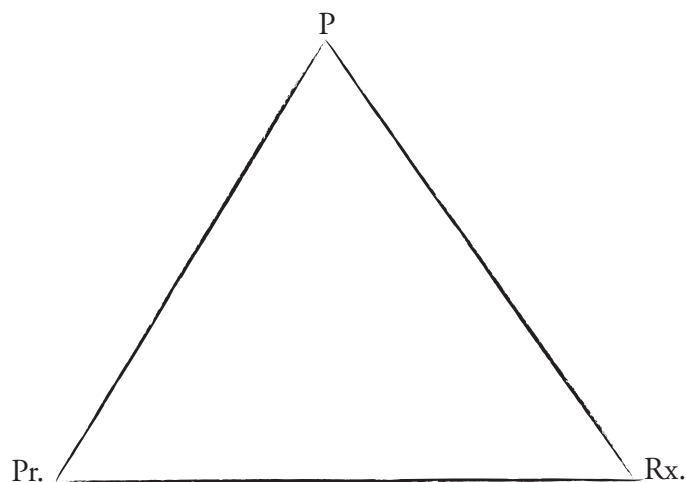


Healing setting

The three points of the triangle represent the patient (P), the Practitioner (Pr) and the Remedy (rx). According to Lionel Milgrom³⁵ you can transpose the entanglement theory from quantum physics to homeopathy. In short it means that any two pieces of matter that were ever connected will stay connected forever; they got entangled and if something happens to the one, the other, without any gap in time and regardless of the distance, will react as if they were still one. Probably there is a need to get entangled during the homeopathic consultation to bring about a cure.



And there are a few more conditions. The homeopath must have the intention to heal. This is really important! If the intention is to earn a living, that could as well get in the way of profound healing. There is nothing wrong with earning a living and homeopaths should have an income

³⁵ www.ncbi.nlm.nih.gov/pubmed/18399761

like everybody else but it's a matter of priority and in my understanding the intention to heal comes first. Of course the homeopath must have sufficient knowledge and the capacity to master the method.

AvdM: And as you argued before, it helps when the homeopath is coherent himself...

AV: ... because coherence creates coherence, which is absolutely right. The homeopath should have compassion, a quiet mind and no prejudice, we discussed all this. There are conditions to be fulfilled on the patient's side as well. The patient should have the intention to be cured.

AvdM: When you put it this way, it sounds as if this is not always the case.

AV: It sounds like that because this is what I mean! Even though the patient comes to you with the request or the wish to be healed, deep down he might be too scared to be healthy. Disease has its benefits as well! Probably all homeopaths with a clinic of long-standing have these patients who came from day one and are still there, ten, fifteen years later. When you tried to refer them to a colleague, they refused, because "you know everything about me". They don't want to be healed, they want to be allowed to keep coming; even when you tell them you won't give them any more remedies, it doesn't matter at all. They will deny that any of your remedies did anything lasting but they will exhibit, nevertheless, great trust in you. The majority of these patients have more than one therapist and their life seems to be a journey from one therapy to the other. How could they become well? What to do then?

AvdM: But this is part of their picture! Won't it go away with the right remedy?

AV: This is exactly what I thought in the first years of my practice, maybe even the first ten years! But now I have had

the experience that a patient can block the action of the remedy by not wanting to become better. This is the other side of the coin that says if people are positive and trust the treatment, it gives a better outcome. Today, I believe that if the patient in his subconscious mind is not ready to be healthy he can block the action. Or he will sabotage the treatment by not taking your remedy, by taking too much of the remedy, by taking other remedies and medication in between, postponing appointments, getting vaccinations or not giving a true report of the effects of the remedy. In that case you might change the right remedy for another one and never go back to the original simillimum prescription.

AvdM: I somewhat recognize some of this behavior in some of my patients. I agree this is the first condition. Are there more?

AV: As obvious as it may sound, the patient must be curable. Because we homeopaths are asked every day to do something impossible, like curing a chronic disease, we tend to lose sight of what is curable and what is incurable.

AvdM: What do you mean by "curing a chronic disease is impossible"?

AV: In regular medicine there is no cure for a chronic disease. Acute diseases heal by themselves... either that or the patient dies. Since nobody would risk to waiting to see who turns out to be the stronger, the patient or the pathogen, we kill microbes. This is not too difficult, we actually don't need medicine for this! We have enough natural immune system boosters; colloidal silver will take care of about every microbe and there are other measures, like the zapper. Since the public is kept in fear of acute diseases and always find any infection a danger to their life, people want a medical doctor. Homeopaths are mostly consulted for chronic diseases, because the doctor has nothing to offer

other than lifelong suppression of symptoms, but no cure because there is no cure for any chronic disease.

