

## INDICATIONS FOR THE CORRECT POTENCY\*

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The problem of the correct potency has been puzzling homoeopaths for a long time. For the low potency group there is not much of a problem for they deny that there is any action to a high potency other than suggestion. They object to high potencies on theoretical grounds, or having tried them in a slipshod manner have been disappointed with results. However, thoughtful prescribers will find adequate proof of the action of high potencies if they look for it. In passing, there are two proofs that come to mind. One is the observed action of a carefully prescribed high potency on babies or animals; any effect of suggestion can be discounted. The other proof is in the Hering test—the action of the *similimum* (in a high potency) on the blood serum can actually be seen and compared with the effects of other drugs and also controls. High potency prescribers both past and present approached the idea with skepticism. Nash and Kent were opposed to high potencies at first but tried them out in an experimental way. They were forced to their conclusions because of the results they obtained. Recently Gutman of New York, an allopath by training, has also approached the question of high potencies with skepticism but has come to the same favourable conclusions.

On the other hand, the high potency group having obtained some brilliant results with high potencies are loath to come down out of the clouds. Their mistakes are not necessarily those of drug selection.

If then you will agree that both high and low potencies will act under suitable conditions, let us proceed to consider when a certain potency should be used. I think that all will agree that the basis of our homoeopathic knowledge lies in *drug provings*. If our provings help us to differentiate one drug from another, it is reasonable that they can also help in the selection of a potency. It is well-known that large doses of mercury salts produce vomiting and purging, smaller doses produce salivation, sweating, renal inflammation, etc., and the higher potencies produce finer grades of symptoms—particularly mental symptoms. If this is so, we should conclude that:

- (1) Low potencies are indicated in gross pathologic states.
- (2) Medium potencies are indicated in functional disorders.
- (3) Highest potencies are indicated in mental states.

Many have observed that low potencies are easier to prescribe, that their action is less specific. This can be likened to the saying that a low potency is like a spray of buckshot while a high potency is like a long range

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rifle—if the aim is not careful it is easy to miss. This leads to another conclusion.

(4) The greater the similarity between patient and proving, the higher the potency should be. However this conclusion must be modified by a more important principle, namely:

(5) The less vital the organ involved, the higher the potency that may be used and conversely the more vital the organ involved the lower the potency that must be used. For example a patient with an extensive kidney involvement, especially where kidney function is seriously impaired, should never receive a high potency. Likewise a patient with extensive tuberculous lung involvement. However, skin lesions, even extensive ones, will tolerate a high potency and with much benefit. If you have ever seen a severe aggravation from a high potency you will know that nothing short of a high potency antidote will relieve the patient—morphia or sedatives are powerless in a case of this kind. Of the five principles mentioned the last is the most important.

A few years ago Woodbury made a 'plea for the pan-potentist'. The idea bears repeating. If more low potency prescribers tried high potencies and high potentists the low ones, there would no longer be two schools of thought within our ranks and we would present a united front. "*In certis unitas...*"

#### DISCUSSION

*Dr. Grimmer:* Dr. Shippen has brought us a very vital question to discuss. The potency question has been one of the thorns in our side for a long, long time. It is a good thing to get somewhere on common ground. We can, I am sure.

*Dr. Hayes:* I am on common ground because I use all ranges.

*Dr. Moore:* From the tincture to the B. M. F.

*Dr. Grimmer:* Doctor, will you kindly give us some of your ideas when one should be used in preference to another? That is what we want.

*Dr. Hayes:* It is hard to collect my thoughts all at once on that. There is one place where low potencies—eighteen, fifteen, twelve, six—act very beautifully, and that is in palliation of dropsies. I have had results from 1M., and so on. When that is done and they fail, and you try it again and they will not respond, drop down to that low potency, and you will get beautiful results.

*Dr. Grimmer:* That is the case of incurables or on the border of incurability—a heart that is badly diseased. What happens if you give a high potency that stirs up too much vitality? It will kill those patients quickly.

*Dr. Kaplowe:* I think that Dr. Roberts has summarized this potency question about the best way that I could ever find it. He states that the disease symptoms represent the degree of susceptibility, that the greater the number of symptoms in a given case, the greater the degree of similiarity

between the patient and the indicated remedy, hence, the greater the susceptibility, the less quantity of drug necessary and therefore the higher the potency, with the exception, of course, of very seriously ill patients, especially where vital organs are involved. For example, Sulphur in a far gone case of tuberculosis will kill in high potency.

