

REPETITION OF HIGHER POTENCY

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In homoeopathic practice, the most proper selection of the remedy and its most carefully and properly selected potency, administered in a single dose or in some few repeated doses, which should not deteriorate the general condition of the vital force of the ailing person, is the whole and sole duty of a wise and careful homoeopathic physician.

I fully appreciate and endorse the views expressed by Dr. Sankaran in his valuable article 'Repetition of Dose' in April-June 1971 issue of the *Indian Journal of Homoeopathic Medicine*.

Dr. Sankaran writes: "...we have to consider the experiences and claims of Desai and others and see if their method of prescribing is superior to or an advancement on the single dose technique in any way, for example, whether it hastens the cure of the patient. Unfortunately sufficient objective statistical data are not available by which we can form valid conclusions. No doubt the cases reported by these homoeopaths have been treated successfully with such rapid repetition of high potencies. But there is no comparative presentation and study of cases treated with infrequent repetition and similar ones treated by frequent repetitions of high potencies to prove that the latter method is indeed infinitely superior and quicker in action."

I am afraid that the assertion of frequent repetition of higher potencies created by late Dr. Maganbhai and others would bring the conflict between the infrequent and frequent potency users and there might come a chance for Homoeopathy to go to chaos or pitfalls in India. Hence I urge upon the eminent homoeopaths of India and abroad to form a board of scrutinizers to verify the case reports of late Dr. Maganbhai and others in all their full aspects of symptomatology until cure, with confirmations of the persons cured. Equally the similar case reports cured by the homoeopaths in infrequent doses should be scrutinized and compared with the ones cured by frequent repetition of high, higher and highest potencies and the results to be made known to the homoeopaths at large, by publishing in the homoeopathic magazines throughout the world, so that the general uniform method of prescribing high, higher and highest potencies be adopted by the general homoeopathic practitioner.

The sixth edition of the *Organon*, in which Hahnemann created fifty millesimal potency of drugs, was ready as early as 1842 and it was first published in English in 1921 and hence it might be true that Allen, Boger, Clarke, Dunham, Farrington, Kent and others had not known the new creation of dynamization of medicine by Hahnemann, but all the above eminent doctors had experimented the high, higher and highest potencies in infrequent doses at certain interval of time or days, with great success of

cures. Dr. Kent was the foremost and hence the Kentian style is generally more adopted by the eminent homoeopaths, the world over.

Nobody would doubt about the superiority of Kent's mind and hence I would request the reader to reflect on Kent's *Lesser Writings*.

On page 167 of *New Remedies*, Kent writes "..... the nearer we come to the perfect similimum, the less medicine we need give.... It is the experience of our best prescribers that the similimum will cure most cases best if given high and in one dose, or at most a few doses. Indeed, experience tells us that high potencies are always best...."

It clearly indicates that a few or some more doses can be given, but with a limitation that there should not be a deterioration of the vital powers of the ailing person.

Again Kent writes on page 281: "Many times I used to give first a CM, but found that when then going lower the action was seldom so strong as when climbing upward. Again, I often observed sharp aggravation when beginning the CM, but seldom observed aggravation when beginning low in relation to the sensitiveness of my patients' nature. Of late years, I always begin lower and gradually go higher and thereby avoid shocking even the very sensitive woman and children. An extremely sensitive woman will receive in the beginning, for a chronic condition, the 30th or 200th, then followed by higher potencies, while those not so sensitive receive the 10M to begin and then the higher, as the case progresses towards recoveryoctaves in the series of degrees as 30th, 200th, 1M, 10M, 50M, CM, DM, and MM. Many of my patients' records indicate that the patient has steadily improved after each potency to the highest, with symptoms becoming fainter, and he himself growing stronger, mentally and physically."

The first proposition is, in chronic diseases, to treat the patient on the ascending scale of potencies that is from lower to high, higher and highest potencies as per the sensitivity or susceptibility of the patient at a short or long interval.

The second proposition is to differentiate the patients, viz. sensitive or un-sensitive, that is dull. In very sensitive patients, begin with low or medium potencies and in dull and strong patients, begin with high, higher and highest potencies.

The third proposition is, the patient should become stronger and stronger both mentally and physically with every advance of potencies. This is the most safest rule in prescribing.

