stayed away for three months instead of a few weeks and although the fever is high there are no actual pathological symptoms. This is a good sign. If the defence mechanism is functioning well, it will produce a fever wherever necessary without any other complaints. Then after the rise in temperature has done its work, it will disappear on its own and the balance will be restored. As the current fever has already lasted for a week, it is good to help the organism to deal with the problem by giving a homeopathic remedy to stimulate the energy complex. As there are no specific symptoms during this acute condition, one can repeat the remedy that has proved to be able to stimulate the organism positively. One dose of *Calcarea sulphurica* was given in the potency 1M.

### ***Third consultation (six months after the second consultation)***

Last week the child had a right-sided otitis media with high fever and abdominal pains for which the general practitioner prescribed antibiotics and Paracetamol. Last night she again had severe pain in the same ear - for which the mother gave *Belladonna* 200C. But this morning the right ear is again painful and now in the afternoon there is a light green coloured discharge from the ear. The child used to sleep well, but now she sleeps restlessly again and gets angry easily.

### **Evaluation of the third consultation**

It is a good sign that so many months have passed since a new acute disease appeared. This means that the organism is getting stronger and that it is rising in health to group A. It is, however, unfortunate that antibiotics were given because they can negatively influence the process towards a cure. Compared to the former acute disease, now we also see a general relapse. This can be due to the antibiotics that disturb

the natural function of the defence mechanism. Special attention must be paid to the nature of the otorrhoea, because a green discharge can implicate a dangerous infection. The nature of this discharge can also be a sign that the defence mechanism has not fully recuperated (see 'Susceptibility' on page 47). As the mother already gave *Belladonna* without effect, I decided to repeat the remedy that acted well and gave one dose of *Calcarea sulphurica* 1M.

***Fourth consultation (eighth months after the third consultation)***

Last week the child woke up crying at night and during the daytime was often poking her finger in her right ear. She has had high fever for one day. The fever now lingers on and the child has a severe coryza. She often wakes at night. Her appetite is good. She prefers fruit [2], meat [2] and sweets [3]. She often complains of being too warm and likes to walk barefoot. A repetition of *Calcarea sulphurica* 1M did not help sufficiently.

**Evaluation of the fourth consultation**

There is now a relapse after eighth months, which is a good sign in the sense that it is infrequent and thus not belonging to group B, but there has been no reaction to the previous remedy. My colleague already repeated *Calcarea sulphurica* 1M last week but without success. As the symptoms are still similar with this remedy, I decide to give one dose of *Calcarea sulphurica* 10M.

***Fifth consultation (five months after the fourth consultation)***

The reaction to *Calcarea sulphurica* 10M was very good and the symptoms subsided very quickly. Now the mother has called me because the child has nightmares [3]. She screams and shouts 'no' in her sleep. She also has nocturnal enuresis [2]. She talks all day and always wants to know where her mother is [3]. This all started

when her sister was born six weeks ago. Her appetite is good. Her thirst is normal. The generals did not change.

### **Evaluation of the fifth consultation**

Here we see a relapse due to emotional stress. It takes a lot of energy for the organism to adapt to such a causal factor and this loss of energy can outbalance the organism forcing the defence mechanism to produce symptoms. This time the symptoms are solely emotional. Normally we expect the defence mechanism to produce physical symptoms instead of emotional when it becomes healthier. The fact that emotional symptoms have now appeared shows how big the impact of the stressor is. This is explainable as the triggering cause with which the organism is confronted is one of the weak spots of *Calcarea sulphurica*. In its psychological essence we find a feeling of not being appreciated<sup>9</sup> and therefore a strong need for attention can develop. It is therefore also an important remedy for jealousy. The birth of a new sibling is in this way a big treat for the organism responding to *Calcarea sulphurica*. This explains why the disturbance can enter deeper in the organism. As the situation that triggers the relapse will keep on existing I prescribe *Calcarea sulphurica* in a higher potency, 50M, to counteract the energy loss because of this situation.

### **Sixth consultation (two and a half years after the fifth consultation)**

The child remained well after *Calcarea sulphurica* 50M until three months ago when she developed a right sided otitis media. The right tympanum was ruptured and she received antibiotics. She did not react to *Calcarea sulphurica* 50M given by the mother. Her right tympanum is still perforated since its rupture (during the last otitis media) three months ago and her left tympanum is retracted. She has constant coryza with green discharge [3]. Her tonsils are swollen [3] and pale

red [2]. The glands of the neck and the parotids are swollen and hard [2]. She has a dry cough [2].

Since three months ago, she has had warts on her foot soles [2] that are increasing in number. First they appeared on the left foot sole, now also on the right one.[2]

She sleeps well but is often tired [2]. She prefers to sleep on her back [2/3]. When she is asleep she perspires on her legs and scalp.[2]

Her appetite is good and her thirst is normal. She prefers bread [2] and eggs [2]. She dislikes spicy and sour food [2].

Her temperature and weight are normal.

Her moods are good and generally she is a quiet child. She now has two sisters of which one is still a baby. Her mother has to be careful that the child is not over concerned (i.e. takes too much care) for her sisters or others. What I observe is that her facial expression is calm and peaceful. She looks quite balanced.

### **Prognosis of the sixth consultation**

#### *Depth of the disturbance*

Although the main complaint is very similar to that of the first consultation, the situation is very different now compared to four years ago. From an allopathic point of view, one might say that nothing has changed and that homeopathy has not helped the child. But from a homeopathic point of view there are important changes. The first is the fact that the emotional disturbances that were present during the first and fifth consultation have now gone. The child is well balanced and instead of being self-centred she is taking care of others. The second important change is the appearance of warts. This is a very important change as it shows that the defence mechanism has gained strength and is able to bring the disturbance to the skin.

### *Conclusion*

Although the main complaint is the same, the prognosis is now much better than when we first saw the child. In the prognosis of the first consultation we discussed the problem of the appearance of emotional disturbances simultaneously with a physical complaint. At present, however, the emotional plane is balanced, which improves the prognosis. As well as this, we see the appearance of warts, which is very important regarding the hereditary predisposition. Warts belong primarily to the sycotic predisposition that was already visible during the first consultation through the sleeping position. The disappearance of this sleeping position together with the appearance of warts shows that the organism is trying to solve this predisposition and is shifting it to the periphery. This is very favourable for the prognosis. As the generals of the case have changed, it is now a good idea to check whether *Calcarea sulphurica* is still suitable but with only a raise in potency or whether another remedy fits the case better at this time.

### **Selection of symptoms of the sixth consultation**

#### *Peculiar symptoms*

- Hard swelling of the glands of the neck and of the parotids.
- Warts on the foot soles starting on the left foot sole.
- Sleeping position on the back.
- Perspiring on legs and scalp during sleep.
- Desire for bread and eggs.
- Aversion to spicy and sour food.

#### *Intense symptoms*

- The tympanum that is not healing since it was ruptured during the otitis media.
- Green discharge from the nose.

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- Swelling of tonsils with pale red discoloration.

### Repertorisation and remedy selection of the sixth consultation

Pale red discoloration of tonsils is not in the repertory. There is no rubric for warts that go from the left foot sole to the right. If we consider this symptom as important then we can look it up under the chapter 'Generals'. There is no separate rubric for perspiration on the legs during sleep, but I suppose that the rubric 'Extremities - perspiration - Lower limbs - night' implies during sleep.

### Repertorisation with filter 'Vithoukas view 2006'

1	1	EXTERNAL THROAT - SWELLING - Cervical Glands - hard	14
2	1	FACE - SWELLING - Parotid glands - hard	6
3	1	EXTREMITIES - WARTS - Feet - Soles	14
4	1	GENERALS - SIDE - left - then right side	36
5	1	SLEEP - POSITION - back; on	76
6	1	EXTREMITIES - PERSPIRATION - Lower limbs - night	11
7	1	HEAD - PERSPIRATION of scalp - sleep - during	16
8	1	GENERALS - FOOD and DRINKS - bread - desire	44
9	1	GENERALS - FOOD and DRINKS - eggs - desire	21
10	1	GENERALS - FOOD and DRINKS - sour food, acids - aversion	25
11	1	GENERALS - FOOD and DRINKS - pungent things - aversion	4
12	1	EAR - PERFORATION - Tympanum	20
13	1	EAR - INFLAMMATION - Media	57
14	1	NOSE - DISCHARGE - greenish	85
15	1	THROAT - SWELLING - Tonsils	133



## Levels of health

	Calc.	Sil.	Lyc.	Merc.	Sulph.	Puls.	Hep.	Tub.	Nat-m.	Cham.
	33	29	27	27	25	23	20	20	17	16
1	2	3	1	1	-	-	2	2	-	-
2	-	1	-	2	-	-	-	-	-	-
3	1	1	1	-	1	-	-	1	1	-
4	1	-	-	-	-	1	-	-	1	-
5	2	-	2	-	3	4	1	-	1	1
6	1	-	-	2	-	-	-	-	-	-
7	3	2	2	2	-	-	-	-	-	2
8	1	1	1	2	-	2	-	-	2	2
9	2	1	-	-	-	2	-	1	-	-
10	-	-	1	-	2	-	-	1	1	-
11	-	-	-	-	2	-	2	-	-	-
12	1	2	2	1	2	-	1	2	-	-
13	3	3	3	3	3	3	3	1	2	3
14	1	2	1	3	1	3	1	1	-	-
15	3	3	3	2	3	1	3	3	2	3

### Differentiation of the remedies

*Calcarea carbonica* has as keynotes desire for eggs, perspiration on the head during sleep, recurrent inflammations and swelling of glands. It is one of the important remedies for complaints in children, because much pressure is put on the calcium metabolism due to the strong physical growth. The tendency of the child to be too caring for others fits the (psychological) essence of the remedy. This element, if allowed to go too far can also lead to an important theme of this remedy 'overexertion'.

*Silicea terra* has perspiration on the head during sleep, recurrent inflammations and swelling of glands as keynotes. The tiredness after good sleep can be a confirmation of the essence of this remedy.

*Lycopodium clavatum* is contradicted because of the complaints that go from left to right and because of the child's inclination to take care of others. *Lycopodium clavatum*, with a strong lack of self-confidence as psychological essence, will tend to avoid responsibility when the emotional plane is affected.

*Mercurius solubilis (vivus)* has the tendency to otitis media and affections of the throat as keynote and it is in bold for green discharge from the nose.

*Sulphur* has an aversion to sour things as keynote but is contradicted because of the desire for eggs.

*Pulsatilla pratensis* is one of the main remedies for otitis media in children. It is known for sleeping on the back, but specifically with the hands above the head or on the abdomen. It cannot be confirmed otherwise.

*Hepar sulphuris calcareum* is, together with *Chamomilla*, *Belladonna*, *Pulsatilla pratensis* and *Mercurius solubilis (vivus)*, one of the main remedies for otitis media, but cannot be confirmed otherwise.

*Tuberculinum bovinum Kent* has swelling of tonsils as keynote, but cannot be confirmed otherwise,

*Natrium muriaticum* has no keynotes or essence in this case.

*Calcarea carbonica* and *Silicea terra* are the remedies that are the most similar to the case. Of these two *Calcarea carbonica* is more confirmed and in more areas than *Silicea terra*. We find keynotes of *Calcarea carbonica* in local symptoms, in the physical generals and in the main complaint. The psychological essence and one of the main themes of *Calcarea carbonica* are also present in this case. This means that we can be very confident about the prescription and shows that the overall state of health must be good.

### **Choice of potency**

As the child's overall state of health is much better and as she needed high potencies in the past, I start with the potency 1M.

### ***Seventh consultation (fourteen months after the sixth consultation)***

One month after *Calcarea carbonica* 1M the child developed an acute disease with 38.7° Celsius fever for which the mother repeated the remedy in the same potency. This acute then quickly subsided. At present moment she no longer has any complaints. The otorhinolaryngal complaints got better and the foot

warts also disappeared within two months after the remedy. Her emotional condition and energy are good. She has remained well during the past year and a half.

### **Evaluation of the case**

In this case we treated a child in group B on level four or five with recurrent otorhinolaryngeal complaints, who needed two remedies to raise the level of health to group A level two. In this case it is interesting to see that when the overall state of health is raised, the symptom pattern changes and that the emotional disturbance disappears while at the same time warts develop. The latter disappear under the use of *Calcareo carbonica* which again proves that nosodes<sup>10</sup> (see 'C. Obstacles due to previously used drugs or to acute infectious diseases' on page 313) are not always necessary to treat miasmatic symptoms. Another example of this is the change of the sleeping position under the use of *Calcareo sulphurica*, which was a keynote of the nosode *Medorrhinum* and thus pointed to the sycotic predisposition. This case was a rather simple example of a treatment where the patient belongs to group B. In the next case we will have a similar problem but with a more complex treatment.

### **Case 4: Recurrent acute diseases and epileptiform seizures**

#### ***First consultation***

A sixteen-month old child becomes sick with high fever every three weeks [3]. When she was four months old she had pneumonia for which she was prescribed antibiotics. Since then she has developed pharyngitis easily that extends to the bronchi or the ears and has been given antibiotics five times, with the last course ending ten days ago. Apart from this she uses 'Flixotide'. Nevertheless, she always has a runny nose which is sometimes accompanied by green discharge. Her eyes are always sticky with yellow or greenish

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discharge [2], which is worse in the right eye [1]. She grasps her ears a lot [2], especially the right one [2]. Her respiration is rattling [2], which gets worse and is accompanied by a cough before she becomes sick. All these complaints become worse during dentition [2/3].

She has a pale face with blue discoloration under the eyes and around the mouth [1].

Another problem for this child is that of epileptiform fits for which she has been examined by a paediatrician. When she gets a fright or when she hurts herself, she holds her breath, becomes stiff, stretches herself in a cramped position and faints.[3] Afterwards she perspires a lot, is tired and upset.[2] This started when she was about eight months old and used to happen three times a day. Lately it has become less frequent but more intense and can last up to ten minutes. Neurological tests did not show real epilepsy but epileptiform seizures.

The mother's pregnancy was normal. The delivery was induced as it was two weeks overdue, went too fast and required a forceps delivery. The Apgar score was good. She was an easygoing baby with a normal development, but had a slight rattling respiration and a slight skin eruption making her cheeks rough from birth.

When she was four months old she got the quadruple vaccine and was inoculated for meningitis at the same time. She got a high fever, became sick for three days and developed otorhinolaryngeal complaints that ended up in pneumonia. After the second inoculation, when she was seven months old, she became very ill for days with high fever and never completely recovered from this. After the third inoculation at three months after the second, she was much less sick.

Her appetite has always been good. She is rather obese [2], loves to eat and starts to weep when her parents are eating something and she is not. She is a very thirsty child [3].

Her sleep is restless because she keeps grasping her ears. This is better when she is sitting up [2]. She can sleep in any position but when she is sick she lies on her abdomen with her knees drawn up [2] or she sleeps in a sitting position [2].

She perspires easily when exerting herself, after an epileptiform fit or during sleep and mainly in the nape of the neck.[3]

The child is cheerful and usually in a good mood. The only time that she becomes angry is when she does not get what she wants, but most of the time she is easy going.

Her mother is healthy and her father has an allergy for cats. When he was a child he had a severe kind of scarlet fever from which he nearly died. A maternal uncle died of a brain tumour at the age of thirty-six. The child's maternal grandfather died from respiratory complaints following pneumonia. Her paternal grandfather died of stomach cancer before the age of fifty. Her paternal grandmother has heart complaints.

### **Prognosis of the first consultation**

#### *Depth of the disturbance*

We have two major problems in this case, complaints of the respiratory tract and epileptiform seizures. The first complaint is not so deeply seated in the organism. Although pneumonia can be life threatening, respiratory complaints are not placed so high in the hierarchy of the physical complaints.<sup>11</sup> The second complaint, on the other hand, belongs to the deepest area of the physical plane, the nervous system.

Respiratory complaints of this kind have a good prognosis and do not pose a problem for homeopathy. The same cannot be said about neurological complaints. There are cases reported of epileptic complaints cured with homeopathy, but as these complaints are deeply situated in the organism the

homeopath must always be cautious with the prognosis of such a treatment. Luckily in this case no real epilepsy was diagnosed which means that the symptoms are less deeply rooted in the nervous system and this is favourable for the prognosis.

Another favourable thing about this case is the fact that the child is mentally and emotionally balanced. This is a big advantage. A cure will take place much faster when these planes are not affected. Otherwise the energy the remedy liberates will firstly be used to balance these deeper planes - and during this process, physical complaints may even be initially aggravated. What also must be noted is that this patient has had skin complaints from a very early age. Although she also had a rattling respiration, it is a good sign that the organism is still able to shift part of the disturbance to the periphery by means of skin complaints.

### *Personal medical history of the patient*

The medical history of this patient is remarkable considering she is so young. From a very young age she has had a rattling respiration and some skin symptoms, but the real problems started when she got pneumonia and recurrent acute diseases at the age of four months. After another four months, the situation became even worse when the disturbance probed deeper into the organism and the patient developed neurological complaints. The homeopath should observe that both pathological conditions came up shortly after a vaccination. After the first inoculation she developed recurrent respiratory infections and pneumonia, and after the second she never completely recovered and one month after this, the epileptiform fits started. The fact that the patient was much less sick after the third inoculation proves that her immune system has compromised and she has dropped to a lower level of health where she is no longer able to react properly to such an intervention and is liable to develop a chronic condition.

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The frequent use of antibiotics and the use of 'Flixotide' will not aid the organism in its struggle against this tendency to loss of health. On the contrary, corticosteroids especially have a strong suppressive influence and will promote a tendency to develop a chronic low state of health.

What also has to be taken into account is the forceps delivery of this patient, as this can sometimes bring on a new remedy layer connected with a physical or emotional trauma. The fact that the Apgar score was good is favourable for the prognosis. Children who are in shock after a difficult birth do not have a good score. Whether the hormones that were used to induce the delivery had an effect on the child's health is difficult to know.

### *Familiar medical history and hereditary predisposition*

As the child already had symptoms before she was inoculated, there must have been a disease-promoting factor that was already active and this is most probably the inherited predisposition. It is possible that the forceps delivery produced some kind of shock and triggered the predisposition, but as her condition was good after birth we can only speculate about this.

Looking at the medical history of the family, we find respiratory complaints in the maternal grandfather. This can explain why there is a tendency to develop respiratory complaints in the child. The fact that the father has an allergy for cats also confirms a hereditary weakness in this area, as this is a keynote of *Tuberculinum bovinum Kent* and thus an indication for the tubercular predisposition, which can induce a tendency towards respiratory complaints in the offspring. The heart complaints in the paternal grandmother, together with the position of sleep when the child is sick, provides confirmation for another hereditary predisposition, sycosis. Sleeping on the abdomen with the knees drawn up is a keynote of

*Medorrhinum*, the nosode belonging to this predisposition, which also makes children prone to developing respiratory complaints such as asthma. The paternal grandfather and a maternal uncle died at a young age from cancer. This can point to a general weakness in the family that might have been inherited by this child making the defence mechanism deficient so that chronic diseases can develop more easily. A quickly developing cancer is usually seen under a syphilitic predisposition, which also makes an organism apt to neurological disorders. So we see that we can find evidence for all the main hereditary predispositions (miasms), which is remarkable in so young an organism. Concerning the hereditary predisposition, we also have to take note of what has happened to the father, who almost died from scarlatina. This kind of information should immediately claim our attention because we know that acute infectious diseases can leave a lasting disturbance<sup>12</sup>. If the father's defence mechanism was permanently affected by this disease then it is possible that this has been passed on to the child and has created a hereditary predisposition, a miasm, resulting from the effect of scarlatina.

### *Conclusion*

Here we have a child who has had complaints from birth such as slight respiratory and skin complaints. In this case we find clear indications for the psoric, sycotic and tuberculinic hereditary predisposition and hints for a syphilitic and scarlatinic predisposition. Nothing is known of the scarlatinic predisposition so we cannot evaluate this idea further. We can be sure that the syphilitic predisposition was not active from birth - otherwise the complaints would not have been mild but much more aggressive - as this is in the nature of this predisposition. In fact, the mildness of the complaints rather points to a psoric predisposition. It is possible that the child's level of health was good enough at birth so that she only developed psoric symptoms. However,



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the other predispositions that were dormant in the background put the organism in a vulnerable position and therefore its balance could easily be disrupted. In this case, however, it is quite clear that this balance was definitely destroyed by vaccinations. After each inoculation the defence mechanism became weaker and could not prevent the development of ever-deeper disturbances. The respiratory complaints show traits of the tubercular and syphilitic predisposition, and the appearance of neurological complaints can be a sign that the syphilitic predisposition was activated. In addition, the frequent use of antibiotics and the use of corticosteroids may have had a further negative influence on the child's overall state of health.

Because she was so young at the time, it is not easy to determine what level of health the child was in before she was vaccinated. Although she had a rattling respiration and some skin symptoms, she may still have been born into group A, but due to the genetic predisposition most probably in the lowest level. As she was breastfed she was protected by the mother's antibodies and therefore not susceptible to acute diseases. The effect of the vaccination made her drop down to group B where we find frequent acute diseases. As she developed pneumonia she most probably went to level five or six of group B. The influence of the second inoculation, after which she developed neurological symptoms, point out that she was liable to drop even more in health and go to group C, but it seems that the organism was still strong enough to prevent this because it did not develop real epilepsy but kept on producing acute diseases with fever. However, the lack of reaction to the third vaccination shows that the organism is losing the possibility to respond in a healthy way. It seems that the organism is now fluctuating between two levels of health. If this child is treated with antibiotics frequently and continues to use corticosteroids, the ability to develop acute diseases will disappear and it will drop

down further in health level going to group C where no strong acutes will occur anymore and a deeper chronic state will be established; this then opens up possibilities to develop asthma and true epilepsy. At present, this has not yet happened. The parents, who realised that their child's health was deteriorating, came for help at the right moment, in other words, before the child developed a deeper chronic state.

When we start to treat this case we must be aware that there might be layers of remedies caused by endogen or exogen factors like the hereditary predisposition, the forceps delivery, the vaccinations, the pneumonia and the use of allopathic drugs. It should be clear that these kinds of cases are not simple and that they need great care and support. Acute diseases will keep occurring and will need to be treated homeopathically in order to speed up the process of recovery. This must be explained to the parents before the treatment is started. The homeopath who thinks this case can be solved by finding 'the constitutional remedy' will become disappointed. The homeopath has to realise the extent of the situation before taking on such a case in order to fulfil a proper job. Luckily this case has not developed into a one-sided<sup>13</sup> case where little useful symptoms can be found that point to a remedy. This is favourable for the prognosis.

### **Selection of symptoms of the first consultation**

#### *Peculiar symptoms*

- Recurrent fever, every three weeks.
- Grasping the right ear.
- Pale face with blue discoloration under the eyes and around the mouth.
- Epileptiform fits when she gets a fright or being physically hurt with holding of breath, stiffness, stretching out in a cramped position and fainting; afterwards perspiring a lot, being tired and upset.

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- Perspiring easily in the nape of the neck on exertion, after an epileptiform fit or during sleep.

### *Intense symptoms*

- Eyes always have yellow or greenish discharge.
- Rattling respiration.
- All complaints become worse during dentition.
- Ailments after vaccination.
- Very thirsty.
- Sleeping on the abdomen with knees drawn up when sick.

The amelioration of the ears when sitting is logical as it relieves the pressure in the ear. This is also why she desires to sit up when feeling ill. However, we do not use these explainable symptoms when we have others to go by. As not only the right eye is affected and the right-sidedness is only underlined once, I do not take it into consideration now.

### **Repertorisation and remedy selection of the first consultation**

The rubric 'Fever - periodical - week - third; every' has only one remedy, *Aurum metallicum*, which does not fit the case. Therefore I use 'Generals - periodicity - week - three weeks; every'.

Young children grasp their ears when they are in pain. There is no rubric that combines a pale face with blue discoloration under the eyes and around the mouth. The only way to look these symptoms up is to take them separately. As a pale face is not so peculiar in a sick child I only repertorise the blue discoloration. 'Face - Discoloration - bluish - Eyes - Under the eye' is a new rubric with only six remedies. As it is improbable that so few remedies have this symptom I take the older rubric 'Face - Discoloration - bluish - Eyes - Around; circles'.

The rubric 'Generals - Convulsions - epileptiform' has no modalities as subrubrics, therefore I look them up in

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the main rubric 'Generals - Convulsions'. 'Being upset' is not found in the repertory. The latter is translated in the dictionary as 'being worried' and that is referred to in the repertory as 'Mind - Anxiety'. In this rubric however, there is no modality 'after convulsions'.

'Back - Perspiration - Cervical region - Nape of neck' has no modalities in the repertory. I use the rubric in the nearest anatomical part and in the chapter 'Perspiration' for these modalities.

The rubric 'Eye - Eye gum' has no description of the nature of the discharge. Therefore I look it up separately.

'Teeth - Dentition - during dentition; ailments' is referred to 'Teeth - Dentition - difficult'.

There is no rubric for sleeping on the abdomen with the knees drawn up. As one reaches the chest when the knees are drawn up whilst lying on the abdomen, I use this rubric.