AvdM: Not one?

AV: If you could give me an example?

AvdM: I don't have a specific example, but what about people who have had a disease for years but then they got better?

AV: Yes, but that is not because the medication all of a sudden started working after three years! The symptoms disappear because the reason to produce them is gone or the medication finally and effectively suppressed the symptoms and now the vital disturbance has to find another outlet. It is only a matter of time until another expression of the same disturbance will show, this time aggravated with side effects from the medication, which is poisoning, and suppression.

AvdM: But if the reason to produce symptoms has disappeared and hence the symptoms vanished, the chronic disease has gone. Which means the same as the chronic disease is cured?

AV: Not really. We all have a vital disturbance and if we live in relatively balanced circumstances we don't have to produce any symptoms and our state is latent. If we are prone to severe stress we will have symptoms in our weak spot. I've given the stomach as an example. We might suffer chronically from heartburn or gastritis. Medication from the pharmacy won't cure it but will neutralize the acidity. The day you stop taking in, the acidity will probably be worse than before. Let's suppose the stress was due to the job and the person finds another job. You will see that once the stress is gone, the acidity will be gone too. He is still in the same state, but latent (again).

The majority of our patients come when their energy is so low that they suffer from chronic ailments, and when they see no reason for this being so. The doctor can only

suppress the symptoms and they don't want to take medication for the rest of their lives. But in fact their disease is, in medical terms incurable.

AvdM: But this means we do little miracles every day! Because we do the impossible on a daily basis!

AV: Didn't you realize that before? Yes, that is what we do. And because of that we might lose our common sense and think we can cure everything. But some patients are beyond curability and we should be careful to check this. There are desperate cases, end stages, degeneration with damage to the tissues and we shouldn't fool ourselves. With the knowledge of the reaction patterns, which is a very important part of any decent training, we can discern a curable from an incurable case.

AvdM: Could you summarize the reaction pattern of an incurable case once more?

AV: Yes, but I do this with hesitation because everything must be interpreted in its context! In general when the remedy is well chosen and not under- or overdosed, there is a very quick, very positive reaction, followed by a relapse to the original state in a short period of time (one, two weeks). This is the picture of an incurable case, especially when different remedies show this same pattern, or only your first remedy was able to provoke a clear positive reaction and all the following remedies have a much feebler effect.

AvdM: And can you once again differentiate the reaction pattern of a partial remedy, because I think this part of our work is not very well understood.

AV: Even when it is understood in theory, it takes some years of practice to get a real grasp on these reaction patterns. But if you can't evaluate the reaction of your medicines, you know you are shooting in the dark.

If the remedy is only partially similar, covering only some symptoms which are the expressions of the vital disturbance, but it doesn't touch the vital because the essences don't match, what we see then is almost always an amelioration or disappearing of certain physical or mind symptoms. The patient is happy and the homeopath is confident he gave the right remedy. But then, as the patient's symptoms return after a few months, the same remedy won't work as well. The patient might get some amelioration but either it won't hold or other symptoms will come up or the mental/emotional state will be untouched.

AvdM: We were talking about the conditions to be fulfilled on the side of the patient in the healing setting, one of them being he must be willing or ready to be cured and he must be curable. Are there more conditions?

AV: My personal idea, which is not shared by all homeopaths, is that patients with active psychosis or patients in a psychotic state that is suppressed by heavy drugs can't be cured. Their prognosis is very bad, but of course in the end, anything is possible. But as I understand psychosis to be a defect resulting from an unsuccessful passage in the very early development of a baby -from the symbiotic state to 'me' and 'not me'- I believe once the integrity of the personality has fallen apart, it is very hard to put it together again. In many patients this is only prevented by drugs that sedate them seriously, up to the point that you have the feeling that there is 'no problem' because there is 'no patient'. And you only know that there is a latent psychotic aspect when, in adult life, under a particular stress, broke out. It can be a once-in-a-lifetime occurrence but it can be a threatening chronic state which requires psychotropic drugs. In these patients it is very hard, if not impossible, to get the vital sensation.

AvdM: But we have other possibilities: we can repertorize on the symptoms.

AV: We can. But the drugs mask the symptoms and so they are hard to get as well. Do you see the difficulty?

AvdM: I guess we can put these patients under the heading 'incurable' as well then?

AV: Or at least under the heading 'bad prognosis'. The same applies to drug addicts: people who are on hard drugs are not really there; it's like they are scattered all over the place and the damage to their mind and body can be beyond curability.

There is one last thing I would like to add about the patient. I assume that it must be the right moment for the patient to find the right homeopath to find the right remedy. It all comes together somehow!

