

THE DOSE AND ITS REPETITION*

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Homoeopathy as practised by the best prescribers employs the single remedy in the single dose and usually in the centesimal scale of potency range. This combination is unique. The majority of physicians who represent themselves as homoeopaths would scarcely qualify on all three counts and yet the most consistently brilliant results are achieved by those who prescribe in this way.

The use of the single drug is in itself an incentive to accurate prescribing. Those who alternate remedies and give complex mixtures tend naturally to become careless and indifferent, for it is almost impossible to see or know what one is doing. If the *similimum* should happen to be included in the prescription the physician will never actually know which medicine it was that turned the trick and so he sinks into deeper apathy and more profound lethargy. Such a physician needs a real Hahnemannian to prescribe for him and buck him up.

It is important to stress the fact that there can be but one remedy wholly and completely indicated. A different remedy picture may have been present a year ago or even yesterday and the *similimum* of today may not be that of tomorrow.

The majority of chronic conditions hold the same remedy indications much longer than do acute cases, and patients are occasionally seen who need the same medicine they should have had in early childhood, no matter how many years may have passed. This is often true of Calcarea and other carbonates and also of remedies like Natrum mur. and Silica. There is a vast difference in the action of a partially similar remedy from that of the exactly similar one. Nothing can be more obvious and satisfying to both physician and patient than the results of accurate prescribing.

Undoubtedly many so-called homoeopathic prescriptions are only relatively similar to the symptom ensemble of the patient and the further we get away from the exact remedy the more indifferent and unsatisfactory must our therapeutic results be.

There is more than one natural law to be observed and complied with in successful homoeopathic practice. The law of similars is familiar to all and for our present purpose requires no discussion. Employment of the single dose has occasioned considerable ridicule and has sometimes been regarded with unreasonable skepticism. Nevertheless the single dose is as much in harmony with the law of cycles as the single remedy is with the law of similars.

* Read before I.H.A., Bureau of Homoeopathic Philosophy.

A single dose of the homoeopathic remedy in suitable potency initiates a cycle of corrective or remedial action. If the disorder is confined to a merely functional disturbance no further medication may be required to complete the case. With our present knowledge it is exceedingly difficult to forecast the length of action of any remedy. The curative cycle is generally longer and more satisfactory with potencies above the 30th centesimal, but aside from the potency more depends upon the condition of the patient than upon any inherent peculiarity of the drug.

If more than two or three doses of medicine in moderately high potency are required to complete the cure of an acute illness the probabilities are that an incorrect remedy was prescribed. The only other explanation would be very poor case management, especially as regards overfeeding.

In chronic work the length of the curative cycle depends upon the nature and extent of the pathology, the vitality of the patient and upon the degree to which all obstacles to recovery have been successfully removed. Structural changes and perpetuating factors of disease causation offer resistance to remedial action and may either shorten or divert the cycle.

The word *cycle* implies progression, whereas a circle brings one back to the original point of departure. If nature operated in circles instead of cycles evolution would be impossible and life would be devoid of all purpose and direction, a weary treadmill in every sense of the term. A cycle is like a spiral, it has direction, it gets somewhere. Although history repeats itself it never does so exactly or completely, there is always a difference and in that difference there resides an infinitude of possibilities.

In the absence of persisting disease causation when a curative cycle has run its course it should leave the patient, if not entirely well, at least on higher ground than that on which he began treatment. His case should be at least somewhat advanced toward recovery.

To repeat the remedy during the rise or culmination of the curative cycle is apt to weaken rather than strengthen the cycle. Sometimes it appears to cut or cancel it. At least there is often more or less interference just as there is on the radio when two equally powerful stations attempt to broadcast on the same frequency or wave length.

In acute conditions it is not difficult to know when to repeat the remedy. If the patient takes a turn for the worse repeat at once and if the case is at all alarming step up the potency, making certain that the symptoms of the remedy still match those of the patient.