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### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	EAR - PAIN - right	88
2	1	FACE - DISCOLORATION - bluish - Eyes - Around; circles	115
3	1	FACE - DISCOLORATION - bluish - Mouth; about the	14
4	1	GENERALS - CONVULSIONS - epileptiform	118
5	1	GENERALS - CONVULSIONS - fright agg.	29
6	1	GENERALS - CONVULSIONS - pain - during	8
7	1	RESPIRATION - ARRESTED - convulsions; during	7
8	1	GENERALS - STRETCHING OUT - convulsive, paroxysmal	20
9	1	GENERALS - CONVULSIONS - consciousness - without	73
10	1	PERSPIRATION - CONVULSIONS - after	16
11	1	GENERALS - WEAKNESS - convulsions; after	17
12	1	BACK - PERSPIRATION - Cervical region - Nape of neck	28
13	1	BACK - PERSPIRATION - Cervical region - night	5
14	1	PERSPIRATION - EXERTION - agg. - slight exertion	123
15	1	FEVER - RELAPSING	21
16	1	GENERALS - PERIODICITY - week - three weeks; every	10
17	1	EYE - EYE GUM	37
18	1	EYE - DISCHARGES - yellow	41
19	1	EYE - DISCHARGES - green	8
20	1	RESPIRATION - RATTLING	189
21	1	TEETH - DENTITION - difficult	89
22	1	GENERALS - VACCINATION; ailments after	38
23	1	STOMACH - THIRST	325
24	1	SLEEP - POSITION - knees - chest position; knee	11

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	Sulph.	Calc.	Ars.	Sil.	Bell.	Cupr.	Lyc.	Acon.	Stram.	Ip.
	58	52	44	41	37	37	37	36	36	33
1	1	-	-	-	3	1	2	1	-	1
2	1	2	3	-	2	2	3	1	1	3
3	1	-	1	-	-	2	-	1	1	-
4	3	3	2	2	3	3	2	1	3	2
5	1	3	-	1	1	2	-	2	2	-
6	-	-	1	-	2	-	1	-	-	-
7	-	-	-	-	-	-	-	-	-	-
8	1	-	-	1	1	-	1	-	1	1
9	2	3	2	2	2	2	1	1	2	2
10	-	1	1	2	-	1	-	1	1	-
11	1	-	1	-	-	2	-	1	1	2
12	3	3	1	2	1	-	-	-	-	-
13	3	3	-	-	-	-	-	-	-	-
14	3	3	2	2	1	2	3	1	2	2
15	3	3	1	-	-	-	-	2	-	1
16	1	-	1	-	-	-	-	-	-	-
17	1	2	-	1	-	-	1	-	-	1
18	2	2	1	3	-	-	2	-	-	-
19	-	-	-	-	-	-	-	-	-	-
20	2	2	3	2	2	3	3	2	2	3
21	3	3	3	3	2	1	2	3	1	2
22	4	1	2	4	2	1	-	2	1	-
23	3	3	3	3	2	2	1	3	3	1
24	-	-	-	-	-	-	2	-	1	-

### Differentiation of the remedies

*Sulphur* has great thirst and a tendency to chronic suppurations as keynote. The psychological essence cannot be confirmed.

*Calcarea carbonica* has as keynotes in this case: easily perspiring and especially in the nape during sleep, aggravation during dentition, obesity, tendency to recurrent colds and chronic suppurations. We find the remedy in bold in convulsions from fright, convulsions with unconsciousness and in epileptiform convulsions. The sensitivity to fright fits the psychological essence of the remedy.

*Arsenicum album* has no keynotes or (psychological) essence in this case.

*Silicea terra* again is a remedy with a tendency to recurrent colds and chronic suppurations as keynote. Ailments after vaccinations and perspiration on the

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nape during sleep are other keynotes belonging to it. The essence of *Silicea terra* is not confirmed.

*Belladonna*, *Cuprum metallicum* and *Stramonium* belong to the main remedies for convulsions. Right-sidedness is a keynote for *Belladonna*. It is interesting that this remedy comes up here because it is one of the main remedies for scarlatina. If there is an inherited disturbance due to the problems the father had with the disease then *Belladonna* may be needed for this reason. *Cuprum metallicum* has cyanosis as keynote but mainly when it occurs during convulsions or whooping cough. *Stramonium* is a remedy used for convulsions after fright and this fits the essence of the remedy. None of the other remedies can be confirmed by essence.

*Lycopodium clavatum* has right-sidedness as keynote. The psychological essence cannot be confirmed.

*Aconitum napellus* has high fever, thirst and ailments from fright as keynotes. It might be a remedy that is needed for the acute phases but it is not similar enough to the other symptomatology.

*Ipecacuanha* has periodicity as keynote. A blue discoloration around the mouth can be seen with this remedy with dyspnoea, but this is not similar to this case. It cannot be confirmed otherwise.

*Calcarea carbonica* is the most similar to the symptoms of this case. It is one of the main remedies for the treatment of young children. In the first stage of life, much pressure is put on the calcium metabolism because of the strong physical growth of the child. When this gets out of balance all kinds of complaints can develop, most commonly we find complaints of the skin and of the air passages including the ears. By giving calcium carbonate in a potentised form, the calcium metabolism is regulated and the complaints will disappear. The absorption of calcium is then optimal, which is advantageous for the developing young

organism and will benefit the person for the rest of his or her life.

It is interesting to note in this case that *Calcarea carbonica* covers well the main complaints and the generals. Looking at the possible causal factors we see that the remedy is also recorded as a remedy for complaints after vaccination. The remedy can be prescribed on totality, keynote, pathology-oriented analysis and causal analysis. This makes the prognosis good. It seems as if this patient needed *Calcarea carbonica* from birth onwards. An organism that is able to maintain a symptom pattern despite of causal factors has a better balance and is basically stronger than the one that has to change the pattern.

### **Choice of potency**

As young children are often very sensitive I almost never prescribe a potency higher than 200C to start with.

### ***Second consultation (one month after the first consultation)***

The child received one dose of *Calcarea carbonica* 200C. The week after the remedy she developed smallpox with fever, rattling respiration and a cough, but all of these disappeared on their own without any intervention. Following this event she has been well up until yesterday when she had some rattling respiration and a seizure. The seizure happened after she had hurt herself, but it was very short. She lost consciousness for just a moment and recovered quickly. In general she has been well. Her appetite and sleep are good. She perspires less.

### **Evaluation of the second consultation**

The reaction to *Calcarea carbonica* 200C is very favourable. In the week after the remedy was given, the girl developed a childhood disease with fever that did not give complications and healed by itself. Afterwards



she remained well and then she had a minor relapse that recovered again on its own. This is exactly what we expect in patients of group B who respond well to a homeopathic remedy and whose defence mechanism becomes stronger. This can be seen as either less intense or less frequent relapses - or both. It looks as if *Calcarea carbonica* can act deeply in this case and restore the child's health rapidly. In this situation we can wait and see how things will develop.

### ***Third consultation (six weeks after the second consultation)***

During the last six weeks the mother repeated *Calcarea carbonica* 200C three times because the child had coryza and developed a cough. She did not get generally sick and did not develop fever. Until last week there were no epileptiform fits, but then she had two of them in one day. On the same day she also developed coryza and was coughing. At the moment she is sleeping badly and she coughs and grasps her ears regularly. The last dose of *Calcarea carbonica* 200C did not help these problems. There are no changes in the local or general symptoms and no new symptoms have appeared. Because the first period of homeopathic treatment went so well, the parents stopped the 'Flixotide' after the second consultation.

### **Evaluation of the third consultation**

The last sentence of the previous section is very important for the proper evaluation of the third consultation. When we treat a patient who is taking allopathic drugs and who wants to stop this medication, we have to wait until there is no doubt whether the patient has had a positive reaction to the homeopathic treatment before the allopathic medicines are changed. In this case, the parents found the amelioration of the child's condition so dramatic that they decided themselves to stop the corticosteroids. What is often observed in such cases is that after reducing or

removing the allopathic drugs the organism will need some time to rearrange itself (see 'Observation 18: Steady aggravation of all the symptoms.' on page 125). During this period there will often be more relapses. As the patient is in the lower level of group B it will not always be possible to wait for these relapses to go away by themselves as there is the risk of complications. For example, in this case it could be pneumonia, which she used to have in the past (see 'The management of acute conditions and their meaning during the treatment of a chronic condition' on page 68). If treatment is necessary, the best thing to do is to repeat the remedy that acted well before the allopathic drugs were retracted, unless the symptom pattern has clearly changed. Sometimes the remedy has to be repeated more frequently for some time in order to liberate enough energy so that the organism can adapt to the new situation. If this is not well understood then the situation at hand can be confusing because the initial reaction was very promising and now things do not seem as favourable as they were during the second consultation. The homeopath may conclude that the remedy was not correct and change the prescription erroneously. So we can conclude that the mother was correct to repeat the remedy when necessary, but it is logical that the action of the potency will become exhausted if it is used so frequently. J.T. Kent writes that a potency can usually be repeated two or three times and that it then loses its action and needs to be raised.<sup>14</sup> I have also often found this to be true, but it cannot be taken as a rule. As there is no change in the symptomatology, the best policy at this moment is to give the same remedy in a higher potency. The goal is to stimulate the defence mechanism some more hoping that it will find a better balance. One dose of *Calcarea carbonica* 1M is prescribed.

**Fourth consultation (six weeks after the third consultation)**

The parents report that the child is not doing so well. They did not see the same amelioration after *Calcarea carbonica* 1M as they did after *Calcarea carbonica* 200C. With the least bit of pain the girl 'faints' [2]. Yesterday, for instance, it happened three times. She becomes stiff and throws her arms backward [3], clenches her jaw [1], grinds her teeth [1] and then passes out.

She does not get sick anymore but two weeks ago she had a runny ear with yellow discharge. Her respiration is rattling and she has also started to cough again, which wakes her up [2]. I observe that when she cries there is yellow pus coming out of her eyes [2].

She sleeps restlessly [2]. She sleeps on her tummy [2] and grinds her teeth when sleeping [2].

She does not perspire easily anymore and does not perspire in her sleep.

Her appetite is good and she is thirsty [2/3].

A few weeks ago she had eczema in the hollows at the back of her knees but this has gone away again after one and a half weeks. She very easily gets nappy rash [2].

When she is not well she wants to sit on her parents lap, otherwise she is in a good mood.

**Evaluation of the fourth consultation**

After administration of *Calcarea carbonica* 1M we did not see the reaction we were expecting. Unfortunately, the initial positive reaction to the remedy in a 200C potency did not carry through after the potency was raised. This is unexpected as things looked so hopeful and we have to investigate what the reason is for this standstill in the case. The first thing to pay attention to is that the parent's observation that nothing happened after the remedy is not correct from a homeopathic point of view. Of course, if we look at the symptoms

themselves then the inattentive observer will say that there is still a tendency towards purulent discharges and to epileptiform fits. However, when studying the symptoms closely, we will notice that the acutes are milder than before and that the seizures are of a slightly different character. In addition, an eruption has occurred in the hollow of the knees. The appearance of eruptions together with a general amelioration is always a good sign as it shows that the organism is able to shift the disturbance to the periphery. The fact that the eruption was only present for a short time proves that the child's organism is still unstable. Another thing noteworthy is the disappearance of the perspiration. This is important to the homeopath, as this symptom was a keynote of *Calcareo carbonica*. From the moment that keynotes of a remedy disappear we know that we will most likely need another remedy (see 'Observation 9: Short aggravation followed by local and general amelioration and partial relapse after one month.' on page 108). Amongst the new symptoms we have, there is a keynote of *Tuberculinum bovinum Kent* (grinding of the teeth during sleep) and a keynote of *Medorrhinum* (frequent diaper/nappy rash). The appearance of keynotes of nosodes that belong to a hereditary predisposition (miasm) is just as valuable as the presence of keynotes of the predispositions themselves. It tells us that these hereditary predispositions are active in the case. It seems that the organism is in a transitional situation and that underlying disease-maintaining factors have been touched. They are in the way of a cure and the organism is using the energy released by *Calcareo carbonica* to try to free itself from these influences. The question is whether it will be able to do this by itself or whether it will need another remedy to help it. We will have to investigate if it is already possible to find the next remedy, otherwise we should wait.

### **Selection of symptoms of the fourth consultation**

#### *Peculiar symptoms*

- Epileptiform fits from pain with stiffness and throwing the arms backward, clenching the jaw, grinding the teeth and unconsciousness.
- Sleeping on abdomen.

#### *Intense symptoms*

- Waking from a cough.
- Yellow pus/discharge from the eyes.
- Restless sleep.
- Grinding the teeth during sleep.
- Being thirsty.
- Very easily getting diaper/nappy rash.
- Ailments after vaccination.

Desire to sit on the parents' lap when being sick is normal for a child. As the child had a very strong reaction to the vaccinations I decide to keep this rubric.

### **Repertorisation and remedy selection of the fourth consultation**

Clenching the jaw or grinding the teeth during convulsions can only be found for epilepsy. As this is similar enough to the symptom we are looking for we can use it.

## Chapter: Case studies

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	GENERALS - CONVULSIONS - pain - during	8
2	1	GENERALS - STRETCHING OUT - convulsive, paroxysmal	20
3	1	GENERALS - CONVULSIONS - epileptic - during epileptic convulsions; complaints - lockjaw	2
4	1	GENERALS - CONVULSIONS - epileptic - during epileptic convulsions; complaints - Teeth, grinding of	5
5	1	GENERALS - CONVULSIONS - consciousness - without	73
6	1	SLEEP - POSITION - abdomen, on	34
7	1	SLEEP - WAKING - cough, from	44
8	1	EYE - DISCHARGES - yellow	41
9	1	SLEEP - RESTLESS	379
10	1	TEETH - GRINDING - sleep agg.; during	54
11	1	STOMACH - THIRST	325
12	1	RECTUM - ERUPTIONS - Perineum - children; in - newborns	1
13	1	GENERALS - VACCINATION; ailments after	38

	Sulph.	Bell.	Ars.	Sil.	Calc.	Lyc.	Thuj.	Hyos.	Sep.	Acon.
	32	28	26	24	22	22	22	21	21	20
1	-	2	1	-	-	1	-	-	-	-
2	1	1	-	1	-	1	1	-	-	-
3	-	-	-	-	-	-	-	-	-	-
4	1	-	-	-	-	-	-	3	-	-
5	2	2	2	2	3	1	1	3	2	1
6	2	2	1	-	1	2	-	-	3	-
7	3	2	1	1	1	-	1	3	1	3
8	2	-	1	3	2	2	2	-	2	-
9	3	3	3	3	2	3	2	2	2	3
10	1	3	3	-	1	3	1	2	1	2
11	3	2	3	3	3	1	2	2	1	3
12	-	-	-	-	-	-	-	-	-	-
13	4	2	2	4	1	-	4	-	1	2

### **Differentiation of the remedies**

*Sulphur* has a tendency to chronic suppurations as keynote. The psychological essence cannot be confirmed.

*Belladonna* and *Hyosciamus niger* belong to the main remedies for convulsions. Sleeping on the abdomen is an important symptom for *Belladonna* as it has as keynote amelioration by lying on the abdomen. The remedy is in bold for grinding of teeth. This symptom gives an element of intensity to the seizures that fits the

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essence of *Belladonna*. Because *Belladonna* is so strongly represented in the rubric 'Teeth - Grinding - sleep agg.; during' it has a relationship with the tuberculinic predisposition, one of the hereditary predispositions in this case. As described in the analysis of the first consultation it also has a relationship with the scarlatina predisposition. *Hyosciamus niger* cannot be confirmed by keynotes or essence.

*Arsenicum album*, *Lycopodium clavatum* and *Sepia officinalis* have no keynotes or essence in this case.

*Silicea terra* again has a tendency to chronic suppurations and ailments after vaccinations as keynotes. The essence of the remedy is not confirmed.

*Calcarea carbonica* has no keynotes anymore in the case except for the tendency to chronic suppurations.

*Thuja occidentalis* has ailments after vaccinations and a sycotic predisposition as keynotes. The tendency to catarrh and the liability to develop diaper rash confirm the presence of the sycotic predisposition. The (psychological) essence is not confirmed.

*Aconitum napellus* has thirst and ailments from fright as keynotes. It cannot be confirmed otherwise.

As it seems that at this point in the case we are faced with a problem that arises from an underlying hereditary predisposition, I concentrate on the remedies that have a direct relation through their symptoms with this problem. These are *Belladonna* and *Thuja occidentalis*. In order to differentiate between the two, I use the chronological order of events in the case. The possible causal factors in this case are vaccinations and hereditary predispositions. As the hereditary predisposition has been present since birth, the inoculations come chronologically at a later point. This means that if there is a disturbance because of this, it will be on top of the inherited disturbance. *Thuja occidentalis* is out of these two remedies the one that has ailments after vaccination as keynote and therefore

takes preference. Important about this remedy is that it also has one of the hereditary predispositions, sycosis, as keynote. So there is a possibility that it will act on both disturbances. *Silicea terra* also has ailments from vaccinations as keynote, but as it does not fit the sycotic predisposition as well as *Thuja occidentalis*, it is not selected. *Thuja occidentalis* is chosen on keynotes and causal analysis.

***Fifth consultation (nine months after the fourth consultation)***

After *Thuja occidentalis* 200C the child started to feel better the next day. The remedy was repeated six weeks later for earache and a cough. During the course of the next five months she was given *Thuja occidentalis* 1M four times, each time the earache and cough came back. After another two months, she developed the same complaints but this time with high fever again. This responded well to *Thuja occidentalis* 10M. She did not have an initial aggravation after any of these potencies and had a general and local amelioration after their administration. She no longer has yellow discharges from her eyes, nose or ears, nor does she have a rattling respiration.

For two weeks the child has been complaining about stitching pain of the tongue [3] that even wakes her at night. The tongue looks red at the sides and it has rosy spots on the surface [2]. There are little pieces of skin on the tongue as if it is desquamating but they are attached to the tongue. [2]

The child's appetite is changeable. She drinks a lot [2], prefers cold drinks and dislikes warm drinks [2].

She is sensitive to cold [2].

She sleeps restlessly because of many dreams [2]. She prefers to lie with her head elevated [3] as this reduces how much she dreams [2]. She falls asleep late [2] and grinds her teeth during sleep [3].



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The epileptiform fits are worse again and appear when she has pain or after she has been angry.[2] She becomes stiff, throws her arms backward [3], stares with wide-open eyes [2] and becomes unconscious for a moment. Afterwards she falls asleep and her right eye is turned outward. [2]

Her right eye is weak on the whole and when she gets tired it also turns outward [2].

She has become very stubborn and only wants things her own way [3].

None of the above symptoms reacted to a repetition of *Thuja occidentalis* 10M.

### **Evaluation of the fifth consultation**

An amelioration of the complaints without an aggravation is not always a good sign (see 'Observation 6: No initial aggravation, patient says he is better, but not really well.' on page 101). Especially if the amelioration only lasts a couple of weeks. This reaction can be seen in the highest levels of health but then the amelioration should last several months. So we might wonder whether *Thuja occidentalis* was the right choice here. The patient needed the remedy eight times in eleven months. The parents were happy about the response because the child had a general and local amelioration when she took the remedy. One reason why there has not been an aggravation may lie in the fact that the remedy was always given during an acute disease. It is at these times that aggravations are reported less because the symptoms are often already quite intense, so that an aggravation is not noticed (see 'Observation 2: The patient feels much better in every aspect, but little or no aggravation has occurred.' on page 93). The fact that a remedy that was chosen on general traits works well during acute diseases is a good sign. An organism with a less good balance will need a different remedy for the acute condition. But it would be better to find facts that prove that *Thuja*

*occidentalis* was needed and that its action has been curative. There are, for instance, no signs of the so-called 'directions of cure' and even the opposite is true. Although complaints of the tongue are not high in the hierarchy of physical complaints (if they are not a symptom of an underlying pathology), in this consultation we find emotional symptoms for the first time, while the tendency for diaper rash, a skin complaint, has disappeared. So one might ask rightfully if we are on the right track and what is going on. The answer can be found when we go back to the analysis of the fourth consultation where we concluded by giving *Thuja occidentalis* as a causal prescription for the effect of vaccinations and a sycotic predisposition. As this was the purpose of the prescription of the remedy it would be better to try and find out first whether it had an action on these elements. We do see that sycotic symptoms such as tendency to catarrh and tendency to diaper rash have disappeared. So this is a clear amelioration. The effect of the vaccinations can only be checked by investigating which symptoms arose after the vaccinations and whether they have disappeared. After the first vaccination the child developed otorhinolaryngal complaints and after the second epileptiform fits. The first set of complaints has now disappeared but up until now the second set has not. This means that *Thuja occidentalis* had a partial effect on the effect of the vaccinations. The interesting thing here is that it only had a lasting effect on the catarrhal complaints that belong to the sycotic miasm and that the neurological symptoms only ameliorated temporarily. One can conclude that the vaccinations indeed triggered more than one hereditary predisposition and that only one has been dealt with. This can also explain why the skin complaint disappeared and emotional symptoms developed. The skin complaint belonged to the sycotic predisposition and disappeared together with the catarrh when this disturbance was treated. But the underlying hereditary

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disturbance that was left untreated led to the development of new symptoms. J.T. Kent writes that mental and emotional symptoms often arise from a hereditary predisposition.<sup>15</sup> This is, in fact, the explanation for the current situation. What happened after *Calcarea carbonica* was partly solved by *Thuja occidentalis* and another remedy (or remedies) will be needed to finish the rest of the treatment.

The child still gets complaints very regularly which means that she still has a level of health belonging to group B, but as the acute diseases are no longer that serious, it indicates a movement up the levels in this group. It is now our aim to raise her level of health up to group A.

In the current symptoms we still find traits of the tuberculinic miasm (grinding of teeth during sleep), but also an element pointing to the syphilitic predisposition (waking at night from pain). Although the original symptom pointing to a syphilitic predisposition is bone pains at night, it is known that syphilitic complaints in general tend to aggravate at night. Again we see a change in the symptoms of the epileptiform fits after they have been ameliorated temporarily by *Thuja occidentalis*. It will depend on the clearness of the symptom pattern whether we can be positive about the direction in which the treatment is going. If the next remedy is not clear then *Thuja occidentalis* might not have been the correct prescription. If, however, the pattern is clear then *Thuja occidentalis* has strengthened the defence mechanism so that it can produce symptoms of the next remedy needed.

### **Selection of symptoms of the fifth consultation**

Many of the new symptoms can be used to find a remedy. This is a good sign. An organism that is getting stronger is able to produce clear symptoms.

*Peculiar symptoms*

- Stitches of the tongue that even wakes the patient at night.
- Tongue looks red at the sides and has rosy spots on the surface.
- Kind of little pieces of skin on the tongue as if it is desquamating but they are attached to the tongue.
- Thirst for cold drinks and dislikes warm drinks.
- Restless sleep due to many dreams, reduced by lying with the head elevated.
- Epileptiform fits due to pain or after anger; with stiffness and throwing the arms backward, staring with wide open eyes and becoming unconscious for a moment; afterwards falling asleep and right eye turning outward.
- Right eye is weak and when the girl gets tired turns outward.

*Intense symptoms*

- Sensitive to cold.
- Falls asleep late and grinds her teeth during sleep.
- Very stubborn and only wants things her own way.

Stubbornness is a quality often seen in children of this age, but because of the intensity I take it as symptom. Also because it is the first emotional symptom ever narrated by the parents.

**Repertorisation and remedy selection of the fifth consultation**

'Mouth - pain - Tongue - night - stitching pain' has only one remedy, *Phosphoricum acidum*, which does not fit the case. That is why I use 'Mouth - pain - Tongue - stitching pain'. Rosy spots on the tongue are not in the repertory, neither are desquamation or scales of the tongue. In the rubrics concerning the papillae of the tongue I could also not find the tongue symptoms. The

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rubric 'Sleep - Dreaming' has no modality concerning lying with the head high, therefore I take the rubric in the chapter 'Generals'. I combine two rubrics that concern the disturbed sleep by dreams in order not to overvalue remedies. I do the same with the rubrics 'Generals - Convulsions - anger; after' and 'Generals - Convulsions - vexation; after' because in the repertory 'Mind - Vexation' refers to 'Mind - Anger'. There is no rubric for the right eye that turns outward.

