

THE PROBLEM OF POTENCY

DR. JUGAL KISHORE, B.SC., D.M.S., New Delhi

The greatest contribution of Dr. Samuel Christian Hahnemann, even greater than his discovery of the law of similars is his discovery of the law of potentiation. It is certain that without this discovery the science of homœopathic therapeutics would not have developed. The law of similars as even admitted by Hahnemann had been vaguely envisaged by earlier thinkers but the medical energy released by potentiation is one of the most startling and yet the most misunderstood discoveries of science. Even after a century and a half of its discovery, it is an enigma and a challenge not only to homœopaths who use these potencies daily but to scientists in general and to biophysicists and chemists in particular. All along the homœopathic physician has been ridiculed for believing in such a myth. The homœopath uses these potencies every day but is yet as far away in understanding the nature of this potency energy as Hahnemann was in his day. The question generally asked is "Have we made any progress since its discovery in Hahnemann's day?"

Hahnemann did not stumble upon the discovery of potency by accident. It was purely a matter of growth and experiment. No one, not even Hahnemann conceived the idea of using attenuated drugs out of a clear sky. It was no theoretical inspiration but followed as a natural corollary or development from the law of similars. It was indeed a proof of the great deductive faculties and experimental method of Hahnemann. Homœopathy became practical only after this discovery. Very soon he was able to demonstrate the power of the development of hidden virtues of medicines which were considered to be inert in crude form. "For hundreds of years nothing was known of the power of many crude medicinal substances. These if made into a solution can by repeated shakings or by long continued trituration with non-medicinal powder be worked up to very intensive medicines with marvellous effects (e.g. fine gold, silver, platinum, lyco). The Homœopathic dilutions are not a minimising or lessening of the medicinal power but rather an actual increase of this capacity, a truly marvellous unfolding and vitalising of their "medicinal essence". Hahnemann continues with his characteristic inner vision, "by triturating (shaking) the latent medicinal power is wonderfully liberated and vitalised, as if once freed from the fetters of the matter, it could act upon the human organism more insistently and fully. In reality dilution is potentiation, not merely a material splitting up and lessening, in which every part must be smaller than the whole but a spiritualising of inner medicinal power by removing the coverings of nature's forces, and the palpable substance which can be weighed, no longer enters into consideration."

With the advent of nuclear age our recent knowledge about atomic

fission and energy, makes it easier for the man in the street to grasp the possibilities of power of dynamisation. But this knowledge as yet cannot explain the nature of these potency energies. What, after all, happens to simple drugs or substances when they are triturated or succused in a neutral vehicle. A mere increase of surface by these process will not explain the phenomena.

One thing, however, is clear that the nature of this energy is quite different from various other kinds of energies known to us in the physical realm. Possibly every person, in sickness or in health emits certain individual or characteristic waves of vibrations of biologic energy. Similarly drugs also if potentised emit a wave pattern (of medicinal energy) which is characteristic of the drug. This similarity of the wave pattern and characteristic energies brings the animate and inanimate objects very much nearer. If the frequency of the waves is the same in the case of the drug and the sick individual but the waves are in opposite phases they cancel each other and cure is the result.

Some essayists in our journals are, in their over-enthusiasm, apt to conclude that the power of potencies is due to the production of electrons and other fission products of atoms. But that is not at all the case. Here we are dealing entirely with different kind of phenomena. In one grain of potentised medicine beyond 12th potency we do not get even an atom left. Now what about potencies like 200 or 1000 which we use every day? The question is bewildering indeed.

There is something in the high potencies of homœopathic medicines—a factor X which cannot be of atomic nature from the physicists point of view. Can it be the ultimate proton broken down into radiation energy and captured in the solution? The suggestion looks absurd. Firstly, it will be impossible to break the atoms into radiant energy by the simple methods of dilution and shaking. Even if the atoms were broken into radiation, one could only expect this radiation to get locked in a bottle in the fairy tale stories.

Objective tests of Potencies

Although late Dr. Boyd's experiments with Emanometer proved fairly well the influence of potencies yet there were certain subjective factors which could not be eliminated. But in his latest experiments before he died he positively performed the so-called test tube confirmation, of the activity of high potencies. The experiment referred there is the influence of the mercuric chloride in moderately high (30th C) potencies on the rate of hydrolysis of starch with diastase. The experiments were very severely controlled and experimental errors were subject to the proper statistical analysis. The results conclusively prove the power of the potencies (even in a test tube).

