

THE HOMOEOPATHIC AGGRAVATION*

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"Truth, which men have sought, and sought in vain,
Their undiscovered treasure, yet has lain
Buried not deep, but just below the ground
By the wise hand that wished it to be found."

Gellert (quoted by Hahnemann on the title page of the *Organon*,
1st Edition)

HISTORICAL BACKGROUND

The earliest statement of Hahnemann regarding aggravation is in the 'Essay on a New Principle for Ascertaining the Curative Powers of Drugs' published in 1796 in *Hufeland's Journal*. This is indeed his very first writing about similia. Therefore, ideas on medicinal aggravation started with the very origin of similia application. He writes therein: "If, in a case of chronic disease, a medicine be given whose primary action corresponds to the disease, the indirect secondary action is sometimes exactly the state of the body sought to be brought about, but sometimes, (especially if a wrong dose has been given) there occurs in the secondary action, a derangement for some hours, seldom days. A somewhat too large a dose of henbane is apt to cause in its secondary action great fearfulness...."

At this time, the aggravation in his analysis is due not to the similarity of the primary action of the drug and the already existing symptoms, but to a secondary effect.

However, a few years later in the treatment of a woman complaining of abdominal colic, four grain powders of *Veratrum* were prescribed, one such powder to be taken each day for four days. Marked aggravation, then cure resulted. Here we presume that the aggravation was due to a similarity of the primary action and the symptoms of the patient.

In 1805, in the *Medicine of Experience*, his reasoning seems to be in accord with the *Veratrum* experience, as he writes: "If we have not only selected the right remedy, but also hit upon the proper dose, the remedy causes, within a few hours after the first dose has been taken, a kind of slight aggravation (this seldom lasts as long as three hours) which the patient imagines to be an increase of his disease, but which is nothing more than the primary symptoms of the medicine, which are somewhat superior in intensity to the disease, and which ought to resemble the original malady so closely as to deceive the patient himself in the first hour, until the recovery which ensues after a few hours teaches him his mistake."

I do not propose to consider here the occurrence of those aggravations mentioned by Hahnemann "in the form of violent, new symptoms not proper

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to the disease", due to "an unsuitably chosen positive remedy, or a negative (palliative) remedy" as according to him, it "bears no resemblance to the increase of the apparently original symptoms of the disease during the first few hours after the administration of a medicine selected in a positive (curative) manner. . . This phenomenon of the increase of what seem to be the pure symptoms of the disease, but which are actually predominant medicinal symptoms resembling those of the disease, indicates merely that the dose of the appropriately selected curative medicine has been too large—it disappears if the dose has not been enormously large, after the lapse of two, three or at most four hours after its administration, and makes way for a removal of the disease that will be all the more durable, generally after the expiry of the term of the action of the first dose; so that, in the case of acute affections, a second dose is usually unnecessary. However, there is no positive remedy, be it ever so well selected, which shall not produce one, at least one slight, unusual suffering, a slight new symptom, during its employment, in very irritable, sensitive patients, for it is almost impossible that medicine and disease should correspond as accurately in their symptoms as two triangles of equal angles and sides resemble each other. But this unimportant difference is (in favourable cases) more than sufficiently compensated by the inherent energy of the vitality, and is not even perceived except by patients of excessive delicacy."

Both the essays mentioned above are regarded as the precursors of the *Organon*. The question of aggravation is further discussed in great detail in its successive editions. The first edition appeared in 1810, the second in 1819, the third in 1824, and the fourth in 1829. The fifth edition, which remained the last one and the chief guide for nearly a century and still is the homoeopathic *magnum opus* for the vast majority of practitioners, appeared in 1833. The sixth edition, with directions that are still controversial, was completed in 1842 but was not published till 1922.

Ideas on homoeopathic aggravation evolved only gradually from Hahnemann's practice, e.g. aphorisms 157 to 160 constitute only one aphorism in the first edition; aphorism 161 is not in the first or second edition and in the third it appears as a supplementary paragraph between aphorisms 167 and 168. The changes in the sixth edition I mention later.

The dose, potency and repetition are closely interlinked with aggravation. It is clear that Hahnemann discovered during his practice that the similar remedy aggravates the disease if given in crude form and in material doses. At first he used to give drop doses of remedies like Tincture Aconite, Belladonna, Helleborus etc. but to his great annoyance he found violent reactions expressing aggravation of the disease. In an attempt to reduce the severity of the aggravation noted from the customary doses, he tried progressively to reduce the dose of the remedy by diluting it on a definite scale until eventually he discovered the method of potentization, an entirely new concept in therapeutics. Out of the three grades of action that crude drugs have,

viz. mechanical, chemical and dynamic, Hahnemann's potentization method removes the first two, leaving only action in the dynamic plane. Though the dose was originally reduced to lessen the severity of aggravation, later he considers it as increasing and unfolding the power of drugs:

Hahnemann, the experimentalist, continued to experiment both with the dose and repetition till the end of his life with the object of eliminating or reducing too violent an aggravation and of shortening treatment. Thus the method of preparation of potencies in the 50 millesimal scale and their rules of administration as contained in the sixth or last edition of his *Organon* are a wide departure from all the earlier editions.

