



Levels of Health Theory With the Example of a Case of Juvenile Rheumatoid Arthritis

Dmitri Chabanov¹, Dionysis Tsintzas², and George Vithoulkas³

Abstract

Objective. Contemporary medicine is in great need of a new patient health group classification that could be the basis for in-depth pathology assessments, disease development and prognosis, and the possibility of healing, as well as for possible complications of organism reactions to treatment processes. This classification is possible if founded on holistic approaches at the level of health assessment from the point of view of organism reactivity and resistance. Such a classification, assigning 12 levels and 4 health groups, exists in classical homeopathy. **Methods.** A new method for determining the group and level of health is shown in a case of juvenile rheumatoid arthritis of a generalized form in an 11-year-old girl, treated with classical homeopathy. The follow-up of the case is 18 years. **Conclusion.** The method allows the physician to assess the organism dynamics as a whole during the pathology development.

Keywords

juvenile idiopathic arthritis, homeopathy, levels of health theory

Received April 6, 2018. Accepted for publication April 26, 2018.

In medicine, various classifications of health exist. However, none of these is capable of truly assessing both the depth and severity of a patient's pathology. These classifications are not helpful in providing somewhat long-term forecasts of disease development, nor are they useful in predicting treatment efficacy. For these reasons, there is a growing need for some new introductory parameters. These parameters should not only describe a separate pathology but also a coherent state of the organism—its general reactivity and resistance.

General reactivity and resistance investigations were conducted in abundance in Russia in the 1950s.¹⁻⁴ According to Prof Sirotinin, the recognized authority in this area, resistance (from the Latin *resisto*—to resist, to withstand) is a vital property of an organism, allowing it to resist various effects. Other terms would include “firmness” or “unreceptiveness.”⁴ His study “Evolution of Resistance and Reactivity” discussed the idea of resistance, covering a wide range of resistance mechanisms apart from immunity, which is only a part of resistance.⁴ The leading roles in the process belong to the central nervous and pituitary-adrenal systems. General reactivity is the ability to react to environmental effects in a certain manner. In other words, resistance is an ultimate strength measurement of homeostasis, with reactivity being the totality of homeostasis-maintaining mechanisms.^{1,3,4} The main instruments of the organism's reactivity are both inflammation and fever.¹⁻⁵

Investigations have shown a changing character of the inflammatory reaction with lowered reactivity and the reaction becoming chronic instead of acute; infectious diseases develop in a diffused manner, and all the inflammatory process phases become less apparent, with pneumonia showing no symptoms.⁴

The Levels of Health Theory

According to modern classical homeopathy, there are 4 groups (12 levels) of health.^{6,7} Group A consists of people possessing high reactivity and the strongest resistance of the body. Chronic diseases in this group are mild, with long-lasting remission periods. Acute diseases appear rarely, with the characteristics of the disease symptoms being forcible, accompanied by high fever and causing no complications. In group B, resistance decreases while organism reactivity increases. These patients suffer from deeper chronic diseases, with more frequent acute states, followed by complications requiring treatment.

¹ Novosibirsk Centre of Classical Homeopathy, Novosibirsk, Russia

² General Hospital of Aitolokarnania, Agrinion, Greece

³ University of the Aegean, Syros, Greece

Corresponding Author:

Dionysios Tsintzas, Kolovou 5, Agrinio 30500, Greece.