In a recent article in the journal of the American Institute of Homœopathy Dr. James Stephenson has given some details of experiments done by different workers for finding the influence of potencies or microdilutions. That is a fine summary of the various papers and it is heartening to know

that fairly good amount of work has been done in this direction. For example in 1951, J. Jarricot demonstrated that veratrine sulphate in 10^{60} decreased the contraction rate of the isolated gastrocnemius muscle of *Rana esculenta* and that *Iberis amara* in dilutions ranging from 10/36 to 10/236 slows the beat of the isolated turtleheart. The author concludes that in this new world atomic mutations may occur, that is, the effect of one atom on another may last after the exciting substance is no longer present, and "living and non-living" matter will be found to be more similar than dissimilar.

Physical Properties

Whatever be the theory of nature of this energy from dynamisation of medicines the sensitivity of the diseased organism has to be taken into account because this sensitivity is a selective sensitivity. In the preparation of our drugs we are releasing an unknown and potent form of energy which is extremely selective in action and which has certain interesting properties. According to Dr. Boyd the present methods of standardisation of drugs, use of vehicles etc. from strictly scientific point of view and from some knowledge of this energy are rather very crude. He has found that some potencies made of same substance by maceration in water and trituration with lactose are not exactly the same though carrying the main characteristics of the substance as far as action goes, while other substances prepared in the same way showed no clear difference between maceration and the trituration.

This potency is transferred very rapidly and is exceedingly difficult to get rid of. The standard of disappearance appears to be almost absolute chemical dryness. It has been found that dry heat for at least two hours at 150°C will be able to dissipate the potency energy.

Another practical problem arising from the fact that potency energies are very potent is, if the crude substances interfere with these energies to any extent. The answer is practically "no" as it has been proved by experiment. It is, however, advisable in the case of drugs in the same group as *tabacum* to omit tobacco for 24 hours until potency starts its action. Generally speaking we can regard the direct interference of crude substance as doubtful excuse to cover our poor prescribing. It is however a different question when very volatile substances, colloidal drugs, vaccines, emulsions or sera are being used. Or certain substances may obscure symptomatology which makes selection of remedy difficult. For this reason constancy in diet environment and habit during treatment will undoubtedly contribute to successful prescription and is far more important than empirical prohibitions which may not be of any importance at all.

Some people are very sensitive to potency energies. An interesting observation was made by a certain doctor that at one time he suffered from a troublesome cough and cold and could not get rid of it until he stopped dispensing medicines altogether for about a fortnight, when it responded to

the remedy. So it may, at times, be difficult to treat medical men if they happen to be dispensing their own medicine.

Another observation regarding the easy transference of potency energy which may be disturbing to many is that unmedicated powders become affected from the medicated ones, in varying degree according to their distance from each other. Dr. Clarke used to be very emphatic about it. This point needs to be investigated as we shall have to be careful while prescribing placebos.

Scale of Potency (Historical)

Let us now turn from generals to particulars and discuss what potencies to use and how best to use. A little historical review of what potencies were used by Hahnemann will not be out of place. Hahnemann's three chests of medicines contain four grades of potencies used most frequently by him, i.e. 6, 18, 24, 30 (i.e. multiple of six). It must not be forgotten that Hahnemann was led to decreasing, dividing, and later potentising medicines after numerous experiments and beside experience of many years. In the beginning for quite sometime he gave fairly large doses even after selecting the remedies on the law of similars. It was not until his publication of second volume of *Materia Medica Pura* in 1816 did he give detailed instructions for each and individual remedy concerning dilution and size of dose. "Ignatia is said to be particularly efficacious in the 9th and 12th potency, Rheum in acute diseases in 9th dilution." Similar remarks are found concerning Pulsatilla, Rhus tox and Bryonia. For delicate persons and in acute diseases higher degree of dilutions are to be prepared, etc. Later in the third edition of *Materia Medica Pura* the following potencies are mentioned.