A view is expressed that in Paris Hahnemann had to deal with a large number of patients with unusually nervous excitability and noted troublesome medicinal aggravations even after using the 30th centesimal potencies as per instructions in the fifth edition. This led him to a process of further minimising the material quantity of drugs.

In a footnote to aphorism 246 (*Organon*, Sixth edition—translation by Boericke) he 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 the experience I then had justified. But during the last four or five years, however, all these difficulties are wholly solved by my new altered but perfected method. 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 the use of the lowest degrees)."

I also quote from aphorism 161 which is different from the previous edition. It reads: "... but where medicines of long action have to combat a malady of considerable or of very long standing, where no such apparent increase of the original disease ought to appear during treatment and it does not so appear if the accurately chosen medicine was given in proper small gradually higher doses, each somewhat modified with renewed dynamization. Such increase of the original symptoms of a chronic disease can appear only at the end of treatment when the cure is almost or quite finished."

Further, in aphorism 282 he expresses that "it would be a certain sign that the doses were altogether too large, if during treatment, especially in chronic diseases, the first dose should bring forth a so-called homoeopathic aggravation...."

In general the rule here would be in chronic cases to give the remedy daily or every other day until there was an aggravation of symptoms or the appearance of new symptoms.

In brief, Hahnemann's latest idea was to minimise the material quantity of drugs in order to avoid medicinal aggravations and at the same time making it possible to repeat the doses of medicine to expedite cure (especi-

ally in chronic cases) as well as to maintain the maximum degree of unfolding of the latent dynamic properties of drugs.

In applying this new technique (with 50 millesimal potencies) he asserts that by frequently repeating a remedy, homoeopathically selected and modified on each occasion, the evolution of the disease may be shortened and aggravation avoided.

The subject of aggravation was the topic of considerable discussion in Hahnemann's own lifetime and amongst his early followers. These divergent views are as follows:

Sehron called the idea of homoeopathic aggravation "an unfortunate dogma" and denied Hahnemann's views in toto. Rummel held that while the homoeopathic aggravation was rare it was occasionally seen.

Kurtz stated that aggravations occur when the drug is too strong or too weak; in the latter instance they are associated with the lack of control of the natural disease. They do not occur with a truly homoeopathic remedy. Gross described two types of aggravations, the first early and evanescent, the second occurring later. The first was ascribed to too small doses and the latter to too large. He also thought that with larger doses an irritant action led to the expulsion of the medicament and that this resulted in delayed specific action.

This would be the reverse of the views expressed by Dr. Bryant in 1936 and which I discussed in detail in 1974 at Washington in my paper on 'Follow Up of the Case.' His observations were a primary amelioration, then aggravation, followed by a secondary amelioration, the duration of these three phases varying with the potency used.

Going back to Hahnemann's time, Schmid believed that aggravations occurred only from too small doses and were evidence of their inefficient attempt to overcome disease. In his opinion, most aggravations are associated with the natural course of the disease and he believed that they do not appear with his moderate or large doses. Kampfner divided aggravations into those which were followed by improvement and those followed by no change. Hirschel described several types of aggravations: aggravations due to hypersensitivity of the organism, those due to the drugs being incorrectly chosen and producing new symptoms, aggravation followed by cure and aggravation without resulting improvement. Trinks accepted the idea of natural aggravations due to the course of the disease and also a homoeopathic drug aggravation, but denied that the latter was essential to cure.

Schneider described several types of aggravation but called Hahnemann's homoeopathic aggravation "a phantom". Romano accepted Hahnemann's aggravation theory, and moreover stated that he saw them frequently, while Rau subscribed, at least, to the first part of this statement.

Griesselich stated that there was too great a tendency to ascribe everything which happened after the administration of a remedy to the remedy and furthermore that imagination played a great role in the aggravation

theory of Homoeopathy. He put the homoeopathic aggravation as the psychic effect of homoeopathic theory. While undoubtedly it does occur, it is often absent and certainly not essential to cure. He encountered the homoeopathic aggravation chiefly among those who knew something about homoeopathic theory and who believed that such aggravations must occur; in fact, he produced them even with unmedicated sugar of milk, others with pure water. Braud concurred with this view.