Email: dentsin@hotmail.com



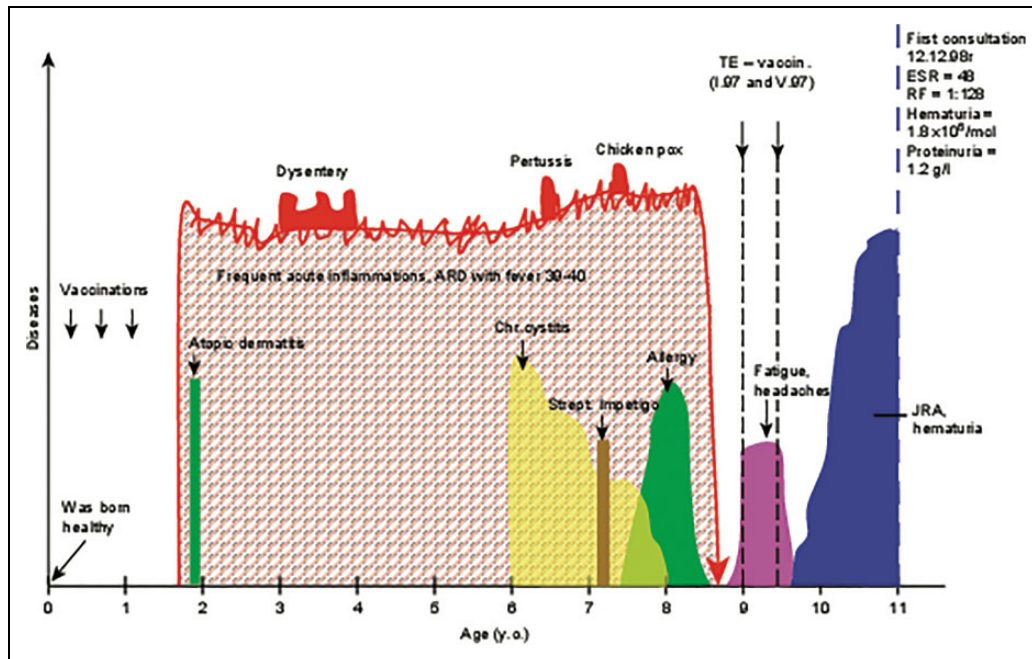


Figure 1. Development of the disease.

The sixth level of group B can be exemplified by, for example, acute pneumonia or acute pyelonephritis appearing several times per year. However, beginning with the seventh level of group C, one can observe a significantly different state of the organism. A number of deep chronic pathologies develop against the background of drastically lowered reactivity. Either patients no longer have the common cold, flu, otitis, and so on, or the diseases that are normally acute possess unclear characteristics with no febrile temperature. Patients belonging to group D are those incurable sufferers with unfavorable treatment prognoses and the shortest life expectancies.

The aforementioned classification allows for a deeper estimation of the pathology severity, providing a more well-grounded prognosis for both the possibility of treatment and the organism's reactions during the cure process. Thus, the prognoses of patients suffering from hypertension, bronchial asthma, cancer, or any other pathology will be completely different between groups B and C. Treatment failure, as well as the appearance of complications, relapses, metastases, and other undesirable events, is much more likely in group C compared to groups A and B.

A case of healed juvenile rheumatoid arthritis (JRA) is described, serving as an example of the concept.

Case Presentation

The patient was an 11-year-old thin, tall, and blond girl, living in the city of Tomsk, who presented for the first time in December 1998. After repeated medical observations and treatment in a specialized inpatient department of an RCH (Regional Children's Hospital) in the city of Tomsk, the patient was diagnosed with juvenile rheumatoid arthritis, articular-visceral form,

highly active, seropositive, galloping course. The most recent admission to the hospital was in October 1998. During the first interview, the patient complained of swelling, pain, and stiffness in many joints and particularly the metacarpophalangeal and proximal interphalangeal hand joints, wrists, ankles, elbows, and knee joints. The pain bothered her around the clock, were aggravated during motion, and persisted at rest. The stiffness would increase during the morning hours and decrease while she was in motion. The joints were significantly swollen and deformed. The movement amplitude was significantly limited (especially the elbow and knee). Erythrocyte sedimentation rate (ESR) increased to 48 mm/h, rheumatoid factor (RF) increased to 1:128 (normal value 1:20), urine protein was 0.2 to 1.2 g/L, and hematuria was up to 1 800 000 mL/cm³, the latter indicating that the kidneys were involved in the process with immune inflammation and the glomerular epithelium affected. Lupus Erythymatosus cells were not found.