China 12, Ipecac 3, Scilla 15, Veratrum 12, Asarum 12 or 15. For Ars he says a drop of 30th is far too large a dose. Later in 1821 he recommends a fraction of a drop of a Potency as he was beginning to use tiny globules. During the later years of his life some of his disciples started using higher potencies like 200, 500 and even 1500th potency. Dr. Gross and General Korsakoff in Russia were the real pioneers of the theory of high potencies. In 1829 Hahnemann felt urgent necessity of putting a stop to the race for high potencies and realised that time had come for standardisation of the potencies. He put the upper limit as "30". He had himself used potencies upto 60 and Madam Melanie Hahnemann stated in one of the letters that Hahnemann used much higher potencies like 1000 if the occasion arose. But it was indeed strange on the part of Hahnemann to put a limit to the higher potencies and thus stultifying the spirit of experiment. From this time onwards he declared the latest advance on the administration of potencies, i.e. olfaction. "Since merely letting the patient smell sulphur at suitable interval I have experienced the immeasurable healing capacity of this substance, of which I had previously no idea", he wrote in one of the letters.

Hahnemann started with the idea of subdivision and dilution of the

doses but later gave greater importance to dynamisation by the process of succussion. But his views varied considerably regarding the number of succussions or shakes. That shaking or succussion of doses considerably change or modify the potency energy has been proved by experiments with emanometer. This idea of dynamisation by succussion led him in the last years of his life to experiment with so-called plus potencies and frequent repetition of doses in chronic diseases. These developments were declared in sixth edition (posthumous) of Organon (Section 247, 248 and foot notes.) Hahnemann asserted that the patient after being given a potency of the appropriate medicine is not the same regarding his energy balance and there has been a change, however slight, and therefore the same potency cannot be repeated and that each dose of medicine should be slightly modified by succussion. During this period he believed that chronic diseases can be cured in shorter time (than by a single dose) by frequent (even daily) but judicious repetition of these modified potencies of the medicine. He called it the "Gradual ascending doses".

As I have said above Hahnemann modified his ideas about succussion of potencies. At first he suggested 10 succussions for each potency but later in Organon (3rd, 4th and 5th editions) only two succussions are good enough but in his posthumous edition of Organon he lays down the rule of 100 succussions for each potency. Not only that but the progression of potencies is much faster also because he advises one medicated granule instead of one drop to 100 drops of spirits. One granule represents roughly about 1/500th part of a drop. Thus towards the end of his life he looks more towards the energies of the potentised medicine than the material essence. His 30th should be much higher than the usual 30th used by us. The question arises how far we can modify a potency by the process of succussion. Boyd has, however, found out by experimentation that beyond a certain point succussion does not produce any appreciable alteration.

The Scale of Potencies

As discussed Hahnemann's scale of potencies (θ), (6), (9), (12), (18), (24), (30). Kent however introduced the scale, 30, 200, 10M, 50M, 100M. This scale was not arbitrarily chosen but was based on large clinical experience. This scale gave the optimum response. It has been experimentally seen that certain potencies are not as active as others. Also we had to have a sort of one standard for all of us so that we could conveniently procure and use the potencies and compare our notes keeping the same standards as our basis. As you see, as we go higher in the potency scale the bigger is the jump. Roughly one can say that the distance between 6th and 12th potency corresponds to that between 10M and 50M. We require this much jump to obtain a new marked effect which may be shown in a possible aggravation. I shall not go into the various methods of preparing the potencies. The main problem that concerns us, the clinicians is the determination of the optimum

potency. Theoretically the individualisation of the potency is as important as that of the remedy. In actual practice we see that potency plays only a secondary part. Everybody seems to have his or her favourite potencies. This is indeed a tricky question but I shall try to lay before you the available data on this vexed problem. I may, however, mention that there have been some attempt at selection of potencies by objective methods e.g.

1. Pupillary reflex.
2. Pulse-beat method.
3. Emanometer.
4. Rubber rod method of Stearns.

This is only of historic interest.

