

# THE HAHNEMANNIAN GLEANINGS

---

Vol. XXII

APRIL, 1955

No. 4

---

## POTENCY AND ITS REPETITION

DR. S. P. PAHWA, D.M.S. (Hons.)

Mr. President and Colleagues,

I have been given this day a privilege of saying something to you on the most difficult subject of *Potency and its Repetition* which is an intricate problem of every day practice for the adherents of this Divine Art of Healing. To deal with this vital issue, a long experience coupled with fertile observations is an absolute necessity which, for the present, I lack unfortunately. But still I take this opportunity to read my paper before the experienced professionals with a request to them to give their learned opinions based on their mature experience.

After finding out the similimum for a given case, the question that arises in our mind is about its *Potency* the term used by our Master Hahnemann for a dose found to be more powerful when diluted to its minimum quantity. We will know that the dose of our medicine is neither physiological nor pathogenetic but it is a sub-physiological or sub-pathogenetic viz. a therapeutic one. This is due to the fact that in a homœopathic way of treatment the cure occurs directly due to the action of a medicine in a manner similar to the action of the disease-producing cause itself. In other words, the medicine being similar in nature to that of the disease attacks the organs

already affected. In order that the suffering of the affected organs may not be increased and the patient injured, a much smaller dose must be given. The use of a physiological dose of the medicine (i.e. the drug in tangible form and considerable quantity) becomes sometimes necessary in a patient with feeble reacting power, which is also homœopathic. But to use the material doses indiscriminately is not at all desirable. In a foot note to Para 276 of the Organon 6th Edition, Dr. Hahnemann writes that the praise bestowed of late years by some few homœopathists on the larger doses is owing to this either that they choose low dynamizations of the medicine to be administered (as he himself used to do twenty years ago, from not knowing any better) or that the medicines selected were not homœopathic and imperfectly prepared by their manufacturers. Thus we see that in homœopathy the magnitude of a dose is never to be large. That being the case we have to apply the indicated remedy in the minimum possible dose secured in potencies ranging from 1x to c.m. and the highest. We are put to a fix as to how and when such series of the potencies are to be used. Is there any teaching that will help us to choose the best potency for a given case? This question may arise in the prescriber's mind. There is little teaching but many opinions.

In general if the selection is proper, any curable disease may be cured by any potency of the indicated remedy. There is no such binding about the potencies—that in one case the 30th potency will cure, in another case 200th and in someother the 1000th and so on or that in acute cases low potencies are helpful and in chronic cases high potencies alone act curatively.

It is observed that the materialists generally restrict themselves to the use of crude tinctures and triturations or very low dilutions as 1x, 2x or 3x, others use from 3rd to 30th potency while another small class of practitioners applies high potencies ranging from 200th to the millionth, each according to his personal liking. Such a state of

affairs is really unfortunate. A physician should be competent, willing and ready to use any potency (low, medium or high) of a remedy indicated in a given case, as otherwise he will limit his own usefulness and deprive his patient of valuable means of relief and cure. It is as unreasonable to expect to cure all cases with two or three potencies, as it is to cure all cases with two or three remedies.

"The series of the potencies has been compared to the gamut in music. A skilful artist may indeed construct a harmony with the various vibrations of the same chord ; but what a more beautiful and perfect harmony might be construct by a proper combination of all the sounds that can be elicited from his instrument". (Guernsey).

How is it then that in certain cases we see that low potencies do not respond quickly, whereas higher potencies do and in certain other cases higher potencies do not respond quickly, while lower potencies do it ?

Best answer to this query is the difference in the planes of activities in the vital force of a man for diseases and different potencies act more or less quickly on those planes according to their degrees of dynamization, because the force (infinitesimal dose of a medicine has the power and it acts as a force) to be effective must be applied in proper amount besides being applied in proper direction and at proper time. It is evident that no single potency is equal to the demands made upon it by diseases of different individuals. As it is too difficult to fore-see or judge directly the reacting power in the vital principle, we cannot have any before-hand knowledge as to which potency will act quickly and which will show its effect after being used in repeated doses. Selection of the best potency is therefore a matter of experience and observation and not as yet a matter of law.

From clinical observation and experience, one carries the impression about the curative functions of potencies in general as under ;—

The clearer is the case, the higher the potency, and quicker is the result.

