

## HOW TO AVOID MEDICINAL AGGRAVATION OF 50 MILLESIMAL SCALE OF POTENCIES\*

DR. HARIMOHAN CHOUDHURY, Calcutta

### MEDICINE OF THIS POTENCY ALSO AGGRAVATES!

Some of our colleagues complain about aggravation from 50 millesimal potencies also. Some others have also complained about this in their speeches and articles. A reputed practitioner, a writer of many books on Homoeopathy, has mentioned in one of his books that there was aggravation from new potency. When the same medicine of centesimal potency was applied, there was no aggravation at all and the patient was said to be cured. This is a serious complaint against 50 millesimal potency. Had this been so, what was the necessity on the part of Hahnemann to revise and rewrite the fifth edition of the *Organon* and bring out the sixth edition? Hahnemann could very well remain satisfied with the fifth edition itself.

### UNSCIENTIFIC APPLICATION OF MEDICINE IS RESPONSIBLE FOR AGGRAVATION

Hahnemann says, "... 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 modified with renewed dynamization" (apho. 161, *Organon*: 6th ed.). If we hold that there is aggravation, we are to assume that Hahnemann's findings were wrong. Now the question is, who is wrong, we or Hahnemann? Why we alone, even Kent also sometimes thought that Hahnemann was wrong in his findings. But, in the long run, Kent himself admitted that his contentions were wrong and Hahnemann was right. Here it is not at all my intention to contend that Hahnemann was never wrong, that he might have committed no mistake at all.

We must have to find out who is in the wrong—Hahnemann or ourselves! The only clue to the solution of this problem lies in our thorough experimentation. Improper application of medicine must lead to wrong conclusion. There are physicians who assert that the new potency causes aggravation in chronic diseases. But we must see whether their application of medicine is right and proper. In most cases, even in my own, two things are evident: (1) the potency is higher than necessary, or (2) the dose is large, i.e. medicine was not applied as per the directives of the *Organon*. So the onus of the mistake lies neither with Hahnemann, nor with the *Organon* or with the new method. We claim to be the followers of Hahnemann, but in practice we do not follow specific directives laid down by him.

\* Translated by Prof. Nirmalendu Chakraborty, Agartala, with assistance from Dr. Anit Kumar Hazra, M.A., D.M.S. and Dr. Boijayanti Gbose, Calcutta.

So, Hahnemann advised his so-called licentious followers of the 'mongrel sect' to give up Homoeopathy. There are physicians who at the very start of their treatment, administer medicine in 0/3, 0/6 or 0/12 potencies. There are also some practitioners who start it with the highest potency in this scale, i.e. 0/30. Moreover, they apply the medicinal solution directly without diluting it in water as per specifications. Thus it is quite clear that improper application is totally responsible for this sort of aggravation.

#### HAHNEMANN SPECIFIES FOUR CAUSES OF AGGRAVATION

In chronic diseases:

- (i) Largeness of the dose (apho. 282, *Organon*, 6th ed.).
- (ii) Over-susceptibility or over-sensitivity of the patient (apho. 281 and footnote to apho. 248, *Organon*, 6th ed.).
- (iii) Over dosage of medicine to a patient at the end of treatment when the cure is almost or quite finished (apho. 161, *Organon*, 6th ed.).

In acute diseases:

- (iv) There may be "Slight homoeopathic aggravation during the first hours..." (apho. 158, *Organon*, 6th ed.).

The new potency may or may not cause aggravation in the four above mentioned cases of both chronic and acute nature. But if we take the trouble of making in-depth observation of the patient, we can easily avoid such aggravation. Firstly, we can control the first cause of aggravation by administering a minute dose of medicine from the second or third glass of water instead of the first glass from the second dose of the medicinal solution.

Secondly, in cases of oversensitive patients there is not the least possibility of aggravation. If it is observed that the first minutest dose causes aggravation, then from the second dose medicine should be administered from the third or fourth glass or by olfaction. In those cases one or two doses of medicine should be applied every 7th, 10th, 15th or 30th day as the patient can stand it instead of applying it every day or every alternate day. This way we can easily control the second cause of aggravation.