In ambulatory chronic cases it is sometimes quite a problem to know just when to repeat. The general tendency undoubtedly is to repeat too soon.

Too early repetition causes less interference if the potency is raised but it is an unnecessary extravagance in slow-paced deep-rooted chronic cases requiring perhaps years of constitutional treatment. The element of time (*chronos*) cannot be ignored in the treatment of chronic disease and if the remedy is frequently repeated and the potency stepped up each time we may

quite possibly arrive at the jumping-off place before the patient is cured. The billionth and ten billionth potencies will undoubtedly work but this is nevertheless getting somewhat beyond the range of practicality.

If the curative cycle has run down before the remedy is repeated the same potency can be successfully employed at least from three to five times. If repeated in the identical potency during the active progress of the cycle the third or even the second dose may prove disappointing.

The question of when to repeat and when to raise the potency in chronic cases is further confused by the failure of many physicians to realize the natural rhythm or periodicity which is present both in sickness and in health. No one feels the same from day to day or from month to month. Each individual has his own rhythm and when there is constitutional derangement this flux and reflux of the vital energy becomes more or less exaggerated into periods of aggravation and amelioration. The diurnal periodicity is very marked in some cases and this is reflected in such remedies as Arsenicum, Kali carb., Lycopodium and Syphilinum, all of which have conspicuous time aggravations. China reflects a forty-eight hour and a seven day periodicity. Arsenicum often has a fourteen day rhythm, Tuberculinum twenty-one days. Nux vomica and Sepia twenty-eight days. The springtime aggravation of Lachesis and other snake venoms is well-known.

Probably most of those present will recall the frequency with which old patients, those on the absent list, will return again for treatment at the same season of the year, often in the same month, and sometimes almost to the very anniversary of their first visit to the office. Arsenicum and Thuja have this annual periodicity to a marked degree.

In considering repetition or change of potency wait until the general direction of the case can be clearly seen. When the pick-up is definitely lost it is time to initiate a new cycle of curative action.

DISCUSSION

Dr. Farrington: This paper deals with a subject that is always in our minds, one of the failures of homoeopathic technique which so few really understand or recognize. As the essayist so well says, it is often difficult, especially in chronic cases, to determine when to repeat the remedy. It is a fact that homoeopaths the world over, even those who are loyal and try to practise according to correct principles, find this difficulty. It is always surprising to me how a chronic case, or for that matter even an acute case, can improve and permanently recover when a remedy has been repeated day after day, and probably several times a day for a long period of time. I think it is only because when the remedy has acted, the patient established an immunity to its further action, or else I don't know how we could cure so many cases in this way.

It must be remembered, however, that all cases will not respond to higher potencies. We have to select as best we can the potency that seems

best suited to the case. The periodicity that Dr. Underhill mentioned is also an interesting subject. He has mentioned several of the most prominent remedies of periodicity, among them the snake poisons. Snake poisons have a periodicity, some of them annual. There are many cases recorded in literature which show that symptoms return after the snake bite on the identical day of the year on which the bite occurred, both in human beings and in animals.

Dr. Boger: Some years ago I translated a paper on remedies written by Dr. Ide of Stettin. That was a very valuable paper, and ever since I did that work, the idea has been growing upon me. I have extended the paper now to quite a good-sized little book. Among the latest additions that I have made to that have been over 3,000 observations of successful prescriptions made and the days upon which they were made. In looking those cases up to find out what phase of the moon was present at that time, I found out several things. Of 134 observations on Phosphorus, but 53 prescriptions were made in the full moon week. That is only one example. Arsenicum I have carried on in the same way. The high percentage of successful Arsenicum prescriptions are made in the increase of the moon.

This table is growing all the time. I am only giving the main points in the investigation, that is all. I have occasionally been struck with the idea that possibly the table might be of use to other physicians, but the former publication wasn't asked for very strongly, and I have kept it in manuscript form in my own library.

The Doctor has opened up a vast field, a field upon which we can only make tracks, that is all.