But so far we have not discovered any fool-proof method for it. As somebody put it "there is little teaching but many opinions." Let us now consider the various factors which normally influence us in selection of a particular potency. The most important factor is the sensitiveness or "Susceptibility of the patient." We can estimate only very roughly the degree of susceptibility in the patient. It varies broadly according to age; temperament, habits, character of diseases and environment. "The more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar and characteristic form of the remedy, the greater susceptibility and the higher the potency required." This rule can be deduced from the fact that provings of the tincture and lowest potencies of a drug, as a rule produce only more common and general symptoms of the drug not very sharply differentiated from other drugs of its class. It is in provings of the medium and higher potencies that the special and peculiar character of the drug is revealed by its finer and most characteristic symptoms. In other words if we come across in a patient a sharply delineated picture of a drug with its peculiar and characteristic facets we can safely conclude that has a higher degree of susceptibility and he can confidently be given higher potencies. If the symptoms are not well marked and are of more general character give the best of the indicated list of remedies in low potencies.

The sensitiveness to potencies or susceptibility is highest in children and young vigorous persons and diminishes with age.

The third factor modifying the reaction to potencies is constitution and temperament. The higher potencies are best indicated in sensitive nervous people; intellectual; impulsive and jealous but the lower potencies elicit better response from persons of coarse fibre, sluggish, dull of comprehension, torpid and phlegmatic individuals.

The susceptibility seems to be increased by intellectual occupation, by life of excitement and sedentary occupation.

This reaction to potencies decreases in certain terminal conditions. It may be roughly proportionate inversely to increase in pathology. Thus in a case of, for example, advanced tuberculosis; pathological condition of the heart with congestive failure; advanced nephritis and in malignant growths

the treatment should be started with low potencies. The injudicious use of high potencies sometimes spells disaster. Dr. Kent has warned us of the use of silica, phosphorous and sulphur in high potencies in tuberculosis. We have to approximate the quality and quantity of the dose to the grade of the disease. If the disease is of the low order the power of reaction also will be low and the remedy also must be given low. It is often observed that in such low grade conditions there are very few characteristic symptoms and one has to fall back on the so called organic remedies and that in low potencies. The symptoms that we find are, common pathological symptoms; "gross organ symptom" the symptoms that correspond more to the effects of crude drugs in material and toxic doses. Often the homœopathic physician gets bad name by giving high potencies which fail to bring about any reaction. Such an example can be found in congestive failure of a heart with valvular lesion.

Habit and environment also influence our reaction to potencies. More "civilised" countries compared to primitive people require much greater potency range as well as drug range. People drugged with crude medicines or low homœopathic potencies may require high potencies to initiate the curative reaction. People engaged in coarser occupations and manual labour and living on coarse food are less susceptible, idiots, imbeciles and the deaf and dumb have low power of reaction to high potency energies.

The character and localization of disease also influence our choice of potency. In certain malignant and rapidly fatal disease like, cholera we may require material doses of medicines like spirits of camphor. Of course the exceptions are there where many high potencies have aborted such diseases. Or take a case of infective hepatitis where, suppose, we do not come across any characteristic and individualising symptoms but find that the liver is enlarged more vertically. Here we can think of chelidonium but in low potencies. Similarly in a case of cancer of liver, we find that the liver is very much enlarged transversely; *carduus marianus* in material doses may bring about reaction where potencies may be an utter failure. So drugs may have special affinity for a particular organ and in such cases if we prescribe only on this organ affinity we have to use low potencies or material doses. This technique called "Organopathy" was developed by Burnett. In an advanced case of cerebral syphilis I found that symptoms called for *lycopodium* but *lycopodium* in 200th potency did not make any impression but in 30th potency it was always able to relieve some symptoms.

In certain acute infections if the patient has a high degree of susceptibility judged by his past history and has a robust constitution and the disease has not yet caused much structural damage, higher potencies may do quicker job provided the homœopathicity of the drug in case is more accurate. Others as well as myself have seen excellent results of high potencies in cases of pneumonia.

The selection of potency will also depend upon the nature of the remedy

and the state of its provings. The poorly or partially proved remedies prescribed on partial symptom picture should always be used in low potencies. This rule will apply to drugs like *Ornithogallum*, *Crataegus*, *Hydrastis*, *Carduus marianus*, *Ficus indica*, Calc flour etc. Certain drugs are quite inert in their crude form but potentiation is necessary to unfold their medicinal virtues. They should, therefore, be used in higher potencies e.g. *Silicea*, *Lycopodium*, *Carbo veg.* etc. In the former class of drugs, in some cases of asthma, I found that, I got better results with *Senega* low than in high potencies, similarly *Kali phos 3x* was more effective than in higher attenuations.