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	MOUTH - PAIN - Tongue - stitching pain	73
2	1	MOUTH - DISCOLORATION - Tongue - red - Sides	56
3	1	GENERALS - FOOD and DRINKS - cold drink, cold water - desire	164
4	1a	SLEEP - RESTLESS - dreams; from	80
5	1a	SLEEP - DISTURBED - dreams, by	182
6	1	GENERALS - LYING - head high; with the - amel.	31
7	1	GENERALS - CONVULSIONS - epileptiform	118
8	1b	GENERALS - CONVULSIONS - anger; after	12
9	1b	GENERALS - CONVULSIONS - vexation; after	11
10	1	GENERALS - CONVULSIONS - pain - during	8
11	1	GENERALS - STRETCHING OUT - convulsive, paroxysmal	20
12	1	EYE - STARING - convulsions; during	3
13	1	GENERALS - CONVULSIONS - consciousness - without	73
14	1	SLEEP - SLEEPINESS - convulsions - after	8
15	1	EYE - TURNED - outward	13
16	1	GENERALS - HEAT - lack of vital heat	223
17	1	SLEEP - FALLING ASLEEP - late	164
18	1	TEETH - GRINDING - sleep agg.; during	54
19	1	MIND - OBSTINATE	114

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	Ars.	Bell.	Nux-v.	Calc.	Sulph.	Phos.	Chin.	Merc.	Ign.	Kali-c.
	41	40	38	36	35	32	30	30	29	29
1	1	1	1	1	2	1	2	1	1	2
2	3	1	1	-	3	2	-	3	-	-
3	3	2	1	2	1	3	3	3	2	-
4	1	-	2	-	1	1	3	-	1	2
5	2	1	1	2	1	2	2	1	1	-
6	3	1	1	-	1	1	2	-	-	1
7	2	3	2	3	3	1	1	1	1	2
8	-	-	3	3	1	-	-	-	-	-
9	1	1	1	2	1	-	-	-	2	-
10	1	2	1	-	-	-	-	-	1	1
11	-	1	1	-	1	-	2	1	-	-
12	-	-	-	-	-	-	-	-	1	-
13	2	2	1	3	2	1	1	1	1	2
14	-	-	-	1	-	-	-	-	-	-
15	-	1	-	-	-	1	-	-	-	-
16	2	1	3	3	2	3	2	2	1	3
17	3	2	3	3	2	3	2	3	2	2
18	3	3	1	1	1	1	-	2	2	2
19	2	3	3	3	2	1	2	1	2	2

### Differentiation of the remedies

Although *Arsenicum album* is in bold in several rubrics it has none of these symptoms as keynote in the materia medica of confirmed symptoms and the (psychological) essence is not present in this case.

*Belladonna* belongs to the main remedies for convulsions. Right-sidedness and desire to lie with the head high are keynotes of *Belladonna*. The remedy is in bold for grinding of the teeth during sleep and obstinacy. As explained in the analysis of the fourth consultation this remedy has a relationship with the tuberculinic predisposition because it is so strongly represented in the rubric 'Teeth - Grinding - sleep agg.; during'. This predisposition has not been touched by *Thuja occidentalis*. In the analysis of the first consultation I also already mentioned the relationship of *Belladonna* with the scarlatinic predisposition because it is one of the main remedies for this disease. In the same analysis we saw that there is an intensity to the seizures that fits the essence of *Belladonna*.

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*Nux vomica* also belongs to the main remedies for convulsions. Ailments from anger and chilliness are keynotes of *Nux vomica*. Complaints after anger fit the psychological essence of this remedy.

*Calcarea carbonica* has obstinacy in children as keynote. This fits the psychological essence of the remedy.

*Sulphur* has desire for cold drinks as keynote. Obstinacy can be a symptom of the psychological essence of the remedy.

*Phosphorus* has desire for cold drinks as keynote. It is a remedy that has more often left-sided complaints rather than right-sided. The essence cannot be confirmed.

*China officinalis* and *Kali carbonicum* have no keynotes or (psychological) essence in this case.

*Mercurius solubilis (vivus)* is the main remedy for the treatment of the syphilitic predisposition<sup>16</sup> that seems to be present in the case looking at the nightly aggravation, but it has no keynotes or (psychological) essence in this case.

*Ignatia amara* has produced a lot of spasms in the provings. Especially spasms that are connected with emotional excitement are a keynote of this remedy.

Many of these remedies that appear on totality have some connection with the case when we look at their keynotes or (psychological) essence. *Belladonna*, however, can be confirmed in more ways than the other ones and can be chosen on totality, keynotes, essence, pathology-oriented analysis and causal analysis. The fact that the remedy is very clear shows that the condition of the defence mechanism is improving and that the prognosis should be good. *Belladonna* has already been discussed in the analysis of the fourth consultation, but it was assumed that it was an underlying layer. This is confirmed by the fact that the sycotic symptoms have disappeared after using *Thuja occidentalis* and that the tuberculinic and syphilitic

symptoms remained together with the pattern of *Belladonna*.

***Sixth consultation (three years after the fifth consultation)***

Administration of *Belladonna* 200C made the epileptiform fits disappear within two weeks. Six weeks later she developed abdominal pain with high fever for which she needed *Belladonna* 1M. After this dose the child remained well for seven months, something that had never happened before. Then she developed fever again with coryza and paleness for which the mother repeated the remedy. She did not dare to wait because of the history of pneumonia. The next relapse came one year and two months later when the child had influenza with fever. In this situation *Belladonna* 1M did not act, therefore *Belladonna* 10M was given with success. Then she remained free of complaints until one month ago when she developed pain in the right ear with coryza. The mother gave her *Belladonna* 10M and 50M with temporarily amelioration. The child still has pain or itch in the right ear [2].

She sleeps well and prefers to sleep on her back [2].

Although she is lean her appetite is good and she likes all kinds of food except courgette [2/3]. When she eats sweets she easily gets pain in her tummy [2].

She feels cold easily in general [3]. At night she sweats along the hairline of her forehead [2] and the back of her head [2].

Her nails are weak and peel off. [3]

The epileptiform seizures have been absent now for years. She has had a skin reaction that has gone away again after some time.

She has a mild disposition [2] and is usually in a good mood. She is very sensitive [2] and has an eye for details [2]. She is a very social and empathic child [2].



### **Evaluation of the sixth consultation**

At this point we see a real change in the patient's level of health because the recurrent acute diseases remain absent and the patient only gets an acute with high fever once a year or even less. She does, however, still need treatment for these acute conditions which means that she has moved from group B to level three of group A. It is important to notice that the neurological symptoms have disappeared and that there have been skin reactions for some time. Although there were definite changes after the first two remedies - seen in the generalities and local keynotes, it was only after the third remedy that the disturbance that led to the epileptiform seizures could be affected. We have already discussed the fact that it seemed as if the vaccination had triggered at least two genetic predispositions. *Belladonna* cured the second, tuberculinic, predisposition. Due to the nightly aggravation there was a possibility of a third predisposition, syphilis, for which the symptoms have also now gone. Whether there was a predisposition because of scarlatina is difficult to discern because we have no information about the symptoms belonging to this predisposition. The fact that the child needed *Belladonna* and in such high potencies can be explained because of this. Maybe the organism was predisposed to developing the pattern of *Belladonna* due to the big impact scarlatina had on the father. Nevertheless, the situation at present is such that there is no reaction anymore to this remedy, so we will have to study the case and see what has to be done.

### **Selection of symptoms of the sixth consultation**

#### *Peculiar symptoms*

- Prefers to sleep on the back.
- Aversion to courgette.
- Pain in the abdomen when she eats sweets.

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- Chilliness.
- Perspiration along the hairline of the forehead and the back of the head at night.

### *Intense symptoms*

- Pain or itching in the right ear.
- Her nails are weak and peel off.
- Mild disposition.
- Being very sensitive and empathic.
- Having an eye for details.

### **Repertorisation and remedy selection of the sixth consultation**

Courgettes are not mentioned in the repertory. Abdominal pain after sweets can only be found for cramping pains. As this rubric only contains one remedy, *Filix mas*, which does not fit this case, I do not take it and use the rubric in the chapter 'Generals'. Perspiration along the margin of the hair of the forehead is not in the repertory either. To get an idea of the remedies that have perspiration on the forehead at night, I take this rubric. Usually rubrics for complaints in children are incomplete and the main rubric also has to be used<sup>17</sup> (see 'Case 6: Sleeping disorders in a child. Repertorisation and remedy selection of the first consultation' on page 246). Empathy is looked up as 'Mind - Sympathetic'.

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### Repertorisation with filter 'Vithoulkas view 2006'

1	1	SLEEP - POSITION - back; on	76
2	1	GENERALS - FOOD and DRINKS - sweets - agg.	35
3	1	GENERALS - HEAT - lack of vital heat	223
4	1	HEAD - PERSPIRATION of scalp - Forehead - night	5
5	1	BACK - PERSPIRATION - night	10
6	1	EAR - PAIN - right	88
7	1	EAR - ITCHING - Meatus - right	12
8	1	EXTREMITIES - NAILS; complaints of - exfoliation of nails - Fingernails	3
9	1	EXTREMITIES - NAILS; complaints of - brittle nails - Fingernails	31
10	1	MIND - MILDNESS	84
11	1	MIND - CONSCIENTIOUS about trifles	67
12	1	MIND - SENSITIVE	201
13	1	MIND - SENSITIVE - children	21
14	1	MIND - SYMPATHETIC	38

	Lyc.	Phos.	Puls.	Ign.	Sulph.	Calc.	Nux-v.	Sep.	Sil.	Ars.
	30	28	28	26	26	25	24	24	24	23
1	2	2	4	2	3	2	3	-	-	1
2	2	1	-	3	2	1	-	-	-	1
3	2	3	2	1	2	3	3	2	3	2
4	-	-	-	-	-	1	-	-	-	-
5	1	-	-	-	-	1	-	2	1	1
6	2	-	2	-	1	-	2	1	-	-
7	-	-	-	-	-	-	-	-	-	-
8	-	-	-	-	-	-	-	-	2	-
9	2	2	-	-	2	1	-	1	2	1
10	2	2	3	2	2	2	2	2	3	3
11	3	1	3	3	3	-	2	3	3	4
12	3	3	3	3	3	2	3	2	3	2
13	-	2	2	2	-	1	-	1	-	-
14	1	3	1	2	-	1	2	1	-	-

### Differentiation of the remedies

*Lycopodium clavatum* has right-sidedness as keynote. The psychological essence cannot be confirmed.

*Phosphorus* has 'being sympathetic' as part of its essence.

*Pulsatilla pratensis* and *Sulphur* have no keynotes or psychological essence in this case. They are contradicted by the chilliness as both remedies generate a lot of heat.

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*Ignatia amara* fits a sensitive constitution, but has no other confirmatory symptoms in this case.

*Calcarea carbonica* has weak nails and perspiring on the head during sleep as keynotes. The fact that she has become lean although she eats well, may point to her leaving a *Calcarea carbonica* pattern. The psychological essence of the remedy cannot be confirmed.

*Nux vomica* and *Arsenicum album* have chilliness as keynote. Having an eye for detail can be an expression of fastidiousness which is part of the psychological essence of both these remedies.

*Sepia officinalis* has chilliness as keynote. It cannot otherwise be confirmed.

*Silicea terra* has chilliness, exfoliating nails and leanness as keynotes. Mildness and conscientiousness about trifles are part of the psychological essence of the remedy.

Out of these remedies *Silicea terra* scores best on totality, keynotes and psychological essence. What kept me from giving the remedy was the empathetic element in the case. This is not an important symptom for this remedy, but quite strong in the case. To get away from repertorising on totality and to bring more elements into the analysis, I used the 'Vithoukas Expert System'. As this system requires underlining to give a good evaluation it could not give me an absolute answer, but it gave a very good hint.

### *Vithoukas Expert System*

#### **Help in Prescribing:**

Please add modalities and other symptoms.

Unbalanced underlining: change the intensity of some symptoms.

or add some more symptoms with another intensity.

#### **Help in Interrogation:**

Too many symptoms (100) with intensity 1.

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You can ask questions about calc., calc-sil. and carc.

It is interesting that the system suggests *Carcinosinum* as we are dealing with a constitution that has a mixture of hereditary predispositions and the carcinogenic predisposition is usually a final result of the influence of several hereditary predispositions. The remedy indeed has the empathetic element as part of its psychological essence, but it cannot be confirmed with local keynotes or generalities.

*Calcareo silicata* as a remedy by itself has not enough recorded confirmed symptoms to have many keynotes, but as a combination remedy we can use keynotes of both elements to confirm it. Besides this, when we study the remedy we find that the sensitive and empathic nature fits with the psychological essence of the remedy. In the provings we find a symptom like 'seeing and conversing with dead friends'.<sup>18</sup> We cannot expect every patient to see dead people but it points out that *Calcareo silicata* alters the organism and makes it sensitive to the extent that it is receptive to the surrounding energy associated with a sixth sense. This can be found as a less strong symptom in a patient who is otherwise labelled as sensitive and empathic. In the journal *The Homeopathician* of 1915 we read under *Calcareo silicata*: 'General over-sensitiveness prevails.'<sup>19</sup>

In the repertorisation used for this consultation *Calcareo silicata* covers the following symptoms:

- Generals - Heat - lack of vital heat.
- Extremities - Nails; complaints of - brittle nails - Fingernails.
- Mind - Mildness.
- Mind - Conscientious about trifles.
- Mind - Sensitive.
- Mind - Sensitive - children.

It seems that *Calcarea silicata* fits the case. There are no symptoms that contradict the remedy. It is given as a combination remedy with confirmation on totality and (psychological) essence.

### ***Seventh consultation (two years and nine months after the sixth consultation)***

After *Calcarea silicata* 200C the child slept almost the entire day and night. The next day she was much better and her complaints were gone. Nine months later she developed an acute disease with high fever and photophobia. The mother gave her *Belladonna* 50M without effect. *Calcarea silicata* 1M again produced a good reaction. Then the child remained free of complaints, except for some innocent self-healing coryza, until two years later when she developed a paroxysmal cough after a coryza, was pale, chilly and had fever every evening at about 19:00 or 19:30 hours. These complaints disappeared after administration of *Calcarea silicata* 1M. Since then two years have passed without problems. The child's development is normal, her character is balanced and she has no more complaints.

### **Evaluation of the seventh consultation**

The fact that the child slept almost the entire day and night is a very good sign. This reaction is seen more often and it means that the organism is taking time to recuperate (see 'Observation 1: Clear aggravation of the main physical complaint(s), the mental-emotional symptoms and the energy level, followed by a quick, long lasting recovery.' on page 90). In order not to lose energy it closes itself off so that the healing process can continue during sleep.

### **Evaluation of the case**

In this case we see a patient moving from level five or six of group B to level two or three of group A. From a situation with recurrent acute diseases although

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corticosteroids were used, together with neurological complaints, the organism regained balance and moved to a level of health where it no longer produces frequent acute diseases, nor suffers from a chronic illness. It is, in fact, susceptible to infrequent acute diseases that heal by themselves. In the case that they do not heal on their own, they can be controlled with the remedy that fits the constitutional symptoms. Even a peculiar symptom that is not known for the remedy, such as fever at 19:00 hours goes away. This is in fact an optimal situation and shows that the defence mechanism is functioning very well.

We also have an example of how different causal factors can be mixed up with each other and produce layers of remedies that need to be given one after the other in the right order. Every remedy deals with the disturbance it is similar to and the organism will produce a new symptom pattern once the uppermost disturbance has been resolved. In this case one could discuss whether *Thuja occidentalis* was necessary as there were already symptoms belonging to *Belladonna* at the same time. It is always difficult to make a good decision when more than one remedy stands out in an analysis. For the reasons given in the analysis, I assumed *Thuja occidentalis* was needed first and it seems that it was able to solve a part of the problems the organism was dealing with. Whether *Belladonna* would have been able to deal with all the problems that were present at that time cannot be determined, as we cannot do the treatment over again. In any case, it is clear that *Thuja occidentalis* did not have a disruptive influence as the pattern of *Belladonna* was clearer afterwards.

Noteworthy to mention is the fact that symptoms belonging to the tuberculinic and syphilitic predispositions disappeared under the use of *Belladonna*, a remedy not known to be specific for these miasms. It shows again that any disturbance can be treated with any remedy as long as it is similar to the

symptom pattern brought out by the organism as a reaction to the stress factor. The claim of some homeopaths that nosodes are always needed to treat a hereditary predisposition is refuted in this case, as I have seen more often in daily practice.

We can ponder over whether the child will need other remedies in the future or whether *Calcarea silicata* will be the last remedy needed. However, it should be clear that this is impossible to answer. At the moment the organism seems to be balanced, but different factors in life can alter the child's situation and disrupt the balance gained. For example, the onset of puberty can bring about such enormous changes in the physiology that another remedy might be needed. Some might say that the child is not cured as she still gets acute diseases. It must be clear that it is not possible for every patient to obtain the ultimate state of health where no diseases will develop anymore and that this is not the purpose of a homeopathic treatment. As has been explained in the theoretical part, it is our goal to raise the level of health to a state where the organism is balanced and in the best obtainable condition for that specific organism, considering factors as personal medical history, hereditary predisposition, etc. (see 'Observation 3: The patient is much better in every aspect after an initial aggravation, but still has some problems.' page 94). It is not possible to bring every patient's general state of health up to the first level of group A, but to raise it to its optimal possible state of health.

### **Case 5: Multiple sclerosis**

#### ***First consultation***

A 32-year-old man was diagnosed with multiple sclerosis two years ago. The complaints started with prickling in the feet, tingling and an alternation of cold and warm sensations in the whole lower extremities. He still has these complaints of the lower extremities [2].



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He is easily tired, but when he is busy he has no complaints and his energy is good [3].

At the moment he is quite depressed. He wishes he hadn't been told anything. He pictures himself in a wheelchair and suchlike. At night he even wakes up because of these thoughts. He sleeps badly and broods about the future.

For a few months he has also slept badly because of the pain in his back. He wakes from this pain and is irritated because of it. He used to sleep on his back, but can only lie on his left side when he has back pain [3]. The backache goes via the groins to the thighs [3].

He has always been warm-blooded [2]. He never liked to sit in the sun.

He does not like sprouts, mussels and sweets [2]. He is never thirsty [2].

He has had diarrhoea for a few weeks alternated with normal stools [2]. He regularly has cramps in the abdomen [2].

He is down-to-earth by nature and precise in his work. He is honest and says what he thinks. He can talk about his problems but does not want pity and does not cry easily. He is restless [2], often changes his position when sitting, but it used to be much worse he says. He can become very irritable, for instance when people do not hurry up when driving. He does not like crowds and does not like to queue in a shop because it's a waste of time. His work is no longer as important to him as it used to be, although he never worked really hard and could spend a lot of time chatting with his colleagues. The future is a bugbear to him, if he starts thinking about it, his complaints immediately worsen [3].

He is never sick or has fever. He does get colds due to the air-conditioning at work. He travelled a lot to countries for which he required a lot of vaccinations and took malaria prophylaxis. His father has Parkinson's disease. He was given *Nux vomica* without result.

### **Prognosis**

#### *Depth of the disturbance*

In this case, the main complaint is on the physical plane but situated in the deepest area, the nervous system and concerns an incurable disease. In itself, this is already bad for the prognosis. In addition to the above, we see that there are also emotional symptoms. This is not a good sign either. A case in which the physical complaints are complicated with emotional or mental symptoms always has a worse prognosis. A well-functioning defence mechanism will be able to keep the disturbance on the physical plane. If we are going to treat a patient who has both physical and emotional symptoms, then it is very likely that the defence mechanism will first try to shift the disturbance to the periphery as it does not always have the possibility of balancing all planes at once. This will mean that the emotional complaints will improve while the physical complaints will aggravate temporarily. As in this case, the physical complaints are already in the deepest area and rather intense, so the shift will normally be to an area lower down in the hierarchy of complaints on the physical plane, ideally creating symptoms in the muscles, mucous membranes or skin. If the organism has to make this shift then the treatment will understandably take longer.

#### *Personal medical history of the patient*

The personal medical history shows a picture typical of someone who is developing this kind of serious chronic disease. The patient claims never to be sick or develop fever. We will see that, depending on the level of health, no or only mild acute diseases occur when a deep chronic disease is developing, because of the general lowered state of health and the deficiency of the defence mechanism. Luckily some colds, as a reaction to air-conditioning at work, are still produced. This means that the immune system still has some ability to

react with mild acute diseases which improves the prognosis.

The fact that the patient didn't react to a previous homeopathic remedy does not provide any information on his vitality, as only one remedy was given. This remedy could have been so dissimilar that the organism was not sensitive to it.

### *Familiar medical history*

The familiar background shows sensitivity to complaints of the nervous system as the patient's father has Parkinson's disease. This, however, does not explain why the patient has developed this kind of disease at such a young age. We know that multiple sclerosis often starts at a young age and therefore we can explain from this point of view why he has these complaints at this age. But if the defence mechanism was in a good condition then the patient would not have developed a neurological disease that starts so young but, for instance, Parkinson's disease at the age of seventy-five. In order to try to find out possible conditions that have speeded up this development, we can look for causal factors. The only thing we detect is that the patient has travelled a lot to faraway countries that required him to have many vaccinations and to use malaria prophylaxis. Both these factors may have undermined the defence mechanism. We often see that vaccinations and allopathic drugs have a disturbing influence on the organism, blocking the energy complex of the patient so that the defence mechanism has to compromise and the hereditary predisposition to chronic diseases can develop more easily.

### *Conclusion*

In this case, we have a bad prognosis because of:

- the nature of the disease the patient is suffering from - neurological complaints are deep-seated on

the physical plane and multiple sclerosis is incurable;

- the impact on the emotional plane: when mental or emotional complaints complicate a case then the treatment is usually more complicated and therefore lasts longer;
- the fact that neurological complaints run in the family, which shows that the main complaint of the patient has a relation with the hereditary predisposition, revealing a genetic weakness of the organism that can be difficult to counteract;
- the additional possible causal factors: vaccinations and allopathic drugs, such as malaria prophylaxis, which may have suppressed the immune system and changed the symptom pattern so that it adds a supplementary causative layer.

The fact that there is no susceptibility to acute diseases with fever points out that the patient belongs to a level of health lower than level six. The ability to produce colds as a reaction to air-conditioning shows that we most probably have here a patient who is in group C and on level seven.

We should be able to gain more insight into the condition of the defence mechanism after evaluating the symptoms. If we still find clear symptoms for the selection of a remedy, then the overall state of health must still be somehow intact and the prognosis will be better. The remedy reactions later on will give us even more information.

### **Selection of symptoms**

#### *Peculiar symptoms*

- Pain in the back better by lying on the left side; extending over the groins to the thighs.
- Warm-blooded.
- Aversion to sweets.

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- Little thirst.

### *Intense symptoms*

- Diarrhoea alternating with normal stool.
- His complaints aggravate when thinking about them, but when he is busy he feels nothing and his energy is good.
- Restlessness.

The complaints related to the multiple sclerosis are clinically explainable. As we have other peculiar symptoms we do not use them in the first stage of analysis. Brooding about the future is normal for someone in this situation. An aversion to sweets is in our culture remarkable. An aggravation from heat or becoming warm-blooded is a symptom known for people with multiple sclerosis. This person, however, has been warm-blooded all his life, so the symptom is not necessarily related to the disease. The description of his nature does not show any pathology. Only the restlessness is underlined and is confirmed in many ways. His complaints aggravate if he thinks about them. This is rather normal, but it is underlined three times and the patient mentions it twice in the interview. We saw before that the amelioration when being busy is also underlined three times. So because of the intensity we have to take it into account.

### **Repertorisation and remedy selection**

The amelioration of the back pain by lying on the left side and the extension to the groins are not in the repertory. Diarrhoea alternating with normal stool is not there either. When reflecting on it a bit more, we can conclude that it is actually just diarrhoea, because the normal stool is not a symptom.

## Chapter: Case studies

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	BACK - PAIN - extending to - Thighs	5
2	1	GENERALS - HEAT - sensation of	163
3	1	GENERALS - FOOD and DRINKS - sweets - aversion	43
4	1	STOMACH - THIRSTLESS	144
5	1	MIND - RESTLESSNESS	425
6	1a	MIND - THINKING - complaints - agg.; thinking of his complaints	84
7	1a	MIND - OCCUPATION - amel.	42
8	1	RECTUM - DIARRHEA	470

	Lyc.	Arg-n.	Nux-v.	Puls.	Ars.	Merc.	Calc.	Graph.	Hell.	Kali-c.
	23	19	19	19	18	18	17	17	17	17
1	2	-	2	-	-	-	-	-	-	2
2	3	2	2	3	1	2	2	1	1	1
3	2	2	1	1	2	2	1	3	-	2
4	2	2	1	3	2	1	1	2	3	2
5	3	3	2	3	3	3	3	2	3	2
6	-	2	2	-	1	1	1	1	2	-
7	1	-	2	1	1	-	1	-	2	-
8	3	2	2	2	3	3	3	2	3	2

### **Differentiation of the remedies**

*Lycopodium clavatum* has diarrhoea as keynote. Aversion to sweets contradicts the keynotes of the remedy. Besides this, *Lycopodium clavatum* mainly has amelioration from lying on the right side. The psychological essence cannot be confirmed and is more or less contradicted because this man has no problem with expressing his opinion. Usually when the emotions are affected under this remedy, they become weak, making the patient insecure.

*Argentum nitricum* has sensation of heat and diarrhoea as keynotes. The remedy is even known for the treatment of neurological complaints. Aversion to sweets contradicts the keynotes of the remedy.

*Nux vomica* is also a remedy that affects the nervous system. Furthermore it has a strong action on the gastrointestinal tract. The sensation of warmth and the aggravation from warmth go against the keynotes of the remedy. The remedy has been given without result.

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*Pulsatilla pratensis* has the sensation of warmth, aggravation from warmth and thirstlessness as keynote. The fact that the patient does not cry easily and does not want any pity, go against the psychological essence of the remedy.

*Arsenicum album* has restlessness as keynote. The sensation of warmth and general aggravation from warmth contradict the keynotes of the remedy.