Thirdly, there should not be any case of aggravation due to the third cause if we apply one or two doses of medicine only at a longer interval at the end of treatment when the patient is cured or almost cured.

Fourthly, the problem of slight homoeopathic aggravation during the first few hours, due to the fourth cause, can be easily solved in acute-cases also if the minutest possible dose of medicine is administered at the very outset.

The new method has thus opened to us new vistas of liberty in matters of controlling aggravation in a sophisticated manner. This is beyond imagination in case of medicines of centesimal scale of potency of the *Organon*, fifth edition. We, as well as our beloved patients, were so long imprisoned in the dungeon of the medicine of the old scale of potency. Now we are totally free from the bondage of medicinal aggravation.

The highest ideal of cure can be achieved with the help of medicine of 50 millesimal scale of potencies only.

The medicines of centesimal scale aggravate the disease especially in cases of oversensitive and feeble patients. At times, aggravation is of such a serious nature that it goes beyond the tolerance of the patient. Moreover, it requires long period of time to effect the cure. For these very reasons, the highest ideal of cure can rarely be achieved with the medicines of centesimal scale of potencies. That is why Hahnemann had to give up the centesimal scale of potencies of the *Organon*, fifth edition and evolve 50 millesimal scale of potencies in the sixth edition. He asserted that the imperfection of Homoeopathy has achieved near perfection and all the problems related to it have been thoroughly solved. *He brought about this revolutionary transformation in Homoeopathy on the basis of his life-long experimentation.* We learn from *Samuel Hahnemann—His Life and Work* by Dr. R. Haehl and *Life and Letters of Hahnemann* by Dr. Bradford and from a letter to Dr. Boenninghausen written by Dr. Crossario, the closest and most intimate follower and student of Hahnemann and from many other historical proofs like this that towards the end of his life Hahnemann treated his patients most successfully with the medicines of 50 millesimal scale of potency.

The followers of the new method in different parts of the world are extremely happy with the curative effect of the medicine of this scale. In our subcontinent also the users of this method are all praise for it. Some of our colleagues are of opinion that had they not had this scale of medicines, they could not have combated the so-called ultra modern allopathic drugs. As a result, they would have had no other alternative but to give up their practice.

Here is what Dr. J. N. Kanjilal, one of the most leading homoeopaths of international reputation, in a letter written to the author (ref. No. 333/A/eq/75 dated 22.7.1975) says:

"1. Medicines of centesimal and decimal scales of potencies will cause aggravation at the first part of treatment and then it will be followed by amelioration. But medicines of 50 millesimal scale of potency will cause amelioration first and then it will be followed by aggravation only towards the end of the treatment (apho. 248, *Organon*, 6th ed.).

"2. As soon as there is the slightest aggravation after application of one dose of medicine or some doses with succussions of the medicinal solution (ref: *Chronic Diseases* by Hahnemann, 1838) of centesimal scale any repetition of medicine shall have to be stopped then and there. So long as there is observed the slightest indication of action of the medicine applied, application of medicine is to be totally stopped (ref: my article 'Second Prescription', *THE HAHNEMANNIAN GLEANINGS*, Feb. 1971).

"On the otherhand, medicines of 50 millesimal scale of potency are to be gradually continued with due succussions and at necessary interval so long as there is aggravation towards the end of the treatment. Medicine is

to be administered at longer interval or stopped totally, till the aggravation is over.

"3. The sole object of the new method is:

(a) to hasten the process of cure by frequent repetition of medicine.

(b) to avoid medicinal aggravation, or to bring it under the control of the physician. As aggravation appears only at the end of the treatment, the physician can easily control it by administering medicine at longer interval or by totally stopping it."

The above comments of our illustrious colleague, Dr. Kanjilal, are of so tremendous significance that they demand our attention and command thorough appreciation.