*Dr. Woodbury:* Dr. Shippen has done me the honour to use a phrase from a paper which I wrote a good many years ago, *par-potentist*, and the name itself carries about all the implications that I could suggest to you if I were to say more about it. I do know, from reading and looking up the question of malignancy in a study of all available homoeopathic literature at hand, which took about a year, that most of the so-called cures, or supposed cures, say, of malignant disease were made from the lower or mostly medium potencies, not above the 30th, and Dr. Peterman, from some place in Illinois, whom, some of you may remember, reported a large series of malignant cases of carcinoma and sarcoma which he treated with a very excellent percentage. I don't know of anyone who has excelled that percentage. He used mostly lower potencies. I believe the time isn't to come, but is already here, when we have forgotten this old contention of whether you are a high or a low potentist. I think it is one of the greatest advances in homoeopathic thinking in the century and a half of its existence.

*Dr. Stevens:* It seems to me that one of the greatest difficulties in using the low potencies is to know when to stop, because very often the physician who uses only the low potencies will give a whole bottle of tablets, 3x., 6x., or whatever it is, to a patient, and keeps them going every two or three or four hours for sometime. It seems to me that it is almost impossible not to give them longer than they are really indicated. If it is in a hospital where a patient can be watched every day, every few hours, that is one thing, but if it is a matter of seeing the patient only, say, once a week or once in two or three weeks, it seems to me that almost surely they get too much of the drug if they are allowed to continue regularly with the low potency.

*Dr. Grimmer:* I am sure that point is well taken, and I agree. If you will look back into the literature you will find that Cooper gave tinctures altogether, but how did he do it? He gave a single drop, but he let it act a month, the same as we do with our potencies, and he made cures. There is the danger of those who use the low potency. If they have not the discrimination and training and observation to know when their patient has gotten enough by his symptoms, they will do harm. Dr. Stevens is right, and that is the real danger.

*Dr. Moore:* I don't think that Homoeopathy has arrived at a time when we can say for this use a high, for that use a low, not out of the experience of all the people who are working. I mentioned the other day here the idea which came out of London where they have had great numbers of children to work on, pneumonias, and here is the idea: The 10M, is given right

along in these pneumonias every two hours or four hours, and it is continued six hours after the temperature has reached normal. The idea of that is that if you don't continue that extra half-dozen hours at least, you will have a recurrence. That idea was combatted here by men out of their own experience, so that represents something that has been carried on for a long time.

Again, we have the case of the children who come in with these terrible summer diarrhoeas that carry them off so rapidly. Here is a healthy child today, and the next day it is dehydrated. From over there comes the word that we have tried these low potencies, we have tried the medium potencies, and they won't cure those cases. This is in London. I don't say this is your experience. I know it isn't the experience of some of them, but they can't touch these cases with the ordinary potencies. They must go up to the 10M, somewhere up there, and they have got to repeat them or they don't get the results. They have tried the lower potencies and have failed, and now we will find people here whose experience is entirely different from that.

It is said it was Hahnemann's idea that you can't get any trouble by proving. I find that there has been a lot of trouble by proving, and I think some of you know about that. It never hurt him, apparently, because he lived to be nearly eighty-nine, but it has hurt a lot of people.

*Dr. Grimmer:* He knew when to quit.

*Dr. Smith:* We have a homoeopathic physician in Southern California, Dr. W. E. Jackson, who has been working with cancer for about fifteen years. I don't think Dr. Jackson ever knew anything much about high potencies. In his cancer work he has found that the higher potencies cause too much aggravation; but with his low potencies he has worked right along in finding that if he repeated his remedy often, he killed his patient. The 18x is the highest he would ever go, but he found that a lot of cases can't be repeated with 3x. more than once a week, practically none of them more than once a day, and he has apparently had some remarkable results in cancer.

*Dr. Baker:* My experience in pneumonia is certainly not in line with the Englishmen. I mean pneumonia of children. I haven't had very many cases in recent years, but I used to see a great many of them. You give one or two doses of Bryonia, generally pretty high, and see that child the next day, and if it is a Bryonia case, you wouldn't know it. I generally didn't have to bother with it any more.

*Dr. Dixon:* I wonder if there isn't a rhythm about a lot of the styles or modes of giving high potencies. I have been taught to be very careful about repeating a high potency dose. Yet you read the literature of this same society, going back to the time when some of those giants were expounding at these meetings, that Allen, for instance, would get up and tell about repeating the 100,000th potency or the 500,000th potency one or two or three doses a day, carried on for perhaps a fortnight. That, according to

my teaching and according to my practice, wouldn't do at all. Yet he reports wonderful cures by it.

*Dr. Grimmer:* He didn't report, perhaps, some or many of the bad effects that might have been left behind, the sequela of so much drugging.

*Dr. Dixon:* Well, he reported plenty of victories that way that I would be afraid to copy.

*Dr. Grimmer:* That may be true. I have seen some of the work of some of his disciples who followed that scheme, and I have seen some very bad results from it. I wouldn't want to imitate it.

*Dr. Dixon:* I suspect a few of us ourselves have had bad results.

*Dr. Grimmer:* I have never repeated high potencies very much.

*Dr. Roberts:* We would like to hear from you on the idea of repetition of the high potencies.