*Mercurius solubilis (vivus)* has an aversion to sweets as keynote. The (psychological) essence cannot be confirmed.

*Calcareo carbonica* has anxiety about health as keynote. The aversion to sweets opposes the keynotes of the remedy. The psychological essence is not confirmed.

*Graphites* has aversion to sweets as keynote. Numbness (and so tingling) occurs a lot in this a remedy. But we cannot confirm it by means of other keynotes or psychological essence.

*Helleborus niger* has no keynotes or psychological essence in this case.

*Kali carbonicum* has no keynotes in the case. The sensation of warmth contradicts the remedy. The restlessness and not being able to wait in line go against the psychological essence of the remedy.

None of these remedies really fit the case. The next step in the analysis is to study the keynotes. As we cannot find an answer when studying the remedies that come up on totality, we have to use methods that show remedies that occur less frequently or that are put in small rubrics. With the 'Radar programme' we can use the methods 'small remedies' and 'small rubrics' or a combination of them. These methods simulate the technique of searching those remedies in the repertory when using the book. If we do this we are forced to start with reading the remedies in the smaller rubrics first, otherwise we have too much information to deal with.

Another method that could be used if we just want to study the remedies in one peculiar rubric and not consider totality is 'elimination'.<sup>20</sup> If necessary this can be done should the next repertorisation not give any clues.

When we repertorise the same symptoms with the method 'small rubrics' in the 'Radar programme', we get the following new suggestions:

*Cimicifuga racemosa*, *Oxalicum acidum* and *Causticum*.

*Cimicifuga racemosa* has no keynotes in the case and the psychological essence is not confirmed.

*Oxalicum acidum* has aggravation from thinking about one's complaints and amelioration from occupations as keynote and this fits with the psychological essence. It covers the keynote in the case, 'Back - Pain - extending to - Thighs'.

*Causticum* is an interesting suggestion as it has neurological complaints and aversion to sweets as keynotes. It is however a remedy for chilly persons that is put in bold in 'Generals - Warm - amel.'. It is not found in the rubric that represents the peculiar symptom of the back in this case as keynote 'Back - Pain - extending to - Thighs'.

The remedy that fits best seems to be *Oxalicum acidum*. Aside from the emotional keynote, it also covers thirstlessness and restlessness. It is not in the rubric 'Generals - food and drinks - sweets - aversion', but we can find a strong aggravation from sweets in the materia medica. (Sometimes we have to divide the food modalities into negative or positive, this means putting the rubrics for desires and ameliorations together and those for aversion and aggravations. This can be justified by the fact that we very often see that they go together in a proving or patient.)

The sensation of warmth is found in Allen's Encyclopaedia in bold as '\* Flushes of heat and



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perspiration all over the body, [a6]' and in normal print as 'General sensation of heat, [a5].'<sup>21</sup>

In the same book we also find the emotional symptom: 'The pains from Oxalic acid, as soon as he thinks about them, return, particularly those in the knee, the hiccough, etc., [a11].'<sup>22</sup>

If we study the remedy more, then we find the relationship with multiple sclerosis. Again in Allen's Encyclopaedia we find in bold: '\* Strange sensation of numbness about his limbs, [a41].'<sup>23</sup> '\* Slight lameness and stiffness in the lower extremities, [a6].'<sup>24</sup>

In Boericke's materia medica<sup>25</sup> is written under 'extremities': 'Numb, weak, tingling. Backache; numb, weak, Myelitis. Muscular prostration. Sensation of numbness. Multiple cerebral and posterior spinal sclerosis.' In the same book is mentioned in the introduction: '\* Although certain oxalates are constant constituents of vegetable food and of the human body, the acid itself is a violent poison when taken internally, producing gastro-enteritis, motor paralysis, collapse, stupor and death. Influences the spinal cord, and produces motor paralysis.'

It is clear that *Oxalicum acidum* covers the most important issues of the case and is known for the pathology we have to treat. It is also interesting that it has a strong influence on the gastrointestinal tract, which appears in the case as concomitant.

The remedy is found via one keynote in the repertory and is confirmed with a keynote in the materia medica that fits the psychological essence, by pathology-oriented analysis and by concomitant symptoms. Further study shows that the totality is covered too.

The fact that, amongst the few symptoms that we have, there is a clear keynote of the remedy and that besides the pathology there are also other confirmations in the materia medica on totality, makes the prognosis better.

### **Choice of potency**

Because of the nature of the pathology I do not start higher than 200C.

### **Course of treatment**

After being given *Oxalicum acidum* 200C, the patient had cold feet for a week and an aggravation of the prickling above the knee. His sleep was more restless. He woke up after two or three hours of sleep and then took catnaps. After this initial week, a gradual amelioration occurred. The tingling and the weakness ameliorated. He was able to lie on his left side again. The diarrhoea went away. His lower back started to itch for some time and for the first time in eight years he developed flu with high fever. After ten months there was a general relapse that recovered after a repetition of the *Oxalicum acidum* 200C. The potency Q2 was also tried but without effect. The treatment took one and a half years. After this he no longer needed the remedy. The follow-up on this case is ten years, during which the patient's condition remained good. Only when he has done a lot of exertion does he feel some tingling in his foot soles at night.

### **Evaluation of the case**

In this case we see an interesting development from the point of view of the levels of health and the way this information can be used to evaluate a case. In the initial report we read that this patient did not have acute diseases for years - apart from a slight cold due to air-conditioning. The reaction to *Oxalicum acidum* shows that within a month after the remedy the patient developed an acute disease with high fever for the first time in years. This little piece of information is of major importance and should not escape the attention of the homeopath. It shows the 'directions of cure', indicates big changes in the condition of the defence mechanism and points out its quick recuperation. We know from observations that whenever a deep chronic disease has

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settled, the defence mechanism has been compromised leading to 'immunity' for acute diseases or at least to strong ones with high fever. If during the treatment of such a chronic disease the patient develops an acute disease with high fever, then this is a sure sign that progress towards a cure is being made and that the right treatment has been given. So, the fact that this patient develops an acute disease with high fever within one month after the remedy proves that the remedy was correct (see 'Appearance of an acute disease one month after taking the remedy' on page 77). The patient has made a quantum leap<sup>26</sup> and has gone from level seven in group C to level three in group A. One can wonder how this can happen as there are other cases where it takes years of treatment before this happens. We know from experience that such quick improvement can only happen in patients who were born in a higher level of health and who, due to certain negative influences<sup>27</sup> have gone lower down the scale of the levels of health. It is easier for these patients to jump up levels when treated correctly compared to those who have been born in a lower level of health and with a much less good overall state of health (see 'Prognosis and life expectancy' on page 44). Usually we need to give several remedies in a specific order, indicated by a change of the symptom pattern, before we see this kind of reaction. But from the moment it appears, the homeopath should know that the health is improving considerably. Seeing the case develop like this should give the homeopath confidence about the prescription given. If, for instance, the patient came for a follow up and stated that he felt better in general and had some amelioration of the multiple sclerosis symptoms without any objective signs that the defence mechanism is recuperating, then the homeopath should realise that the prescription was superficial or that there was only a placebo effect that will simply fade out. Once, however, the organism signals that it has started to regenerate as in this case by creating an acute disease with high

fever, the amelioration will be much more stable as can be seen in this case where the patient remains in a good condition for ten years.

## **Case 6: Sleeping disorders in a child**

### ***First consultation***

Since two years ago, a six-year-old child does not want to go to bed and prefers to fall asleep on the couch. During the night she wakes frequently and needs her parents' company [3]. She slumbers in her own bed until her parents go to sleep and then starts to panic and wants to hold her mother's hand [3]. She does not want to go and stay with a friend or even with her grandparents.

She likes to cuddle and suck her thumb. She is mentally precocious [2] and has taught herself to read and write. She picks up a lot of things from what she hears or sees, but does not know how to handle the information. It makes her insecure [2]. Because of this she can be defensive and fierce in her reactions [2], but in general she is a quiet girl. I observe that she makes complicated sentences when talking and is mentally very agile [2] but it seems as if she cannot follow her own train of thought. She is afraid of spiders [1] and in the dark and always needs a light [2].

The pregnancy and delivery were without problems. Her physical development was normal. She has never been ill and never had any acute diseases. She did not react to vaccinations.

Concerning food, she is very choosy. She hardly likes anything. Bread, fruit and yoghurt are actually the only food she wants to eat [2]. She does not drink a lot [2], when she asks for a drink she only drinks a little bit.

There are no peculiarities concerning sensitivity to warmth or coldness.

The father has complaints of the sinuses and the mother has asthmatic bronchitis due to allergies. The

father gets mild acutes and the mother is not susceptible to acute diseases. One grandfather died from cancer and a grandmother has rheumatism and Parkinson's disease.

### **Prognosis of the first consultation**

#### *Depth of the disturbance*

This is a case in which the disturbance has settled itself completely in the mental and emotional plane. There are no physical complaints and almost no generalities. This is not a good sign. It means that a one-sided disease<sup>13</sup> is developing. We also see that the mental plane seems to be stimulated and in the meantime the emotional plane seems to be weakened. The balance is lost. One can wonder how it is possible that a child of this age already has this kind of problem. For this case, however, an easy answer cannot be found. In general, nowadays we do see a greater tendency toward emotional and mental disturbances in children. One possible reason for this is the ever-increasing amount of vaccinations at an ever-earlier age, suppressing the immune system and forcing the defence mechanism to produce symptoms in deeper areas of the organism, the mental and emotional plane. The impact of vaccinations nowadays is even bigger because the parents of the children now being born, have already had more vaccinations than their parents ever had. Therefore, there is a possibility that these children have already inherited<sup>28</sup> an inefficient defence mechanism that is placed under a lot of extra pressure due to the number of inoculations given. Our defence mechanism has to make a tremendous effort to overcome these artificial interventions, making it more and more difficult to resist the genetic predisposition and to keep the disturbance on more superficial levels.

### *Personal medical history of the patient*

There is no susceptibility to acute diseases and no reaction to vaccinations. This again is not a good sign because it means that the defence mechanism is compromised and that the level of health is too low for the organism to be susceptible to this kind of infectious diseases.

The reason for this weakened defence mechanism is not evident as there are no clear causal factors that point out a change in the vitality during the child's life.

### *Familiar medical history and hereditary predisposition*

As there seems no clear causal factor in the personal history of the patient, it is most likely that a disturbance has been inherited. The family history shows complaints of the sinuses in the father and asthmatic bronchitis due to allergies in the mother. These can be caused by any hereditary predisposition (miasm). We find one case of cancer but this is not enough proof for a carcinogenic predisposition (miasm). Rheumatism and Parkinson's disease by themselves also do not give clear miasmatic information. The child herself has no keynotes or symptoms of a hereditary predisposition (miasm) or nosode that could point out what the root of the problem is. Although the parents' complaints might seem to be superficial, we know from experience that allergies are often deeply rooted because they are the result of a combination of hereditary (miasmatic) predispositions that negatively influence the defence mechanism and are therefore often difficult to treat. The fact that both parents are not susceptible to acute diseases with high fever shows that their defence mechanisms are compromised. If this deficiency was already present at the time of conception then this is passed on to the child.<sup>28</sup>

### *Conclusion*

The case before us leaves us in the dark as to the reason why the disturbance has settled on the deeper levels of the organism. Pathology-wise there are no problems and the prognosis is good from that point of view, but homeopathically we are facing a totally different story as the organism shows clear signs of a compromised immune system and the reason for this is not easy to track down. From experience we know that this situation usually comes from a combination of genetic weaknesses in the defence mechanism combined with suppressive therapies like allopathic medicines and vaccinations. The case is going towards a one-sided disease, which means that there are few symptoms that can lead us to remedies. These kinds of cases are found in group C and group D. As we are not dealing with an incurable pathological condition, we can assume that we are treating a patient in group C. The fact that no acute diseases occur and that there were no reactions to vaccinations points to level eight or nine.

### **Selection of symptoms of the first consultation**

#### *Peculiar symptoms*

- Mentally precocious and very agile.
- We can look up the few things she does eat: bread, fruit and yoghurt.
- She does not drink a lot.

#### *Intense symptoms*

- Waking frequently and needing the company of the parents at night; panics when her parents go to sleep and wants to hold her mother's hand.
- Insecurity, making her defensive and fierce in her reactions.

Liking to cuddle and suck the thumb are normal things for a six-year-old child. The fears she has are also quite

common at this age. If necessary we can use these things for differentiation.

### Repertorisation and remedy selection of the first consultation

Subrubrics for 'children' are usually very incomplete. It is always good to also check the main rubric in order not to miss any important remedies. J.T. Kent, in his advice on how to use the repertory, has warned us against using only subrubrics and insists that we should always look at the main rubric so that we won't miss the most important remedies for that symptom.<sup>29</sup>

The rubric 'Mind - Defensive' is referred to 'Mind - Offended, easily'. I combine the rubric 'Mind - Agility, mental' with 'Mind - Ideas - abundant'. The latter gives a more complete overview of the remedies that got a strong stimulation of the mental plane during the provings.

#### Repertorisation with filter 'Vithoukas view 2006'

1	1	MIND - PRECOCITY of children	35
2	1a	MIND - AGILITY, mental	6
3	1a	MIND - IDEAS - abundant	127
4	1	GENERALS - FOOD and DRINKS - bread - desire	44
5	1	GENERALS - FOOD and DRINKS - fruit - desire	45
6	1	GENERALS - FOOD and DRINKS - yoghurt - desire	6
7	1	STOMACH - THIRSTLESS	145
8	1	SLEEP - WAKING - frequent	219
9	1	SLEEP - WAKING - frequent - children; in	4
10	1b	MIND - COMPANY - desire for - night	5
11	1b	MIND - FEAR - alone, of being - night	12
12	1	MIND - CLINGING - children; in - mother; child clings to the - hand of the mother; child will always take the	7
13	1	MIND - CONFIDENCE - want of self-confidence	87
14	1	MIND - OFFENDED, easily	96
15	1	MIND - PASSIONATE [= choleric]	47



## Levels of health

	Lyc.	Puls.	Phos.	Sep.	Lach.	Ars.	Bell.	Calc.	Caust.	Nat-m.
	28	28	26	25	24	22	22	22	22	22
1	1	1	1	1	3	-	1	2	-	1
2	-	-	-	-	-	-	-	-	-	-
3	2	2	3	1	3	2	2	2	1	-
4	1	2	-	1	-	2	2	1	-	2
5	1	1	1	1	1	1	-	1	1	1
6	-	-	-	-	-	-	-	-	1	1
7	2	3	1	2	1	2	2	1	1	1
8	2	3	3	3	2	2	2	3	2	2
9	-	-	1	1	-	-	-	-	-	-
10	-	1	1	-	-	-	-	-	-	-
11	1	-	-	-	-	-	-	-	2	-
12	1	1	1	-	-	-	-	-	-	-
13	2	2	1	1	1	1	1	1	1	2
14	3	2	1	2	2	3	2	3	3	2
15	1	-	1	2	3	1	2	-	1	1

### Differentiation of the remedies

*Lycopodium clavatum* has lack of confidence as psychological essence but the underlying cause as seen in this case is not confirmative for the remedy. There are no keynotes of the remedy present here.

*Pulsatilla pratensis* has as keynotes in this case being thirstless and clinging to the mother. The need for company of the parents and the holding on to the mother confirm the psychological essence of the child.

*Phosphorus* does have the desire for company as keynote and as part of the psychological essence. However, being thirstless contradicts the remedy.

*Sepia officinalis*, *Belladonna* and *Causticum* have no keynotes or essence in this case.

*Lachesis muta* had a strong effect on the mental plane in the proving making the mind quick and crowded with ideas. Strong emotions with fierce reactions are part of its psychological essence. There are no keynotes to confirm this remedy.

*Arsenicum album* has the kind of emotional dependence as seen in this case as part of its psychological essence. There are no keynotes to confirm the remedy.

*Calcarea carbonica* can also have a great need for reassurance making the child fearful at night and insecure. The insecurity in this case has, however, another origin and there are no keynotes to confirm the remedy.

*Natrium muriaticum* is contradicted because when the emotional plane is affected it is primarily a remedy that has the tendency to withdraw rather than to seek contact in this way.

From these remedies, *Pulsatilla pratensis* seems to be the most similar. It is the only remedy that fits the psychological essence and that, in addition, has keynotes to confirm it. The prescription has to be done on a rather meagre amount of symptoms but this is not a surprise in this kind of one-sided case where the immune system is compromised and little useful symptoms are produced.

### **Choice of the potency**

As young children are often sensitive to stimuli, I prefer to start with a potency not higher than 200C. Even in a case like this where the disturbance is on the mental and emotional planes. Looking at the emotional reactions of the child one can see a certain kind of vulnerability, which also makes me careful with the prescription of the first potency. This kind of emotional state can indicate a sensitivity of the organism that can also give strong reactions to homeopathic remedies. I can always raise the potency if the lower one does not seem to work.

### ***Second consultation (three months after the first consultation)***

There was no aggravation after administration of *Pulsatilla pratensis* 30C.

Up until three weeks ago she slept longer and deeper - instead of three hours per night she slept for six hours. She still came to her parents at night, but not every

## Levels of health

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night and she did not panic and did not wake up fully. Now, however, for three weeks her sleep has been more restless [2] and she dreams a lot causing her to talk and scream in her sleep [2]. Because of this she again wants to be with her parents at night [2]. She used to fall asleep more easily, but now she lies awake again until her parents go to bed. She still sleeps with the light on.

The fear of the dark and of spiders is the same. She is still mentally agile, defensive, easily offended and sensitive to criticism. [2]

Her appetite is better; she eats about double the amount but still not with much variety. There are no changes concerning temperature.

Her legs are full of small scabs as she scratches them a lot [2].

There have been no acute diseases.

### **Evaluation of the second consultation**

Looking at the remedy reaction it seems that, as we expected, the case indeed belongs to a lower level of health, because there has been a partial amelioration of the main complaint without an initial aggravation and with a relapse after about two months without an antidote. An amelioration of the main complaint without an aggravation can be seen in the higher levels of health if it is accompanied by a general amelioration of the patient. In those cases we will also see that the regained balance will last for many months or even years as long as there is no strong antidote (see 'Observation 2: The patient feels much better in every aspect, but little or no aggravation has occurred.' on page 93). In this case there is no general amelioration seen from the point of the mental or emotional symptoms, but the child does have a much better appetite. The latter can be a sign that there is a positive change in the physiology taking place. Another important observation is that she scratches her legs a

lot. We know that when an organism gains strength it tries to shift a disturbance to the periphery. The appearance of skin complaints during a treatment is always important as it can indicate that such a process is happening. In a case like this, however, we expect the susceptibility of the organism to change when the overall state of health becomes better, leading to acute diseases. If the organism has enough energy to produce an irritation of the skin then why does it not create an acute disease? It is important to ponder about these things, because we must always take into account that a partial amelioration may simply be a placebo effect.

### **Remedy selection of the second consultation**

My conclusion was that maybe the reaction was not clearer because the potency was too low. *Pulsatilla pratensis* 30C might have activated the defence mechanism enough to give some reaction but not enough to show a clear improvement. As there were no new symptoms, I decided to repeat the remedy in a higher potency.

### ***Third consultation (two months after the second consultation)***

After *Pulsatilla pratensis* 200C there was no initial reaction or aggravation.

Until about a month ago she went to bed and fell asleep by herself. During the night she still would come to sleep with her parents, but did not wake them up. Now she keeps herself awake again until her sister or parents go to bed and wants to hold her mother's hand [1]. She wants to have a little light in her bedroom and wakes up when her mother turns it off.

She is afraid of spiders [1]. She talks a lot and is mentally precocious [2]. Her moods are bad, she is demanding, impatient and never satisfied. [3]

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She is choosy with her food [2/3] but her appetite is still better.

Her legs no longer show any scabs because she scratches less.

One month ago she got a cold with slight fever that disappeared again on its own.

### **Evaluation of the third consultation**

Again there was no initial aggravation and the amelioration was short, but now there are clear signs of a strengthening of the defence mechanism. Although the skin irritation disappeared again, the child developed an acute disease. This is a very good sign that shows that the overall state of health is improving. Having an acute without high fever belongs to level seven of group C. It is a pity that the skin irritation went away, but this can be explained by the fact that the organism is still not strong and does not have energy to produce a skin complaint and an acute disease at the same time. The fact that there was a general relapse after the acute disease proves that the balance is still vulnerable. Nevertheless, the reaction is favourable and the question is what to do now. As can be seen there is a shift in the symptoms in the sense that the child's moods are worse and she becomes demanding, impatient and dissatisfied while at the same time the intensity of the fear of the dark and the holding of the mother's hand have lessened. This can be seen as an improvement, because irritability is a less deep emotional complaint than fears.<sup>11</sup> Often we see irritability coming up temporarily when fears subside. The mental precocity has, however, not changed yet. It would have been logical if the mental disbalance had been shifted to the emotional plane, thereby also creating the strong moodiness, but for some reason this is not taking place. Maybe such a shift is already in process but cannot be observed at present.

### **Prescription to the third consultation**

The best policy in a situation like this, where there are definite signs of an increase in the overall health of the patient but no clear remedy pattern and no pathological condition that compels us to take action, is to wait.

### ***Fourth consultation (six months after the third consultation)***

During the past months the child has developed a recurrent coryza with sinusitis and an annoying cough. She was given antibiotics by the general practitioner. Due to the antibiotics she developed a red rash that lasted for a week. At the moment she still scrapes her throat a lot and has a hacking cough. According to the general practitioner she has an allergy.

She is still not sleeping well. Sometimes she falls asleep easily, sometimes she stays awake until the others go to bed. At night she goes to sleep with her parents [2].

She is afraid of the dark [2] and of spiders [1]. She talks a lot and is mentally precocious [2]. Her moods are bad, she is impatient, easily angered [2] and never satisfied [3].

She has a strong desire for sweets [3].

### **Evaluation of the fourth consultation**

In this consultation we have a different situation from the first consultation. The child has had recurrent physical complaints during the past months which means that her overall state of health has changed. Instead of one-sided mental-emotional symptoms, the defence mechanism has been able to shift the disturbance partly to the periphery. Recurrent complaints point to group B, but as there is no fever accompanying them the child still belongs to level seven of group C or is somewhere in between levels six and seven. It is very unfortunate that she was given antibiotics because at present the defence mechanism

is still not very strong and the wrong treatment could easily disrupt the ongoing process and lower the state of health again. Maybe the lingering of the symptoms is already the result of this suppressive therapy. That the defence mechanism responded to the antibiotics with a skin eruption is a good sign as this is an indication of an attempt to counteract the negative effect of the antibiotics. It is not clear whether it has been fully successful in its effort as we do see that there are again stronger fears. If the antibiotics have disbalanced the system in some way, then this could have led to a relapse. We could wait to see if the organism can rebalance itself, but because of the lingering cough I prefer to give a remedy if the pattern is clear. Otherwise the organism might lose too much energy and will eventually drop back to the original condition. As we can see, there are some new symptoms compared to the first consultation. It is good to check whether they belong to the first remedy or if they compose a new pattern belonging to a different remedy.

### **Selection of symptoms of the fourth consultation**

#### *Peculiar symptoms*

- She talks a lot and is mentally precocious.

#### *Intense symptoms*

- At night she goes to sleep with her parents.
- Her moods are bad, she is impatient, easily angered and never satisfied.
- She has a strong desire for sweets.

The acute diseases do not give any characteristics.

### **Repertorisation and remedy selection of the fourth consultation**

I combine rubrics that are similar in order to avoid too much repetition. As in the first repertorisation I include the main rubrics together with the ones for 'in children'.

## Chapter: Case studies

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	MIND - PRECOCITY of children	35
2	1a	MIND - AGILITY, mental	6
3	1a	MIND - IDEAS - abundant	127
4	1b	MIND - COMPANY - desire for - night	5
5	1b	MIND - FEAR - alone, of being - night	12
6	1c	MIND - IRRITABILITY	427
7	1c	MIND - ANGER	241
8	1d	MIND - IRRITABILITY - children, in	41
9	1d	MIND - ANGER - children; in	24
10	1	MIND - IMPATIENCE	136
11	1	MIND - DISCONTENTED	191
12	1	MIND - DISCONTENTED - children	5
13	1	GENERALS - FOOD and DRINKS - sweets - desire	103

	Lyc.	Sulph.	Merc.	Puls.	Calc-p.	Calc.	Nux-v.	Staph.	Phos.	Sep.
	24	23	22	22	21	21	21	21	20	20
1	1	1	2	1	2	2	1	1	1	1
2	-	-	-	-	-	-	1	-	-	-
3	2	2	1	2	1	2	2	1	3	1
4	-	-	-	1	-	-	-	-	1	-
5	1	-	-	-	-	-	-	-	-	-
6	3	3	2	3	2	3	3	3	3	3
7	3	3	3	1	2	2	4	3	2	3
8	1	1	-	1	2	2	1	3	-	1
9	2	-	1	-	-	-	1	1	2	1
10	2	3	1	2	1	2	3	2	-	3
11	2	3	3	2	3	1	2	2	1	2
12	-	-	1	-	1	-	-	-	-	-
13	3	3	2	2	1	2	1	2	2	2

### **Differentiation of the remedies**

*Lycopodium clavatum* has a strong desire for sweets as keynote. The psychological essence is not confirmed.