If symptoms have been suppressed at the periphery, and diseases have been driven to the centre, high and highest potencies will be more useful, but if symptoms are already on the surface i.e., in case of skin eruptions, one must be very cautious in prescribing high potencies especially of drugs like sulphur which may start an avalanche of eruptive activity of the skin which may be difficult to stem. I personally would not start a case on mere than 30th potency of such eruptive drugs which when skin is the seat of affections.

One is often asked what is the most suitable potency to begin in a chronic case. The accepted criterion is that if the vitality is good and the case is functional, one can start with 1M potency but if the vitality is poor and there are tissue changes with end products one should not start with more than 30th or 200th at the most. The masters have warned us also of the pitfalls in diseases with structural changes not to give high potencies of a remedy if the symptom totality is complete from beginning to end. It will be preferable to give low potencies but better still some other remedy corresponding to more acute symptoms. Another of the 'Donts' is not to give a high potency immediately before a crisis or a paroxysm or convulsions.

Nosodes usually are prescribed in high potencies.

Another phenomena that we come across in every day practice is that some patients seem to be indifferent or insensitive to potency energy. This often happens in case where a patient has drugged himself with homœopathic potencies indiscriminately. I would much prefer a patient from allopathic hands however overdrugged he may be with crude drugs. The only way at times to treat the former class of patients is to keep them on placebos for sometime. In the latter class paradoxically the homœopathic potencies seem to excite prompt response. The possible explanation is that the potency energy finds a virgin soil in such cases. The patients insensitive to potencies can have their susceptibility aroused or restored by the drugs like opium, *carbo veg.*, *laurocerasus*. The apparent insensitivity to potencies may also be due to use of certain agents like camphor etc. In a certain case of influenzal bronchitis the indicated remedy *lycopodium* was quite ineffective. On going into the matter it was discovered that the patient was being applied "Vicks" on his chest. On stopping it and a repetition of *lycopodium* brought about the recovery of the patient.

Finally, I may say something about plus potencies and Double potencies. The plus potencies as you know were first introduced by Hahnemann in his sixth edition of *Organon*. So far there have not been any scientific experiments to determine the value of this method. Dr. Pierre Schmidt has been of opinion that Hahnemann was too old at that time and his conclusions may not be taken seriously. Some workers have seen definite advantage in plussing the potencies but in my experience plussing does not modify higher potencies to any extent as the jump or modification is too insignificant compared to the level of energies involved. Here possibly plussing by 200 or 500 potencies might produce some effect.

We have not as yet touched the fringe of the immense possibilities of research on potency. Shall it ever remain a closed book? But I feel that sooner or later nature will reveal to us the secrets of this wonderful energy and we might be able to utilise this energy more effectively than possible at present. One of the problems facing homœopathic research workers is—"is it possible to detect the sensitivity of a sick person to a particular medicine in a particular potency without using the law of similars? That is if it is possible to use more objective methods for finding the correct medicine and potency for a particular patient. There is no doubt than in sickness a person becomes extremely sensitive to the drug which is capable of producing symptoms in the healthy similar to which are present in his sickness. In the process of symptom matching so many subjective errors creep in that search for a *similimum* becomes a tortuous process. Even with the usual aid and help of best of repertories the degree of precision achieved by us falls far short of the one desired by us. Surely we should be able to do more accurate work. As I see it, the finding of the *similimum* by symptom matching has reached its zenith and we cannot go further. Already we see that no new work has been produced in this direction after the Kentian era. Another factor which we ignore is that people around us are using such a variety of very powerful and potent drugs that working out of the curative remedy by symptom matching has become more hazardous. Sooner or later, we have to discover objective methods. So possibly in near future if scientists in collaboration with homœopathic clinicians could find out the nature of potency energy and more accurate methods of its use the science of therapeutics will undergo a revolution and homœopathy will become the dominant school of medicine.
