

## HOMŒOPATHIC POTENCY

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Homœopathic Potency is a source of great perplexity to a student of Homœopathy. It is a very disputed point among practitioners. Perfect unanimity prevails as regards the law of similars. But great disagreement exists as regards the potency of the medicine selected after the law of similars. There are many practitioners who generally use the lower dilutions and do not go beyond the 30th; on the other hand we find many practitioners whose souls delight in the use of very high potencies. The question of potency can be solved by the piercing test of experiment and every Homœopath must come forward to make the experiment himself. No hard and fast rules can be given with regard to this important question. It would be a veritable dogmatic assertion to say that an ordinary case of cholera and other acute diseases will yield to any potency of the selected remedy. The constitution and temperament of the patient must not be lost sight of when we have to choose the potency.

There is a common belief prevailing among practitioners that for acute diseases, lower potencies are used and for chronic diseases higher potencies are administered and they confine their prescription on this principle with the result that they some times fail with the use of the most carefully selected remedies in consonance with the symptoms of the patients. Experience of eminent physicians has shown that in certain chronic diseases, low potencies and even the crude drugs show marvellous results in cases where higher potencies of the same drug have failed.

As an illustration, in a case of chronic inflammation mesentric glands, Calcareo Iodata IX would cure a patient while 30th or higher potency of this drug would fail to influence the system of the patient as it (system) would not yield to this power of the remedy. Drosera of 30th power is a specific medicine for ordinary cases of Whooping Cough, but very few Homœopaths know that only one and one dose only will be required to cure the patient and that repetition of the same would give unfavourable results.

Hahnemann, the founder of Homœopathy lays down in his Organon—para 278.

“To solve this problem and to determine for every particular medicine, what dose of it will suffice for homœopathic therapeutic purposes and yet be so minute that the gentlest and most rapid cure may be thereby, obtained—to solve this problem is as may easily be conceived, not the work of theoretical speculation; not by fine-spun reasoning, not by specious sophistry, can we expect to obtain the solution of this problem. It is just as impossible as to tabulate in advance all imaginable cases. Pure experi-

ment, careful observation of the sensitiveness of each patient and accurate experience can alone determine this *in each individual case.*"

As a general rule, however, potencies to be given will be governed by the following considerations—

1. Low Potencies—e.g. IX, 3x, 6x or 3C—can usually be given in gross pathological states.
2. Medium Potencies e.g. 6th or 12th in functional disorders.
3. When the disorder is predominantly mental, then the higher and highest potencies from 30th upwards should be given.
4. When the symptoms of the patient are perfectly matched by any given drug (similimum), then the highest potencies will work wonders e.g. 10M, 50M and CM.
5. When the vital organs such as heart, lungs, kidneys, liver are involved, lower potency should be given.

Further, if we prescribe a drug for symptoms similar to its primary cause, we must use high potencies, low will aggravate. But if we are treating conditions due to its secondary effects (something which acts subordinate to another), we must use low potencies. To explain by example, Calc. carb produces primarily a diarrhoea from fats and milk and secondarily a constipation, as in milk-fed babies. The ideal method is to give high potencies for diarrhoea and low in constipation. Aconite produces primarily a chill, secondarily, heat or fever. When we give it in the beginning, say after exposure to cold, a high potency will cut short all the trouble but when we give it in fever, it is better to give lower potencies.

Again, susceptibility of the patient is the most important criterion for deciding the potency. This varies according to age, temperament, constitution and character of ailments and environments. The more similar the remedy, the more clearly and positively the symptoms of the patient are taken on the peculiar and characteristic form of the body; the greater the susceptibility to that remedy and the higher the potency required. The fine and characteristic symptoms of remedies are developed in high potency only, whereas the crude drugs only show gross changes. In cases where pathological changes are prominent, low potencies are required. Where three or four medicines 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. The susceptibility increases as the remedy becomes more and more similar and is the highest to the similimum. So to say, 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.

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 high potency and less frequent repeti-

tion, 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 the susceptibility (of the individual) that serves as a guide in the choice of potencies. But to determine the degree 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 and extensive experience and comprehensive study. Upto a certain extent, we can assess from the general condition and severity of the acute disease and as a general rule we may say that a violent and severe attack will require a high potency to effect smooth cure.

A chronic disease, which means a continuous loss of resisting power, whether mild or severe, will, as a rule require 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.

To conclude, it may be said that to obtain gratifying results from the similimum, we must use potencies from the lowest to the highest taking Individual's susceptibility in view in each case.

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### DIOSCOREA VILLOSA

(Continued from page 438)

*Jan. 19, 1960.* Weight 162 lbs. Had been worse around the first of the year because of the celebrations. Pains in gallbladder region, better bending back *Dioscorea* 30., b.i.d. for five days.

*Feb. 18th.* Weight 165 lbs. "My health is terrific now. I sleep all night and have a daily b.m.; never felt so good," he said.

*March 24th.* Still fine. Continuation of the remedy.

*April 30th.* Fine. No complaints.

*Comment*—Here is a definite confirmation in a peptic ulcer candidate of the healing action of *Dioscorea* with this peculiar keynote: *better leaning backward, worse stooping or bending forward.*

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