While applying medicine the words *if necessary* used by Hahnemann (footnote to apho. 246) should be seriously considered.

To hasten the cure of a chronic disease, Hahnemann advises us to administer medicine every day or every alternate day *if necessary*. But we, the users of the medicine of the new method do not get the desired result or gentle cure from this scale of medicine only because of the fact that we do not attach due importance to the implication of the words 'if necessary'. At the initial stage (1961 to 1966) of using the medicine of this method we committed innumerable blunders like this. We made our patients suffer. But as a result of regulated and accurate application of medicine in minutest possible dose, and by totally stopping the medicine when not necessary or by applying it at longer interval at a gradually higher potency, we find that the cases of aggravation have been reduced almost to insignificance. Even then, under the new method also, the ratio of aggravation is not so insignificant in cases of chronic itches and psoriasis. In cases of most oversensitive patients even, the minutest dose administered daily or every alternate day causes aggravation. If one or two minute doses are applied at intervals of 7, 10, 15 or 20 days, aggravation can be avoided to a large extent. It has been observed that only one olfaction acts for 30 days. We should never forget that in most cases psoric patients are subject to oversensitivity and overexcitement. While treating a chronic disease, we should always remember: "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", and at no other time will the aggravation occur. Keeping this in mind, we can very accurately decide the time, the minuteness of a dose and interval of repetition of medicine. The medicine of the new method has been so much qualitatively developed and dynamised that the action of every minute dose (by oral administration or by olfaction) can easily be perceived externally by means of the senses, by the patient as well as by the physician. If there is no aggravation of symptoms and the patient also improves mentally and physically, then only administration of medicine can be continued daily or every alternate day. Any deviation from any one of the above conditions will, of course, necessitate the administration of medicine in a different

manner. Use of medicine daily or every alternate day will no longer do. Now, medicine should be administered at longer and longer intervals, as the case may be, keeping in view the gentle ideal of cure. In case of medicinal aggravation due to largeness of the dose, the physician should observe the susceptibility of the patient by administering a more minute dose (foot-note to apho. 248, *Organon*, 6th ed.). If it is not properly understood and applied accurately, by merely repeating the medicine at a longer interval, the physician will uselessly delay the process of cure.

In this context, we should never forget that medicine should be applied as and only when necessary in order to fulfil our mission of the highest ideal of rapid and gentle cure. Only by doing so, we can preserve the sanctity, serenity and speciality of the new method as well as of the *Organon*, sixth edition.

#### TO AVOID AGGRAVATION, MINIMISATION OF THE DOSE IS A MUST

For the last twenty-two years out of twenty-eight of my medical career I have been acquainted with this method. During the first four years of the twenty-two years of my acquaintance with this scale of potency, I could make only limited use of this because of non-availability of medicines in 50 millesimal scale. Notwithstanding it, for the last eighteen years, I have been treating my patients exclusively with medicines of this scale. My observation regarding minimisation of the ratio of aggravation caused by the medicines of this scale of potency during my research and experiments for the last twenty-two years are as follows:

(1) In any case, acute or chronic, we generally start the treatment with one of the potencies from 0/1 to 0/3 as per susceptibility of the patient. Then we continue from the next higher potency of the medicine gradually (i.e. 0/2, 0/3, 0/4, 0/5 and so on). We select one of the lowest possible potencies (i.e. 0/1, or 0/2 or 0/3) of a judiciously selected medicine in case of the second prescription also.