After Hahnemann, in the final years of the last century, the homoeopathic aggravation played a minor role; in general it was appreciated that it might occur but was not essential. The literature indicates that it was most often reported by the 'high-potency' group.

CONFIRMATION FROM PRESENT DAY CONCEPTS

A field in which many of the observations of Hahnemann, as enshrined in the *Organon*, are confirmed is in vaccine therapy and desensitization treatment of allergic conditions, i.e. fields where the similia principle is used.

Translated into more modern terminology, these expressions regarding aggravation might read: There is hypersensitivity to drugs in the diseased parts of the body. When the primary effect of the remedy, chosen on a basis of similarity of drug-pathogenesis, is exerted on the diseased parts there is an aggravation. But since the parts uninvolved by the disease are not hypersensitive, the non-homoeopathic actions do not appear, as the dose is below the threshold of their sensitivity.

Reactive phenomena of the type of homoeopathic aggravations are well known in the desensitization treatment of allergic patients. In fact, they have been known to be immediate or delayed, local or systemic and mild to very serious, thus resembling the different types of aggravations mentioned by Kent.

In the earlier years of treatment with pollen extracts, severe reactions were frequent and fatalities have been reported; in some very hypersensitive patients, specific therapy has even had to be abandoned.

As I have expressed on the subject of allergy earlier, having rediscovered the similia the allergists came up against the same difficulty as confronted Hahnemann, and they have solved it in a somewhat similar way, i.e. by reducing the dose. In the allergy clinics, those patients that report such reactions are later given the treatment in a reduced dosage schedule. After all, when we are using a medicament for a 'like-sickness', it stands to reason that if it be administered in a gross physiological dose it would greatly worsen or aggravate the existing disease state, or in present day terminology, the reaction will be too violent.

In the footnote to aphorism 160, Hahnemann quotes and comments on skin cases reported in literature in which there is an aggravation. This is reported by allopaths where they had used remedies "to some extent homoeopathic". Lysson says (*Med. Transact.*, vol. ii, London, 1772), "The bark of

the elm cures most certainly those skin diseases which it increases at the beginning of its action." Hahnemann comments: "Had he not given the bark in the monstrous doses usual in the allopathic system, but in the quite small doses requisite when the medicine shows similarity of symptoms, that is to say, when it is used homoeopathically, he would have effected a cure without, or almost without, seeing this apparent increase of the disease (homoeopathic aggravation)."

I include some interesting quotations from recent literature on the subject of medicinal aggravation:

Voorhorst says: "It is, however, remarkable that these reactions are seen very frequently in patients who have good therapeutic responses to treatment." Also, "in healed contact eczema after oral administration of allergen (e.g. medicine) those skin areas especially which showed strongest eczematous reaction before are most severely affected again".

Small, in reporting on the use of streptococcal serum in the treatment of arthritis, utilizes a dose as high as the tenth decimal dilution and regards an aggravation as a beneficial response especially if it be systemic in scope.

"A word about the so-called crisis (aggravation of symptoms after use of mineral water), its good results if it is weak, its temporary harm if it is too great. After such a crisis there is usually a partial or complete cure."—Ferreylles.

Crowe, in dealing with vaccine treatment of chronic rheumatic diseases, writes: "Early in the treatment there is often an aggravation. This is a desirable thing, denoting increased reaction and stimulation of defense". The initial aggravation has been likened to Wright's negative phase in vaccine therapy. Hahnemann's observation that, "in chronic cases the aggravation may not be apparent for several days" is like the delayed type (Koch type) allergy which is a common experience with allergists.

For the Homocopaths today, it can be explained as follows:

The summation of the reaction of the sick organism to a heterophile symptom-specific antigen and the reaction already present as a result of the 'natural cause' often results in an aggravation of the symptoms present.

Therefore, what Hahnemann started to observe in a way in 1796 and which we all along labelled 'homoeopathic aggravation' has been detected much later by the other school of medicine and called 'rebound phenomena'.

KINDS OF AGGRAVATION

In the *Organon*, Hahnemann refers to aggravation in aphorisms 154 to 161, including the footnotes to 160 and 161. Related to this subject is also the footnote of aphorism 253 and aphorisms 275, 276, 280 and 282. In the Sixth edition, in addition to these, there is aphorism 248. In this last edition, Hahnemann mentions a "belated aggravation".