*Sulphur* also has a strong desire for sweets as keynote. An over-stimulation of the mental functions can be seen in this remedy and leads for instance to a symptom as 'theorizing'. This is part of its psychological essence.

*Mercurius solubilis (vivus)* has no keynotes or (psychological) essence in this case. A strong desire for sweets contradicts the keynotes of this remedy.

*Pulsatilla pratensis* has no keynotes in this case. The desire to be with her parents is part of the psychological essence of this remedy.



## Levels of health

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*Calcarea phosphorica* has 'being discontented' as psychological essence. Other symptoms can be confirmed by studying its components 'Calcarea' and 'Phosphorus'. A strong desire for sweets is a keynote of *Calcarea carbonica* and the desire for company with the fears are part of the psychological essence of *Phosphorus*.

*Calcarea carbonica* has a strong desire for sweets as keynote. A dependency towards the parents can be part of the emotional essence of the remedy, but the dissatisfaction contradicts it. Children that need *Calcarea carbonica* are usually easily satisfied and can play easily by themselves.

*Nux vomica* has irritability as part of its psychological essence. There are no keynotes of this remedy.

*Staphisagria* and *Sepia officinalis* have no keynotes or (psychological) essence in this case.

*Phosphorus* has 'desire for company' with these fears as part of its (psychological) essence.

As expected, it is not easy to distil a remedy out of the symptoms we have at this moment, which shows that the overall energy is still not really good. A stronger defence mechanism will produce clear symptoms that lead to a remedy without leaving much doubt for the homeopath. Here the symptom pattern is still rather vague - which is also a reminder of the one-sided condition the organism was in at the beginning of the treatment. Although reactions are occurring that show signs of improvement in health, the defence mechanism is still struggling to counteract the disturbance. From the remedies that are coming up in this repertorisation *Calcarea phosphorica* is a good possibility. It has the current main problem, the bad mood with dissatisfaction, as psychological essence. When looking at it from the point of view of combination remedies, we can confirm it by keynotes in the physical generals and in the emotional symptoms. *Calcarea phosphorica* also fits the physiological processes that a child's organism

undergoes at this age and is often needed to support these changes.

### **Choice of potency**

Although there were no strong reactions to the formerly given potencies, I still prefer not to go higher than 200C as I cannot estimate with great confidence the sensitivity of the organism. This is particularly relevant now as it is seeking a new balance. The potency can always be raised if the lower one does not seem to work.

### ***Fifth consultation (six months after the fourth consultation)***

The girl took *Calcarea phosphorica* 200C six months ago.

For six weeks she has been having nightmares about big spiders with hairy legs [3]. She sees spiders doing something in her room or sitting by her bed. Once she dreamed that there was a tarantula in her bed and she tried to hit it away, but didn't succeed. When she dreams, she goes to her mother or somebody else who is around. She wants to sleep with her parents or sister. She grinds her teeth in her sleep [2]. When she has the opportunity she sleeps with the lights on.

During the daytime she is also terrified of spiders [3]. She does not dare to look in a book with pictures of spiders and starts trembling completely when she sees one for real. She has the same reaction to snakes [3].

Her moods change very quickly [2]. She can be very excited, extremely cheerful and have exaggerated behaviour if she is not corrected and slowed down. But she can also be very easily offended and angry. She has many conflicts with her brother and sister. She is very sensitive to criticism and is always on top of everything [2/3]. The way she talks during the consultation is defensive as if the mother is criticising her all the time [2].

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She is obsessed by preliminary tests and tries to prepare herself in all possible ways not to encounter a problem. She does not want to get married. The idea of having children scares her. That is the reason why she does not play with dolls anymore. She also worries about her teeth and is very afraid that she will need braces, because she has heard of someone who had a tooth extracted for this reason. She immediately stopped thumb sucking at that time. She can be busy for hours on end with her clothing and her looks.

Concerning food, she is still very choosy and prefers bread, fruit and yoghurt, although she eats a larger amount than before. Her thirst is normal.

There are no peculiarities as to temperature.

The so-called allergic complaints like coughing, recurrent coryza and sinusitis have not occurred anymore.

### **Evaluation of the fifth consultation**

The lingering physical complaints have gone but there has not been an initial aggravation. The latter would have been better to give us more confidence about the action of the remedy. We do see very strong and peculiar symptoms, which is favourable for the prognosis if they belong to a specific homeopathic remedy. Although there are still a lot of emotional symptoms, the organism seems to be rearranging itself. There does not seem to be mental precocity anymore, as the girl has to make a big effort to encounter the preliminary tests. The large amount of emotional symptoms can be due to the fact that the mental plane is becoming more balanced. The organism will have to divert the disturbance to a plane lower in the hierarchy. As the emotional plane is the next one below the mental plane, it will get all the impact. In an organism that is in a better condition, we will see that physical symptoms would have developed instead of emotional. But when the defence mechanism has been compromised then

the shift of symptoms often has to be taken step by step.

Important to notice here is also the new symptom 'grinding of the teeth at night'. This is a symptom related to the tubercular predisposition. The appearance of such a symptom proves that the organism was suffering from an inherited disturbance and shows that it is trying to undo itself from it. In the first evaluation of the case, we could not find a clear cause for the bad situation the organism was in. Now, as the organism is getting stronger, we get better information about the origin of the disturbance. We can find proof for the presence of this tubercular predisposition in the family through the chronic sinusitis of the father and the asthmatic bronchitis due to allergies of the mother. Both complaints are often found when a tubercular predisposition is present. They can also occur in other predispositions but now that we see the additional keynote of the tubercular predisposition in the child we can confirm it. It is not certain whether this predisposition was solely responsible for the deep disturbance we saw in this case. Usually we find that a genetic predisposition gets more impact on the organism when it becomes undermined by other stress factors, of which vaccinations are the most important, because they are given at a very young age when the immune system is not fully developed, making the impact on the defence mechanism very big.

In the case we are treating we can go and have a look whether the current symptoms show the pattern of a remedy. If we can find the correct next remedy then we can help the defence mechanism to further recuperate.

### **Selection of symptoms of the fifth consultation**

#### *Peculiar symptoms*

- Nightmares about spiders.
- Changeable moods.

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- As she still has the same food modalities we can look up desire for bread, fruit and yoghurt.

### *Intense symptoms*

- Fear of spiders and snakes.
- Grinding teeth during sleep.
- Very insecure, shown through obsession with tests, not wanting to get married, worries about her teeth and looks, etc.
- Very sensitive to criticism; always being on top of everything; defensive if she is criticised.

### **Repertorisation and remedy selection of the fifth consultation**

We can often combine dreams and delusions because they both arise from the subconscious. The dreams about spiders and the fear of spiders are put together, because they are rubrics about the same symptom. Probably she dreams about spiders because she fears them so much.

As there are a lot of emotional symptoms confirming her insecurity, I only take the rubric of the underlying reason of her behaviour and not all the separate rubrics. This can outbalance the repertorisation. If we do not get a satisfying answer this way, we can always repertorise the separate rubrics. The sensitivity to criticism is of course also an expression of this problem, but as it is so strong I look it up separately. To repertorise the sensitivity to criticism I combine a few similar rubrics.

## Chapter: Case studies

### *Repertorisation with filter 'Vithoukas view 2006'*

1	1a	DREAMS - SPIDERS	6
2	1a	MIND - DELUSIONS - spiders, sees	1
3	1a	MIND - FEAR - spiders, of	10
4	1	MIND - MOOD - changeable	146
5	1	GENERALS - FOOD and DRINKS - bread - desire	44
6	1	GENERALS - FOOD and DRINKS - fruit - desire	45
7	1	GENERALS - FOOD and DRINKS - yoghurt - desire	6
8	1	MIND - FEAR - snakes, of	19
9	1	TEETH - GRINDING - sleep agg.; during	54
10	1	MIND - CONFIDENCE - want of self-confidence	84
11	1b	MIND - SENSITIVE - criticism; to	11
12	1b	MIND - DELUSIONS - criticized, she is	16
13	1b	MIND - DELUSIONS - insulted, he is	16

	Puls.	Ign.	Nat-m.	Calc.	Ars.	Bell.	Carc.	Lyc.	Sep.	Lac-c.
	20	19	18	17	16	16	15	15	15	14
1	-	-	-	-	-	-	1	-	-	-
2	-	-	-	-	-	-	-	-	-	2
3	1	1	1	1	-	-	1	-	-	1
4	3	3	1	2	2	2	-	3	2	1
5	2	1	2	1	2	2	1	1	1	-
6	1	1	1	1	1	-	1	1	1	-
7	-	-	1	-	-	-	-	-	-	-
8	1	1	1	1	1	1	1	-	1	3
9	1	2	-	1	3	3	-	3	1	-
10	2	1	2	1	1	1	2	2	1	2
11	-	-	1	1	-	-	3	-	1	-
12	-	1	1	-	-	-	1	-	-	-
13	1	1	1	-	-	1	-	-	-	1

### **Differentiation of the remedies**

*Pulsatilla pratensis* was the first remedy given to this child and it has acted well. As it still comes up high in the repertorisation on totality, the question arises whether it should be given again. It has changeable moods and refusal to sleep alone as part of its psychological essence. But we can see when we compare this consultation to the first one, that there has been a shift in the intensity of the symptoms, which is why it is good to study the case thoroughly to see if a different remedy pattern can be detected. There are no keynote to confirm *Pulsatilla pratensis* at this point.

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*Ignatia amara* has changeable moods as keynote and part of the psychological essence. It is a remedy in which we can see a lot of behaviour problems especially in girls and young women. In ninety percent of the cases, however, we see an aversion to fruit rather than a desire.

*Natrium muriaticum* probably appears so strongly here because it covers all the food modalities so well. We always have to be careful with these rubrics, because they can change the whole repertorisation although they are not always useful. We should actually only use them when they are really prominent. In this case, we took them up as we did not have other physical generals and because they had existed for a long time. Sensitivity to criticism is an important symptom for *Natrium muriaticum* and fits the psychological essence of it. We can see, when this remedy is needed, nervous complaints in which there is no longer any control over the emotions resulting, among other things, in changeable moods. Primarily, however, it is an emotionally more closed and controlled constitution. We do not see any keynotes for this remedy.

*Calcarea carbonica* is often needed for insecure children who need safety. We do not have keynotes for the remedy to confirm the remedy.

*Arsenicum album* has emotional insecurity as psychological essence. We do not find keynotes of this remedy in this case.

*Belladonna* has fear of animals, but especially dogs. It is in the third degree for 'grinding of the teeth'. The intensity of the symptoms as we see in this case can fit with the essence of the remedy.

*Carcinosinum* has 'sensitivity to criticism' as part of its psychological essence. The precocity we saw in this case is also a symptom of *Carcinosinum*. We can ask ourselves if there is a carcinogenic predisposition predominant instead of a tuberculinic, but we do not find confirmation for this in the physical generals of the child

or in the familiar medical history as we do for the tuberculinic predisposition.

*Lycopodium clavatum* has 'lack of self-confidence' as psychological essence. There are no keynotes for the remedy in this case.

*Sepia officinalis* cannot be confirmed in this case through keynotes or essence.

*Lac caninum* has 'fear of snakes and vermin in general' as keynotes. Changeable moods belong to the alternating element of the remedy, which is also a keynote. The lack of self-confidence fits the psychological essence of the remedy.

*Belladonna*, *Carcinosinum*, *Lycopodium clavatum* and *Lac caninum* are the remedies that are suitable for the case. From these, *Lac caninum* is the one that has the main complaint as keynote. The insecurity of the child belongs to the psychological essence of the remedy. In Hering's 'Guiding symptoms' we find the following about this subject: '- || Feels insulted because she thinks she is looked down upon by everyone'.<sup>30</sup>

Also the negative emotional reactions of the girl are described: '- α Intense ugliness and hatefulness; writes to her best friends all sorts of mean and contemptible things'.<sup>30</sup>

The fear and delusions about vermin as snakes, spiders, etc., are described in the book as follows<sup>31</sup>: '- α Imagines she sees spiders. ð Diphtheria.' 'Sensation or delusion as if surrounded by myriad snakes, some running like lightning up and down inside the skin; some that are inside feel long and thin; fears to put her feet on the floor, lest she should tread on them and make them squirm and wind around her legs; is afraid to look behind her, for fear that she will see snakes there, does not dream of them and is seldom troubled with them after dark; on going to bed she was afraid to shut her eyes for fear that a large snake, the size of her arm, would hit her in the face.' 'Worries herself lest pimples



which appear during menses will prove to be little snakes, and twine and twist around each other.'

*Lac caninum* covers keynotes, psychological essence and pathology-oriented analysis. What is noteworthy though is that it does not come up for the food modalities. It is possible that these are not real symptoms in a strictly homeopathic sense or that they belong to another remedy layer. We also have to realise that we often see that when the defence mechanism is disordered and the overall state of health is low, side-symptoms develop that cannot be used to find the remedy. They are an expression of the disbalance of the organism and create confusion in the selection of the remedy, because in advance one does not know which symptoms are useful and which are not, as in this case.

The fact that the newly developed symptom pattern points clearly to a remedy proves that the defence mechanism has become much stronger and that we are on the right track with the treatment. It does not matter whether the remedy is known for the treatment of the hereditary predisposition we saw. Every remedy that is similar to the peculiar symptoms expressing the individual reaction of the organism to a stress factor, as is the genetic predisposition, can eliminate this influence. In case of a hereditary predisposition (miasm) we can check this by looking to see whether the keynotes of this predisposition change under the remedy or not.

### **Choice of potency**

As there was a clear action of the former remedy that was given in 200C, I do not consider it necessary to start with a higher potency.

### **Reaction to the remedy and following reports**

Administration of *Lac caninum* 30C resulted in the patient only having three nightmares during the following eight months instead of several times a week.

She did not have an initial aggravation. When she had a relapse after eighth months she was given *Lac caninum* 200C, to which she responded with amelioration within twelve hours, again without initial aggravation. Two years later she again had a relapse and was given *Lac caninum* 200C again. After two weeks she developed pharyngitis with high fever. This disappeared on its own after one week but she remained very tired, grinded her teeth during sleep and started sleepwalking although she had no nightmares. She was then given *Lac caninum* M, which was repeated a year later during a relapse. She became more open, more admissible and less sensitive to criticism. She became less rigid and more reasonable so that things no longer needed to happen her way at any cost. She was less quarrelsome. Her appetite improved and she was less choosy; she started to try to taste everything. According to the physiotherapist, she was much more able to relax and started to move with more flexibility.

### **Evaluation of the reaction to the remedy**

Although the reactions to *Lac caninum* 30C and 200C seem favourable, one cannot be really sure about its effect because there are no real signs of regeneration of the defence mechanism or 'directions of cure'. This is the reason why we like to see an initial aggravation. An amelioration without initial aggravation can be seen when the 'similimum potency' has been given but this does not occur very frequently. We can also see amelioration without initial aggravation in the highest and the lowest levels of health. As our patient has gone up to a higher level of health during the treatment, we can assume that she does not belong to the lowest levels of health at this moment. However, she also does not belong to the highest level of health. This means that as long as there are no clear signs of recuperation of the defence mechanism, we have to take into account that the amelioration we see could still be a placebo effect. I know this might sound strange as the

amelioration holds out for so long but it is better to be honest to oneself as a homeopath in order not to become disappointed in the long run. This is why it is so important to incorporate the information as given in the chapter 'Levels of health' when practising homeopathy, because it gives us clear guidelines. Luckily after the second dose of *Lac caninum* 200C there is a clear sign of a reaction on the part of the defence mechanism by means of pharyngitis with high fever. Once this has happened we know that the organism is really regaining health. In this case it means that the patient went to level three in group A because the acute disease was not reoccurring frequently later on. It is favourable that the acute disease passes away by itself but at the same time we see that the organism cannot restore itself afterwards. This is a sign that there is still some weakness left in the organism and that the patient still belongs to the lowest part of group A. Therefore the remedy is repeated to support the defence mechanism, this time in a higher potency than before. The result was very favourable as can be seen in the next consultation.

### ***Sixth consultation (thirteen years after the fifth consultation)***

The patient, who is now a twenty-one-year-old woman, consults me for headaches that have been bothering her for six to eight weeks. They occur in the morning on waking and in the evening in bed on going to sleep [2/3]. She has pain in her temples and occiput [2/3] that improves with pressure [2]. Her eyes often feel tired and heavy [2]. This ameliorates by pressing on them, but then the headache aggravates [2].

Sometimes she has pain in her loins that extends to the head [1].

For about four months her ears have often felt blocked [2/3] and she uses 'Nasonex' to prevent this.

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She took antibiotics last week because of sinusitis with pain next to the eyes and at the root of the nose [2]. It has been years since she last had this. She has had influenza with fever or a cold but without this complication. She has no allergies.

She is chilly [2/3], especially her hands, feet and nose [2] and prefers warmth.

She sleeps well, but she does not feel fit in general and needs a lot of sleep [2]. Sometimes the headache wakes her up [2]. She does not have nightmares and does not grind her teeth anymore.

Her appetite is very good. She eats all through the day and is hungry again an hour after eating [2/3]. She has an aversion to meat [2].

Her menses are regular and non problematic.

She still has a fear of spiders [1] but no more than other people. She is an active young woman who knows what she wants. She is currently at university and also has a job. She is straightforward and determined in her communication.

### **Evaluation of the sixth consultation**

If we compare this consultation to the first one then we see a big difference. The case is presented in a totally different way. It is not any more one-sided as we have local symptoms with modalities and physical generals. The patient is mentally and emotionally much more balanced and has mainly physical complaints that moreover are situated on a superficial area. She has been susceptible to acute diseases that appeared infrequently and sometimes with high fever. At the moment she is also suffering from the remainders of an acute she had recently. Apparently her energy level was affected resulting in a lowered resistance through which a sinusitis could develop. Unfortunately this was treated with antibiotics. We know that antibiotics can deregulate the defence mechanism. However, the organism had already lost its balance before this event.

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If we look at the case closely and put things in the right chronological order, then we can try to gain insight into what has happened and reconstruct the course of events. A few months ago she developed a problem with her ears for which she was prescribed 'Nasonex'. Since a few weeks ago she has had headaches that disturb her sleep and lately she had an acute disease that led to sinusitis.

The first problem that bothered the patient was a sensation of obstruction in the ears. This was the first sign the defence mechanism gave that there was a loss of balance. We know this because the intensity was of such a kind that the patient sought help for it from the general practitioner. The reason for this loss of balance is a loss of energy. Our defence mechanism has to constantly adapt to the input from outside (mental, emotional and physical) to preserve the homeostasis and it needs energy to do this. If there is not enough energy available, then it cannot adapt properly and produces symptoms the patient is aware of. In this case the patient probably overexerted herself by studying and having a job at the same time. Maybe she also went out late at night as a lot of young people do and because of this combination of things there was not enough energy left for the defence mechanism to act properly. If the patient had come for homeopathic treatment when she developed ear troubles, then her defence mechanism could have been positively stimulated again and things would not have gone as far as they have done now. What happened is a classical situation that often occurs in daily practice. The patient went to the general practitioner who prescribed 'Nasonex', which is a corticosteroid. It is known that these medicines act deeply and can easily suppress the immune system and disbalance the organism. The reaction of the defence mechanism to this disbalancing will be seen as a relapse of symptoms. So instead of helping, the allopathic medicine brought on even more stress to the organism that also had to try to adjust the

negative influence of the corticosteroids. Thus, the defence mechanism had to produce more symptoms to keep the internal balance. One of these symptoms, the headache, disturbs the sleep so that the organism cannot regenerate properly at night and little by little the patient gets into a vicious circle that undermines her health. The fact that a simple cold developed into sinusitis again shows that the energy level had dropped because of all of this. The danger now is that, by wrong treatment, she might go back to the state of health she was in before, where the sinusitis is becoming recurrent again. If at this point no action is taken to positively stimulate the defence mechanism and the wrong treatment is continued then there will eventually be a full relapse.

Part of the treatment needed will be to make sure that energy consuming circumstances or habits are stopped to prevent a disease-maintaining situation. For this we have to advise the patient about a healthy life style and assure her not to overexert herself too much. We also have to do something about the 'Nasonex', which can be stopped in this case without problems. And of course we have to give her a homeopathic remedy so that the organism can regain its balance as soon as possible through the right stimulation of the defence mechanism. It is possible that when the patient stops the corticosteroids she will get a (local or general) reaction. The administration of the right homeopathic remedy should help to solve this.

### **Selection of symptoms of the sixth consultation**

#### *Peculiar symptoms*

- Headache on waking and in the evening in bed on going to sleep, with pain in the temples and occiput, better by pressure, worse when pressing on eyes; waking from headache.
- Her eyes often feel tired and heavy which ameliorates by pressing on them.

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- Pain in her loins which extends to the head.
- Aversion to meat.

### *Intense symptoms*

- Her ears feel blocked.
- Chilliness.
- She eats all through the day and is hungry again an hour after eating.

Being tired is a general symptom of not being in a good condition, especially because the sleep is disturbed due to the headache it is not peculiar enough to use for the selection of a remedy. She no longer has mental or emotional pathology and the information we get from these levels are mere descriptions of her personality and in this sense not useful for the selection of a remedy at this moment.

### **Repertorisation and remedy selection of the sixth consultation**

The rubric 'Head - Pain - pressure - eyes; on' has no modality for aggravation. In the local rubrics, 'forehead' and 'temples', the modality also does not exist. The rubric 'Head - Pain - night - waking him or her from sleep' has no remedies. The different localisations of the head with the same modalities are combined in order not to repeat remedies too much. The modality 'amelioration by pressure' does not occur for the symptoms 'tiredness' and 'heavy feeling' in the eyes. As a sensation of heaviness is often present when there is tiredness, I combine these rubrics also. Lumbar pain extending to the head is not found in the repertory. 'Stomach - Hunger' is referred to 'Stomach - Appetite - increased'. The fact that she is hungry again soon after eating, can only be found as a subrubric of 'Stomach - Appetite - ravenous'.

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### *Repertorisation with filter 'Vithoukas view 2006'*

1	1a	HEAD - PAIN - morning - waking - on	107
2	1a	HEAD - PAIN - Forehead - morning - waking; on	73
3	1a	HEAD - PAIN - Temples - morning - waking; on	22
4	1b	HEAD - PAIN - evening - bed - in bed - agg.	14
5	1b	HEAD - PAIN - Forehead - evening - bed agg.; in	3
6	1b	HEAD - PAIN - Temples - evening - bed agg.; in	6
7	1c	HEAD - PAIN - pressure - amel.	98
8	1c	HEAD - PAIN - Forehead - pressure - amel.	49
9	1c	HEAD - PAIN - Temples - pressure - amel.	31
10	1	HEAD - PAIN - sleep - waked from sleep by headache	3
11	1d	EYE - TIRED SENSATION	61
12	1d	EYE - HEAVINESS	80
13	1	GENERALS - FOOD and DRINKS - meat - aversion	126
14	1	EAR - STOPPED sensation	147
15	1	GENERALS - HEAT - lack of vital heat	231
16	1	STOMACH - APPETITE - ravenous - eating - after eating - soon after	34

	Lyc.	Sulph.	Phos.	Sep.	Nat-m.	Puls.	Bry.	Ars.	Calc.	Chel.
	26	26	25	21	20	20	19	18	18	18
1	2	2	2	2	3	1	3	1	1	2
2	1	2	1	-	-	-	2	-	1	-
3	-	-	-	-	-	-	-	-	1	-
4	1	3	1	1	1	2	-	1	-	-
5	-	-	-	1	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	1
7	2	2	1	2	3	3	3	1	2	1
8	-	1	-	-	3	3	3	-	2	2
9	-	-	1	-	-	-	-	-	-	-
10	-	-	-	-	-	-	-	1	-	-
11	3	1	3	3	1	-	2	1	-	-
12	1	2	-	2	-	-	-	-	-	1
13	2	3	2	3	2	3	2	2	3	1
14	3	2	2	1	1	3	1	1	1	2
15	2	2	3	2	2	2	2	2	3	2
16	3	2	3	-	-	-	-	-	2	-

### **Differentiation of the remedies**

*Lycopodium clavatum* can strongly have disturbances of the appetite. There are no other keynotes or psychological essence to confirm this remedy.

*Sulphur* is contradicted by the chilliness, although constant hunger is a strong symptom of the remedy.

*Phosphorus*, *Sepia officinalis*, *Arsenicum album* and *Calcarea carbonica* are chilly remedies, but they have



## Levels of health

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no other keynotes or (psychological) essence in this case.

*Natrium muriaticum* is one of the main remedies for headaches in the morning. The straightforward and determined way of communicating contradict the psychological essence of the remedy.

*Pulsatilla pratensis* and *Bryonia alba* are both remedies that are ameliorated by cold and are thus contradicted. *Bryonia alba*, however, has amelioration by pressure as keynote.

*Chelidonium majus* is also a chilly remedy and can have a determined way of behaviour. There are no keynotes to confirm it otherwise.