We know that a case is clear only when it is characterised by many peculiar, striking (*finer*) symptoms, and that the development of such finer symptoms depends upon the susceptibility of the patient. The greater the susceptibility, the more clearly and positively with the patient take the impression of the remedy according to its similarity and higher will then be the potency required for its curative function to effect a speedy recovery in a gentle way.

Therefore the "susceptibility of the patient" is the first consideration that help us to choose the best potency. Susceptibility varies in different individuals and is modified by:—

(a) *Age*: Susceptibility is the greatest in children and in young vigorous persons and diminishes with the age.

(b) *Constitution and Temperament*: Persons of nervous, sanguine or choleric temperament and those who are intelligent and quick to act and react need higher potencies while the persons who are phlegmatic, torpid, sluggish with gross habits, dull comprehension and slow to act require low potencies and more frequent doses.

(c) *Habits and Environments*: Susceptibility is increased by intellectual occupation, by emotional excitement, by sedentary habits, and by long sleep; in such cases the use of high potencies is recommended, and it is low in persons of severe out door labour and in those who sleep little and take coarse food and who are exposed to continual influence of drugs as tobacco workers and dealers, distillers and brewers and all connected with liquor and tobacco trade, druggists, perfumers and chemical workers. The persons in the latter class require low potencies. But in a case of illness caused by the use of drug, high potency of the same or similar drug is required.

(d) *Pathological conditions*: In certain terminal

conditions the reacting power of the organism, even to the indicated homœopathic remedy, may become so low that only material doses can arouse it. We see that in certain terminal conditions of valvular heart disease no effect is produced by *digitalis* in any potency even when it is indicated. The patient will respond, however, to material doses of the pure tincture and some-times make a good recovery from a condition that seems hopeless. A pathogenic or physiological dose becomes a therapeutic one in such cases.

It is not only the quantity that constitutes a pathogenic dose, but quality, proportionality and susceptibility of the patient are also factors.

In terminal conditions, when the patient fails to react to the well selected remedy or an intercurrent reaction remedy given in potentiated form and in small doses, it becomes necessary to use a crude drug and to increase its dose to the point of reaction.

Besides the susceptibility of the patient, the seat, intensity and nature of the disease are the points of consideration in the selection of a potency.

Seat—when the vital organs are affected in a case, we generally take the help of low or medium potencies especially of deep acting medicines such as *phosphorus* or *sulphur* (which are seldom given in high potencies in tuberculosis of lungs.)

*Nature and Intensity* :—When the diseases are characterized by diminished vital action, low potencies are best suited, but when the diseases indicate an increased vital action, response is better under the action of high potencies.

In certain cases a few doses of low potencies are required in the beginning to arouse reaction after which high potencies yield brilliant results. The use of high potencies in cholera, after the reaction has been established by camphor tincture, is one of the examples.

Recently the administration of medicines in the form

of mixed dilutions as 3/200, 6/1000 and so on has been introduced into practice by a few Homœopaths of France. This practice has been highly praised by them due to the reason that, with such single dose the acuteness of the disease is immediately alleviated without any violent reaction and at the same time a deeply penetrating therapeutic or curative action of the medicine is also achieved. I myself have tried this mode of applying the medicine particularly in a case of Arsenic for Asthma, which generally produces aggravation in higher potencies of 200, 1000 during the attack, while in lower potencies as 3 or 30 it yields results of shorter duration. This medicine was applied in a mixed dilution of 6/1000 for an asthmatic case in an acute phase and the desired effect was obtained. But Dr. Kent discourages the mixing of different degrees in his Lesser Writings.

Again if we adopt the method of repetition (that the degree of every dose must deviate somewhat from the preceding) described in the 6th Edition of the Organon, we can achieve the best results, thus avoiding the use of mixed dilutions, for the desired end.

The previous treatment of the disease has some bearing upon the selection of the potency. In the cases spoiled by the use of crude drugs or low potencies or by the use of partially or inadequately indicated remedies, by irregular repetition, or by alternate use of medicines, high potencies act more favourably than low potencies, while the cases treated by a large number of medicines and by repeated doses of high potencies yield more easily to the action of low potencies.

It is important to determine the degree of susceptibility of the particular patient at a given time, for, the quality and the quantity of a dose of the similimum must be similar to the grade or plane of the disease.

Thus the whole matter of the dose like the selection of the remedy resolves itself into a problem of individualization and it is learnt through experience only.

