

EXPERIENCE WITH A PLUSSÉD POTENCY

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THE article "Hahnemann's Plus Method" on page 272 of the *Homœopathic Recorder*, June, 1948, prompts me to submit one case. Dr. Dishington who introduced me to this method commonly gave the plussed doses for seven consecutive days, not often for more. A careful reading of the 6th edition of the *Organon* convinced me that where one was sure one had the correct remedy it might be continued beyond this.

The patient was a clergyman, aged 61 when I saw him in November, 1945. A hæmorrhage from the bladder had caused him to seek advice and he was operated on for the removal of a polypus. For the first two or three days all went well; then blood, offensive discharge and slough began to come away and he had plenty and varied *Sulpha* drugs and pain and a dreadful desire to commit suicide. Not quite satisfied the surgeon had another look, which the patient counts as a second operation. It was ten weeks before he was out of bed and four months before he consulted me.

When I saw him A.T. was a poor creature, tottering across the room, only at ease sitting or lying and complaining that each operation left him worse than before. He had a tremor in both hands (worse right), his sleep was poor, restless and whenever he moved he had to pass urine. He was much more chilly since the first operation and he had heavy pouches under both eyes. He was averse to being alone, better with company and worse after 4 p.m. when also his bladder becomes more irritable until he was eased by lying in bed. His abdomen became bloated with flatulence which escaped downwards and bowels constipated; hard dark stools one inch size lumps with no urge but much pain, and he had a thirst for large drinks. The operation had left him very depressed from thinking of his future and he had become very irritable. For good measure he also told me of an old enemy, i.e. rheumatic pain on both

sides of the neck and of the right shoulder, elbow and ring finger, and right buttock and ankle, all worse by cold, wet and damp, and by movement, and brought on by getting the feet wet.

I gave (November 29th, 1945) *Bryonia a.* 30, 200, 1m. one dose on each of three consecutive days and sent by post a vial of *Bryonia a.* 1m ready for plussing.

He 'phoned December 1st, 1945; after the first powder he had a fair night; the second powder showed no difference in the day but he passed urine only once in the night. After the third powder his bowels had moved three times and he felt able to walk out to the lavatory for two of these occasions. I advised him to start the plussed doses from the vial the next day (he had had a 1m dry on the tongue that morning) and this he continued to do until January 19th, that is, forty-nine consecutive plussed doses, when, I advised him to smash the vial.

You will ask why I did such a thing. For answer I must extract from my notes: December 12th, 1945. Improving, strength returning and brighter in self. Stomach and B.O. better. No headaches. Bladder still irritable with burning in urethra. January 2nd, 1946, steady improvement. Urinates once only at night and less often in the day with only a little irritation. On January 19th, 1946, he 'phoned that he had noticed during the past three or four days an increased soreness of the tip of the glans on urinating, an increased frequency also, some shakiness of the legs on rising after sitting, and some irritability.

Since I had warned him that I expected something of this sort and that he must 'phone and not wait for the fortnightly letter he had recognized the signs and was not perturbed.

Sections 161 and 248 (6th edition of the *Organon*) are both exemplified in A.T.'s reports; firstly, there was a rapid and continuous improvement in his condition physically and mentally; secondly, no symptoms, *new to him*, appeared (January 19th, 1946), i.e. the remedy was the *simillimum*; and thirdly, there was at the end, the return of symptoms of both drug and patient indicating that the doses must be stopped as the remedy had completed its work.

His progress was good on placebo and he got back to work

both in his church and at a military camp two miles away across fields. On April 10th, 1946, he complained of rheumatic pain in the back which eased during the forenoon, but caught him on rising from a seat for which I sent *Sulphur* 200, 201, 1m, in three daily doses. On May 5th, 1946, he passed blood in his urine and I found on questioning that he had taken two liver pills. That these were the cause is, I think, proved by the fact that he had no further hæmorrhages and continued to improve on placebo. On September 26th, 1946, he wrote: "You will be pleased to hear that my bladder has never been better and that I am well in myself." Six months later he reported that he had been cystoscoped again and that the papilloma has gone and his urine is sterile and normal. He reported in June, 1948, that he had recently been cystoscoped and bladder found normal. His only complaints are a stiffness and rheumatism over the whole back and a tremor of his right hand. He concluded: "I found the liquid in the vial a splendid pick-me-up, ought I to have some more?"

In this case plussing was used in two different ways: Dr. Margaret L. Tyler has written of giving the remedy in three big changes of potency as, for instance, I did when I gave the 30, 200 1m one dose on each of three successive days. This is easy to do with either powders or granules, and with it I find I get fewer aggravations than when giving single doses. Dr. T. M. Dishington used the vial method where the change in potency from dose to dose is less than 1c and I believe he interpreted Hahnemann's instructions more exactly. I do not wish it to be thought that I think Dr. Tyler's method is wrong—in my experience it is an advance on Hahnemann, taking advantage of the longer series of potencies we now have. I personally use the Tyler method very much more often than Dishington's plusséd vial.

For the Dishington method I now use a two drachm (one quarter ounce) vial half full of water and add a few drops of spirit and then add the granules of the remedy. Four or five drops of pure alcohol added every five or seven days will keep the fluid sweet. Hahnemann suggests a small piece of fresh charcoal. The patient is instructed to drink from the vial

about half the liquid, to refill drop by drop with tap water till the vial is again half full and then to succuss ten times, when the vial is ready for tomorrow's dose. Patients have to be instructed how to succuss and they should be told that this is more important than the quantities taken or replaced. My instructions used to be to take ten drops, but since that may contaminate the drinking vessel I now advise against it. But the most important instruction to the patient is that, when they have, for two or three days, noticed a return of the symptoms of their complaint and an increase from day to day in severity, then they must get into touch with their physician at once so that he may decide if these are a true homœopathic aggravation; for if this be so the vial should be destroyed as it is now no longer a remedy but a poison for that patient. Placebo is the only possible alternative.

In desperate and urgent illness good prescribers may give high potencies (10m or cm) in divided doses, more or less frequently. I am sure that plussing each dose would be more truly Hahnemannian and of greater benefit. Where the latter doses are left to others to give, the plussed dose will not behave towards the previous dose as would a second (so-called divided) dose of exactly the same potency, should it be that the reaction to the previous dose had not completely ceased. How often are we ourselves in doubt as to whether to repeat or to give placebo, or, in other words, do not know whether the patient's reaction is only slowing down or has ceased.

REPORT, FEBRUARY 10TH, 1950

Thank you, I am very well; the bladder is better than it has been for many years, the urine sterile and very little frequency, only once or not at all at night and of course no bleeding. I have also put on weight and my colour is good.

—*The British Homœopathic Journal*, April, 1950