None of these remedies give a satisfying answer to this case. If we repertorise by putting more emphasis on the keynotes in the repertory by using the method 'small rubrics' in the Radar programme, the remedies *Zincum metallicum*, *Argentum metallicum* and *Carbo vegetabilis* show up.

*Zincum metallicum* and *Argentum metallicum* cannot be confirmed.

*Carbo vegetabilis* has weakness as part of its essence. It cannot be confirmed otherwise.

If we investigate the keynotes more by underlining the most important symptoms of the case, namely:

- 'Head - Pain - morning - waking - on'.
- 'Head - Pain - evening - bed - in bed - agg.'.
- 'Head - Pain - pressure - amel.'.
- 'Eye - Tired sensation'.
- 'Eye - Heaviness'.
- 'Stomach - Appetite - ravenous - eating - after eating - soon after'.

then *Lachesis muta* and *Argentum nitricum* come up. Both remedies are contradicted by the chilliness in the sense that they are remedies that are aggravated by warmth. *Lachesis muta* has the aggravation in the

morning as keynote, but this is not enough to counteract the contradicting keynote.

Using the method 'small remedies' in the Radar programme does not give a solution either.

In a situation like this, where no remedy is clear and treatment is necessary, in a case that you have already treated successfully, the best thing to do is to try to find out if the remedy that has acted in the past can still be useful for the current symptoms.

The first symptom that was produced by the organism when it lost its balance was the blocked sensation in the ears. In the rubric 'Ear - Stopped sensation' *Lac caninum* is not present, however, we do find it in the rubric 'Ear - Fullness, sensation of'. It is possible that the case is unclear at this moment because it is confused by the disturbing influence of the corticosteroids and antibiotics. If the patient had come to us in the first place then only the symptom of the blocked ears would have been present and this could have easily been traced down to a similar symptom belonging to *Lac caninum*. We will often see that after wrong treatments have been applied, a case will become more difficult because the defence mechanism becomes suppressed and is no longer able to produce a harmonious symptom pattern. In this case we are lucky because we already know which remedy has acted well in the past.

In the repertorisation we made we can find *Lac caninum* in the rubrics

- 'Head - Pain - morning - waking - on' [2].
- 'Head - Pain - Forehead - morning - waking; on' [1].
- 'Head - Pain - pressure - amel.' [1].
- 'Generals - Heat - lack of vital heat' [2].
- 'Stomach - Appetite - ravenous - eating - after eating - soon after' [1].

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This can be enough confirmation to prescribe the remedy. As we see that this remedy has been able to reorganise the organism on a very deep level, it is better to stick to this one and see what it can do in this situation. As J.T. Kent advises, it is better not to change a remedy as long as the organism responds to it if there is any doubt about the prescription.<sup>32</sup>

### **Choice of potency**

When a remedy has already been given in the past, one can repeat the potency that acted well the last time. In this case, this was a 1M. But as there were acute and chronic symptoms appearing at the same time, I presumed that more energy needed to be released and decided to raise the potency to 10M.

### **Reaction to the remedy**

After administration of *Lac caninum* 10M her headache, back pain, ear and sinus complaints disappeared and she started feeling better in general again. She has had a relapse due to overexertion for her university studies but only of the muscle pains in the back that responded again well to *Lac caninum*. After receiving *Lac caninum* 50M she developed skin eruptions. Her condition has been stable for the past two years.

### **Comment to the last prescription**

It is interesting that this patient responded well to the same remedy she needed thirteen years before - even though the current symptoms are not well known for that remedy and it does not come up strongly in the repertorisation. As we have said already, it is possible that the current symptoms do not point to *Lac caninum* because the case is confused by the suppressive treatment. There is, however, another problem that we face with remedies like *Lac caninum*. For such remedies there are few local keynote known, which makes it difficult to confirm it in a case where the largest part of the disturbance is in local areas. It is therefore

essential that cured symptoms for these remedies are collected by the professional group of homeopaths in order to facilitate prescription of them. It is not realistic to expect that certain remedies can only be prescribed on a psychological essence, on psychological keynotes or on one or two general symptoms. So an effort has to be made by every practitioner to help to complete the list of confirmed symptoms of such remedies so that it will become easier to recognise them.

### **Evaluation of the treatment**

In this case we saw a patient going from level eighth or nine of group C to level three of group A. From a one-sided mental-emotional case without susceptibility to acute diseases she step by step regained health and now she has physical symptoms that are low in the hierarchy and is susceptible to acute diseases with fever. I believe that this case, at this point of treatment, still is in level three of group A and not in a higher level, because the defence mechanism still is easily influenced in its action. Although it produces physical symptoms at the moment, the pattern does not clearly point out a remedy and appears somewhat chaotic. As explained this can be a wrong impression because we do not know the physical keynotes of *Lac caninum* well enough yet. But it can also be due to the negative influence of the allopathic medication. If the defence mechanism was stronger then this impact would be much less or nullified. The fact that she did not need another remedy in the past thirteen years, was susceptible to acute diseases with fever, developed skin eruptions and even kept a balance without a remedy for several years is, however, a good sign. One can wonder whether the patient might have needed this remedy from the beginning instead of three different remedies. There was of course already a fear of spiders from the first interview, although it was not as intense as later on and thus did not portray a pathological condition needing treatment as it did after *Calcarea*

*phosphorica*. This is a difficult question to answer, as it is not possible to do things over and give *Lac caninum* as a first remedy. We did see the case progress in the right way and even miasmatic symptoms coming up and disappearing again after the remedies, proving that they acted deeply. It is always possible that another remedy will be needed in the future, but this is not clear at this moment. We can only wait to see what symptoms her defence mechanism will produce and act accordingly.

### **Case 7: Cholangiocarcinoma**

#### ***First consultation***

A 69-year-old woman is suffering from an intrahepatic cholangiocarcinoma with strong dilatation of the intrahepatic gall ducts, especially on the left side [3]. There is metastasis to the right lung and to the peritoneum, which makes surgery impossible. The tumour is blocking the left vena porta. Nine months ago she started having pain in the right hypochondrium. This pain is still present. It extends to the back [3], is aggravated by lying on the right side [2], after eating [2] and especially after fatty food, after exertion or stress [1] and it improves with rest [2]. She was given chemotherapy without good result and although it has now been suggested that she has experimental chemotherapy, her energy is so low that this has been postponed.

As a child she had jaundice. For thirty years she has asthmatic bronchitis with dyspnoea in foggy weather [2] and from exertion [2] for which she used corticosteroids. Fourteen years ago she was operated on for a prolapse of the bladder. Ten years ago she had a cholecystectomy because of gallstones. Three years ago she was given protheses in both knees.

Since about twenty years ago she has had pains in the joints of her fingers and thumbs and pain in the lower

back due to arthrosis [2]. When necessary she takes 'Diclofenac' for these pains.

She has hypertension for which she uses 'Metoprololtartraat'.

She has warts on the front of her neck and on the upper part of her chest [2], which have been treated frequently but keep coming back.

It has been many years since she has had an acute disease. She cannot remember the last time.

Her appetite has always been good and she used to eat anything. She suffers from obesity [2]. Her thirst is normal. There are no gastrointestinal complaints.

She sleeps well and prefers the right side to lie on [2/3], which is difficult now because of the pain. Since the menopause she has become warmer and she perspires more easily [1].

She did not have problems with her menstruation, pregnancies or climacterium.

Her energy used to be good until she became ill. Since then she has lacked energy [2/3]. She has always been good-tempered. She used to work in and around the house and is a practical person with no fears.

Her mother had bronchitis and her brother emphysema. The patient's sister died of lung cancer. Her brothers also died of cancer; one of them had metastasis all over his body.

### **Prognosis of the first consultation**

#### *Depth of the disturbance*

The centre of gravity of the disturbance is in this case on the physical body. Although the organism of this patient is able to keep the disturbance on the physical plane and the mental and emotional planes are not affected by the disturbance, the nature of the physical disease is such that the prognosis is not at all good. In cases like these it might even be better if the

## Levels of health

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disturbance was spread over the three planes, creating minor complaints like some concentration problems and some irritability, because now all the force of the disease is put on the physical plane, thus creating a life threatening situation. Cancer is an end stage of a long-existing disturbance that is not easy to correct. Especially in cases with metastasis the situation is not hopeful. There are cases reported of cured cancer, but we must always take into consideration that not every patient has the same level of health and that the prognosis of any disease varies according to the overall state of health of the individual to be treated (see 'How a homeopathic prognosis of a case is made' on page 85).

So in this case the prognosis is not good seen from the nature of the disease and from the fact that the cancer is in an advanced stage.

The disturbance seems to be widely spread in the physical plane because apart from the cancer we see other organ systems being affected, like the respiratory tract and the heart and circulation. Positive is the occurrence of peripheral complaints like joint complaints and warts. The joint complaints, however, also seem to have a quite destructive tendency as both knees had to be replaced. The fact that the warts resist allopathic treatment is actually the only fortunate aspect in this case. It is hopeful that an organism with this kind of disturbance is able to persist in such a complaint because it shows that somehow the defence mechanism has enough energy to direct part of the disturbance it is dealing with to the periphery.

### *Personal medical history of the patient*

What is striking in the medical history of this patient is that there have been complaints of the liver or gall from childhood on. First there was jaundice, later gallstones and then cancer of the gall ducts. Step by step, there has been a deepening of the affection of the liver. In

between another organ system has been affected on a more superficial area, the respiratory tract. Then the defence mechanism is able to shift the disturbance to the skeleton, producing joint complaints. But probably due to the suppressive allopathic medication for the asthmatic bronchitis and the joint pains, the defence mechanism has had to compromise and liver complaints have once more arisen. The next complaint after this is again a physically deeper one, belonging to the heart and circulation. Finally, the defence mechanism cannot control the situation anymore and cancer of the gall duct with metastasis to the lung develops. It is unfortunate that the patient did not have acute diseases for years. This proves that her level of health dropped years ago and that she became prone to developing a deep chronic disease. As said before, a positive sign in all this is the appearance of warts that resist allopathic treatment.

### *Familiar medical history and hereditary predisposition*

Cancer can be a result of any miasmatic predisposition, but as always, the less miasmatic influence there is the better the prognosis. The destructiveness of the joint complaints points to a syphilitic predisposition, the hypertension and the warts to a sycotic predisposition. The respiratory complaints can be found in the mother, whose bronchitis was still a mild condition, compared to the emphysema and lung cancer we find in other members of the family. The patient's brothers also died of cancer, one of them with metastasis all over his body. This points to a strong hereditary tendency to cancer which does not improve the prognosis.

### *Conclusion*

We are dealing with a patient with a serious pathological condition in an end stage who is not susceptible to acute diseases. This means that the patient belongs to group D. The fact that there are recurrent warts is a positive sign and might point out



that the level of health is still in the upper part of group D at level ten. The treatment of such a patient will not be easy and will need many remedies. Acute diseases that may appear will be severe and will need treatment. If this patient is able to produce an acute disease then she belongs to level nine of group C.

### **Selection of symptoms of the first consultation**

There are hardly any symptoms apart from the pathogenic ones. This is not a good sign and shows that the defence mechanism has compromised and is too weak to produce a clear symptom pattern. As it might be necessary to adapt the strategy of the analysis to this situation and we may need to do a pathology-oriented analysis, it is a good idea to already put the pathogenic information under the 'Intense symptoms'.

#### *Peculiar symptoms*

- Cancer of the gall ducts, especially the left one.
- Warts on the front of the neck and on the upper part of the chest.
- Desire to sleep on the right side.

#### *Intense symptoms*

- Pain from the right hypochondrium to the back, worse when lying on the right side and after eating.
- Asthmatic bronchitis with dyspnoea in foggy weather and from exertion.
- Pains in the joints of fingers and thumbs and pain in the lower back.
- Obesity.

As there is no explanation why the left gall duct is affected more, the main complaint is put under 'Peculiar symptoms'.

### **Repertorisation and remedy selection of the first consultation**

To get an idea of the remedies that have a specific action on the left part of the liver, some rubrics are combined. As the external throat and the chest are situated close to each other and the complaint is the same in both locations, I combine the rubrics to avoid repetition of the remedies. Pain in the liver is often described in the provings as pain in the right hypochondrium, therefore both localisations are looked up. The extension of the pain from the liver or the right hypochondrium has no modalities, therefore these modalities are taken separately. The rubric 'Abdomen - Pain - Hypochondria - right - lying - side; on - right - agg.' only has remedies with the pain description 'sore' with this filter. Several rubrics that are very similar are combined in order not to overvalue remedies that are in both rubrics.

#### *Repertorisation with filter 'Vithoukas view 2006'*

When selecting the symptoms we have already concluded that there are hardly any symptoms apart from the pathogenic ones. This is often seen in organisms belonging to the lowest levels of health where a deep organic pathology has been able to develop. Usually it is not possible to prescribe a remedy on the characteristic symptoms in the totality and we have to adapt the strategy of the analysis to this situation. In this case we have a peculiar symptom in the pathology itself, namely the affection of the left gall duct, which we can use as an eliminating symptom.<sup>20</sup>

## Levels of health

1	1	ABDOMEN - CANCER - Gall ducts	0
2	1a	ABDOMEN - ENLARGED - Liver - left lobe (&Elimination)	2
3	1a	ABDOMEN - PAIN - Liver - Lobe - left (&Elimination)	2
4	1a	ABDOMEN - SWELLING - Liver - left lobe (&Elimination)	1
5	1b	EXTERNAL THROAT - WARTS	3
6	1b	CHEST - WARTS	2
7	1	SLEEP - POSITION - side; on - right side; on	18
8	1c	ABDOMEN - PAIN - Hypochondria - right - extending to - Back	11
9	1c	ABDOMEN - PAIN - Liver - extending to - Back	11
10	1d	ABDOMEN - PAIN - Hypochondria - right - eating - agg.	1
11	1d	ABDOMEN - PAIN - Liver - eating - after - agg.	8
12	1e	ABDOMEN - PAIN - Hypochondria - right - lying - side; on - right - agg. - sore	3
13	1e	ABDOMEN - PAIN - Liver - lying - side; on - right - agg.	15
14	1	RESPIRATION - ASTHMATIC	273
15	1f	RESPIRATION - ASTHMATIC - weather - foggy	1
16	1f	RESPIRATION - ASTHMATIC - weather - wet - agg.	14
17	1f	RESPIRATION - DIFFICULT - weather - wet - agg.	7
18	1g	RESPIRATION - ASTHMATIC - exertion; from slight	9
19	1g	RESPIRATION - DIFFICULT - exertion - after - agg.	75
20	1	EXTREMITIES - PAIN - Fingers - Joints	46
21	1	EXTREMITIES - PAIN - Thumbs - Joints	18
22	1	BACK - PAIN - Sacral region	191
23	1	GENERALS - OBESITY	123

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	Mag-m.	Carbn-s.	Mag-c.	Card-m.	Chelo.					
	699	369	277	176	84					
1	-	-	-	-	-					
2	2	-	2	-	-					
3	-	1	-	-	1					
4	-	-	-	2	-					
5	-	-	-	-	-					
6	-	-	-	-	-					
7	-	-	-	-	-					
8	3	-	-	-	-					
9	3	-	-	-	-					
10	-	-	-	-	-					
11	1	-	-	-	-					
12	2	-	-	-	-					
13	3	-	-	-	-					
14	-	1	-	1	-					
15	-	-	-	-	-					
16	-	-	-	-	-					
17	-	-	-	-	-					
18	-	-	-	-	-					
19	-	1	-	-	-					
20	-	-	-	-	-					
21	-	-	-	-	-					
22	1	1	1	-	-					
23	-	-	1	-	-					

### Differentiation of the remedies

*Magnesia muriatica* has a strong effect on the liver, which is a keynote for this remedy. What contradicts its keynotes is this patient's desire to sleep on the right side.

*Carboneum sulphuratum* is not similar with the pathogenic developments in this case, as it primarily affects the nervous system. It is therefore mostly used in cases with advanced neurological disorders.

*Magnesia carbonica* has a similar action to *Magnesia muriatica*. There are no other keynotes to confirm it.

*Carduus marianus* in contrast does have a great effect on the liver and gall. Interesting is that it has as keynote its ability to affect the left side of the liver.

*Chelone glabra* also produces pain and soreness in the left lobe of the liver as we see in *Carduus marianus*. J.C. Burnett has reported interesting cases of this remedy in his book '*Diseases of the Liver*'.<sup>33</sup>

*Carduus marianus* and *Chelone glabra* are the two remedies that fit the peculiarity of the pathology in this case. In order to make a choice we have to study the remedies some more. In the literature we find that *Carduus marianus* has 'asthmatic respiration' in italics in Boericke.<sup>34</sup> In Hering's Guiding Symptoms we find 'α Sensitiveness of dorsal and cervical vertebrae' and rheumatic pain in shoulder, fingers and lower limbs.<sup>35</sup>

*Chelone glabra* on the other hand, gives a sensation of 'Soreness of external parts, as if skin were off'<sup>36</sup> and is used for varicose conditions.

From this study we find that *Carduus marianus* suits better the totality. It has, like the patient, complaints of the left side of the liver together with asthma and rheumatic pains. The remedy is found by pathology-oriented analysis, using the keynote in the pathogenic symptomatology as elimination in the repertorisation, and is confirmed by analysis on combination of pathologies.

### **Choice of potency**

Cases with this level of health are given a low potency to start with, meaning not higher than 200C. Often we have to repeat the remedy frequently until there is a reaction. This patient was given *Carduus marianus* 30C in solution as a daily dose.

### ***Second consultation (three months after the first consultation)***

The patient has taken *Carduus marianus* 30C in solution daily for some time. Her energy rose very soon after starting the remedy and after a while she felt so well that she was advised to do the experimental chemotherapy anyway. This treatment was stopped two weeks ago. The tumour has been reduced by 0.5 cm and the spot on the chest X-ray has gone. Her appetite is good. She sleeps well and has no complaints at present.

### **Evaluation of the second consultation**

The remedy seems to have had a positive effect on the patient. Her energy was very low during the first consultation and rose soon after starting the remedy. Unfortunately this positive result of the homeopathic remedy led to the start of the experimental chemotherapy. It is very common to see this kind of treatment being postponed because of the patient's general bad condition and that once the energy has risen, due to the action of the homeopathic remedy, the allopathic treatment is started. This is a very unfortunate situation because the organism needs this energy to heal itself and to find a new balance that produces new symptoms pointing to the next remedy. In order, however, for the organism to cope with the chemotherapy, all this energy will be necessary and none will be left for the process of regeneration. As there are no complaints at present, I decided not to prescribe a remedy.

### ***Third consultation (four months after the second consultation)***

Since one week ago the patient has not been doing very well and she has been admitted to hospital. The cancer is now therapy-resistant and there is no more help that can be offered to her. She now also has jaundice because there is an overproduction of bilirubine with a count of 700  $\mu\text{mol/L}$ .

### **Evaluation of the third consultation**

As could be expected, the chemotherapy did not cure the case. Now the organism has become even more weakened by it and the effect of *Carduus marianus* has been disrupted. As there are no new symptoms and the present complaints are specific for this remedy, it is best to first try and see if the organism is still sensitive to it. *Carduus marianus*, this time in 200C, was prescribed to be taken daily in solution.

***Fourth consultation (two weeks after the third consultation)***

After *Carduus marianus* 200C the jaundice reduced to a bilirubin count of 100  $\mu\text{mol/L}$ . As she also improved very much in general, she was sent home.

**Evaluation of the fourth consultation**

The reaction to *Carduus marianus* was clear again. This proves that the remedy has a positive effect on her organism and that the general amelioration we saw after the first prescription was not just a coincidence. As there are no new symptoms, she continued with *Carduus marianus* 200C.

***Fifth consultation (three and a half weeks after the fourth consultation)***

Two weeks ago she developed pneumonia of the left lung [3]. Suddenly at night she had shortness of breath with 39° Celsius fever. She was given Prednisone and antibiotics. In the meantime, she continued taking *Carduus marianus* 200C. When she was eighteen years old she had severe pneumonia that was treated with antibiotics. The left lung has not been affected by the cancer.

She has no complaints now apart from tiredness [3] and loss of taste [3]. The only thing she likes to eat/drink is buttermilk [3]. Since she developed jaundice she has had an aversion to meat [2] and fish [2]. Her mouth is often dry [2].

She sleeps well and preferably on the right side [2/3]. She easily feels cold [2]. Her mood is good.

**Evaluation and prognosis of the fifth consultation**

The fact that the patient develops an acute condition with high fever is very favourable (see 'Appearance of acute diseases six months after taking the remedy in group C (levels seven to nine)' on page 82). It confirms the idea mentioned in the first prognosis that the

defence mechanism is somehow still able to recuperate, which was seen in the fact that the warts are therapy-resistant. This evolution of the case that we see now improves the prognosis and points out that the patient most probably belongs to level nine of group C. It is, however, important in this kind of case to check whether the pneumonia is the result of a tumour in the lung, because then it would be explainable pathology-wise and less favourable from a homeopathic point of view. But as we read that the left lung is not affected by the cancer, we know that this is not the issue and it is a good sign.

Unfortunately, the effort of the defence mechanism to recuperate, expressed through the pneumonia was suppressed by Prednisone and antibiotics. Because allopathic doctors have no idea what is happening and do not know the importance of these symptoms, they will do anything to stop these important reactions and prescribe heavy medication to stop the action of the defence mechanism. This is exactly the opposite of what homeopathy tries to achieve, because with the homeopathic treatment we try to strengthen the defence mechanism in such a way that it can overcome the pneumonia itself instead of suppressing it. So this is a missed opportunity and the problem with organisms belonging to this level of health is that they do not have the energy to make this kind of effort frequently. Sometimes they only have one last chance and if this is spoiled then the patient can die. Luckily, in this case the organism is stronger and the suppression led only to a general lack of energy.

What we can try as homeopaths is to see whether we can stimulate the defence mechanism in such a way that it can develop an acute disease once again. (See 'Observation 21: The main problem has been worse for one month; other symptoms are definitely better.' on page 133) If this happens then we have to try and treat this acute condition homeopathically in order to bring the patient to a higher level of health - through which we



may be able to save her life. The treatment of this acute condition might need several remedies.

It must be remembered that she had pneumonia when she was eighteen years old. The fact that she has now developed a complaint that she had in the past means that her organism is making an effort to return to the level of health she was in at that time. In homeopathy these changes are known as the 'directions of cure'. This again is very favourable.

What we are going to do now is try to find out which homeopathic remedy can be prescribed, whether it will be the former one or a new one.

### **Selection of symptoms of the fifth consultation**

It is important for the homeopath to notice that the symptom pattern at this time is constructed in a totally different way than during the first consultation, where we were faced with a one-sided case<sup>13</sup> that showed few general characteristics. At this point in time useful symptoms from a homeopathic point of view appear in local and general regions. This proves that the raise in level of health we talked about in the evaluation of this consultation has occurred, showing the regeneration of the defence mechanism. But as the local complaint does not show peculiarities, for instance, modalities, we have to include the general symptoms as well to be able to differentiate the remedies.

#### *Peculiar symptoms*

- Pneumonia of the left lung.
- Only likes to eat/drink buttermilk.
- Aversion to meat and fish since developing jaundice.
- Prefers to sleep on the right side.
- Easily feels cold.

#### *Intense symptoms*

- Tiredness.

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- Loss of taste.
- Dryness of mouth.

The dryness of the mouth and the loss of taste could be a result of chemotherapy but because it was not mentioned before and because it is very intense it is included in the repertorisation.

### Repertorisation and remedy selection of the fifth consultation

The desire for buttermilk is found in two rubrics that are combined. Some rubrics are very large but they are included anyway for the sake of completeness.

#### *Repertorisation with filter 'Vithoukas view 2006'*

1	1	CHEST - INFLAMMATION - Lungs - left	12
2	1a	GENERALS - FOOD and DRINKS - buttermilk - desire	7
3	1a	GENERALS - FOOD and DRINKS - milk - desire - sour	3
4	1	GENERALS - FOOD and DRINKS - meat - aversion	118
5	1	GENERALS - FOOD and DRINKS - fish - aversion	16
6	1	SLEEP - POSITION - side; on - right side; on	18
7	1	GENERALS - HEAT - lack of vital heat	220
8	1	GENERALS - WEAKNESS	682
9	1	MOUTH - TASTE - wanting, loss of taste	115
10	1	MOUTH - DRYNESS	243

	Phos.	Sulph.	Nat-s.	Calc.	Kali-c.	Nat-m.	Sil.	Ars.	Chin.	Graph.
	28	25	24	21	21	20	20	19	19	19
1	1	1	2	2	2	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	1	-	-	-	-	-	-	-
4	2	3	1	3	2	2	3	2	3	3
5	2	1	-	-	-	1	-	-	-	3
6	3	2	2	-	1	-	-	2	1	-
7	3	2	3	3	3	2	3	2	2	3
8	3	3	3	3	3	3	3	3	3	3
9	3	2	1	2	1	3	3	1	1	-
10	3	3	3	2	2	3	3	3	3	2

### Differentiation of the remedies

*Phosphorus* is one of the main remedies for left-sided pneumonia as can be seen in the rubric 'Chest - pain - lungs - left'. The aversion to fish and the position of sleep on the right side are keynotes of the remedy.

