

## THE LAW OF POTENCY\*

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I was intrigued this past summer in rereading portions of *The Principles and Art of Cure* by Herbert H. Roberts, M.D. to note that: "Homoeopathic dosage is based upon law, as is the selection of the remedy based upon the law of similars. ACTION AND REACTION ARE EQUAL AND OPPOSITE; this is fundamental, and it is this law that must guide us in the application of drugs."<sup>1</sup>

"This law is fixed and unchangeable. It makes no difference with the law if we do not follow it, but it does make a difference with our results. *The quantity of action necessary to effect any change in nature is the least possible: the decisive amount is always a minimum, an infinitesimal.* This places it not upon a notion of whim of what strength shall be used, but upon our interpretation of the law."<sup>2</sup>

Roberts' elucidation of this law of dosage is so well put that I shall continue to quote him. "When the homoeopathic drug is administered, it is so similar to the natural disease that it therefore meets with no resistance, because the sphere of action is already invaded by the similar disease and its resistance overcome by the similar acting disease producing agent. The affected organs and tissues are open to attack; susceptibility to the similar remedy is therefore greatly increased. The homoeopathic remedy acts upon the identical tracts involved in disease states in a similar way to the disease producing cause. In order that the suffering and distress may not be increased, it is therefore necessary to use only the smallest possible dose. For this reason the homoeopathic dose is always short of the physiological or pathogenic dose. It must be so small as not to produce too much aggravation of the symptoms already present, and never large enough to produce new symptoms."<sup>3</sup>

"The more Hahnemann became convinced of the dynamic nature of disease, the more he sought the dynamic plane in medicine, and the more beneficial he found the administration of the similia. Very, very gradually, the minimum dose, which is always a flexible measure, became ever smaller and smaller, until it has developed into the infinitesimal."<sup>4</sup>

He points out that there are two classes of elements to the problem: those which belong to the patient, and those that are associated with the drug. In regard to the patient, he points out that in illness the reactivity of the body is disturbed: either exalted, depressed or extinguished, generally or in some organ or function.

As G. R. Henshaw, M.D. has demonstrated in his Flocculation Test

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\* Presented to the joint meeting of the Ohio, Michigan and Southern Homoeopathic Medical Societies, Englewood, Ohio, September 15, 1983.

there is an enhanced sensitivity to the similimum of the same order as we see in allergy but without isolated antibodies.<sup>5</sup>

In regard to a drug, Roberts suggests one ask: "*How much is it like?*" This answer determines the quantity of the drug required, and this is in the inverse ratio of the similarity. This constitutes the basic law of the dose as to quantity and potency.

"The whole relationship of drugs to disease rests on the susceptibility. The power of the drug over disease is solely in its similarity; without it, it has no power except in physiological form, and that is never curative."<sup>6</sup>

Let us look at other authorities. Hahnemann's comments are meager. In the *Organon*, paragraph 159 he says, "The smaller the dose . . . so much shorter and smaller the aggravation during the first few hours," Paragraph 160 "The dose . . . can scarcely be reduced to such a degree as to make it powerless." In his *Chronic Diseases* he refers to aggravations which do not become gradually less but continue and even worsen as denoting too large a dose or the existence of a pathological condition. He suggests after 16-20 days that an antidote should be given or another remedy more total to the patient's symptoms.

James Tyler Kent, M.D. in "Observations Regarding the Selection of the Potency," wrote: "There is a wonderful latitude between the tinctures and the CM's and in my judgement the selection of the best potency is a matter of experience and observation and not as yet a matter of law.

"The various potencies are all more or less related to individuals and it is the individual that we should study. We might well begin with Hahnemann's statement that the 30 is low enough or strong enough to begin with. Some patients are very sensitive to the higher potencies. . . .

"The nature of the disease makes a difference. Pathological and acute inflammations do better under the 30th or 200th. . . .