(2) In the first phase of the treatment, we observe that chronic patients with almost normal vitality can tolerate, without much aggravation, the potencies from 0/1, to 0/4, once daily or every alternate day (after 8, 10 or 12 succussions, according to the sensitivity of the patient, one dose of the medicinal solution is to be mixed with 110 ml of distilled/drinking water in a glass, stirred well and then one or two teaspoonfuls are to be taken and the rest thrown away). Potencies from 0/5 to 0/8 are generally tolerable if one dose is taken at the interval of 2/3 days from first or second glass as the patient can stand it. Medicine from even the third or fourth glass may be necessary in cases of oversensitive patients. But potencies from 0/9 to 0/10 should generally be applied only 2 doses a week to sensitive patients, and two subsequent doses at the interval of 15, 20, 30 days or by olfaction at the interval of 3, 6 or 10 days to oversensitive ones. Next potencies are also to be applied to sensitive patients very cautiously as they can stand

them. This will lead them towards ideal cure without medicinal aggravation.

(3) The physician should be cautious from the very beginning of the treatment of chronic patients with weak vitality, structural changes and oversensitivity. In these cases it is safe to start the treatment with 0/1 and that too should be applied from the 2nd, 3rd or 4th glass as the patients can stand it.

(4) Every chronic patient should be advised to stop medicine for the time being, if there is aggravation in spite of taking the medicinal solution from the 3rd/4th glass or even by smelling. After the aggravation is over, medicine is to be continued in more minute doses and at longer intervals.

Neither a potency, nor even a single dose should be used unnecessarily keeping in view of the implication of the words, 'if necessary'. If the medicine is bearable and if physical and mental improvement is there, it is to be continued at required interval of time.

We can easily avoid medicinal aggravation by using this new method if gap between two doses is measured depending upon susceptibility and sensitivity of the patient and intensity of the disease condition.

Even if there is any medicinal aggravation due to wrong application or big or rapid doses, it generally lasts 2 to 5 days. This new potency is less harmful than the centesimal potency, even if the selection of medicine is wrong, or applied in large or rapid doses. So there is no fear of "furious, even dangerous, violent" reaction. This potency "produces medicines of highest development of power and mildest action" (footnote to aph. 270).

Here are some brief case records, which will help us to ascertain the curative power of medicines of this new scale of potency.

(1) Medorrhinum was selected on the basis of totality of symptoms for a rheumatic patient. Starting from 0/1, there was no aggravation up to 0/2. During the course of 0/3 when aggravation was reported, the medicine was stopped and 7 days' placebo was given. Within this period the aggravation subsided and the patient improved in all respects. After this, from 0/4 limited doses were applied and gradually the patient came round.

(2) For a diabetic patient having gangrene in the leg, aged 50 years, Ars. alb. was selected and 0/1 to 0/6 were applied, one dose daily, afterwards one dose every alternate day, from the first glass, with gradual improvement in all respects, followed by severe aggravation with 0/7. The patient was kept for 15 days without any medicine. Then from 0/8 medicine was continued in more minute doses and at longer interval and she improved in all respects and was finally cured.

(3) A girl, aged 8 years, having chronic fever with otorrhoea, was given Thuja 0/1 to 0/3 with marked improvement. Temperature reduced from 105°F to 100°F. But Thuja 0/4 again resulted in the rise of temperature up to 103°F. Stoppage of medicine for seven days relieved the patient from both the sufferings. After this 0/5 to 0/10 was given twice in a week

(one dose at the interval of three days from the 2nd glass) and the patient was cured.

(4) A tubercular asthma patient, aged 50 suffering for long 18 years was prescribed Bacillinum 0/1, two doses, once in the morning consecutively for two days from first glass. The patient was well for two months. No further medicine was required. After this two doses from 0/1 were given with 25 shakes. No medicine was required for the next 90 days. Then the patient reported slight respiratory trouble. Again two doses of 0/1 after 50 shakes were given from first glass. But mild aggravation was noticed for next three days and the patient became normal afterwards. So, it is clear to us that if it was applied from the second glass or through smell, this sort of mild aggravation also could be avoided.

(5) A 10-year old hereditarily eczematous girl was prescribed Bacillinum 0/1 in two consecutive doses from first glass. It kept her well for 120 days. Then again 0/1, two doses after 25 shakes was applied. No further medicine was needed. Eczema disappeared, the patient improved mentally and physically.