Personal History

There was no pathology of the joints in the familiar medical history. According to the personal history, the girl was born healthy, from healthy parents; she was breastfed for 12 months, with growth and development within normal ranges, vaccinations having been administered according to schedule (Figure 1). At the age of 18 months, the patient developed recurrent (3-4 times per year) and long-lasting acute respiratory infections (ARIs) with high fever of up to 39°C, treated with repeated antibiotic intake. At the age of 20 months, the patient developed infantile eczema (the face, arms, and body been affected), which was treated with antihistamine medications and ointments. At the age of 3 years, she was hospitalized

3 times within a period of 6 months—the first admission was due to acute dysentery, and the remaining admissions were due to dysentery carriage, for which she received antibiotics repeatedly. At the age of 4 to 5 years, the patient continued to experience frequent acute illnesses with fevers of up to 39°C. At the age of 6 years, the first case of cystitis manifested, accompanied by pains while urinating and urine leukocytosis, and was admitted to a children's hospital with another intake of antibiotics. The cystitis developed into a chronic form, with recurrent exacerbations and cutting pains and urine leukocytosis up to the age of 8 years, which was treated with uroseptic medications. Multiple allergic reactions followed: stomatitis alternating with atopic dermatitis, pollinosis, allergic vulvovaginitis, and respiratory allergosis with a persistent cough. At the age of 6.5 years, despite all the vaccinations, including DPT, the patient was hospitalized because of whooping cough (laboratory diagnosed). In the hospital, ascariasis was discovered as well, for which anthelmintic treatment was administered. At the age of 7 years, the patient was diagnosed with streptococcal impetigo and received dermatological treatment. At the age of 7.5 years, the patient contracted chickenpox. Until the age of 9, she was frequently sick with ARIs, tonsillitis, and otitis and was repeatedly given antibiotics. The most recent fever occurred when she was approximately 9 years old. At the same age (January 1997), the patient received tick-borne encephalitis vaccination, after which she developed frequent headaches, weakness, and rapid fatigability (headaches did not allow her to attend physical training lessons at school). Because of these issues, the patient was treated by a neurologist, having been diagnosed with intracranial hypertension. In August 1997, at the age of 9 years and 9 months, the main complaint emerged: acute polyarthritis of the large and small joints (shortly before the onset of the disease, the patient received tick-borne encephalitis revaccination). In October to November 1997, the girl underwent medical observation with subsequent treatment in the Children's Hospital No. 1 in the city of Tomsk. The ESR increased to 52 mm/h, and RF was 1:64, with urine hematuria already showing 20 000 mL/cm³. At first, she was diagnosed with reactive chlamydial arthritis (based on the revelation of IgM titers of 1:200 and positive polymerase chain reaction pm throat and vulva swabs). The diagnosis was changed to the Reiter's syndrome, the change being based on chlamydiosis and chronic cystitis exacerbation. The patient was given a long-term course of antibiotics (including azithromycin) and antiviral medications. She received nonsteroidal anti-inflammatory drugs as a long-term treatment. Nevertheless, the disease progressed over the year. The girl had to leave school and missed the whole academic year. In summer and autumn of 1998, she was twice hospitalized in the RCH of the city of Tomsk. There, she was diagnosed with JRA and received sulfasalazine with no effect. The pain syndrome increased, with RF titers increasing to 1:128 and hematuria increasing to 400 000 to 1 800 000 mL/cm³. Since August 1998, she had been taking Rhus-tox (12, 30, 200), Phosph, Calc-carb, Chin-ars, and Merc-dulc in different potencies and some complex homeopathy remedies with no effect.

Other Symptoms

According to the patient's mother, the girl was a modest, bashful, well-behaved patient and very sympathetic. In July 1997, shortly before the development of the main disease, she worried much about her mother, who was taken to a hospital because of a rib fracture. The girl was afraid of dogs and thunderstorms and had a fear that something might happen to her loved ones. She likes smoked foods, spicy foods, and milk. Her sleep was restless because of the pains in the joints; she often changed her position while sleeping. Until the age of 6, she ground her teeth while sleeping, and she experienced sleepwalking, encopresis (with stool being formed), and enuresis during the day (all before 6 years old).