"Sometimes very sensitive patients will do well on a high potency if they have been prepared for it by the use of a lower one.

"Give the necessary doses at long intervals until the repetition brings no effect; then if you are sure that it is the similimum, give it in a higher potency until that ceases to act, and finally the highest.

"When the patient returns and says that he is losing ground, then it is the remedy that has ceased to act, not the potency."<sup>8</sup>

In his *Lectures on Homoeopathic Philosophy* Kent says, "From the 30th to the 10M will be found those curative powers most useful for very sensitive women and children.

"From the 10M to the MM all are useful for ordinary chronic diseases in persons not so sensitive.

"In acute disease the 1M and 10M are most useful.

"When the similimum is found, the remedy will act curatively in a series of potencies. If the remedy is only partially similar, it will act in only one or two potencies; then the symptoms will change and a new remedy will be demanded. Many chronic cases will require a series of carefully selected

remedies to effect a cure if the remedy is only partially similar; but the ideal in prescribing is to find that remedy similar enough to hold the case through a full series to the highest."<sup>9</sup>

J. H. Clarke, M.D., said "...my own experience leads me to believe that all attenuations from the mother-tincture upwards are curative, provided the choice of the medicine is correct. When the similarity is very close... the attenuation cannot be too high to cure, and the higher it is, the more permanent the cure is likely to be."<sup>10</sup>

Neatby and Stonham in their "Manual of Homoeotherapeutics" suggest that the dose "must be less than physiological but less than one which would aggravate the patient's condition," and that "experience is the best guide."<sup>11</sup>

Close, in his *Genius of Homoeopathy* in the chapter Homoeopathic Posology, says, "Under homoeopathic principles any potency may be required in any case, ... the more similar the remedy, the more clearly and positively the symptoms of the patient take on the peculiar characteristic form of the remedy, the greater the susceptibility to that remedy and higher the potency required."<sup>12</sup>

A. H. Grimmer, M.D., in the *Homoeopathic Recorder*, December, 1938, wrote: "*Sensitive patients* will prove every remedy given in high potency and will fail to have their sickness cured. Such patient must be given the indicated drug very low, 3rd to 30th potency or in drop doses of tincture, a single dose at a time with long intervals elapsing between doses in order to bring about curative action.

"*Incurables* will avoid severe aggravations and get palliation of their symptoms and a prolonging of their life if their physician prescribes remedies of a more superficial nature and in potencies not above 30th or 200th. To illustrate, a badly-diseased heart will almost invariably do better under drop doses of the tincture than under high potencies. The latter stirs up such violent reactions in incurable cases that great and unnecessary suffering is produced. Occasionally, following the giving of the homoeopathic remedy, the patient will show a steady, gentle improvement of all symptoms and states with no aggravation reaction whatsoever. Such cases have received the proper remedy in exact potency needed to produce so happy a result."

With these expressions of wisdom from the past, let us try to list and discuss those factors which must be considered in choosing the potency of a simillimum.

1. VITALITY of the patient is of basic importance. The attempt to assess this immediately at the conclusion of taking the case and examining the patient is stressed by George Vithoulkas on a one-to-ten scale. The age of the patients, their reactivity to stresses in the past, their affect tone and appearance are part of this.

2. The INTENSITY or tempo or acuteness of the disease should be matched by the frequency or tempo of the remedy. The more acute and fulminating, the more quickly will the high potencies work. In acute phases of chronic diseases lower potencies work. In chronic disease with eruptions or discharges,

low to medium potencies are usually used. A case in point is that of a 10-year-old (J.B.) who came down with a typical flu early in my practice. Along with the local homoeopaths I frequently used to put 15 drops of tincture of Gelsemium in one-half glass of water and instruct the patient to take one teaspoonful every two hours. In 24 hours J.B.'s symptoms had not changed. Twenty-four hours on Gelsemium 6X likewise showed no effect. One dose of Gelsemium 200 was given with rapid clearing of the symptoms.