*Dr. Roberts:* I don't see any need of it.

*Dr. Grimmer:* That is right.

*Dr. Roberts:* If you repeat your high potency too often, you will get into trouble, I would say. It is my practice to use it very sparingly and to wait a good, long time and be sure whether I have struck a do-nothing stage or the lack of action is due to the length of time. I don't see how anyone can repeat the high potencies very long. I don't see how it is possible to get away with it without mixing up his case. That is my experience in it.

*Dr. Grimmer:* Fine! I think we will do well to follow the teachings of the master who warns that too much of homoeopathic medication is much worse than too much crude drugging, and I think it is absolutely true that it is much more difficult to eradicate a homoeopathic drug disease than it is an 'old-school' drug disease. We should be very careful about the repetition of high potencies. You can do that with the lower drugs, perhaps, if you know how to do it. I am satisfied that in cancerous conditions, especially where there are changes, we will do better with remedies from the 12th and 30th and 200th and up until their progress has been so that they can take the high potencies. I am doing that in most of my cancer cases, giving the drug at the 30th or 12th to start with and working up, as and if they improve, in the usual way, and I am getting better results, I am sure.

*Dr. Hubbard:* May I speak to one point? I have seen some of the good homoeopaths give the high potency, say 1 or 10M., and then give it again in a week, giving it about once a week; and they say that they would be afraid to give it several times a day or nearer together. In my experience, it is more dangerous when given after an interval. I would be simply terrified to give it once a week. I would rather give it along a little as I feel they need it, and then stop it. If you let an interval go by and then come in with it ahead of time, I think it is dynamite.

*Dr. Moore:* Dr. Hayes, in an article quite some time ago, is very strong on that idea of keeping away from your repetition, to use your own dose.

*Dr. Hayes:* Absolutely.

*Dr. Grimmer:* Right.

*Dr. Bond:* If you have a chronic case, how long would you dare wait before repeating the remedy?

*Dr. Grimmer:* That would have to depend entirely on the type of your patient, the nature of the sickness, the depth of your potency, and the character of your remedy. There are many angles to come in there to decide how long you should wait.

*Dr. Green:* Also the susceptibility of the patient to remedies.

*Dr. Grimmer:* Dr. Green says the susceptibility of the patient to remedies, and there are a great many factors.

*Dr. Spalding:* I suspect the writer of the paper has brought out the potency question with the idea of stimulating discussion rather than attempting to solve the question of potency range. I have heard it brought up a number of times, and the conclusion always seems to be about the same, that the various men have various experiences, and it is impossible to lay down any definite rule to guide the new prescriber much, except such vital questions as Dr. Grimmer brought out, plus the susceptibility of the patient.

*Dr. Hubbard:* I would like to ask a question of this meeting which will not meet with approval. By the use of the potency, is there any way of speeding up the cure of a patient who is getting very slowly, gradually better of a disease which is quite troublesome? I mean a disease which really interferes with his work. I have had patients for whom I have prescribed, and they have been definitely helped by the remedy, but not enough from their point of view, not fast enough, and they are losing weeks of work and money, and they become impatient. I just use moral suasion and stick to my guns, but I am not sure that that is right.

*Dr. Grimmer:* In the treatment of chronic diseases, we know of no other way. Electronically I can sometimes speed up a case, that is, I can save the time of waiting; I can tell when a potency has let go, definitely, but that is something that we have to tie up with the known things in Homoeopathy before I can give them to the society. I will be able to give you something more definite next year. I think the safest thing for us all to do is to follow the law laid down by Hahnemann: the minimum dose, the single remedy, and what was the third?

*Dr. Stevens:* No repetition.

*Dr. Grimmer:* Those were the three things. In the main, that will hold good.

*Dr. Moore:* In the last of your *Organon*, the last edition, Hahnemann was putting his remedies in pretty close one after the other, different from his previous teaching, and at that time the men who knew him said his brain was clicking just as well as it ever had before, but he had made a change there in his idea in a comparatively short space of time.

*Dr. Grimmer:* That is what I am going to do electronically. I have found that that may be true in at least some cases. I have not been able to

formulate anything like a law or even a rule yet. I want to talk very lightly on that subject until I have something more definite and certain to give.

*Dr. Shippen:* It is very gratifying to start some interesting discussion, and there is always a great deal more to be learned. I really feel that it is quite an addition to what I have already said when Dr. Roberts says that the more like the symptoms, the greater the susceptibility. I think that is a real addition to what has already been said. I realized that I was treading on rather shaky ground, and in general, we can all find exceptions to the general principles that I stated, but I do feel that we ought to have something to guide a beginner, and that was the purpose of this paper, to give the beginner a general idea as to how to start and what types of cases to use the highest potencies and what types of cases to use the lower ones. That is about all I have to add. I am very gratified at the interest with which the paper has been received.

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