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*Sulphur* on the other hand has the opposite keynote, namely sleeping on the left side. Although it is also mentioned for left-sided pneumonia, this symptom must withhold us from giving the remedy now. Aversion to fish is a keynote of the remedy, but desire for buttermilk goes against *Sulphur* as it has an aversion to sour things as keynote. So this again refrains us from giving it.

*Natrium sulphuricum* is one of the important remedies for left-sided pneumonia. It has as keynote a desire for yoghurt. As this is in fact a sour dairy product just like buttermilk, we can use this as confirmation for this symptom. We know that this line of thinking is correct, because *Natrium sulphuricum* is also in the rubric 'Generals - food and drinks - milk - desire - sour'.

*Calcareo carbonica* has no keynotes in this case and is opposed by its keynote 'sleeping on the left side'.

*Kali carbonicum* can be confirmed through the position of sleep on the right side, which it has as keynote. It is an important remedy for pneumonia, either on the left or right side.

*Natrium muriaticum* can be confirmed by the aversion to fish, but the sleeping position on the right side contradicts its keynotes.

*Silicea terra* has lack of strength as part of its essence and easily feeling cold as keynote. It has, however, no strong relation with the current complaint.

*Arsenicum album* is a remedy that easily feels cold and that sleeps on the right side, but it also is not connected with the case at this moment.

*China officinalis* has no relation with the current situation, although is one of the main remedies for conditions of the gall and liver.

*Graphites* has an aversion to fish as keynote, but has no similarity with the current problem.

From these remedies, *Phosphorus*, *Natrium sulphuricum* and *Kali carbonicum* are similar with the

case at present. To be able to further differentiate them we have to compare them with the underlying pathology in the case. *Phosphorus* is known to have an effect on the liver, especially concerning fatty degeneration. For *Natrium sulphuricum* the action on the liver and gall is one of the main issues and a keynote. Apart from this it is one of the main remedies for asthma that aggravates from wet weather and for arthrosis of the hips. When looking upon the case in this manner, it is clear that *Natrium sulphuricum* is the next remedy needed. It is chosen upon a pathology-orientated analysis of the acute condition and the chronic condition, upon keynotes and combination of pathologies.

### **Choice of potency of the fifth consultation**

This case still belongs to the levels of health that are given a low potency to start with, meaning not higher than 200C.

### ***Sixth consultation (two weeks after the fifth consultation)***

The patient took one dose of *Natrium sulphuricum* 200C and four days later she again developed 39° Celsius fever with cold shivers and great thirst. She was prescribed for *Aconitum napellus* 1M because she felt very sick in general and because of the danger of pneumonia. Within two hours the fever was gone. She slept well the next night and had no more coughing the day afterwards. After a few days, however, the fever reappeared and did so every evening around 18.00 to 19.00 o' clock. There was no response anymore to *Aconitum napellus*. She had no cough and no jaundice anymore.

### **Evaluation of the sixth consultation**

The reappearance of the fever after such a short time is a good sign that shows that *Natrium sulphuricum* was able to stimulate the defence mechanism positively. *Aconitum napellus* was given because of the quick raise

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of the fever with thirst, the general aggravation of the patient's condition and because it is known for the treatment of left-sided pneumonia. Its action was prompt and seemed to be good as the patient later on slept well and the cough disappeared. However, it could not stop the chronic process and the fever returned. This is a situation often seen because the underlying remedy that is similar to a broader set of symptoms is needed to stop the reoccurrence of the acute condition.

### **Selection of symptoms of the sixth consultation**

What is remarkable now is the fact that the fever returns every day around 18.00 to 19.00 o'clock. The first thing we have to do is to check if this fits the remedy that has a general effect on the case, which is *Natrium sulphuricum*.

### **Repertorisation and remedy selection of the sixth consultation**

In the rubrics 'Fever - evening - 18 h', 'Fever - evening - 18 h - 18-19 h' or 'Fever - evening - 19 h' this remedy is not found, not even in the super rubric 'Fever - evening'. The only thing we can do then is to find out whether the remedy has this aggravation in general and indeed the remedy is found in the rubric 'Generals - evening - 19 h'. This is very fortunate. If the defence mechanism is able to produce a new symptom of the remedy that fits the general pattern during the acute phases, then this proves that the organism is getting stronger, the defence mechanism is recuperating and the homeostasis is becoming restored. Therefore, *Natrium sulphuricum* 200C is repeated.

### **Seventh consultation (one week after the sixth consultation)**

The fever did not reappear but now she has a gastroenteritis with diarrhoea.

### **Evaluation of the seventh consultation**

Again the reaction to *Natrium sulphuricum* 200C was favourable. The characteristic time modality of the fever that was covered by the remedy disappeared. It must be clear, however, that the patient is not cured and that therefore the defence mechanism still produces acute symptoms. It is very fortunate that the new acute disease it produces now is in an area that is lower in hierarchy than the lungs, namely the intestines. This gastroenteritis is much less life-threatening than the pneumonia she had before, but the homeopath has to make sure, as will be clear, that the patient does not dehydrate.

It is also very interesting that *Natrium sulphuricum* is one of the main remedies for gastroenteritis with diarrhoea. This is favourable for the prognosis, as it means that the organism is able to maintain the same pattern while recuperating and we do not have to change the remedy. *Natrium sulphuricum* 200C is repeated.

### ***Eighth consultation (two weeks after the seventh consultation)***

One week after *Natrium sulphuricum* 200C the patient was taken to hospital because she had pain in the bones of her arms and back. She was given allopathic medication again and was checked to see whether she had metastases of the cancer to the bones. This was not so, neither were there any problems with the lungs. After one week she was sent home again and was in a bad general condition. At the moment she cannot sleep well because she cannot lie on her side due to tension in the abdomen. She has ascites [3]. She has no thirst or appetite. All her other complaints are gone.

### **Evaluation of the eight consultation**

Again a very unfortunate event has taken place. After the gastroenteritis the organism produced pains in the bones. This is a very good development from a

homeopathic point of view because the skeleton and muscles are again of a lower hierarchy than the intestines. It is, of course, wise to check whether the new symptoms are not signs of a deepening of the pathology, but the administration of new allopathic medication is unfortunate because it disturbs the equilibrium the organism is seeking. The effect of this can be seen in the general aggravation of the patient, the disappearance of all the peripheral symptoms and the increase of the pathological condition. She now once more has a one-sided disease with ascites. An organism in this situation can make just one or a few efforts to try to recuperate and produce acute symptoms. When this effort is suppressed then the organism will fall back in the lower level of health and the chronic condition will prevail again. This is the situation we are facing now.

What is noteworthy is that the pain in the bones can be a sign that the organism had reached another miasmatic layer. In the first consultation we saw that the patient had recurrent warts, which fit in with a sycotic predisposition for which *Natrium sulphuricum* is one of the main remedies. The bone pains that appeared after *Natrium sulphuricum*, however, fit the syphilitic predisposition. This can be of major importance for the prognosis. These kinds of cases are often multi-miasmatic and thus it is very important if keynotes of a nosode of another hereditary predisposition appear other than the one that is on the upper layer.

### **Selection of symptoms of the eighth consultation**

If we go by the symptoms we have now then we can only use the ascites and the underlying pathology. All the other symptoms have gone because of the lowering of the general state of health. To be able to differentiate between the remedies, we can use the last symptoms produced by the organism. These are the bone pains and the generals from the fifth consultation.

### **Repertorisation and remedy selection of the eighth consultation**

The easiest way to analyse the case is to see whether *Natrium sulphuricum* has the current symptoms and to see if the organism still reacts to this remedy.

*Natrium sulphuricum* is in the second degree in 'Generals - pain - Bones'. It is not in 'Abdomen - dropsy - ascites' but it is in the lowest degree in 'Generals - dropsy - internal dropsy'.

As we know that this organism was sensitive to *Natrium sulphuricum* and this remedy fits the current symptoms, the best thing to do is to repeat this remedy first. *Natrium sulphuricum* 1M was given. The potency was raised because the 200C had not worked.

### **Ninth consultation (two days after the eighth consultation)**

There has been no reaction to *Natrium sulphuricum* 1M. The ascites is the same and is causing pain in the patient's sides. She now also has oedema in her legs. She has not ameliorated in general and feels chilly [2]. In the hospital they diagnosed that her kidneys and liver are breaking down and that the tumour in the liver is growing. The oncologist said that he could offer no more treatment.

### **Evaluation of the ninth consultation**

The remedy she reacted to beautifully in the past months is no longer acting. This means that she has changed level of health again, which is confirmed by the diagnosis given by hospital staff. She has dropped one or more levels of health and is now again in group D where we can only palliate the patient.

### **Selection of symptoms of the ninth consultation**

As the remedy that fits the general pattern of symptoms is not working anymore and we only have pathogenic



symptoms, we have to do a pathology-orientated analysis. The main problem now is the ascites.

### **Repertorisation and remedy selection of the ninth consultation**

The main remedies in the rubric 'Abdomen - dropsy - ascites' are *Apis mellifica*, *Apocynum cannabinum*, *Arsenicum album*, *Conium maculatum*, *Lycopodium clavatum* and *Terebinthinae oleum*.

Of these remedies, *Apis mellifica* and *Apocynum cannabinum* have oedema as keynote. The best way to differentiate them is through the modality that *Apis mellifica* is ameliorated by cold and that *Apocynum cannabinum* is aggravated by cold. So, in this case the latter is more suited.

*Lycopodium clavatum* is also a remedy that has to be taken into consideration as it has a strong effect on pathology concerning the liver. It does not have the main problem of this moment as keynote or essence.

*Apocynum cannabinum* is chosen on a pathology-oriented analysis, confirmed by the generals.

### **Choice of potency of the ninth consultation**

This case belongs to the lowest levels of health, therefore a low potency has to be given to start with, meaning not higher than 200C.

### **Tenth consultation (two weeks after the ninth consultation)**

*Apocynum cannabinum* 200C was given once a day with little effect. After three days the potency was raised to *Apocynum cannabinum* 1M. This potency was taken twice a day. The report after three days was that her condition had stabilised. She could urinate more and the ascites had lessened to such an extent that she felt comfortable again. She developed a skin eruption on her feet, which according to the general practitioner was athlete's foot.

Eleven days after she started with *Apocynum cannabinum* 1M she suddenly died while she was having breakfast with her husband. She was eating porridge made with buttermilk and just kind of fell asleep while sitting at the table. So the patient died peacefully at home.

### **Evaluation of the tenth consultation**

These last two weeks have shown a typical evolution of a case in group D where all the homeopath can do is to palliate the patient so that he/she has as little discomfort as possible from the disease he/she is suffering from during this last stage of life. Under homeopathic treatment we will see that people can die peacefully with total awareness and in good contact with their loved ones. This is the most one can hope for as a last contribution to one's life.

From a homeopathic point of view, it is important to notice that even in this last stage of life period, the defence mechanism made an effort to shift the disturbance to the periphery by creating a skin eruption on the feet. Even if the general practitioner diagnoses it as athlete's foot it is still a reaction on the skin. Also important is that this patient was eating porridge made from buttermilk, which shows that apparently the organism was creating symptoms belonging to the pattern of *Natrium sulphuricum* again. Both these things are very remarkable and show that basically this woman must have had a strong constitution, which was weakened by the suppressive therapies and interventions she received. Unfortunately, it was too late for the defence mechanism to make an immense effort to be rejuvenated and finally the organism collapsed.

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**OBSTACLES TO  
HOMEOPATHIC TREATMENT**

## **OBSTACLES TO HOMEOPATHIC TREATMENT**

This chapter deals with a difficult subject in homeopathy - that of our failures. Firstly, we will look at the kind of situations in which failures to cure are likely to occur. Secondly, we will look at what happens in certain cases and why there is no effect from a remedy that we prescribe although it seems to fit the case. This is important because we have to be aware of where the problem lies and acknowledge when we should ask help from other therapists and disciplines. Before I address the issue of obstacles to homeopathic prescribing, however, I would like to consider the main stress factors that cause a disbalance in the organism (that we call disease) to occur.

### **Triggering or 'exciting' causes of diseases**

Disease is manifested through the activation of our hereditary predisposition. Basically, this means that our genetic weaknesses are dormant until they are activated by certain stressors.<sup>1</sup> The stressor can influence one or more of the three planes that constitute the human organism - the physical body, the emotional-sexual plane and the mental-spiritual plane.<sup>2</sup> This stressor influence then causes diseases for which we are sensitive and are likely to develop because of our genetic predisposition. One interesting observation to note here is that many more people in today's civilized societies are suffering on emotional or mental levels than, for example, fifty years ago.

In homeopathy we claim that even in cases of an external stimulation, such as those from bacteria, we still need to have a predisposition for a condition. We all know that only part of the population falls ill during an epidemic - those people who are sensitive to that particular disease. The question is whether a predisposition for acute diseases has anything to do with or is connected to chronic diseases.<sup>3</sup> We ask this

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here because in certain cases a chronic condition starts following an acute disease, for instance, asthma after an attack of influenza, or colitis after a viral disease which was not treated correctly. This therefore suggests that each organism has a different degree of predisposition towards certain micro organisms and diseases (see 'Susceptibility' on page 47).

If you have encountered a wide range of diseases in your work as a homeopath, then you will know that there are numerous ways in which disease is triggered and manifests. For instance, you will have seen that chronic conditions often start following an acute disease but also that chronic diseases sometimes appear without reason or even after a shock. Therefore, it is important to understand how a disease is manifested because this will enable us to make a better prognosis and estimate up to which point the patient can be cured.

The impact of stress in all its various forms can provoke disease. Apart from the symptomatology that arises from specific etiological agents like bacteria, viruses, etc., I have come to realize that an imbalance leading to disease can also result from conflict that occurs on three different but equally important planes of the human being.

### ***1. Conflicts on the physical plane***

The first stressor is frustration or conflict with the self-preservation or survival instinct. The underlying idea that belongs to this stressor is 'I want to survive'. When the instinct of survival or self-preservation is endangered, symptomatology may appear on all three planes (mental, emotional or physical). By self-preservation I mean the need for sustenance and shelter in its widest and most modern sense. The need for gainful employment, financial security, self-confidence, some degree of pride in one's accomplishments and a home to call one's own are primary needs in today's world. Failure to secure any

one of these needs can generate tremendous conflict and stress and ultimately provoke symptoms to occur.

Sometimes these needs may exceed what is normally necessary and then we see an urge in people to gain power over others and greed driving people to accumulate unnecessary wealth which is not essential for a person's survival.

Another modern expression of the self-preservation instinct is that of projecting one's personal sense of identity into the future through producing offspring. 'Leaving one's mark on the future' through one's children has become somewhat of a basic human assumption and, for many, a need. The loss of, or failure to produce children can be a devastating stress for some people and provoke disease.

The basic needs for survival do not present many problems nowadays. We have enough means to support ourselves and in western countries the government even provides money for people who have no work. Therefore, this is no longer a strong stressor meaning that the predisposition is not so sensitive to information coming from that area.

## ***2. Conflicts on the emotional plane***

As our society grows more towards a sense of security concerning physical needs, we see that security is also needed on the emotional-sexual plane. So, how can people find security on this plane? For instance, by depending upon another person, whoever that may be. When people feel insecurity on this plane, they adopt a way of life in search of security. For example, instead of having one partner and depending on one person, people take more than one partner to secure themselves emotionally. This is one of the things that led to sexual liberation in the past. But seeking more security on this plane has developed into a culture with sexual perversion, bringing diseases even worse than those arising from the conflict of self-preservation.



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Thirty-nine years ago I predicted that the course that humanity was taking in such matters and the way of treatment for venereal diseases would lead us to a time when newer and more virulent infectious diseases would appear. Sexual promiscuity and the overuse of antibiotics have led us to such an eventuality. The bombardment of the human organism with antibiotics and other very potent chemotherapeutic agents is creating a defective immune system in human beings that allows the introduction of very virulent micro-organisms and/or renders the immune system vulnerable to micro-organisms that normally do not cause disease. The clearest example we have of this today is AIDS.

Sexual activity and its implications are the next most important area of the individual with regard to symptom production and the manifestation of diseases. The deeper need reflected in the sexual act is to 'lose' yourself totally in another and to be accepted by that other person, to unite with another person in the deepest sense and to lose your identity, your own selfishness and egotism and become aware of the real 'I' in us. The sexual act is the one that brings us closest to our ultimate goal which is the feeling of unification with God. The idea I want to express is that: The coming together of two people during the erotic contact is an act of unification on the physical plane which is remotely similar to a feeling of a spiritual person when he experiences unification with God. When there is this feeling of unification there is deep satisfaction, when there is no feeling of unification then there is no real satisfaction but only physical pleasure that can bring conflict. Everybody is seeking this state of 'complete unification' whether consciously or subconsciously. It is one step before the final goal in the evolution of the human being and should therefore be an act charged with the highest potency of love.

Frustration on this plane can produce deep and permanent pathology, with rejection especially being

devastating for most individuals. This rejection can take different subtle forms in our modern societies. The emotional plane is the weakest of all three because we have neglected it in our educational systems. We pay a lot of attention to physical and mental training through sports and studies, but forget that the emotional plane is completely neglected and that this plane of human functioning needs proper and sensitive education. It therefore becomes vulnerable and affects a person's health very deeply.

### ***3. Conflict on the mental plane***

The third source of stress comes from a conflict on the mental plane in the form of a religious or spiritual realm of existence, which is extremely important for every one of us, whether we are aware of it or not. The unification of the human being with his Creator, or with the cosmic consciousness or with the real 'I', whatever you call it, is a basic instinct that can produce deep symptomatology when frustrated. The need for man to unite with the cosmos, with God, to become similar to God, according to His image is becoming increasingly important in our modern societies. Many people are no longer satisfied uniting with one another and they take a further step: they try to unite with God. They feel dissatisfied and are eventually driven to search for meaning beyond the physical world. The main questions they are trying to answer are: what am I doing here? and, what is my purpose in life? The spiritual needs of a healthy person are totally different from those of a diseased person.

We have entered the era of spiritual evolution. In general, people feel that there has been enough trouble and strife in the world and now they are searching for an outlet. Because emotionally some people have been harassed and suffered they seek an outlet and this leads them to a spiritual search. My experience is that if this happens, diseases arise from the frustrations associated with a spiritual search that comes from emotional conflict. This is often seen in intellectual

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people who try to find an outlet for their emotional problems. These are difficult cases, because they are confused emotionally and intellectually (see '3. Mental blockages' page 322).

Decisions that are taken in order to solve problems on certain levels can foretell the development of disease. For instance, if you make concessions with your conscience by selling a product for a lot of money when you know that it is fraud but it makes you rich, then you have solved the survival conflict. However, you know that you have cheated and this will cause unrest within you which has to manifest itself somehow, for example, you no longer care about others. Eventually, it will make you ill because you made concessions against your conscience.

Diseases that arise from frustration of the survival instinct are the most manageable, those that arise from emotional-sexual conflict are more complicated, but diseases originating from a spiritual conflict present the most difficult cases. Sometimes it is difficult to see through the pattern of the case where most of the problems are hiding.

### **Self-preservation and human evolution**

Long ago our human ancestors (the pre-historic people) were very simple and they needed only to be in harmony with the natural world. Self-preservation was their only motivation. Subsequently, sexual needs in their deeper sense arose, the need to unite and communicate with one another. So, the era of love was born. It is possible that early man did not relate to loving another as he was preoccupied with his own preservation and that of his clan. As frustrations on this plane of sexual satisfaction and love occurred, more diseases appeared and in more complicated forms. Then frustrations arose from the misuse of all that had previously been achieved. Establishing our right to have a home was an achievement, but we became greedy

and for example started to want a second or even a third home. Such greed is unhealthy and it creates disease. Some people also fell prey to the notion that we needed more than one sexual partner. The deep satisfaction that came from a relationship with a partner that was our exclusive dipole was given up in favour of a superficial pleasure from only physical contact with anyone who came along. Then disease started to occur from deep disturbances that could not be controlled by our logical mind.

As frustrations for our self-preservation and sexual needs are minimized, spiritual conflict takes on a greater role. A person has to overcome his anxieties and insecurities to a significant extent before a spiritual conflict becomes an issue with him. He will have overcome certain needs and desires: e.g. for excessive sex, for extra houses or possessions, etc. Subsequently, he becomes aware of a lack of a sense of fulfilment. Today we are faced with a crisis which exists primarily on the spiritual plane. A lot of my patients are confronting some kind of spiritual dilemma.

### **The concept of 'cure'**

Prior to delineating the obstacles to homeopathic treatment, let us consider the concept of 'cure', in other words, those things that are steady and unchanged in us and those that can change and be cured.

According to my understanding, human beings are composed of two basic constituents. To speak rather simplistically, the central core of man, the spiritual essence which cannot be changed by treatment and the more external aspect, his mental-emotional-physical constituents that can be affected by disease and treatment. To explain further, the core of man consists of his innermost being and this is unique to a person's life experiences. It is what we usually call the 'personality' of each one of us, which is unique in its deeper sense and cannot be changed. In other words, a

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person's environment, frustrations, successes, etc., do not determine these 'core' values and aspirations.

The more external aspects of man are those that have been described earlier as the three planes - mental, emotional and physical. The mental plane corresponds to the logical mind and the capabilities of discrimination, memory, abstract thinking, creativity, analysis, etc. Regarding the most important qualities of mind, for each positive quality there is also a negative counterpart and everybody possesses various amounts of positive and negative qualities. Similarly, the emotional plane is comprised of opposites: love and hate, happiness and sadness, equanimity and anger, etc.

It is, fortunately or unfortunately, the nature of our human organisms to possess positive as well as negative qualities. This fact is but a reflection of the undeniable incorporation of the idea of death within the living body.

Our organism consists of three distinct planes, mental, emotional and physical, that are connected through the action of the defence mechanism which in homeopathy we call the 'vital force'. The defence mechanism and its strength or weakness will determine on which plane symptomatology will appear after a certain stress. On the mental-spiritual plane one sees positive qualities change to negative ones with the appearance of disease and the same is true for the emotional plane. Trust changes to mistrust, happiness to sadness, calmness to irritability or anger, etc. When one studies the *materia medica*, one must concentrate upon what a remedy can change on all three planes. It is only by applying homeopathy in this general sense that the total potential of our healing methodology can be realized. The conflicts of the people of the past (150 years ago) were neither as numerous nor as intense as the conflicts of today, especially regarding the spiritual

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plane. By that time the effect was primarily on the physical plane.

We are born with the capability of expressing our core desires and purpose in a harmonious manner, to achieve our highest purpose in life. However, as our external organism accumulates negative qualities of mind and emotion, and as we become physically disabled, our ability to express our core desires in the highest possible manner becomes impaired. Disease is then induced and contains those negative qualities and the consequence is that people lose their direction in life.

Homeopathy enables us to restore a patient's highest potential, as it existed at the time of birth; it cannot intervene beyond that point and change the personality. Hahnemann similarly identifies the benefits of good health in paragraph 9 of the Organon:

'In the healthy condition of man, the spiritual vital force, the dynamics that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence.'<sup>4</sup>

It is interesting to note that often, after a correct homeopathic remedy has been prescribed, patients initially experience a sense of great freedom and bliss for a few days. This extremely pleasurable feeling invariably passes. However, it does provide us with a glimpse of what is possible when we forget our selfish ideas and transform our negativity into positive qualities. This state in which we are in contact with our real self cannot be retained without a great deal of inner self-work.

Let us now consider the obstacles to successful homeopathic treatment that can exist on all three planes, beginning with the physical plane. By obstacles

I mean that after the indicated remedy has been given, the anticipated results are not achieved. This can be caused by a blockage, which although not commonly seen, does affect seven to ten percent of cases.

### **Obstacles to homeopathic treatment**

#### **1. Physical blockages**

##### **A. Mechanical obstacles**

Mechanical or structural obstacles may hinder homeopathic treatment. The following is an example of a blocked case: A patient complains of constant and severe sciatic pains. *Colocynthis* seems to be the indicated remedy and is prescribed, but it works only briefly, for minutes or an hour at a time. Another remedy is given without effect and then another one in vain. Why? because the patient has a herniated disc that the body is not capable of repairing itself. The sciatica results from mechanical pressure upon the nerve. Here surgery or traction is indicated, other measures than just the remedy alone will be needed. Vertebral dislocations may require other medical disciplines from homeopathy, like chiropractic or osteopathic manipulation.

Similarly, some tumours may produce symptomatology because there is pressure placed upon an organ or other bodily structure and these will require surgery for amelioration. Naturally, administration of the correct homeopathic remedy may minimize the need for surgery. After relieving the mechanical trouble, one can again prescribe the indicated homeopathic remedy with effect.

As a note here, if there is a splinter in the finger you must of course remove it before expecting cure. A bandage that is too tight may cause symptoms that do not need a remedy but just loosening of the bandage. Although these examples may seem simplistic or obvious they sometimes escape our attention.

## **B. Chemical obstacles**

Chemical blockages can be encountered in patients taking recreational or medicinal drugs and in those who drink coffee or alcohol in great quantities and/or regularly. The effect of the homeopathic remedy on those who are regularly taking such drugs as coffee or marijuana, etc. will be much briefer than expected or not apparent at all (see 'Antidotes to homeopathic treatment' on page 58). Breaking habits such as drinking lots of coffee or excessive alcohol can be very difficult to remove and removing recreational drugs, especially hard drugs like heroin, cocaine, etc. is the most difficult.

