

probably the most eminent common sense specialist of his time. He insisted on an appropriate diet, fresh air, exercises of every kind and he insisted upon the common sense regulation of the life of his patients before he prescribed for them medicinally.

Years ago I read about a child whom Hahnemann treated in Paris. The little one was supposed to be incurable and to be dying. So Hahnemann was sent for. The little patient was lying thickly clothed in a stuffy four-poster bed with the curtains tightly drawn, the room was overheated and unwholesome, the patient feverish. With indignation Hahnemann tore away the bed curtains, bedded the child coolly, opened the windows, prescribed a light diet and then went away bringing his medicine only hours and hours later, but he saved the child, and it is more than doubtful to me whether the simillimum alone would have done any good, while, possibly common sense regulating alone might have been sufficient to save that flickering life.

—Heal Thyself, September, 1946.

WHAT POTENCY?

By H. FERGIE WOODS, M.D. (Brux.), M.R.C.S.

The question, which potency to prescribe in any particular case, is one that will probably never be scientifically settled except through the use of an instrument of precision, such as the Emanometer.

Short of this, however, there are certain factors which can guide us in our choice. These are concerned with the patient, the disease, and the remedy.

Before considering these factors, let us make clear that, when speaking of the correct potency to be used, we refer to the *first* prescription of any particular remedy for a patient, when the system comes fresh to the stimulus of that remedy, and will therefore probably react more strongly than to subsequent doses.

Considering first the patient, it may be taken as a general rule that the more sensitive the patient, the lower should be the potency to start with. It may be known from previous acquaintance with a patient that he or she is unusually sensitive to all external impressions, as well as to mental or emotional influences, or this knowledge may be gained in the course of taking the history.

Per contra, a stolid, unimaginative person can safely be given an initial very high potency.

The exception to this latter dictum will be seen in our consideration of the second factor—that of the disease. Here it must be taken as a strict rule that the greater the amount of organic change in any case of disease, the lower must be the initial potency.

A patient with a large extent of diseased tissue, such as is found, for example, in advanced pulmonary tuberculosis, might react fatally to even a moderately high potency.

In such a case, it is safer to start with the twelfth, or even the sixth centesimal. Even though

the reaction may not be dangerous, it may be, say in a case of advanced arthritis, sufficiently severe and painful to weaken and dishearten the patient.

Another class of case in which one always expects a sharp reaction is that of chronic skin eruption. Here again, begin low.

As regards the factor of the remedy itself—this is concerned insofar as some remedies are more often applicable to sensitive patients than to others. Such, for instance, are Phosphorus and Lachesis. One has learned to prescribe the first doses of these remedies in low potency.

It is a moot point whether the higher potencies have a longer period of action than the lower. Probably not. The belief that this is so, may be due to the fact that one does not prescribe the higher potencies unless one is more sure of having chosen the correct remedy, and it is certainly true that the nearer one approaches to the simillimum, the longer the action of the dose.

It is the writer's experience that a second dose of the same potency of a remedy, given immediately on the exhaustion of the action of the first continues to act for about half the length of time of the first. In practice, then, it is found to save time in the cure of the patient, to prescribe a higher potency each time the remedy needs repeating.

What, then, is the usual length of action of the potency ?

In an extended test made some years ago, the writer found that, taking all classes of patient, all

kinds of remedy, all potencies, in many different kinds of chronic complaint, the average length of action of a dose was six-and-a-half weeks.

Were this test to be done again now, the length of action would probably be found to have increased, due to the writer's improved knowledge and more correct prescribing.

Now does one obtain increased power with increase of potency? Not in a straight line. Most of those who use the high potencies will agree that there is a fairly steady rise in strength of action through the sixth centesimal, the twelfth, the thirtieth, up to the 200. Then there is a drop to the 1m, from which there is a rapid and steep rise to the 10m, which probably represents the peak of power in the potencies. From the 10m, the strength drops to the 50m, and rises again, though not to the level of the 10m, to the Cm.

The Cm. is the highest potency generally employed, though potencies in the millionth and higher have been made, and (in the writer's experience) act, though probably less strongly than the 10m.

It must be added, in conclusion, that there is one sphere of action in which material doses appear to have the advantage over the high potencies. This is when one is attempting to eliminate superfluous tissue, such as a tumour, malignant or simple.

One has found that in the case of a malignant tumour, for instance, the potencies will help the patient's general condition, but have only a limited

effect on the rate of growth of the tumour. Those who have reported cures of cancerous and other swellings, seem to have succeeded with the cruder strengths of the remedies, mother tincture or low decimal attenuations.

On the other hand, in the case with little or no organic change and clear-cut indications, there is no doubt that the higher potencies (and especially the 10m) do give crisp, definite, and often dramatic results.

—*Health through Homoeopathy, August, 1946.*

A SURVEY OF FOURTEEN EPILEPTIC CASES

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MENTALS

From analysis of the histories of the 14 cases it is found that in addition to the functional disturbance of the brain which causes the epileptic seizures, profound mental changes occur which affect the personality of the patient. These are all of one type, namely a "depressed" mental outlook as opposed to the anxious "high strung" type of mental reaction.

The general type of mental reaction is one of apathy or mental depression which may border on melancholia in severe cases. The patient is usually listless, which is varied in degree, and he takes less interest than normal in his surroundings, particularly