In speaking of the periodicity and the times and remedies, if you look through homoeopathic literature you will find that very many reports along that line are based on insufficient data. Some fellow cures a case of *Calcarea carb.* in the full of the moon, then he marks it down that *Calcarea carb.* should be given in the full of the moon, on one or two observations. Homoeopathy is just full of that sort of thing. If we are going to know our remedies, we can't count up two or three verifications and then mark that down as characteristic of the remedy. That is one of the weak points in our materia medica. You make a hundred observations on one symptom and then find out of the hundred observations how many confirmed the particular symptom you are talking about. That is the real basis of prescribing. You have got to have a good solid foundation for this thing.

The further I progress in that sort of work, the more I come to the conclusion that a lot of our work is, to speak mildly, highly inflationary. It has that tinge in it, there is no doubt about it at all.

Dr. A. Pulford: I have been very much interested in the dose and its repetition. I have come to look on disease in an entirely different light from what I formerly did. I would like to give you my own views on this point and

you can take them for what they are worth. As to the dose, none of us knows the exact amount nature appropriates and uses from the drug mass given. As to the repetition of the dose, that depends on circumstances. If the shock merely interferes with the direction of the normal current directly involved, as soon as the offending factor is removed, a spontaneous cure will take place without any drug, but if that infinitesimal amount of energy is taken in from the affected part, then its equal amount of energy must be supplied to the affected part. If the proper dose has been given, unless there has been interference, it should not be repeated. I have seen some wonderful results from a single dose.

If nature is unable to extract the proper amount of energy required from the first dose given, the dose should be repeated only so the proper amount may be extracted, then stop. If interference from other sources should cause a relapse, then and only then should the drug dose be repeated. I find that, as far as I have gone, a safe rule to follow.

Dr. Turton: I have been able to follow for five years a case that was given Nux vomica, 45M. About three years after that dose was given, my preceptor called me to his office. He asked what on earth I gave to my sister. I said, I gave Nux vomica 45M. He said, "Good lad, I have given her kegs of Nux vomica." I said, "Of course, and it is quite evident she got an aggravation every time you repeated it," which was true.

Dr. Bryant: I wonder if this body will forgive me if I repeat what I said last year. I only do it because I think in constant repetition it is finally fastened upon our minds something about the length of action of these potencies.

Walter James, who really caused me to become converted to Homoeopathy, I think, gave me this diagram many years ago, and incidentally told me something that made a great impression upon me. Dr. James and Dr. Lippe worked it out over a period of seventeen years. It is something we can use for everything. It gives us an opportunity to have a definite diagram by which we can be assisted in any potency we use. I knew this paper was going to be read by Dr. Underhill, and I have come 3,000 miles, and if I hear nothing else, I will feel well repaid.

This is the diagram that was given to me a good many years ago (illustrating on the blackboard).* Dr. James tried to impress upon me the importance of holding on to that remedy until it had acted itself out, and made this diagram. This upper line represents health, and the lower line represents disease. Here is our patient. In this instance we are going to use the 200 potency. If our remedy is properly selected, one of two things will happen. The patient usually improves and he draws this line, calls it the line of

* Dr. Bryant has furnished the editors a copy of the diagram used, and this, with Dr. Bryant's comments, appears immediately following the discussion.

primary amelioration. So he puts a P.A. there. It is as distinct in my mind as if it were yesterday, because it has never left me. Then comes your period of aggravation, and there he puts an AG. If you are using the 200 potency, this period of primary amelioration will last approximately two days. The period of aggravation will last three days, and the secondary amelioration which he places here and puts an S.A. for it, will last from one to two days. Now, you have gotten all out of that potency that you are going to get, but as he explained this, he also told me something else. He said there is another group of patients who do not go through that cycle, and that class of patients have their aggravation first, and that is the patient that calls you the following day, or the day after that, and explains to you that he cannot take that medicine because it is making him worse, and he is coming back to the office, because he knows you have something that is going to help him.