Analysis of the Case

The girl was born healthy with a favorable inheritance. Until the age of 18 months, she had no diseases and was most likely by that time in group A, according to the Levels of Health scale (Figure 2). Later, the reactivity of her organism sharply increased, with the girl being frequently sick, so she appeared to have been in group B (fourth level). It is worth mentioning that there were no unfavorable factors discovered that could possibly have influenced her organism during the period until the age of 18 months. Logically, one could conclude that the only essential factors affecting the defense system of the organism as a whole were the vaccinations (given the relevant predisposition and sensitivity of the organism). After the age of 18 months, another significant factor disturbing the defense mechanism, including the immune system, was inadequate ARI treatment, notably the repeated prescription of antibiotics and antipyretic medications. Because of all the aforementioned factors, the overall reactivity of the organism continued to increase even more, and until the age of 6, the girl had only frequent acute inflammatory processes of different types with high fevers.

This history, on the one hand, shows the healthy activity of the defense system, not allowing for chronic disease development. On the other hand, the patient's level of health constantly decreased from the fourth level to the fifth and sixth levels. Since the age of 6, one could note chronic cystitis emerging, which was the reason for another hospitalization episode with an increasing intake of antibiotics. Nonetheless, the patient remained in group B until the age of 8.5 to 9 years. Afterwards, despite general aggravation (headaches, fatigability, physical exertion inability), the girl stopped developing high fevers and acute illnesses. It was at this time that her organism entered group C (seventh level). It is most likely that the additional factor of the immune system disturbance was the tick-borne encephalitis vaccination, which could have been "the last straw" for the already disturbed organism. Therefore, the manifestation of a severe degenerative pathology at the age of 9 years and 9 months was, in fact, predetermined for the patient since the moment of abrupt suppression of the organism's reactivity and the subsequent deterioration of health (group C).

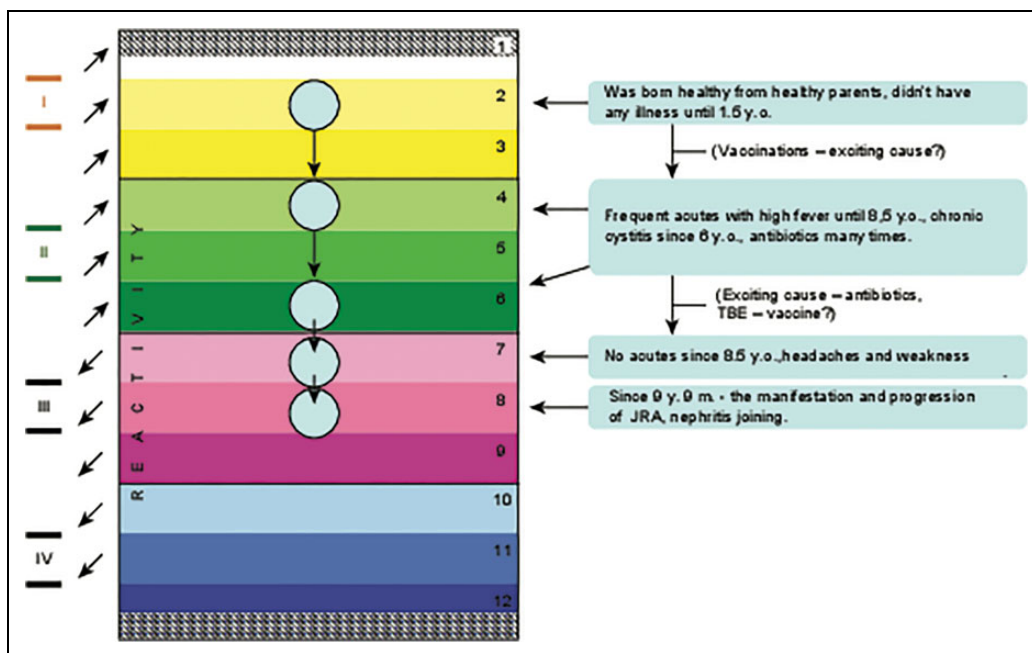


Figure 2. General health dynamics (0-11 years of age).

