

POTENCIES

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"It is well for you to realise that you are dealing with razors when dealing with high potencies. They are means of tremendous harm, as well as of the tremendous good. I would rather be in a room with a dozen Negroes slashing with razors than in the hands of an ignorant prescriber of high potencies."
—Kent.

"The potency was a part of an equally as important as similar remedy in relation to the symptoms, the two together forming the Perfect Simillimum." . . . a bold statement made with good and sound reasons by A. Pulford in a paper "The Predisposition, the Simillimum" for I. H. A.

"In prescribing the first essential is the correct choice of the remedy. The second point which is also in many cases, though not always essential, is the judicious choice of potency."
—Carroll Dunham.

An accurate potency, no doubt, has its own significance in a Homœopathic prescription, but its choice offers many snags. J. Barrington has rightly said that "Potencies are one of the chief stumbling blocks in Homœopathy and the great majority of novices find difficulty in understanding how they are made and which to prescribe. Indeed, many fairly knowledgeable Homœopaths of my acquaintance seem to experience difficulty in deciding which to use." It is true that the right choice is difficult as there is no yard-stick to assess its exactness. On this score, there is a lot of divergence of opinion. Some believe that almost all potencies act to desired results provided the remedy selected is Homœopathic to the symptoms. If this had been true, any potency would have been sufficient to cure a case and similar results would have been experienced with use of any in diseases both acute and chronic and in conditions serious or otherwise. This appears incorrect, as practical findings tell a different tale. In the words of Kent "The difference in the

activities of a given remedy in the 30th and 10M upon the same constitution is most wonderful and the difference in the 10M and CM is still more wonderful."

Most practising Homœopaths hold this opinion that for acute disease we must use low potencies, reserving high ones for chronic diseases. I have carefully gone through the writings of Hahnemann, Boenninghausen, Dunham, Wells, Hering, Lippe, Allen down to Roberts and other luminaries of the present time. They do not suggest low potencies for acute and high for chronic cases. Most of these master prescribers used high and highest potencies in very acute and serious conditions. There are numerous instances that can be adduced, but I cite here only one."

Dr. Heber Smith reported the following case:

"Typhus, ninth day, patient lying on back, eyes wide open staring and immovable, is unconscious, face red, lips black, tongue dry and black, lower jaw hangs down, urine involuntary, it leaves large streaks of red sand on the sheet, skin dry, pulse over 200. Dr. Hering was called in consultation. Both, he and Dr. Lippe feared paralysis of the brain. Before Dr. Lippe found the red sand, he was in deliberation between Opium and Hyoscyamus, the sand pointed to Hyoscyamus. Opium has a symptom more often—state of snoring with eyes half closed (Lycopodium has red crystals in urine and falling of lower jaw, increase of urine at night). Hyos 200 one drop in half tumbler full of water, several spoon fulls were given and in six hours the patient perspired, the jaw closed and he was out of danger".

Before arriving at any conclusion, I think it worthwhile to mention the recommended lines of artistic prescribers on the use of Potencies.

Dr. E. M. Hale, the great teacher of Materia Medica, who was the explorer of "New Remedies" has given his rule as follows:—

"If we prescribe a drug for symptoms similar to its primary effects, we must use high potencies—low will aggravate. But if we are treating conditions, due to its secondary effects, we must use low attenuations."

In order to make it more vivid, let me explain by examples.

Calc. Carb.:—Produces primarily a diarrhoea from fats and milk and secondarily a constipation (e.g. of milk-fed babies). The ideal method is to give high potencies in diarrhoea and low (say sixth) in constipation.

Aconite:—Produces primarily a chill, secondarily heat or fever. When we give it in the very beginning, say after exposure to cold, a high potency will cut short all the trouble. But when we give it in fever, according to Dr. Hale, it is better to give lower potencies.