If you fail to bear that in mind, you are going to interfere with the action of that remedy, so that the patient goes down. You have got to make up your mind as to whether it is a disease that is really progressing, or whether the patient has that type of reaction. Then he simply misses out on his short period of primary amelioration, and he goes on this way. So he only has a period of aggravation and a period of amelioration. You got the patient up that far. These lengths of action vary according to the potency used until you get up to the millionth. I have a few potencies of five hundred million, and when you stop to think that I spent nearly ten years of my life in a regular school of medicine and was taught at once that the proper dose of calomel was 40 grains you realize how deep was my conversion. I administered it once to a Negro on consultation with a fellow allopathic physician, when he told me that this child would die unless I gave that child 40 grains of calomel in one dose. He was a great deal older and I didn't say it, but I thought to myself, "I think he will die under the 40 grains." At any rate, I had a pleasant surprise. The patient didn't die, and what happened was exactly what he told me would happen, that that calomel would go through that patient with such rapidity that it would not only relieve an engorged liver, but would sweep that tract with the enormous amount of influx of secretion from the gastro-intestinal tract all the way through, and that the patient would recover quickly. The patient did recover, but the aftereffects for years were still there.

I have nothing further to add to this except to suggest that you use this with your patients, particularly those patients who are inclined to be skeptical of homoeopathic prescribing and skeptical of the length of action. I have taken that very patient who has come into my office and explained to me that she could not take that medicine because it immediately made her worse and because I feared that she would not hold during that aggravation, and had her sit down close by me and I have taken my pen and drawn that little diagram, and before I got half way through she said, "Now I understand; I am perfectly satisfied, and I will stick to it."

Dr. Grimmer: Really, this paper should serve as a text to any of us. He has very tersely and epigrammatically brought the essentials of homoeopathic philosophy to us, especially in the rhythm of health and of disease and the cycles that we all know exist and the tremendous length of time that remedies will act curatively if permitted.

There is just one little point in summing up the action of remedies, one little point that confuses us at times that we lose sight of in this day of drug slugging, in this day where the patient frequently takes crude remedies without the consent or knowledge of the homoeopathic prescriber, such as aspirin and cathartics, the contact of camphorated substances in the form of balms, and things of that kind. We all know what deleterious effects camphor has on our homoeopathic potencies and our patients come in contact with that very much more frequently than we realize, and that will sometimes cut the action of deep potencies; if it doesn't entirely eradicate their action it will at least dampen it, and the progress of recovery is often interfered with. That may necessitate a more frequent repetition of remedies than would ordinarily be the case under this beautiful picture that Dr. Underhill has brought us. It is true that these observations have been confirmed by a great many of our very best men. It is purely Hahnemannian in essence. It embodies everything that is in the philosophy, and I think with just remembering this other thing about the effects of camphorated and mentholated preparations, if we study the Doctor's paper very carefully and take it to heart, we will be able to do much better prescribing than we have done before.

Dr. Underhill: I wish to say a word or two about the duration of action of homoeopathic remedies. You know there are such things as timetables, such as a remedy acts so many days and another one so many weeks, and so on and so forth. I do not believe that is a safe guide to go by at all, because it is the remedy plus the individual contending against the individual constitution, and that varies tremendously in different individuals, and according to the extent of the pathology and kind of pathology that we are dealing with. So that a given remedy may add to one case a few days, and in another case with the same clinical laboratory diagnosis it might act several weeks or months.

In this table here that the Doctor drew, I would like to say if you will study in Kent's philosophy, and also in Bidwell's book on *How to Use the Repertory*, based on Kent's *Repertory*, he outlines eleven different things that can happen. The doctor here shows two of them. If there is no pathology at all in the case, merely a functional derangement, you get this effect here, and then only a little drop, the normal ebb and flow of the vitality and no aggravation whatever. If you have hit your case with the proper potency, you have just matched the plane of potency with the plane of disease.