Prognosis

In cases of correct treatment of patients in group C of health, the prognosis is long-range recuperation, which can last for a period of 4 to 6 months to several years. During treatment, several homeopathic remedies can be necessary one after another. During the process of recuperation, we expect the appearance of reactions, that is, the range of the pathologies that were suppressed with the former not proper (suppressive) treatment. Additionally, one expects the regeneration of the ability of the organism to produce acute inflammation and high fevers. The initial aggravation of the articular syndrome and kidney symptoms are unlikely because of the lack of effects from chemotherapy, and the full clinical picture of the disease is present at the beginning of treatment.

Prescription (December 12, 1998)

Causticum LMVI (to dissolve 10 globules in 250 mL of water, to take 1 teaspoon daily in the morning, before a meal) was prescribed to reduce nonsteroidal anti-inflammatory drugs with amelioration. Causticum was chosen on the basis of the similia (similarity) principle because this remedy has in its pathogenesis joint inflammation with restlessness, kidney inflammation, strong sympathetic elements, the fear that something might happen to loved ones and the fear of dogs and thunderstorms, and the desire of smoked food. It was decided to start with a low potency because of the severity of the pathology and the rather low level of health.

Follow-up

The case has been followed for 18 years. This young woman visited the doctor 32 times over these 18 years, and she is still

being treated. Over the 18 years of treatment, she received Causticum in different potencies, and to complete the cure, she received different potencies of another 2 homeopathic remedies in rotation—Natrium muriaticum and Tuberculinum. The dynamics of the recovery process with the follow-up history are shown in a compact form in Figure 3. The horizontal axis shows the patient's age, from 11 years old, the age at the beginning of treatment, until the age of 29 years. With treatment, despite complete avoidance of nonsteroidal anti-inflammatory drugs, the pain and swelling of the joints significantly decreased already during the first 2 weeks without any primary aggravation, although further recovery continued gradually over several years. One year after the beginning of the treatment, the amelioration of the articular syndrome was assessed as roughly 80% to 90%; the patient was then able to join her classmates. However, the joint complaints were completely gone at 3 years after the beginning of the treatment.

Nevertheless, the deformation, expressed as “knottiness” of certain finger joints, persisted until the fifth year and of the toes until the seventh year of treatment, while the shoe size diminished from the 40th to 38th. At the same time, neither pain nor stiffness was noted. Beginning in the eighth year of treatment, all the joints already appeared normal. Over the 1.5 years of treatment, the ESR invariably decreased, never being higher than 20 mm/h, although it became completely normal only during the fourth year of treatment. Hematuria was completely gone at 1.5 years of treatment. Proteinuria subsided by that time to 0.03 to 0.06 g/L, and its rate was stable, although during ARIs with high fevers, protein sometimes would increase up to 0.9 to 1.0 g/L, indicating persistent, sustained damage of the epithelium in some glomeruli. The RF became negative after 4 years of treatment and never increased beyond the normal.