NOEL PUDDPHATT'S GUIDING LINES

As a general rule—please note the word “General”—the potency to be given will be governed by the following considerations:—

- (1) Low potencies such as 1x, 3x, 6x, or the 3rd are usually given in gross pathologic states.
- (2) Medium potencies such as 6th or 12th in functional disorders.
- (3) When the disorder is predominantly mental then the high and highest potencies should be given from the 20th upwards.
- (4) When all the symptoms of the patient are perfectly matched by any given drug (which is termed in Homœopathy the simillimum) then the highest potencies will work miracles, such as 10M, 50M, CM, MM.
- (5) When vital organs such as the heart, lungs, kidneys, liver are involved, low potencies should be given.

The above notes are only a general guide and are not to be taken as the last word on the potency question.

Carroll Dunham's concluding words on the use of high potencies are as follows:—

“That, in both acute and chronic diseases, the preference, other things being equal, is to be given to the higher over the lower potencies. The experience of Wurmb shows that in severe Pneumonia, the 15th is to be preferred to the 7th and the 7th to be 3rd (centesimal). I should go further and say that in general preference should be given to still higher potencies, even to 200th.”

"Experience shows that while the majority of cases both acute and chronic are cured more speedily by the higher than by the lower potencies, yet in some cases the converse is observed. No explanation of this difference has been discovered, nor can its occurrence be foreseen in any case. While, therefore, the presumption, in every case, being in favour of high potencies, the treatment should be begun with them, nevertheless, should no favourable result ensue, recourse should be then had to lower potencies, provided always there be a reasonable certainty that the remedy has been rightly selected".

Dr. Close's analysis on this point is as under:—

Susceptibility of the patient is the most important. This varies according to age, temperament, constitution and character of ailment and environments. "The more similar the remedy, the more clearly and positively the symptoms of the patients are taken on the peculiar and characteristic form of the body, the greater the susceptibility to that remedy and the higher the potency required." As we know the fine characteristic symptoms of remedies are developed in higher potency only, whereas the crude drugs only show gross changes. In cases where only pathological changes are prominent, low potencies are required.

Or in any case where three or four remedies seem equally indicated, it means that finer indications are wanting, and only lower potencies are indicated. Next the seat, character and intensity of disease must be considered. *The main task is to gauge the susceptibility*—(I agree with Dr. Close).

There is one more point "the susceptibility increases as the remedy becomes more and more similar, and is the highest to the simillimum". If we apply this rule, it means "the more accurate our prescriptions become, the higher we can go, "with extremely gratifying results."

Conversely, when in doubt about the prescription give low first to see the reaction.

With due regard for the great authorities, I beg to offer for the consideration of the profession the explanation which, in short, is to be found in individual susceptibility, that is the patient who

has more power of resistance (where susceptibility would generally be less) will be benefited by a lower potency while one who has less resisting power will require a higher potency and less frequent repetition, both in acute and chronic cases. Usually, however, the power of resistance will be found to be stronger in acute than in chronic diseases and hence the former will often require comparatively lower potencies for a cure than the latter. In acute diseases also the more severe the attack the greater is the loss of resisting power and the higher will be the potency required.

It is susceptibility (of the individual) that serve as a guide in choice of potencies. But to determine degrees of susceptibility that varies in different persons and at times in the same person is an art, the mastery of which calls for profound intelligence, extensive experience and comprehensive study. Upto a certain extent, we can assess from the general condition and severity of the acute disease, as a general a *priori* rule, we may say that a violent or severe attack (may be benefited by a middle or low potency in some instances) will require a high potency to effect a smooth cure. A chronic disease means a continued loss of resisting power, whether mild or severe, will as a rule require a high potency and less repetition. The absence of violence or severity of symptoms in a case, especially of a chronic case, does not imply less susceptibility, as some persons otherwise enjoying good health are peculiarly susceptible to certain drugs.

Let me conclude by saying that to obtain gratifying results from the simillimum, we must use potencies from the lowest to the highest, taking individual's susceptibility in view in each case.
