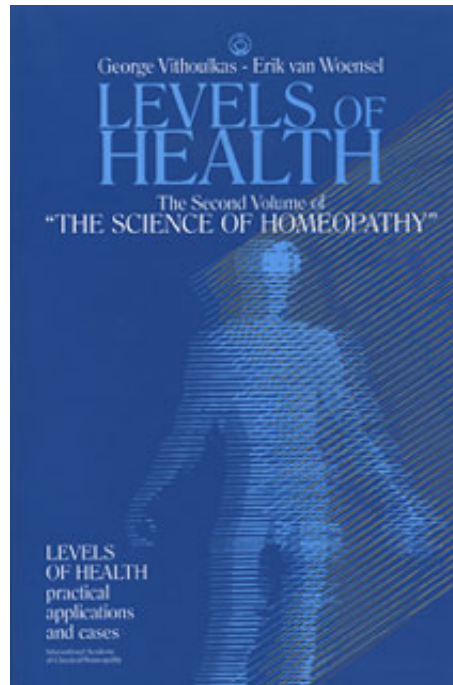


# Vithoukas George / van Woensel Erik Levels of Health -The Second Volume of "The Science of Homeopathy" Mängelexemplar - Imperfect copy

Reading excerpt

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## **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

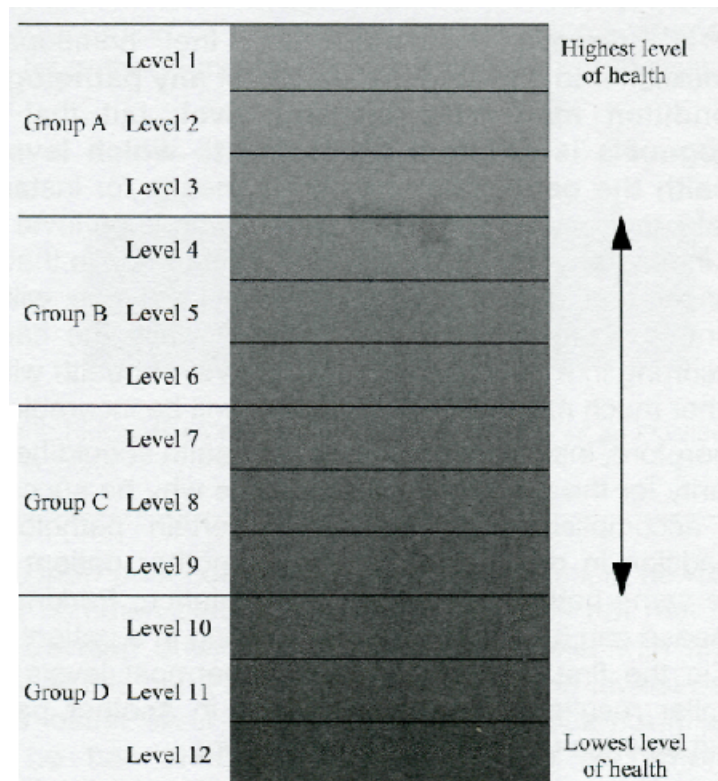


Figure 1: Scale with twelve levels of health divided into four groups, the highest level of health is at the top. This illustration depicts the genetic predisposition with which individuals are born and also the degree of the strength of the defence mechanism.

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

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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

## Levels of health

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.

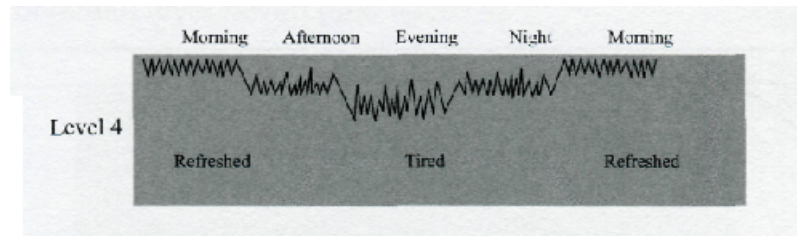


Figure 2: Fluctuations of energy pattern in one day of an individual on level four.

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

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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.

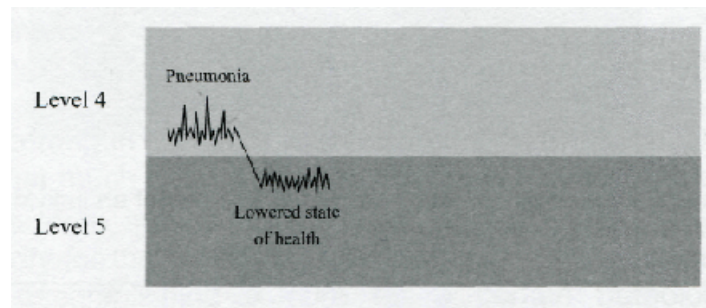


Figure 3: Lowered state of health due to suppressive therapies for acute conditions.

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,