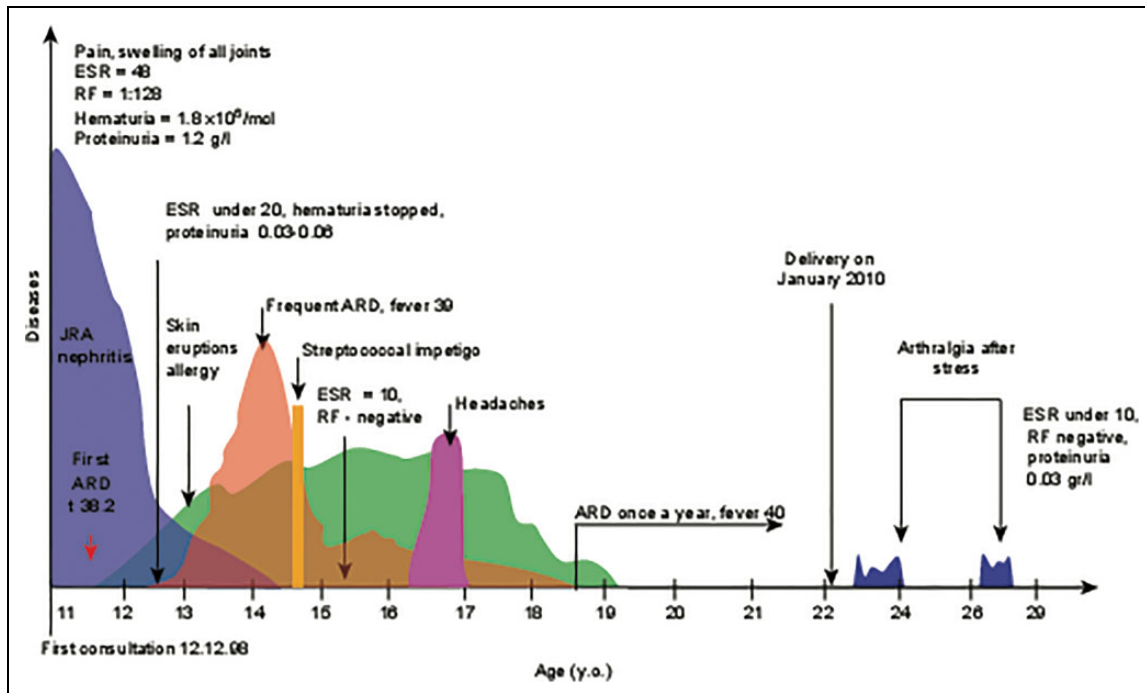


Figure 3. Progress of cure.

The patient became pregnant at 21 years of age. The pregnancy took its course without any pathology, the clinical urine tests were within normal ranges, and there was almost no aggravation of the articular syndrome. She delivered a baby through vaginal birth (the boy is now 6 years old and healthy). Later, against the background of several stresses (divorce, necessity to earn money by herself in 2011, her mother's death in 2014), there were some exacerbations of the articular syndrome. These exacerbations are marked in Figure 3 as the peaks of the blue curve corresponding to the ages of 24 and 27 years. These exacerbations took their course through arthralgia in different joints (without prominent swelling); at the same time, the RF was within normal ranges, and ESR did not increase to higher than 16 mm/h. Despite all the stresses, the overall state of the patient's health remained satisfactory for many years of observation, and she continued studying and working.

One should note that the recovery of the reactivity of the organism against the background of JRA improvement, which was proved after 5 months of treatment (red section of Figure 3) by the manifestation of ARI with a fever of 38.2°C (for the first time in the previous 3 years because, while suffering from severe JRA, the patient did not develop any ARIs or any increases in temperature). Subsequently, during the second and third years of treatment, ARIs occurred up to 3 to 4 times per year with fevers of 39°C (while symptoms of arthritis would not become worse). Later, ARIs became less frequent, once per year or less on average, but the fever would increase to as high as 39°C to 40°C, indicating high efficiency of the patient's immune system. During the whole period of observation for 17 years, the patient never took antibiotics. In addition, during the first 6 years of treatment, there were various eruptions on

the skin and mucous membranes (green section of Figure 3). During the fifth month of treatment, dermatitis with itching and burning vesicles manifested on the palms. The eruptions remained for 10 days and then turned to desquamation. Later, similar eruptions appeared on the sole of the foot and then in the area of the chest and neck, and these eruptions continued appearing for 5 to 6 more years, at intervals of 6 to 12 months. At the same time, beginning from the fifth month of treatment, many warts appeared on the back of the right hand and remained there for 1.5 years, disappearing on their own. After 3 years of treatment streptococcal impetigo reappeared on the arms and on the hip, which occurred in the past at the age of 7 years before the manifestation of JRA. In comparison to, at 7 years old, the patient being treated with antibiotics by a dermatologist, the current streptococcal impetigo resolved on its own within 1 week. During the sixth year of treatment, the patient experienced periodic headaches, which were similar to the headaches with which she had suffered before the manifestation of JRA.