The remedy

AvdM: Let's talk about the conditions to be fulfilled on the side of the remedy. It doesn't seem too difficult to define these since the remedy must be the perfect match, the similimum and given in the right potency at the right time.

AV: Precisely. Some homeopaths will argue that the one remedy for the patient is a delusion and doesn't exist. I can live with the description of 'the best suitable remedy that is similar to the vital sensation.' If all these conditions are fulfilled, the basic requirements for healing are there. The entanglement between these three, homeopath, patient and remedy, will create or optimize the conditions to be cured. This also means that if one is missing, we don't have a homeopathic cure.

AvdM: Isn't it logical that without a remedy, there is no cure?

AV: Some people, among whom are homeopaths, believe the remedy is only a ritual and the healing lies in the contact, the consultation. Some believe the intention to give a healing remedy is enough and you don't actually have to give or to take in a remedy. Others believe a lot of remedies will do as long as the homeopath believes in his remedies. We have all joined in, in endless philosophical speculations about these topics. But one of the reasons I use, and advise students to use, placebos is to find out what a placebo does in a particular patient and what is the difference with a remedy. If you don't try it, you will never know. Outsiders will argue that homeopathy is based on the placebo effect, exactly because they don't know the difference from experience in the same patients, that we have.

AvdM: But the other possibility: 'no homeopath, no cure' is equally evident!

AV: A lot of people who are not homeopaths take homeopathic remedies. Pharmacies sell them to everybody, advising people to take for instance Ignatia MK three times a day when they have an emotional problem. A lot of people self-medicate, which in itself even when it is a homeopath, is to be considered useless. You can't treat yourself because it is impossible to be neutral about yourself. And although I believe whatever remedy taken by whomever can have an effect, it would be very coincidental if it would have a curative effect.

AvdM: Otherwise it would be ridiculous to study so hard for so long if every ignorant person could do the same, you are right. What about 'no patient, no cure': isn't that obvious?

AV: What would you call a patient? We are all patients in a sense but only when we take on that role. This implies that we go to a homeopath with the request to be helped. The homeopath takes on a role as well. He is a normal person

after all, but in this particular setting he agrees to do all he can to heal the patient. But if somebody doesn't want any help or doesn't want to ask anybody or doesn't choose the homeopath to be healed, then regardless of the opinion of the ones around him, he is not a patient and shouldn't be given homeopathic remedies. When homeopaths or non-homeopaths give a remedy to somebody who didn't ask for it or doesn't even know it was put in his food or drink, mostly it doesn't even work.

AvdM: Wait a minute! That is strange: shouldn't the remedy work under all circumstances?

AV: Even if the remedy works in somebody who is unaware he took a remedy in his drink, how will you know? Maybe a partner put a remedy in her husband's drink, but what happens afterwards? Even if patients, who follow our treatment with regular follow-ups and dosages, doubt that the remedy did something because they didn't feel anything. They admit they are much better but they attribute it to all kinds of things except homeopathy. How will somebody ever know whether the remedy given to somebody who didn't ask to get rid of a particular problem improved the problem or not? When will you repeat? How often? What dosage will you give? If the non-patient is not totally transformed with the one dose within two months, he most likely will be given another remedy or nothing at all. But 'no cure' is the result of such a procedure.

Is that all there is? Case management

AvdM: We covered the whole field of what can happen after the remedy. I will put forth as important: first a clear assumption of the kind of case you have in front of you, a realistic prognosis, all conditions for a healing setting fulfilled from all sides. This leaves us with case management.

AV: Although it is a crucial part of the treatment it is hard to elucidate it theoretically. That is why I do cases in public and demonstrate it on the spot. It is quite easy to argue with your students why you would give this or that remedy, but with the patient coming back in front of the same group with intervals of two months, four months, six months later and one year later, it is a whole different story. That is the moment of truth! It is where you prove your analysis was false or right, it is then that everybody for himself can see the patient and evaluate whether the remedy acted or not.

AvdM: I agree that there is no better way to prove your point and I'm happy to have had the opportunity to be present in Master Classes and live seminars. Video cases are instructive for teaching purposes but the live cases are the real thing.

AV: Indeed, one can work with video cases to make a point clear. In the training you can't do without: you can show only the clarifying part, you can stop the case and explain and you can give the students time to reflect. During seminars the video cases are instructive to learn about a new remedy or group of remedies.

AvdM: You said it often discouraged you as a beginner because you compared your mediocre cases to these magnificent and grandiose cases that were shown in the seminars. Is that why you don't use video cases as much?

AV: I didn't realize at that time that the cases shown were