My younger brother, Dr. Chandra Sekhar Das observed that Bacillinum 0/1, 2 doses applied on two consecutive mornings acted for a long period of 45 days. For want of space many such cases could not be cited here. In spite of that, I think, every physician will get a clear idea from the few cases cited above, regarding the application of medicine of this scale of potency.

#### SOLUTION OF POTENCY PROBLEM

The *Organon*, sixth edition not only solves the problem of controlling medicinal aggravation and paves the way to materialise the highest ideal of rapid and gentle cure, but many controversial questions like: selection of potency of medicine, from which potency to start treatment etc., have also been given a scientific solution.

Hahnemann advised "to begin with the lowest degrees of dynamisation" (footnote to apho. 246 and 270) in any patient. He did not apply centesimal potencies of those medicines which he had prepared according to the new method. In the last phase of his life, Hahnemann used to treat almost all patients with the new method. Before his death his medicine chests were found to be full of 703 phials of medicines of centesimal scale of different potencies (6, 9, 12, 18, 24, 30 etc.), whereas there were 1716 phials of medicines of 50 millesimal scale, mostly from 0/1 to 0/10.

We generally start the treatment of a patient with one of the potencies from 0/1 to 0/3 as the case may be, but mostly with 0/1. We have not yet received report from any patient that 0/1 did not act.

Apart from our experience, following the experience and mode of application of medicine by Hahnemann, we see that most of the medicines of this scale serve the purpose within 0/10 potencies. Well selected medicine

of first prescription generally changes the totality of symptoms of the patient within 0/5 to 0/6 or 0/9 to 0/10 potencies when second prescription is needed. Selected medicine of second prescription is also to be applied generally from any one of the potencies from 0/1 to 0/3 and then to be continued from the next higher potency gradually. Practically, what we have seen from our experience is that, any physician can treat uninterruptedly with the short acting medicine from 0/1 to 0/6 and long acting medicine from 0/1 to 0/10. So, the problem of potency from which the treatment should be started is solved by Hahnemann. This has been well experimented by myself and many other friends in the profession for more than 20 years.

But it is a matter of great regret that some physicians are engaged in useless debate regarding the degree and potency of medicine, knowingly or unknowingly; they even try to misguide others. So, homoeopaths' desirous of curing sick human beings, rapidly and gently, following the sixth edition, should be cautious in this regard. Otherwise we will not only be deprived from the benefits of the revolutionary contribution of the master, but diseased persons will also be deprived by us.

Some physicians start treatment with 0/3, 0/6, 0/9 or 0/12; some others start with 0/30, in dry condition with sugar of milk and the same potency is repeated time and again. Some respectable physicians advise us to start from 0/6 or 0/12 and to continue the treatment with 0/9, 0/12, 0/15 and so on, in a galloping way. But these sorts of application go against the directions of Hahnemann in the *Organon*. These are not scientific also. Moreover, these are not supported by many renowned physicians who have been persistently following this new method in practice.

In Homoeopathy, even today, Hahnemann is our greatest teacher and guide. We are ashamed to admit that, specially in matters of potency, we could not even reach up to him. So to follow Hahnemann in regard to application of dynamised homoeopathic medicine is safer for us and for our beloved ailing patients. If we engage ourselves in arguing and creating confusion among homoeopaths regarding potency of medicine that has been judiciously solved earlier by the master, further advancement of Homoeopathy will be in jeopardy.

Even though limitation of potency has been extended up to 0/30, if majority patients proceed towards ideal of cure within 0/10, there is no reason to apply higher potency unnecessarily. On the other hand, in some other cases we may be in need of potencies much higher than 0/30.

#### CONDITIONS FOR MATERIALISATION OF RAPID AND GENTLE CURE

Our struggle for creating a healthy, happy and prosperous new world will be at least partly crowned with success, if the following conditions, as my humble experience dictates me, are properly and meticulously observed:

- (1) Selection of medicine must be homoeopathic as far as practicable.
- (2) Treatment must start from the lowest degree of potentisation (i.e.



with any one of the potencies from 0/1 to 0/3) and advance to gradually higher, as necessary, in any patient, either chronic or acute.