Discussion

According to Vithoukias, every human being is affected by diseases, acute and chronic, which are interconnected throughout life in a "continuum of a unified substratum of diseases," which leads up to the final disease condition that marks the end of life.⁸ Consequently, within the course of a cure, one observes the dynamics of the disease being shifted "from inside-outside" and from inner organs (ie, kidneys and joints) to the skin; also, one observes "the syndrome of return," the reverse of the previous pathologies (ie, streptococcal impetigo, headaches,

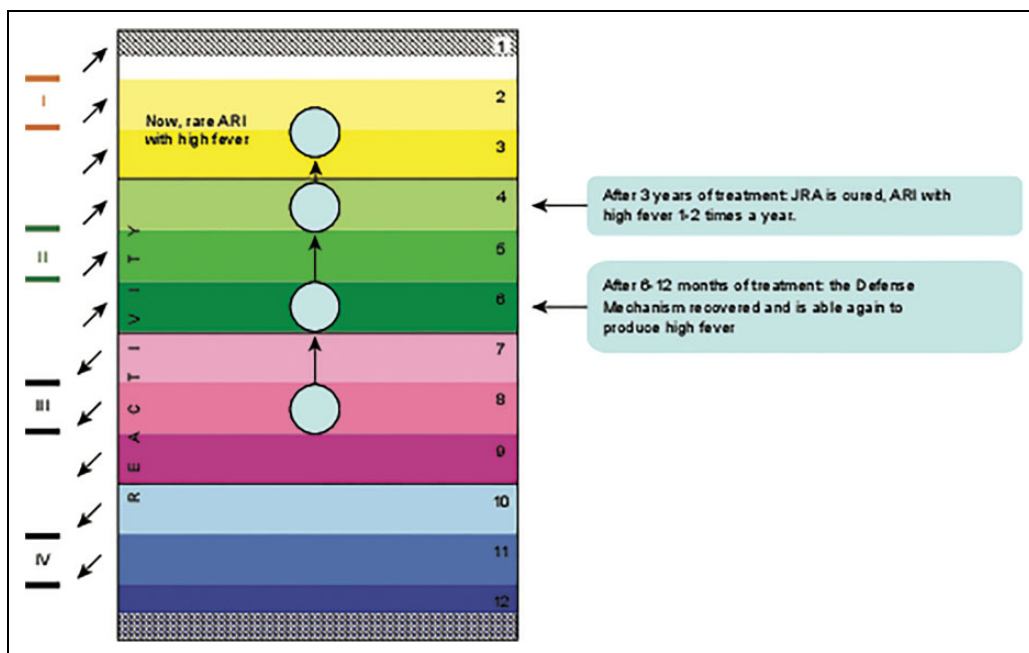


Figure 4. General health dynamics (11-28 years of age).

allergies). All of these processes reflect Hering's "Law of Cure" and are evidence of the deepest reorganization of the defense system, which is not observed in cases of the placebo effect, suggesting a positive outcome to treatment.⁹

Only a few clinical trials have been published with adequate methodology to assess the effectiveness of homeopathy in patients suffering from rheumatoid arthritis. None of the published studies have reported side effects associated with homeopathic drugs.¹⁰ Gibson, in 1980, in a double-blind clinical therapeutic trial evaluating homeopathic therapy in rheumatoid arthritis concluded that there was a significant improvement in subjective pain, articular index, stiffness, and grip strength in those patients receiving homeopathic remedies, in comparison to placebo.¹¹ Two years before this paper, the same author compared 2 groups of patients suffering from rheumatoid arthritis, treated with salicylate in the first group and with homeopathy in the second group. The patients who received homeopathy were found to do better than those who received salicylate.¹²

