

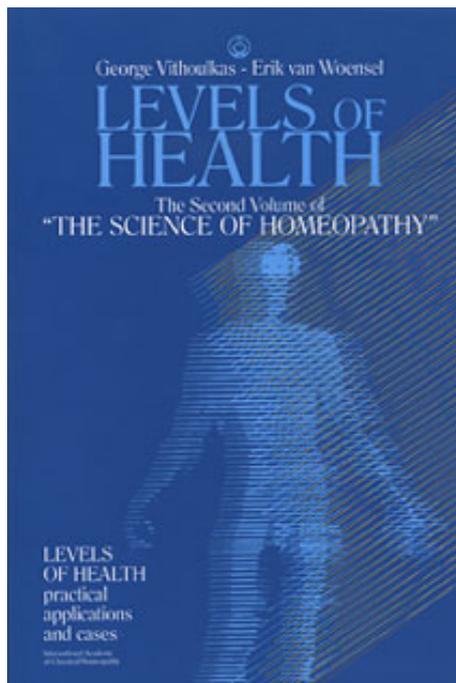
Vithoukas George / van Woensel Erik Levels of Health -The Second Volume of 'The Science of Homeopathy'

Reading excerpt

[Levels of Health -The Second Volume of 'The Science of Homeopathy'](#)

of [Vithoukas George / van Woensel Erik](#)

Publisher: Int. Academy of Classical Homeopathy



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

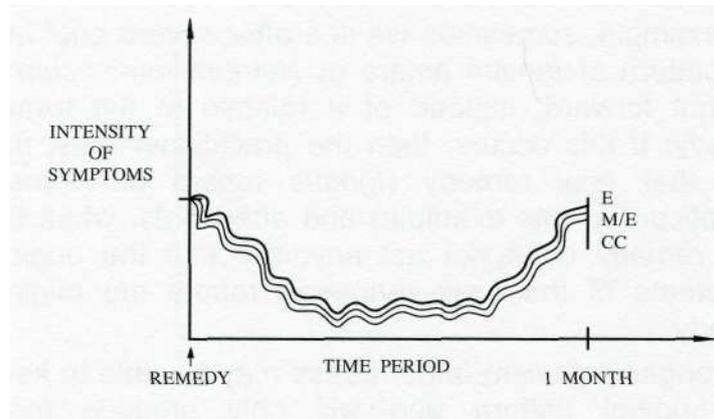


Figure 18

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.

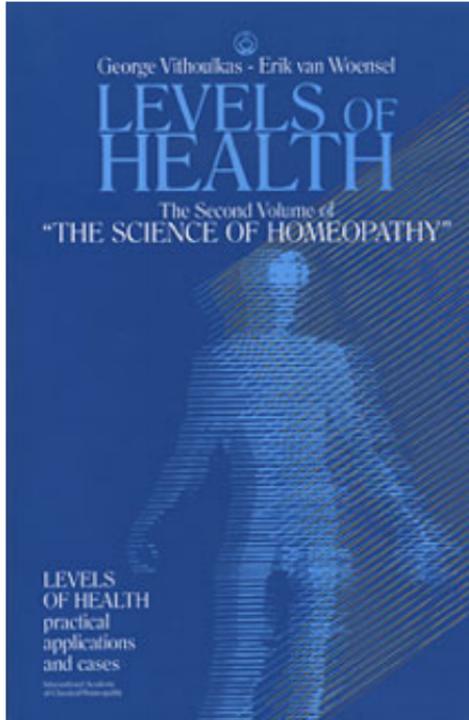
Now, a totally different situation is at hand when we are treating a patient belonging to group D. As these cases are incurable, they will not give the reactions we see in cases in higher levels. As homeopaths we tend to look for these more vital reactions starting with an initial aggravation but we 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.



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348 pages, pb
publication 2013



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