All these careful observations of Hahnemann and their interpretation have been subsequently dealt with by Kent in a magisterial way. These I

have already incorporated and commented on in my earlier presentation on 'Follow Up of the Case'. Therefore, I keep out of the scope of this paper a detailed consideration of the kinds of aggravation that mean a poor prognosis arising from the wrong remedy; superficially acting or palliative remedy; highly oversensitive (idiosyncratic) patient; and incurable patients with marked organic changes. Also I do not consider that kind of aggravation in chronic diseases in which there is the very welcome reaction of a return of old symptoms so aptly called by J. H. Allen "retrograde metamorphosis".

I will chiefly concern myself with what Kent has defined as the true homoeopathic aggravation, when the symptoms are worse, but the patient says, "I feel better".

This has also been defined as: the particulars are worse but generals are better. This true aggravation is to be distinguished from (a) an aggravation or advance of the disease state (disease aggravation) and (b) new symptoms of the remedy (not a return of old symptoms) which has been called 'remedy aggravation'.

MISCONCEPTIONS AND COMMENTS

Unfortunately, aggravation has been so exaggerated by the laity, in India and elsewhere, where it is familiar with Homoeopathy, that the patient often says "Please do not give a very strong dose as I cannot stand any aggravation or increase in my symptoms. I already have enough trouble", or "I am afraid to take homoeopathic treatment as I am told that it will first increase my trouble". You have to explain that it is by no means a must and if it does occur, it will mean that the proper remedy has been chosen and that in the average curable case it is likely to be followed by relief.

However, when in the patient's mind the 'fuse is all set' for an aggravation, it is no wonder that they may report an aggravation even after the placebo!

Though I do not fully agree with the views of Griesselich mentioned before, and completely disagree with Prof. Spitzky of Vienna University that all homoeopathic remedy action is a placebo effect, this point is well worth remembering when evaluating the remedy reaction.

It cannot be said that it is only those who expect an aggravation get it. Most of the time, when a patient reports an aggravation and is told to wait as it may be due to the medicine, he says "Why did you not tell me about this beforehand?" This clearly shows that he was not aware of it and not expecting it.

In this connection, the following possibilities have to be kept in mind:

(1) The mere withdrawal of suppressive remedy may cause an increase of the symptoms. For example, skin diseases where local applications have been used, asthma controlled by anti-histamines, tachycardia and heart failure symptoms controlled by digitalis preparations, high blood pressure controlled

by diuretics and anti-hypertensive drugs, rheumatoid arthritis controlled by corticoids etc., etc.

(2) Disease aggravation—an actual advancement of disease—being only coincidental with the administration of homoeopathic remedy. In this case, the disease is taking its usual course (getting worse and the patient is growing weaker) unaffected by the remedy prescribed which has not been properly selected and hence is having no effect at all.

To judge such a case, it is necessary to know the natural course of disease and its variation. If there be any doubts in distinguishing the worsening of the disease from that of the patient, Hahnemann himself advocates recourse to placebo and waiting till the position is clear. This is an innovation in the sixth edition.

Many homoeopaths are known to use it as a cover for a wrong prescription and tell the patient that it is the well known homoeopathic aggravation though in fact, the disease state is getting worse.

(3) A true aggravation from the similia :

In this in an average case it should be followed by amelioration especially if care has been taken to stop further medication.

FURTHER COMMENTS AND OBSERVATIONS

Dr. Christopher Gordon, in an article in the *British Homoeopathic Journal* of July 1923, dealing with aggravation in chronic cases, relates a story told by Dr. Tyler. "Dr. Kent had a friend who scoffed at Homoeopathy; this man suffered from some disease which Kent offered to cure; the man said it was impossible and, to prove it, took Kent's medicine, a dose of Sulphur. The two met every week and each time the man said "Nothing has happened; I am neither better nor worse; I told you Homoeopathy was no good", or words to that effect. Kent only said "Wait". This went on for six weeks. In the seventh week, the man had a severe aggravation and thereafter, of course, improvement set in".

Without in any way doubting the authenticity of this story, I draw your attention to Kent's own writing: "If it is a prescription that effects no changes, it does not take long to see what to do; much patient waiting for a foolish prescription is but loss of time".

To quote Dr. Gordon's own observations: "I have noticed not frequently, but often enough to make it worth mentioning, that there is no reaction worth calling an aggravation until the second month after the dose. Occasionally during the whole of the first month the patient remains in status quo, sometimes there is definite all-round improvement for a month and aggravation only make their appearance during the second month".

I do not agree with this view. In general an amelioration followed by aggravation would indicate a bad prognosis. This has, of course, to be distinguished from a recrudescence or relapse after a period of progressive, or of full and complete amelioration. I would interpret this latter case as an

exhaustion of the remedial action (or of the pharmacodynamic body reaction to the kinetic stimulus of the remedy as I prefer to call it) and calling for a repetition of the dose.