3. The PATHOLOGICAL state of the disease can and must be evaluated by the health-care practitioner. Here the lay prescriber is at a serious disadvantage.

A case in point is related by C. M. Boger of a 63-year-old hard drinker who came in with 'mitral incompetence' and ascending ascites, Cheyne Stokes breathing and increasing insomnia. On the basis of the sleeplessness with heart problems, Crataegus was given. One teaspoonful of a mixture of 30 drops of the tincture in one-half glass of water. "The effect was unbelievable," Boger reported. In two days the patient's blue cyanosed face became red; the very dry red tongue again became moist. He began to lie down a little, and the immensely hypertrophied and dilated heart grew progressively less. In short, a marvellous improvement set in, until one day a left-sided supra-orbital neuralgia appeared. Now I knew the symptoms had been set in order. A single dose of Spigelia MM . . . established valvular competency and only slightly irregular heart action remained."

Kent has said, "Sometimes very sensitive patients will do well on a high potency if they have been prepared for it by the use of a lower one."

4. The REMEDY chosen, be it a polycryst or a nosode, may be known to work best in high potency. Some work best in low potency or tincture such as Crataegus in the case just cited, Sabal in prostatic hypertrophy, Arsenicum iodatum in some cases of flu common twenty years ago, Calc. iodatum in goiter and enlarged nodes, Polygonum sag. in renal calculus.

C. M. Boger related a case<sup>12</sup> where the administration of Polygonum 2 drops of the tincture, night and morning, enabled a debilitated workman to pass a stone the size of a grain of corn from which he had been suffering for two weeks.

With some remedies their effect is reputed to vary with the potency used. Hepar sulph. is said to abort infections if used high early in the process. It has helped resolve abscessed teeth and osteomyelitis of the jaw when used in low potency. D.M. age 16, had had osteomyelitis of his left tibia since a deep wound incurred at age 11. It would heal then get red and tender and discharge again and again. After one dose of Hepar sulph. 200 it discharged, healed and in twenty years has remained closed and symptom free.

5. The ORGAN AFFECTED may also have to be considered irrespective of the pathology. Certain organs respond better to one potency than others. The Boger case of cardiac decompensation, which was relieved by the tincture of Crataegus, is a case in point.

6. Concerning the PREVIOUS TREATMENT of a disease by biological, chemi-

cal or homoeopathic agents, Kent said, "Hahnemann's axiom, 'When the remedy ceases to act, give a single dose of Sulphur to awaken the susceptibility,' would not be necessary so often if the potency was properly varied." It is usually taught that one should gradually increase potency. Dr. Alan Sutherland used to suggest that one could just as well go *down* the scale. Which brings us to our last factor to consider—the most practical one—once one is clear as to the similimum.

7. THE POTENCY THAT IS AVAILABLE! Until the practitioner has a wide range of potencies available, this is an important consideration. Even for the well-supplied practitioner an unusual remedy may be available only in a single potency in the office. Does the case require a remedy at once? Can one wait to order and obtain a theoretically 'better' potency?

I would like to conclude by another quotation from the *Homoeopathic Recorder*, October 1943, entitled 'Wisdom Please'.

Dr. Plum Brown reported a case of a lady with asthma unrelieved by a dose of Lycopodium 1M given by an eminent homoeopath. "I later gave Lycopodium 30X every 2 hours with most gratifying results," Brown wrote.

Dr. Sutherland, discussing the case said, "Since Lycopodium was chosen independently by two excellent prescribers, we may presume that Lycopodium was the similimum; but to my mind the similimum that is required is not only the most similar remedy, but also the most similar potency. In this particular instance, I believe that the potency was unsuitable to the patient and hence no result was obtained. That there is evidence to support this contention is shown by the subsequent good results by the use of repeated doses of the 30X."

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—*Journal of the American Institute of Homoeopathy*, June 1984