*Repetition* :—When we have thought out the appropriate potency of a given remedy for a given case and have administered a dose of it, again a difficulty arises about the repetition of the next dose or doses—whether of the same potency or of a change one. We are taught that a more frequent application becomes needed in low potencies than in higher one, on account of the reaction produced by the repeated administration of lower potencies being of shorter duration than that produced by a rare repetition of high potencies.

But it is a matter of experience and there are exceptions to the teachings. I have a personal experience of curing a chronic case of hysteric convulsion with only 2 doses of *Cimicifuga* 6 and of seeing a case of chronic Dysentery being cured under the weekly administration of *Podophyllum* 1000. Many such examples can be given.

For the repetition there is a guiding principle, laid down in the book of *Organon* by our Master "Go on repeating the doses of the similar remedy till the improvement starts and then discontinue the medicine so long as the improvement lasts. When the improvement becomes stationary or there is a return of a few old symptoms, repetition again becomes necessary."

How long should we go on repeating the doses of the same potency of the indicated remedy to stimulate the reaction of the organism towards improvement is best known through experience. Sometimes a single dose is sufficient to produce reaction while, at other times a number of doses may be required. There are also medicines which start reaction in the body sometime later after the first dose is administered. Certain medicines do not react at all despite frequent repetition. This is perhaps due to the inaccuracy of the potency which, if changed, may stimulate the organism towards recovery. Here mistake is generally made to change the medicine instead of changing the potency.

When the improvement, once started becomes station-

ary or there is a set back it is advisable to repeat the remedy in the same potency. This potency should not be changed so long as it continues to act. Dr. Kent says "As a rule two doses (some times three) in the same plane give the best result". But I have achieved success in a few cases even by the frequent repetition of the same potency in many doses and that too, inspite of the improvement manifested. This is really an exception to the rule but is not free from the risk of aggravations. Every time we have to be cautious and doubly sure, before we take the next step in any way, as otherwise good prescribers will have to say, "we have often acted too soon but never waited too long." When one potency has exhausted all its action in repeated doses, it is the time to change the potency to get further improvement of the case, because, when the similimum is found, the remedy will act curatively in a series of potencies.

On this subject of repetition, Dr. Hahnemann has advised in his Organon 6th Edition to repeat the doses, in long lasting diseases, daily or every secondary, in acute diseases every two to six hours and in very urgent cases every hour or oftener, but each succeeding dose must be higher than the one preceding it. This repetition is to be carried on so long as the improvement continues but when there is a return of a few old symptoms, the medicine should be discontinued and the complete recovery will take place within a couple of days. He has also explained the rules therein of deviating the dose for the next repetition. By this method there are rare chances of aggravation or deterioration of the case, provided the medicine is rightly selected. I have tried this method in a few cases in a modified form of changing the potency every day (given in 2 or 3 doses) instead of revising the potency after each dose. I have got satisfactory results.

A mention must be made here that the 1st. potency of Dr. Hahnemann (as narrated in his book of organon 6th Edition; a work of his later years of life) contains 1/50,000



part of the 6th (?) trituration (one millionth part) of the original substance. Each succeeding potency is made in the ratio of 1 ; 50,000 in place of the old ratio of 1 : 100. Such potencies he has recommended for frequent repetition in deviated form.

Much can be said theoretically, but I think I have taken much of your time and I close my paper here with the belief that my senior-most colleagues will further elucidate the facts confirmed by their practical study.\*

---

## HOMŒOPATHY AND DIAGNOSIS

DR. P. N. SHANGLOO, B.A., M.B.H., ALLAHABAD

Much stress has been laid upon diagnosis in the treatment of diseases by our brethren of the other schools of medicine and the public are also impressed with their plausible arguments that without diagnosis no rational treatment of disease is possible. This common belief is strengthened by the fact that the other systems of medicine and the public think that disease is of the body and unless a physician makes a diagnosis he has no basis to prescribe on.

These arguments are advanced to look down upon homœopathy which is supposed to be a child's play having no scientific basis at all because it attaches no importance to diagnosis in the matter of selection of remedies. The fallacy of these arguments will be apparent from the fact that allopaths think disease is something hidden in the interior and can only be known by physical and other examinations ; whereas in fact the disease is nothing but a derangement of the vital force discernible only by means of signs and symptoms.

---

\* Read on 7th Nov., 53, in a general meeting of the District Homœo. Association, Dehra Dun.