Further, on the basis of his observation, Dr. Gordon advises that "when the patient comes back in a month and says nothing has happened—he is neither better nor worse—do not jump to the conclusion that you have made a mistake, but give sac. lac. and wait another month." I also do not agree with this advice. Three to four weeks is a long enough period to wait and if nothing occurs, I would reconsider the case; if the same drug is still strongly indicated, repeat it, mostly in a different potency or sometimes in the same potency.

The Hellenic Homoeopathic Medical Society distributed an excellent paper on the subject at the Rotterdam Congress in 1975.

It has been rightly pointed out that, though aggravation is closely linked with homoeopathic prescription, there are not many papers and not much data on this subject.

In the study referred to, an initial aggravation has been reported in higher than 75 per cent in an analysis covering 1000 cases.

This high percentage is, I think, unusual and my feeling is that I have not had it so frequently in my practice, though I have not yet analysed my cases from a statistical standpoint. In fact, on the basis of the general impression I have, not only in my own work but also in discussion with colleagues with long experience, I would put it nearer 25%. It has to be borne in mind that if the patient does not notice it, we have to consider it as not having occurred since it is only subjective and cannot be tested by the physician. Besides, with chronic patients, it is routine with most Homoeopaths in India to let them have a supply of 15 days or more (sac. lac. after the single dose of medicine) and many of those who may experience some slight aggravation feel it not worth reporting as they think it is too soon to expect results. Nor has a busy practitioner time pointedly to ask every patient about such a temporary occurrence and he would make a note of it only if complained of by the patient.

Comment in the literature is: "In case of chronic diseases where one dose must necessarily extend its operation over many days, such primary drug-effects, resembling an intensification of symptoms of the original disease (lasting an hour or more) will be seen occasionally in the course of 6, 8 or 10 days, while a general improvement becomes perceptible in the intervening period". When it occurs for "an hour or more" it can easily be missed.

It is true that theoretically an aggravation should occur in 100% of cases because "the remedy and the disease cannot fit so precisely as the sides and angles of two triangles" and "the dose cannot be made so small that it cannot produce a perceptible aggravation" but in practice, for the reasons mentioned, it is not frequently reported.

Looking through the clinical cases reported by masters in books and in

numerous journals one fails to find a reference to aggravation in a large percentage of patients, acute or chronic.

In considering acute cases Roberts mentions that "you may get a quick rebound and amelioration lasting for a few hours, only to have another aggravation. This is not a delayed aggravation but indicates that the action of the remedy on the vital force is exhausted".

Kent writes: "In acute diseases, we seldom see anything like striking aggravations unless the acute disease has drawn near death's door, or is very severe, unless it has lasted many days, and breaking down of blood and tissue is threatened, or has taken place". His comments for chronic disease are also worth recalling: "When the chronic disease has not ultimated itself in tissue changes, you may get no aggravation at all".

Therefore, records show that many a time satisfactory drug action in accordance with homoeopathic principles occurred without there being aggravation and this may not even be related to the size of the dose.

In the eczema case reported in this paper where violent aggravation occurred after six months, I would really try and look for some other cause that may have brought about such a flare-up rather than ascribe it to the single dose of medicine administered such a long time before. What Hahnemann and others mention is that "in chronic cases, the aggravation may not be apparent for several days". It is not several months. Of course, other than this particular case, I fully agree with the general observation made that aggravation occurred from a few hours to 20 days. In fact, I am inclined to put it that, in the vast majority of cases, it is within the first few days, and again, in the predominant majority of curable patients, lasts for a few days only. If it has extended beyond three weeks, it certainly calls for a review of the case to see whether it is not an increase of the disease itself or else to look for the possibility of antidoting such a prolonged reaction if due to the medicine.

My experience is in accord with the observation that a repetition of the same remedy, especially if it is in the same potency and after due interval, does not result in an aggravation or if at all, it is much milder.

Finally, I wish to pay my homage to Hahnemann for having perceived so clearly the whole subject of body reaction, hypersensitivity and allied problems at a time so long in the distant past that the vocabulary of science had not even coined the words allergy, idiosyncrasy, atopy, anaphylaxis etc. If I may quote from his own writing:

"Truth, like the infinitely wise and gracious God, is eternal. Men may disregard it for a time, until the period arrives when its rays, in accordance with the dictates of Heaven, shall irresistibly break through the mists of prejudice, and, like Aurora and the opening day, shed a beneficent light, clear and inextinguishable, over the generations of men".

—*Journal of American Institute of Homeopathy*, June 1977