(3) Each dose of medicine must be changed to a higher potency by succession than the previous one.

(4) All obstacles to recovery must be removed as far as practicable, i.e. socio-economic environmental conditions must be favourable for restoration and preservation of health.

(5) Medicine of this new potency must be applied in water. One 4 oz new phial with cork is to be taken. Three fourth part of it is to be filled in with pure drinking/distilled water. 15 to 20 drops of rectified spirit are to be added to it for its preservation. Then one (or two) no. 10 globule of the selected medicine of the lowest degree of dynamisation is to be put in it.

The phial is to be marked in 7 doses. This is the first course of medicinal solution ready for application. Now, according to the susceptibility of the patient, after 8, 10, 12 shakes, one dose should be taken in a well cleaned glass of pure water (containing about 110 ml.). Then after stirring it well, one or more spoonful doses should be given and the rest thrown away. Each dose from the medicinal solution of each potency is to be applied in the same manner.

(6) If there is any aggravation by taking the medicine in the aforesaid way, we are to understand that the patient is sensitive, or the dose is larger than needed. Then "a teaspoonful of this solution may be put in a second glass of water, thoroughly stirred and teaspoonful doses or more be given. There are patients of so great sensitiveness that a third or fourth glass, similarly prepared, may be necessary." (footnote to apho. 248). If a patient cannot tolerate the medicine daily or every alternate day, gap between two doses may be more extended. If still there is any aggravation, medicine should be applied through smell. Medicine should be applied after such hours/days/week as the patient can stand and continuous improvement follows. If we can apply medicine according to the above directives of the master, there will be no aggravation of the chronic cases, such aggravation "of the original symptoms of a chronic disease can appear only at the end of treatment when the cure is almost or quite finished." (apho. 161).

(7) When we observe that there follows no further improvement by the medicine of the first prescription so that necessity of that medicine comes to an end, we should rerecord the case afresh and medicine as per second prescription should be applied. Administration of that medicine must also be started "from the lowest degrees of dynamisation".

(8) In very urgent cases medicine is to be applied "every hour or oftener", i.e. at the interval of 5, 10, 15, 20, 30 minutes as necessary.

In acute diseases medicine is to be applied "every two to six hours" as necessary.

In both the above cases medicinal solution is to be prepared in the previous manner. 8, 10, 12 succussions must be given before use of every

dose according to the susceptibility of the patient.

If we can administer medicine of the new method according to the directives of Hahnemann, we can easily avoid medicinal aggravation. Thus it becomes easier and safer for us as well as for our ailing patients to materialise the rapid and gentle ideal of cure by the medicine of the new scale than by that of the old centesimal scale of potencies.

### TYOLOGY

(Continued from page 294)

as well as its prophylactic, hygienic, social and eugenic applications.

This might be considered as an introduction to typology itself. But if you look in the literature, you will be in the position of a physician ignoring but interested in Homoeopathy and starting to work with enthusiasm in our complicated materia medica. Typology, in its actual state, appears to the student as a virgin black forest with its deep beauty and intricate mysteries.

Different schools have worked on the subject on different angles:

Those considering typology in its morphological aspect, describing the humoural types B. N. S. L.; the functional aspect, already mentioned: muscular, cerebral, respiratory and digestive; the hermetic aspect delineating the planetary types; the modern physiological aspect describing the Neuro-splanchnic types (vagotonic and sympathicotonic) and the numerous Endocrinous types according to the hyper or hypo-function of the endocrines.

All these aspects are interesting and important and have their appropriate place in typology, but what we need is an intelligent, total and synthetic picture with a simple but complete technique to give to the practitioner the possibility of using fully that vital knowledge.

—Pacific Coast Journal of Homoeopathy, Vol. XLVII, No. 2