According to the Levels of Health theory, the qualitative change in our patient's organism occurred 0.5 to -1 year after the beginning of treatment, when the first ARI appeared with a 38°C fever, with subsequent, more frequent episodes of ARI and high fevers over the 2 to 3 years of treatment (Figure 4). These were the signs of recovery, proving both the ability to develop high fevers and sensitivity to ARI-triggering viruses and later to streptococci. All of the processes occurred against the background of recuperation from an obvious progressing JRA, indicating that the patient shifted to the sixth level of group B. The current level of health seems to be the fourth in group B. The patient's state of health still cannot be considered stable. Despite the impressive effects of therapy and the

disappearance of a serious pathology such as JRA, being complicated by a severe course of glomerulonephritis, with the follow-up history lasting for 17 years, there persists an autoimmune pathology recurrence risk. This case demands an especially careful attitude toward any type of suppressive therapy. Avoiding chemical drug usage and strongly psychologically stressful situations provides a favorable prognosis concerning both the patient's life expectancy and her quality of life.

Conclusion

The new Levels of Health classification, based on the holistic approach to the state of the defense mechanisms, considering general reactivity and resistance, allows for the development of a disease prognosis and the probability of a patient cure, as well as possible complications and organism reactions during treatment.

The healing of a severe autoimmune pathology—the generalized form of juvenile rheumatoid arthritis—with the classical homeopathy method supports the efficiency of such a treatment. The long-lasting follow-up, showing no disease signs for 17 years, serves as firm evidence for the force of homeopathic remedies.

Author Contributions

Dr Chabanov was responsible for the treatment of the patient; Dr Tsintzas conducted the literature research and helped with the writing of the article; and Prof Vithoukias supervised the whole project.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

Ethical Approval

This study does not require ethical approval.

References

1. Bogomolets AA. *Selected Works*. Vol. 2. Kiev, Russia: AS USSR; 1957:480.
2. Garkavi LK, Kvakina EB, Kuz'menko TS, Shikhlyarova AI. *Anti-Stress Reactions and Activation Therapy*. Moscow, Russia: Imedis; 1998:617.
3. Makshanov IY. Theoretical and practical aspects of the organism resistance, their role and meaning in medicine. An assembly speech. Grodno; 1991:25.
4. Sirotinin NN. *Evolution of Resistance and Reactivity* [in Russian]. Moscow, Russia: *Medicine*; 1981:235.
5. Serov VV. *General Pathology Approach to the Knowledge of the Disease*. Moscow, Russia: *Medsina*; 1999:303.
6. Vithoulkas G. *Levels of Health. The Second Volume of Science of Homeopathy*. Revised edition. Northern Sporades, Greece: International Academy of Classical Homeopathy; 2017:23.
7. Vithoulkas G. *A New Model for Health and Disease*. Northern Sporades, Greece: International Academy of Classical Homeopathy; 1996.
8. Vithoulkas G, Carlino S. The “continuum” of a unified theory of diseases. *Med Sci Monit*. 2010;16:SR7-SR15.
9. Brien SB, Harrison H, Daniels J, Lewith G. Monitoring improvement in health during homeopathic intervention. Development of an assessment tool based on Hering's Law of Cure: the Hering's Law Assessment Tool (HELAT). *Homeopathy*. 2012;101:28-37.
10. Fernandez-Llanio CN, Matilla FM, Cuesta JA. Have complementary therapies demonstrated effectiveness in rheumatoid arthritis? [in Spanish] *Reumatol Clin*. 2016;12:151-157.
11. Gibson RG, Gibson SL, MacNeill AD, Buchanan WW. Homeopathic therapy in rheumatoid arthritis: evaluation by double-blind clinical therapeutic trial. *Br J Clin Pharmacol*. 1980;9:453-459.
12. Gibson RG, Gibson SL, MacNeill AD, Gray GH, Dick WC, Buchanan WW. Salicylates and homeopathy in rheumatoid arthritis: preliminary observations. *Br J Clin Pharmacol*. 1978;6:391-395.