Further, Kent writes on page 349: "There is more to be learned about diagnosis and prognosis by studying the complex of symptoms than by any form of physical examination, but both and all methods of investigation should be used as they confirm each other and often where one is defective the other is strong and helpful.

"To know symptoms in cause, beginning, purport, direction, and ending is only that acquaintance with sickness so often urged by Hahnemann."

From the above, it can be seen that in order to become the best and perfect homoeopathic prescriber, one has to understand deeply (1) the cause of the disease (2) beginning and progress of the disease (3) purport or meaning or signification of the disease (4) direction of the disease and (5) the ending or result of the disease. Equally the homoeopathic physician has also to bear in mind the comparative relativity in the potentized drug.

Now the reader is referred to the sixth edition of *Organon*, footnote on section 132 on page 271. Here Hahnemann writes: "what I said in the fifth edition of the *Organon*, in a long note to this paragraph in order to prevent these undesirable reactions of the vital energy, was all that experience I then had justified. But during the last four or five years, however, all the difficulties are wholly solved by my new altered but perfected method. (50 millesimal potency). The same carefully selected medicine may now be given daily and for months, if necessary in this way, namely, after the lower degree of potency has been used for one or two weeks in the treatment of chronic disease, advance is made in the same way to higher degrees (beginning according to the new dynamization method taught herewith with the use of the lowest degrees)".

Here, the method adopted of gradually increasing the potencies (centesimal scale) in the treatment of chronic diseases is the same method even in 50 millesimal scale, only with a difference that the doses can be repeated as often as required. Does this not mean that diluted form of potentized medicine can be repeated as often as required?

Though the use of 50 millesimal potency has claimed greater percentage of cures with or without even slight aggravation and it has been sufficiently proved by Dr. Ramanlal P. Patel and Dr. Sankaran in repeated doses causing beneficial effects, it does not enter in my small head why Hahnemann had taken 3C powder of centesimal scale in the preparation of the mother tincture for the 50 millesimal potency. 3C which is one upon ten lacs in power is methodically valued in centesimal scale, whereas the same methodical or arithmetical value of 3C is neglected in the preparation of the mother tincture for 50 millesimal potency, loosing thereby the relativity between the centesimal and millesimal scales [one grain of 3C powder is dissolved in 500 drops of a mixture of one part (100 drops) of alcohol and four parts (400 drops) of distilled water, which constitute the mother tincture for 50 millesimal potency].

Anyway, I strongly believe that fifty millesimal potency is nothing but only methodically diluted form of medicine, which can be repeated as often as required. In the same way, I believe one grain of any potency of centesimal scale can further be dissolved in 100, 200, 500 or 1000 drops of distilled water and succussed for some time and then be given in the divided doses as often as required, with or without causing even the slightest aggravation. In the same way after some trituration, some powders can be given also.

Kent writes about Hahnemann's method (page 232 of *New Remedies*): ".....medicines could be so diluted that neither physics nor chemistry could discover any medicinal matter in them and yet they possessed great healing power". This definitely proves that diluted medicine in sufficient quantity of water or milk-sugar can lessen the chances of aggravation and can safely be repeated as often as required.

Hahnemann writes in a footnote under section 138 on page 278 of the *Organon*, 6th edition: "... from old prejudices these persons abhor the smallest doses of the lowest dilutions of medicine in such cases and hence they fail to experience the great advantages and blessings of that mode of proceeding which a thousandfold experience has shown to be the most salutary...."

In section 276, he writes: "For this reason, a medicine, even though it may be homoeopathically suited to the case, docs harm in every dose that is too large and in strong doses it does more harm the greater its homoeopathicity and the higher the potency selected and it does much more injury than any equally large dose of a medicine that is unhomoeopathic and in respect adapted to the morbid state (allopathic).

"Too large doses of an accurately chosen homoeopathic medicine and especially when frequently repeated, bring about much trouble as a rule...."

Further, in a footnote under section 162 on page 300 of the *Organon*, 6th edition, the Master writes: "..... one very small dose of a highly potentized China would unfailingly help (in marsh intermittents and even in persons who were not affected by any evident psoric disease)...."

From the above, it is quite evident that there are two propositions, one being the smallest dose and another being the highly potentized medicine. Now universally one grain or one drop is considered as the small dose, but what is the smallest of one grain? It may be one-tenth, one-hundredth, or even one-thousandth part of a grain of a highly potentized medicine. Hence, one grain which weighs six or eight pills of No. 20 globules, may be safely triturated in sufficient quantity of sugar of milk for some minutes and then may be divided in as many doses as required to be given without causing the aggravation.