When the correct homeopathic remedy is taken, then a state of balance in the individual starts to re-establish itself. This is a sensitive state with a delicate equilibrium. In such a state even a mild chemical influence can cause a relapse. It is insignificant whether one drinks one or five coffees, the chronic state will one day relapse.

I recall the case of a student who was suffering from an intercostal neuralgia. His pains came on between ten and eleven o'clock and he had severe pain on the left side. *Natrium muriaticum* 1M gave an initial aggravation and afterwards he did well for a few days until suddenly the condition recurred. I repeated *Natrium muriaticum* 1M and the same thing happened. I could find no antidotal influences except that he was using menthol toothpaste. I asked him to stop using the toothpaste. After repeating the *Natrium muriaticum* a third time, the case was permanently cured. Since then we do not allow the use of mint or menthol in *Natrium muriaticum* cases.

All allopathic medicines are capable of preventing the homeopathic medicine from acting. However, deep acting drugs like cortisone, antibiotics and hormones can especially be problematic. The practice of giving allopathic medicine together with homeopathic only



leads to confusion and very temporary and meagre results.

Drugs that are habit forming, like Valium, can also cause problems and should be seen as an easy way out for the patient. Patients on these drugs tend to go back to them time and time again when they experience the least discomfort that is not immediately removed by homeopathic medicine. They need constant support from the doctor in order to replace the affection that they are lacking. The worst drugs of all are corticosteroids and chemotherapy. Finally, only replacement medicines like thyroxin or insulin will not interfere with homeopathic remedies.<sup>5</sup>

### **C. Obstacles due to previously used drugs or to acute infectious diseases**

In those cases where the well-selected remedy fails to act you should consider the possibility that an obstacle to cure has been created either by some drug the patient may have taken in the past or by a severe acute infectious disease in the past.<sup>6</sup> Such cases may require an isode or a nosode before any response to therapy can be seen. A chemical that has been ingested several years previously can induce a disturbance that acts as a barrier to the treatment. The chemical can imprint a tendency towards chronic disease upon the organism and treatment will not be effective until that layer has been antidoted. For example, someone who has taken a lot of streptomycin or penicillin or quinine in the past and who has suffered a health disturbance since then may well be resistant to your best prescriptions. He could appear to be a *Sulphur* case but then he does not respond to *Sulphur* or to other more common remedies. A case like this will only respond to treatment after potentised Streptomycin or Penicillin has been prescribed to antidote the effect of the previously prescribed antibiotic. After prescribing the potentised antibiotic, the case should open up. There may be substantial relief of many symptoms and/or the case will

become clearer, and *Sulphur* or some other indicated remedy will now act curatively.

Another example of the same phenomenon might be seen in a severe case of asthma. You attempt to treat the case very carefully but without effect. Then the person says, 'I have had asthma since I had the flu.' So, a dose of *Influenzinum* 200C should be given and from that moment onwards there is improvement and eventually a cure.

#### **D. Permanent organ damage**

In those cases of people suffering permanent damage to an organ, the symptoms such as pain, frequent infections, etc. can be relieved although the physical damage or structural deformity cannot be corrected. Down's syndrome is one example where there is no possibility of complete cure. The retardation cannot be corrected and the person will never be normal. In general, children with learning difficulties afford the prescriber very little room with which to work. Some improvements may, however, be achieved regarding their general condition.

Deep and progressed pathology can be a real obstacle to therapy and we know now that we can do very little to cure such cases and only partial palliation is possible. Here I am referring to such conditions as neuromuscular diseases such as Parkinson's disease, severe mental pathology, systemic diseases, old cases of epilepsy associated with many drugs, and finally severe cardiac problems. Multiple sclerosis leads to permanent destruction of the myelin sheaths that cannot be reversed. At the start of an inflammatory state that has not yet led to destruction, homeopathic treatment can totally reverse the condition. After six to ten years, when permanent paralysis has intervened, multiple sclerosis cannot be totally cured. Homeopathic treatment can be effective in such conditions, but only to the extent that the effects of more recent

exacerbations can be forestalled, that damage which has preceded treatment cannot be reversed.

Another example regards treating a case of rheumatoid arthritis of fifteen years duration. Arthrosis has occurred, joints are deformed and inflammation persists. The damage reflected in joint deformity cannot be expected to reverse itself as a consequence of homeopathic treatment. What can be accomplished is to treat the ongoing inflammation so that the disease is arrested but not reversed. Also, the previously positive laboratory tests like sedimentation rate, rheumatoid factor, etc., can be reversed to normal values. At the start of treatment, however, these lab values may actually become quite elevated as the pains are diminishing - later the values will normalize. In cases of very advanced arteriosclerosis, it is not realistic to expect the normal elasticity of the vascular system to be restored.

Vitiligo of long-standing will be permanent unless caught within the first six months to one year, more chronic cases can only be arrested not cured. Also cases of cerebral palsy and infantile autism show only slight responses to homeopathy. Pathological cataracts occurring in younger people can be cured, but those associated with degenerative disease in the elderly show little response. Homeopathic practitioners should be aware of such limits regarding curability and they must be able to provide patients with an accurate prognosis.

### **E. Cases of people suffering from an undefined, general physical weakness**

Complaints of general weakness in association with a paucity of symptoms are indicative of a very compromised defence mechanism (see 'Observation 11: Temporary amelioration without initial aggravation and full relapse after one month.' on page 112). In these cases, there are no symptoms that can guide us to the correct remedy. Such cases can also occur as a

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result of long-term incorrect homeopathic treatment where too many remedies have been taken over too long a period of time. This can also happen when combined therapies are given. Instead of improving the patient's health, he/she is left with a pervading sense of weakness. It is likely that the patient then says he has had pains in the past, they have now gone but he is now weakened instead. This kind of scenario indicates that the disease is now on a deeper level and such cases are very hard to treat. The best course to take in these cases is not to prescribe anything and to stop all remedies. Then, if possible, wait until some symptoms recur. In these patients, after the most appropriate remedy has been prescribed, there is usually only a very slight beneficial reaction and quite often there is no reaction evident in the early stages. However, when even a slight positive change is seen, it is important to wait as long as possible and to avoid prescribing a second remedy prematurely. (See 'Observation 13: No change in the case.' on page 116) Wait for a new pattern (some symptoms, pain, discomfort, etc.) to appear. These cases will typically require a great amount of time before any marked improvement appears, perhaps as much as four to five years. If in such cases there is an inherited weakness of an organ, that organ may well start to have limited functionality as the overall organism becomes stronger.

If the patient complains of such vague weakness and has not been taking homeopathic drugs, he has probably reached such a condition as a consequence of taking many allopathic drugs. It would be appropriate here to comment upon the human defence mechanism. Symptoms, when they are pronounced, represent adaptive defence efforts of the organism.<sup>7</sup> Though they may produce suffering, they are nonetheless protective mechanisms. Therefore, when such mechanisms are stripped from a person - usually as a result of allopathic drugging - all that remains as an expression of the disturbance of the vital force is weakness. AIDS is one

illustration of this phenomenon. Cases of AIDS are very difficult to treat because often the prevailing complaint is that of weakness and the defences have been undermined by frequent antibiotic prescriptions etc.

### **F. Miasmatic obstacles**

Miasmatic obstacles occur in those people who have heavy and multiple miasmatic conditions which were further complicated by vaccinations and long-term use of antibiotics or corticosteroids.

### **2. Emotional blockages**

When there is a constant dissatisfaction or no satisfaction at all on the emotional plane, this can become a real obstacle. Such dissatisfaction can be generated from the following different causes outlined below.

#### **A. Husband Syndrome**

The Husband Syndrome is encountered in women who are not sexually or romantically attracted to their husband. Originally they had persuaded themselves that the marriage would be good for them for various possible reasons, e.g. social position, financial security, stability, etc. These women are essentially normal who, as a consequence of persisting sexual frustration, develop a symptom pattern that defies classification. For example, they always feel morally constrained from having extra-marital affairs. Because the origins of this syndrome are so deeply rooted, the patient's symptoms typically resist all forms of therapy - be it homeopathic, allopathic, or psychiatric. Often the symptoms, which are usually functional, are created so that the woman can avoid sexual intercourse with her husband. Therefore, when homeopathic treatment is given, one group of symptoms will pass only to be succeeded by another. Despite their frustrations, these women will usually not leave their marriage because of the comfort,

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etc. that the marriage provides them and also because they enjoy the power they have over their husband.

This power is based upon the husband's desire for his wife and her indifference to him. It often renders him uncritical of her behaviour and vulnerable to her influence. As a consequence, she can engage in a game of subtle manipulation that gives her a sense of dominion over him. Usually also, the husband will act as the woman's ally, he will justify her and her physical complaints.

So, how can we recognize such cases? This can only be done in retrospect, after the patient has returned a number of times and you see the symptomatology changing constantly. Eventually, if the woman is questioned directly about the possibility of difficulties with her husband, she may respond in the affirmative.

Certain remedies are far more capable of enduring such situations than others, e.g., *Sepia officinalis* and *Natrium muriaticum*. *Staphisagria* and *Pulsatilla pratensis*, because of their high sexual energy, are quite likely to be very adversely affected by such a situation. Women who don't masturbate to find some degree of release of tension are likely to suffer more.

I recall the case of a woman whom I was called out to see one night at midnight. I went with a psychiatrist. We arrived at her house at 00:30 hours. She had been vomiting excessively and was completely exhausted and very dehydrated. She was hypotensive from fluid depletion. We gave her different remedies, none of which had effect. At three in the morning and without any result from our remedies (and somewhat aware of the situation between her and her fiancé of three years) I instinctively had the idea that the date for the marriage had been set. I asked her if she had fixed the date. 'Is it within a month?' I asked. 'Yes,' she answered. I said, 'Do you understand now why you are vomiting, why you're having this reaction?' Immediately she said,

'Yes, I understand.' Within one quarter of an hour she was eating soup.

In such cases one might justifiably think that psychotherapy or simple advice, namely for the woman to find a lover she likes, is needed, but what characterizes the Husband Syndrome is that these women will not take advice. They will admit that they have problems with the husband but will then enumerate and defend his various good qualities. They cannot be persuaded to leave their husbands. I've seen these cases suffering from severe anxiety and panic attacks. Calls have come in the middle of the night asking me to come because the woman was dying, hysterical phone calls. I have sent several of these cases to a psychiatrist who has very quickly understood the situation and then advised the patient to divorce her husband. Instead they divorce the psychiatrist! These cases will not respond to the correct homeopathic remedy.

### **B. Deep emotional insecurities**

Deeply rooted insecurities can dramatically change a person's life. For example, during the first stirrings of the sexual instinct, teenagers of both sexes may look in the mirror and find themselves unattractive. That shock creates an intractable emotional insecurity that thoroughly alters that person's way of functioning in life. In order to replace the happiness that would have been provided by a relationship, other often unnatural means are found, like drug use, religious fanaticism, etc., to provide that joy. If these cases are caught early, homeopathy can correct the disorder, but if the case has persisted for thirty years or so, the state of mind cannot be changed. There is no possibility for natural functioning of the organism. The causation in these cases is frustrated sexual desire. One can see such people developing very narrow-minded religious attitudes as a consequence of this frustration. The obstacles created by these narrow ideas can be

insurmountable. The deeply seated emotional insecurities do not allow for their removal. These people may suffer from tics, spasms, Tourette's syndrome, depression, etc. that will be completely refractory to homeopathic treatment.

### **C. Inescapable family situations**

A severe family stress factor, such as having a retarded child in the family or suffering from conditions of extreme poverty, can cause either the parents or children of that family to fall ill. Because they are unable to escape the situation they find so traumatic, they are often unresponsive to treatment. It is difficult to provide these people with a significant jump in their level of health. Their living conditions are too oppressive. These people will be quite sensitive. However, only very few parents suffer permanent depression from having a retarded child. In such cases, there can be some success, especially after indirect help is given, for instance, by helping them to find a job or advising them to either have another child or seek other ways to give them the joy they seek.

### **D. 'Sinful' habits**

If a patient is a slave to a habitual practice that he considers unwholesome or sinful (such as homosexuality, paedophilia, habitual masturbation in progressed age, drug or alcohol addiction, etc.), an unhealthy state of mind can be produced which is very difficult to treat. In these cases we will see an initial action from the remedy. They will feel very well, but in the back of their minds the thought that they are not doing the right thing will sabotage their cure because of a deep guilt of conscience. A relapse will eventually occur and will reoccur quite easily. The pressure on the emotional plane can be so great that it can affect the spiritual plane as well and may overturn the individual's balance.



### **E. Emotional death**

People who have suffered tremendously in life and have come to the conclusion that there is no love in life, no friendship, no companionship may as a consequence die emotionally. They close themselves off from nourishing contact with others. These people are the loners, the misfits, the sensitive people who have suffered a lot, those who have been mistreated in life, and those who have been constantly rejected. If these people are treated by the age of thirty, there is hope of seeing some result. After too many years in this state results will be minimal. The belief that life lacks any love or affection generates a state of illness that is extremely resistant to therapy. These cases can affect you greatly because you will see the suffering contained within the person. Much of what you accomplish with these people may occur only because of the real affection you feel for them. What they need above all is for someone to understand and accept them.

In the past, homeopaths have been accused of providing only symptomatic relief through the placebo effect of remedies and by sympathetic listening. Almost everyone will enjoy sympathy, but not everyone will improve because of it. However, this group of patients is a special group that, if one hopes to achieve a curative effect on them, requires the re-establishment of belief in life before any results will be witnessed. The suffering they have encountered in their lives has rendered them sceptical that anything good in life will ever occur. By the practitioner's contact with them and his expressions of understanding, they may come to wonder if perhaps the world is after all not quite as cruel as they believed it to be. The responsibility of the doctor in general is, I feel, to be human and understanding to the patient. This is why orthodox medicine has failed, it has become too mechanistic and impersonal. It represents the effort to bring pharmaceutical industries into the consulting room, devoid of really meaningful human contact.

### **3. Mental blockages**

#### **A. 'Spiritual seekers'**

There are mental-spiritual obstacles that interfere with the penetration of the curative effect of homeopathic medicines to deep levels of the organism, bringing about a really significant change in health. The optimal response to homeopathic treatment is a quantum jump in the level of health which leaves a person feeling as if he has been regenerated - as opposed to a mere reduction in symptoms. The first group of people who exhibit such an impediment to this level of cure is one that is becoming ever more prominent in our society. They are those people who seek spiritual truth. These people will usually come for treatment after having progressed beyond the stage of curability. Please do not misunderstand me here and assume that I am talking about all spiritual seekers. There is a type of seeker who has encountered a lot of frustration in his life and has eventually decided to become more of a spiritual person. He does not proceed through the necessary stages of spiritual evolution, but rather adopts prematurely and suddenly a 'spiritual' attitude. It is as if he has just put on a cloak of spirituality. He adopts specific forms of 'spiritual' behaviour, speech, and problem solving. He has a model in mind that he is seeking to emulate. Actually, he is only acting out the role of a spiritual seeker in an effort to escape the difficulties and frustrations of his own life.

This form of disturbance is prevalent in the western world because of worldly frustrations brought on by the style of life in developed countries. Quite often these people are drawn to Eastern religions, religions that could provide a solution to their problems. The urgency to find a solution is so great that they adopt religion or spiritualism suddenly from one day to the next. They may talk in a low, subdued tone of voice, a 'spiritual voice', so as not to 'disturb the environment'. They may adopt a very humble posture because it conforms to

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their concept of being spiritual. And they may eat only the 'right' type of food, vegetarian, macrobiotic, etc. out of a concern for the spiritual consequences of bad food combinations or the energetic effects of yin and yang foods, etc. Such posturing is artificial. Consider the quality of humility, one cannot become humble overnight. The attainment of true humility requires years of devoted efforts in spiritual practices. Basically, what these individuals are doing is denying their own life, refuting their own desires, and their own personalities. Consequently, they appear to have no life-force in them any more and no life in their character. They have suppressed every important function of their organism. The result is a deep disorder that is difficult to treat with homeopathy. This sort of self-suppression represents a long-term shock to the defence system of the organism. Here the organism is being denied the ability to produce symptoms which are the expressions of limitations and therefore the person is suppressing these planes. These patients will visit the practitioner often. They will in fact be our best customers because they understand the truth of homeopathy, its correctness. They want this form of healing, but they are very difficult cases. They will not provide symptoms but instead complain only of very general disturbances like fatigue, weakness, etc. The symptoms appear subdued. Their complaints will be very vague and nondescript, defying the correct choice of a remedy. These cases are not only very difficult to treat, they will also drive the practitioner to despair as they return again and again for treatment saying, 'I am the same'.

These people are so dissociated from themselves that they cannot recognize such basic observations as whether or not they have an appetite or thirst. They have suppressed their appetite, for food, for sex, for life. This suppression, this attempt to artificially model one's life upon a spiritual concept is an imposition upon the human organism. True spiritual seekers must be very aggressive, seeking the truth requires great

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assertiveness and tenacity, more than any other human undertaking. One cannot adopt the passive, subdued attitude of these pretenders and hope to find the truth. Ninety percent of these 'seekers' will have a past history of significant drug abuse, marijuana, LSD, heroin, etc., which in itself can be an obstacle to homeopathic treatment.

Another point here is that these spiritual people will quite often become fatally attached to a guru. When they then find out that their guru is not the God on earth that they thought initially, or when the guru sends him away because he cannot tolerate the pathological adoration and attachment, then a severe symptomatology indicating the deep pathology will surface. At this point, most cases will present a special difficulty regarding treatment. Eventually the mind does break down and leaves the individual with a sense of dissatisfaction and incompleteness and not infrequently with madness or manic-depressive states.

In my opinion, a truly spiritual state exists when a person lives at the peak of his possibility for happiness. The state is one full of life, enthusiasm, and energy. It is a calm yet dynamic state. We all have certain possibilities for happiness, some more than others, but each has his/her own potential. When a person is fulfilling his potential, near his summit of happiness, he is in a spiritual state. In this state a person cannot do harm, is always creative and love prevails naturally. The mind becomes clear and the ideas are really creative. Such states in a really spiritual person can occur through any practice that facilitates happiness - be it meditation, playing the piano, a good conversation, a true love connection or another creative hobby. Any such natural evocation can bring on this exalted state. People who seek out spiritual experiences through artificial drugs embark on an adventure that, more often than not, leads to spiritual death.

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So how should people in this group be handled? And what are the options open for getting them to change? There is very little possibility of doing anything constructive with this group. Don't try to change them. They have to find out what such pretence encourages and what it means to follow either a false guru or an artificial way of gaining spiritual experiences. It has to be pointed out that is not advisable to project qualities for a guru that he does not have or perhaps never even claimed to have. When these people discover the truth about their guru they will become angry, and suffer tremendous bitterness and disappointment and they will react to this situation. The reaction will be accompanied by symptoms of grief that are strong and this is the right time to treat them with some possibility of success.

Alternatively in some other cases, if the homeopath finds the right remedy, despite the lack of symptoms, there is the possibility that they will be able to see the truth and change their style of life. There is little hope of cure if they do not change their lifestyle.

### **B. Fixed ideas**

A second group of people that will present difficulties in treatment consists of people with fixed ideas, for example, those who think sex is bad. There are certain women who think like this and have the psychology of a spinster, irrespective of whether or not they are married. The fixed idea that sex is bad may so alter the hormonal system that it is probable that the homeopathic remedy will not be effective. Strong fixed ideas such as the above can suppress the hormonal system. Also in this category are people who are hypochondriacs and those with fixed ideas concerning diet, and those whose whole life revolves around what to cook and what to eat. Such an intense preoccupation with food, its healthy and unhealthy properties, its preparation, etc., signifies an unhealthy state of mind that creates an unhealthiness of the body that may be resistant to the correct homeopathic medicine. These

people seem to have immobilized the flow of life that appears necessary for the natural functioning of the body.

### **C. Intellectuals**

The third group of people who can have mental blockages is that of intellectuals. Intellectuals think about and categorize everything, they 'know' the explanation for every phenomenon. They have planned their whole life, and they live according to that plan. Every event in their life is a result of careful deliberation allowing little room for the spontaneous living of life. These people will either be believers in homeopathy or great sceptics. The sceptics may come to see the homeopath but will say that they are not convinced of homeopathy's efficacy. In either group, however, trying to clarify the symptoms will be very frustrating. They will not be able to answer even simple questions directly. When asked, 'Do you prefer cold or warm weather?' they will beat about the bush. First they may say that they are worse from cold, leading you to consider a colder remedy such as *Rhus toxicodendron* or *Arsenicum album*. And wanting to confirm that they really are cold, you perhaps comment, 'You said that you are cold-blooded'. At this point they understand that you are taking the information you have gathered seriously. Immediately they reconsider and begin to deny that they are aggravated by cold. They will create all kinds of confusing qualifications of their 'coldness'. The same situation applies to every symptom. You ask, 'Do you like salt?'. They say, 'No'. 'Perhaps it is because you have read that salt is bad for your health?' you add. 'Well, that may be, but still I don't like salt' comes the reply. No matter how hard you attempt to pin them down to a precise answer, they will evade your attempts and leave you without any symptoms you can rely upon. The information changes during the course of the interview. Another thing to note: they will give their case in the exact words of the doctors they have

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consulted before seeing you, offering only their medical facts and never clearly revealing their own symptoms.

What strategy can one adopt with such patients? You have to tell them to come back for another consultation because you did not understand the nature of their case. Do you think this will upset them? To the contrary, they will enjoy it very much. They think, 'Ah, I am a difficult case, and he is trying hard to understand me.' So, they will come back. It is not advisable to prescribe in such cases unless you finally have some real information on which to base your judgement. If you base your remedies on shaky information you will probably lose the patient. They will see no result from your efforts and will not return. These people expect to see dramatic changes, like those described in our books but the rules do not apply to them: distorted information will give distorted results. Continue to tell them that you still do not understand the case, that you will not prescribe until you fully understand. They will love it and will return again and again. These individuals will also most likely have some peculiar symptoms that they will not disclose until they have established a rapport with you. One day they may speak from the heart and reveal their true problems, their real symptoms. It is impossible for them to do so early on in the first interview. During the treatment you will also witness many fears and anxieties arising that were not accepted or allowed expression in the beginning. These fears and anxieties were previously controlled by sheer intellectual power. As these people loosen up they begin to feel their emotions, to become aware of their fears and insecurities. Of course, this expression of their true selves will greatly facilitate the choice of the correct homeopathic remedy.

It is strange to note here that intellectuals have told me so many times that as they understand (and of course they understand quickly) homeopathy is very difficult to practice as it requires 'intelligent' people (like themselves) to be able to describe their symptoms

correctly. The truth however, is the opposite - simple uneducated people describe their symptoms much more clearly for us because they directly express their subjective feelings without filtering them as the intellectuals do. They express nature as it is while the others distort nature interpreting it according to their whims. The intellectual will often answer with 'yes' or 'no' not coloured with emotion, will hesitate more than they should in order to give you a precise answer or to understand the exact nature of your question. In trying to be precise they lose the directness and the originality that is necessary for us to evaluate how important a symptom is for the organism.

Most of the time, intellectuals will give you a false impression about their overall health condition. This is due to the fact that they have the tendency to understand everything that is happening in them in a logical manner and explain it to themselves and to others so that they always have their own interpretation. Usually those who are deeply sick suffer from an unrecognised feeling of guilt.

#### **D. Fear of dependency**

The fourth group of patients falling under the category of mental blockages is a peculiar group of people who do not want to feel dependent upon the doctor. When these people come for a follow-up visit, they will be likely to confuse the interpretation of their response to the remedy by suggesting that any improvement they have noted could be due to some other influence in their life - therapeutic or otherwise. You have to be very careful with these individuals because they have an inborn fear that if they admit that your remedy made them better, they may have to depend upon someone. Again, this state of mind is an unhealthy one. Mutual dependency in life is a natural process. Do not confront these people with your opinion that it was your remedy that caused them to feel better, let them doubt. Eventually they will become so convinced of the



efficacy of your treatment that they will accept their dependency upon you. Then you are in a position to help remove that inborn fear of dependency by emphasizing to them that what you are doing is only your job, that they are not beholden to you. Their only debt to you is to pay your fees. This group of patients is a very small one but you will meet them from time to time.

### **E. Severe mental disorders**

These are patients who need to take psychopharmaceutical drugs because they have a severe mental disorder. These drugs confuse the symptom pattern so that it is hard to find the required remedy.

### **Final note**

All of the patient groups that I have described above will represent, as previously mentioned, **only about seven to ten percent of your total patient population.** Therefore, in an ideal practice, the rate of success should be eighty to ninety percent. That is a standard of excellence to which we can all aspire.

You may ask why it is necessary to include all this in a book about homeopathy. Being able to understand these things will enable you to better deal with the cases in your practice. If you do not understand the phenomena you come across, you may be confused about relapses and about what is really going on in a patient. Therefore, understanding the obstacles to homeopathic therapy is an essential part of your task as practitioner.

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