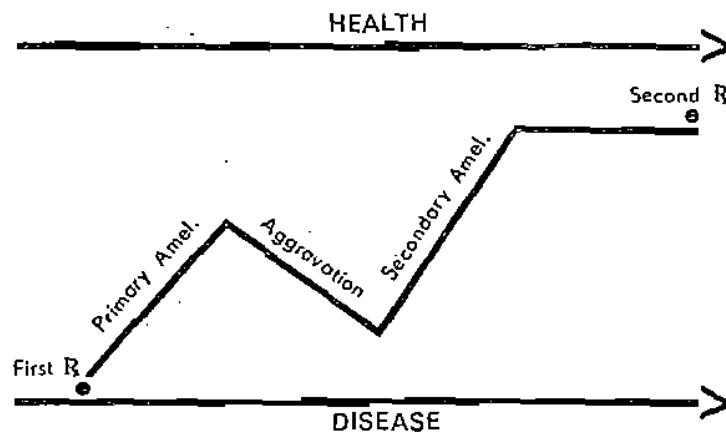
The next one I would take up is this: Where you get your aggravation

first and then your amelioration, there you have your remedy contending against some pathology, but not by any means incurable pathology, and it just magnifies your symptoms, flares them up, and you get this, followed by very satisfactory curative action. In chronic work, that is the nicest kind of action to get from a remedy. I never like to see this, where you get primary improvement and then followed by an aggravation. I always know I have a long, hard, difficult case to contend with. You get a foretaste of what the patient ought to be after he is cured, and then a mean aggravation follows, and ever so slowly you may be able to get him up. Do not repeat when this aggravation comes. There is where many a mistake is made in chronic cases.

I have watched many chronic cases. In fact, I specialize in chronic work, and I have pleasure in watching them, and I do not see that there is any schedule of time that operates at all, other than perhaps the moon and the stars, as Dr. Boger referred to.

DIAGRAM SUBMITTED BY DR. BRYANT*

The duration of the action as shown by the diagram was compiled by Drs. Adolph Lippe and Walter M. James from observations made during



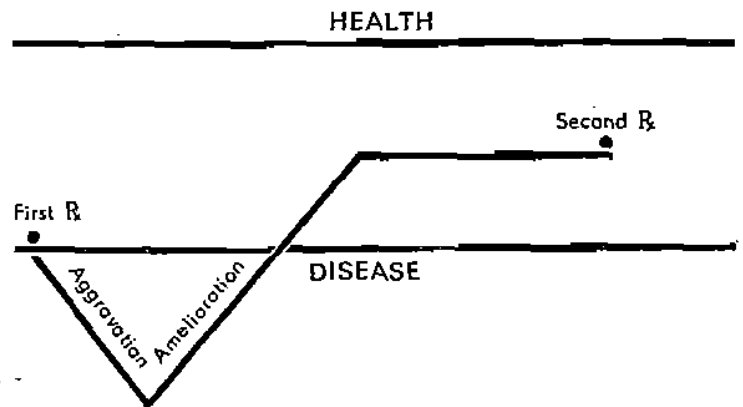
forty years of practice. It is understood that the duration of action of every remedy varies according to the susceptibility of each patient and if an extremely high potency, as high as one hundred thousand (CM) is given a patient suffering from an acute disease may pass through the cycle as diagrammed in a few hours.

* As presented before the I.H.A. in discussion, with comments by Dr. Bryant.

The diagram represents the average duration of action in its various phases.

Potency	Primary Amelioration	Aggravation	Secondary Amelioration	Total
30	1	5	1 or 2	4 or 8
200	2	6	3	11
10M	3 or 4	8 or 10	2 or 3	16
100M	5	12	4	21
MM				4 to 6 weeks

While the above diagram describes the usual cycle of a patient's reaction to a remedy, there is a certain group of patients who experience an aggravation as soon as the remedy is given, thus causing an omission of the period of primary amelioration; so the following diagram would apply to this class of patients.



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