I believe that some higher potency prescribers would assess what I have expressed above and others are requested to try the same and report to the world.

As for myself in practice, I always keep before my mind the Newton's great law, viz. action and re-action are equal and opposite. In homoeopathic practice, I interpret this law as when action and reaction of medicine are equal in strength as acceptable by the vital energy, the patient recovers soon, but when reaction of the medicine is very severe, which is greatly opposed for acceptance by the vital energy, which is when less in strength or inferior to the strength of the reactive force of the medicine, the patient loses the ground for existence of life. Hence frequent repetition of high, higher and

highest potencies should be limited in comparison with the vital energy of the ailing person.

When I am suspecting the possible unbearable reaction of the medicine, even though it is having perfect homoeopathicity, I generally take one grain of the selected potentised remedy and triturate it with about 50 to 60 grain of milk sugar, making 12 doses for 4 days, to be taken t.d.s. This way I notice very slight or negligible aggravation. Then gradually I give one-half grain doses, if very high, at an interval of four to seven days. Then, very rarely, I reach one full grain dose in gradual order, without anticipating severe aggravation and leading to gradual recovery.

I cite here one case of 25 years' old asthma. When I was residing at Bombay before 1968, one asthmatic patient came to me in 1963-64, challenging me that if I could cure his asthma of long standing by homoeopathic pills, he would reward me thousand rupees. I accepted the challenge. His family history was gonorrhoeal. The patient, in early age, had attacks of pneumonia and typhoid. The patient had also taken ayurvedic arsenic to increase and satisfy his sexual tendencies. Repertorisation for this patient indicated Arsenic alb. and Kali carb. During the first four months, he had suffered with terrible aggravations and hence he abandoned the homoeopathic treatment and reverted to the allopathic treatment in vain. After one and quarter year's absence, he came back to me requesting me to start again. With full assurance that under any circumstances, he would not leave the treatment, I started again. My difficulty was as the patient had consumed Arsenic in material doses, to give him Arsenic even in potentized form would prove dangerous. So, I pondered much on the *Organon* and then decided to give Arsenic alb. 200, one grain in much diluted form. I took Arsenic alb. 200 one grain 6-8 pills of No. 20, triturated in sufficient quantity of milk sugar and made twelve powders. This, I gave to the patient to be taken t.d.s. for four days. Again I gave likewise for further four days. Then I gave Arsenic 200 one half grain, 4 pills of No. 20, one dose to be taken every 4th day for one or two weeks. Then I started Arsenic 1M in the above diluted form and subsequently reaching one-half grain (4 pills) direct as a dose. Likewise, I repeated Kali carb also, without causing frightening aggravation. Finally I gave Medorrhinum 1M, one-half grain, with strict instruction that the pneumonic patch in the lung would become so painful with a high fever that he would again like to leave the treatment. After giving Med., on the very ninth or tenth day, he was affected with a severe pain in the lung with a temperature of 104°, which had lasted for about twelve to fourteen days. Then he recovered completely from asthma. The renewed treatment lasted for about five months in all. The patient did not send me thousand rupees, but rewarded me with hundred and one rupees in 1969, when I had already shifted my residence from Bombay to my native place in Gujrat. This case-report was presented in one of the clinical meetings, held in the Bombay Homoeopathic College in the year 1965-66 or thereabout.

This is my experience in the homoeopathic practice. Since the event of the asthmatic case, I never exceed one-half grain, that is, four pills of No. 20 globules, as an adult dose (and one or two pills for a child dose up to four or five years' age) of well saturated potentised medicine, which has served me well both in acute and chronic diseases, without causing severe aggravations.

Finally, I share the good opinion and warning of Dr. Sankaran, that is: ".....it would seem rash to start prescribing CM potency three or four times a day in chronic cases indiscriminately for every case. At best such a practice can be used if at all only by an experienced prescriber or/and physician, who is completely aware of what he is doing and who can carefully interpret and control the effects and if necessary neutralize the ill-effects of such repetition...."

Only the highest and true ideal of cure is rapid, gentle, and permanent restoration of health, whether by frequent but limited repetition or by infrequent repetition of doses of potentized or energized medicine.
